



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

DEPARTMENT OF PSYCHOLOGY

MASTER'S-BY-THESIS

**NEGOTIATING SEXUALITY IN GRAHAMSTOWN EAST: YOUNG BLACK WOMEN'S
EXPERIENCES OF RELATIONSHIPS IN THE CONTEXT OF HIV RISK.**

Submitted by: Frances Rose Mannix Clüver

Student Number: g04c3003

Supervisor: Dr. Charles Young

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ABSTRACT

Adolescent sexual health has been identified as a significant health and development problem facing South Africa. Limited amounts of research on sexual interactions have been undertaken, with information on adolescents' romantic relationships being particularly scarce. Qualitative research needs to foster an understanding of the dynamics of sexual interactions in specific settings, and with emphasis in the past on cognitive health psychology models, very little is thus known about *how* adolescents negotiate and make sense of their sexual experiences. This highlights the need to investigate the complexities of human sexuality in a contextual manner. In response, this study explores the lived experiences of four young black women as they negotiate their agency and sexuality in a local context. By way of in-depth qualitative interviews, which were analysed for recurrent themes using interpretative phenomenological analysis, this project examines the participants' experiences regarding sex, relationships, communication, sexual health care, as well as HIV and pregnancy prevention.

The results reveal that communication about sexuality in the participants' homes was limited if not absent altogether. When seeking sexual health care, they found clinic nurses to be judgemental and rude. Regarding sexuality and HIV education, the participants stressed the need for outside educators to teach in more practical ways to increase efficacy. In their dating relationships, most participants revealed their boyfriends had a great deal of influence over their sexual initiation. Unwanted pregnancy surfaced as a greater fear than HIV in their accounts due to pressure to finish their education and attain well-paying jobs in the future. The participants felt unable to stop their boyfriends' infidelity and had limited agency when facing sexual demands. Their accounts revealed that they negotiate their agency in an atmosphere of coercion

and the threat of rape. However, areas of agency included their consistent condom use even when facing pressure to have unprotected sex, and their active accessing of sexual health services for hormonal contraception. These insights serve to better inform sexual and reproductive health education and intervention programmes for young women. Moreover, educators, researchers and programme developers alike may gain useful insights from the personalised accounts derived from this study.

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CHAPTER ONE:
INTRODUCTION

1.1 SOUTH AFRICA, WOMEN AND HIV

Sub-Saharan Africa continues to be the region most heavily affected by HIV, accounting for 67% of HIV infections worldwide in 2008 (UNAIDS, 2009). Women and girls disproportionately remain affected by HIV in sub-Saharan Africa, with prevalence generally tending to peak at a younger age for women than for men (Gouws, Stanecki, Lyerla & Ghys, 2008). Commonly, HIV/AIDS in Africa is transmitted via heterosexual contact, whereas elsewhere it affects mainly intravenous drug users or men who have sex with men (Devine, Plant & Harrison, 1999; Fuller, 2008).

It has been found that women typically contract HIV/AIDS at a much younger age than their male counterparts (Abdool-Karim, 2005; Harrison, 2005). According to household surveys in twenty-eight countries in sub-Saharan Africa, peak HIV prevalence for women occurs between the ages of 30 and 34, while men experience the highest levels of HIV infection in their late 30s and early 40s (Macro International, 2008). Recent evidence suggests that HIV prevention programmes may be having an impact on sexual behaviours among youth in some African countries. In southern Africa particularly, a tendency towards safer sexual behaviour was observed among both young men and young women in the 15-24 age range between 2000 and 2007 (Gouws et al., 2008).

Even though a later peak in prevalence has been noted in current research, it has been found that younger women aged between 15 and 24 years are on average three times more likely to be infected with HIV than men in the same age range (Gouws et al., 2008). UNAIDS (2009) recognise that female vulnerability to HIV in sub-Saharan Africa stems not only from their greater physiological susceptibility to heterosexual transmission, but also to the severe socio-economic disadvantages they often confront. HIV in South Africa is thus not simply involved with sexual health, but with “gendered development and gendered inequities” (Fuller, 2008, p. 105).

HIV prevention strategies have thus targeted three areas in response to the aforementioned vulnerabilities: encouraging a delay in first sexual intercourse, imploring a reduction of the number of sexual partners, and persuading increased condom use (Hallman, 2005). These messages closely mirror the straightforward ABC of HIV/AIDS prevention: Abstain, Be faithful and Condomise (Jones, 2006). It has been shown however, that once people start engaging in high risk behaviours, it is difficult to change these behaviours. If such behaviours include multiple sexual partners, or the habitual non-use of condoms, the ABC message becomes redundant.

1.2 THE ROLE OF HEALTH PSYCHOLOGY

Flowers, Marriott and Hart (2000) explain that traditional health psychological frameworks seek to predict the physical aspects of sexual behaviour, namely sexual acts such as unprotected sex and anal intercourse. Thus, HIV interventions and research have targeted attention predominantly on behavioural components that increase HIV risk (Jones, 2006). Such an emphasis was placed on sexual behaviour as it was in response to the urgent need to find persuasive and effectual means of encouraging behavioural change (Flowers et al., 2000). Health psychology looked into an array of psycho-social health related variables like perceived risk, self-efficacy and attitudes towards condom use, hoping to provide an effective focus for intervention.

However, it is clear that such a psychological episteme places a considerable role on individual agency as the central factor in shaping behaviour. Thus, a failure to maximise health is somewhat conceptualised as a failure of the individual (Flowers et al., 2000). In this framework, maladaptive information processing is said to be located within identifiable individuals or „risk takers’. Once identified, these individuals are targeted within specific sexual health promotion interventions.

Flowers and colleagues (2000) note that in contrast to the bulk of research concerned with HIV risk, new perspectives in health psychology aim to understand HIV risk-related behaviours and conceptualise sexual activity by exploring sexual *interactions*. These perspectives have successfully

departed from the traditional health psychology paradigm and have highlighted the importance of the social context of sexual behaviour. These authors explain the distinction as such:

Rather than identifying individuals who can be characterized as risk takers and searching for the determinants of risky behaviour within their health related cognitions, an interaction-focused approach conceptualizes the social and cultural phenomena which influence sexual activity and thus HIV risk-related behaviour (p. 70).

Looking at sexual behaviour from this viewpoint enables researchers to conceptualise individual agency as culturally and contextually bound. Furthermore, it attributes a broad variety of sexual meanings that structure individuals' cognitions regarding sexual behaviour. Flowers and colleagues (2000) argue that such meanings are temporally and historically variable rather than collective and static and due to this fluidity, are subject to alteration and adaption which is social rather than individual in nature. In this manner, sexual decision-making and HIV risk-taking can be reconceptualised away from individual culpability and towards a collective, cultural, and most importantly, situated activity.

1.3 THE IMPLICATIONS OF CULTURE AND HIV TRANSMISSION

Harrison (2008) found that it is important to identify and be aware of cultural norms, values, beliefs and rules in order to understand the specific sexual ideologies, relationship ideals and the construction and enactment of sexuality among members of diverse cultures. Culture has thus been recognised as playing a central role in the spread of HIV (Castle & Kiggundu, 2007; Frank, Esterhuizen, Jinabhai, Sullivan, & Taylor, 2008; Matshalaga, 1999; Naylor, 2005; Varga, 2001). Certainly, many African cultures uphold traditional and religious practices that can, in contiguity with one another, aid in the spreading of this epidemic (Abdool-Karim, 2005; Fuller, 2008; Macleod-Downes, Albertyn & Mayers, 2008; Mufune, 2003; Strebel et al., 2006; Thomas, 2007).

Patriarchal societal practices that subordinate and inhibit the rights of women, as well as cultural traditions like lobola, male infidelity, poverty and the harshness of rural living all play key roles in the spread of HIV in Africa (Abdool-Karim, 2005; Fuller, 2008; Macleod-Downes et al., 2008),

which will be discussed in detail shortly. It remains imperative to understand the factors that influence behaviours and their outcomes regarding sexual interactions in the context of HIV risk (Ingham, Vanwesenbeeck & Kirkland, 1999). These factors may be highly interwoven with context and culture and therefore need to be extrapolated to reveal the intricate roles they can play in the spread of the epidemic.

1.4 THE FOCUS OF THIS PROJECT

Owing to female vulnerability to HIV, a gendered approach to research in the field of sexual health in South Africa is crucial. Di Noia and Schinke (2007) believe that programmes designed for young women have been minimal, pointing to the need for gender-based and context-specific research that can supply pragmatic educational material. Although literature on women and HIV risk is extensive, research has primarily focused on quantitative data, which provides us with information on the range and frequency of sexual behaviours (Lesch & Kruger, 2004). Such research, built around cognitive models, focuses on knowledge, attitudes and practices (or KAP) and holds that increased knowledge and a change in attitudes will ultimately change behaviour (Lane, 1993; Wood, Maforah & Jewkes, 1998). However, it has been noted that there is a „KAP-gap’ among adolescents whereby they are failing to use knowledge to adjust their practices (Wood et al., 1998).

Adolescent sexual and reproductive health has thus been identified as one of the most significant health and development problems facing South Africa (Wood et al., 1998). Adolescents are developmentally at high risk of contracting HIV and of engaging in risky sexual behaviour (Ito, Kalyanaraman, Ford, Brown & Miller, 2008; Mitchell & Smith, 2003; Zisser & Francis, 2006). Sexual behaviours that emerge during this life stage – such as early sexual onset, multiple partners and infrequent condom use – can develop into habitual patterns that may jeopardise a person’s sexual health (Jones, 2006).

A limited amount of research on sexual relations in sub-Saharan Africa has been undertaken, with research on adolescents’ and young adults’ premarital relationships being particularly scarce

(Meekers & Calvès, 1997). Qualitative research needs to foster an understanding of the dynamics of sexual interaction within specific settings, with a focus on communication and decision-making in sexual relationships (Wood et al., 1998). This is because the intricacies associated with the formation of relationships have direct implications for the spread of the HI virus and it is important for researchers and programme developers to consider them in order to increase the efficiency of HIV interventions (Meekers & Calvès, 1997).

With the noted emphasis in the past on cognitive health psychology models, very little is thus known about *how* adolescents negotiate, understand and make sense of their sexual experiences, pointing to the need to investigate the complexities of human sexuality in a contextual and more holistic manner. Thus, it is imperative to focus on adolescents' own understanding and experience of their sexual behaviour within their given contexts (Lesch & Kruger, 2005). Following Lesch and Kruger's (2005, pg. 1073) recommendation that "explorative and descriptive research on adolescent sexual behaviour and sexuality in different South African communities" is urgently needed, this study explores the experiences of a sample of young women in the small city of Grahamstown in the Eastern Cape.

Wood and colleagues (1998) note that the degree to which young women are, or feel capable, to manage and control diverse aspects of their sexual lives is undoubtedly a critical question for health promotion and the design and impact of appropriate HIV/AIDS interventions. The scope of variation in female sexual empowerment points to the need for detailed and specific situational analyses (Wood et al., 1998). This study thus investigates how young black women enact their agency and negotiate their sexuality in their relationships with men. By way of in-depth qualitative interviews, this project examines the participants' experiences in relation to sex, relationships and dating, communication and boundary setting, sexual and reproductive health care, as well as HIV and pregnancy prevention. Against a backdrop of coercion and manipulation, as will be revealed, these participants discuss areas in which they feel empowered in their negotiations with men, and those in which they feel they lack agency.

The definition of the word „agency’ has been noted as complex and multi-dimensional (Rojcewicz, 2009). Generally speaking, agency is understood as the aptitude of human beings to make choices and to act on such choices, as well as the potential to envisage and create new ways of being and acting in the world (Rojcewicz, 2009). For the purpose of this project, agency is referred to as the capacity of humans to self-determine their decisions and actions in ways not exclusively dictated by biophysical or socio-cultural components and factors outside of their control (Rojcewicz, 2009). In terms of the participants’ sexuality, agency can be further described as the primary capability to initiate and „own’ the communication of their desire and intent (Rojcewicz, 2009).

It is precisely the links between individual agency and the wider social context that need exploring (Flowers et al., 2000). This project therefore explores the experiences the participants have had in the fight to protect themselves against HIV against the socio-cultural backdrop that informs the way in which these young women lead their lives. This is important as such a study will show gendered and cultural variations when it comes to female adolescent sexuality and agency, and gain an in-depth understanding of the complexities of human sexuality in this particular context.

1.5 THEORETICAL POINT OF DEPARTURE

This study concentrates on particular individuals as they deal with specific situations or events in their lives. Interpretative phenomenological analysis (IPA) emphasises the experiential claims and concerns of the individuals taking part in a study (Larkin, Watts & Clifton, 2006). It is more than just a method or an analysis technique; it is a stance or perspective from which to approach the task of qualitative research (Larkin et al., 2006). As such, it is chosen as the perspective from which the researcher embarked on this study and the framework used to extrapolate the findings of this project. In selecting IPA, this project is committed to describing, exploring, interpreting and situating the means by which the participants make sense of their experiences.

This approach combines the rich and detailed description of a phenomenological basis, which aims to capture the essence of the claims and concerns of a person-in-context, with the more exploratory

interpretation of the account, which considers the meaning of a person's claims and concerns (Larkin et al., 2006; Smith, Flowers & Larkin, 2009). Thus, the first aim of IPA research is to attempt to understand the participant's world, and to describe „what it is like' for her to engage in it (Larkin et al., 2006). The second aim is to think about and try to explain „what it means' for the participant to have made these claims and to have expressed certain feelings and concerns in particular situations. Essentially, this aims to develop an explicitly interpretative analysis, which positions the initial description of the participant's world and her experiences in relation to a wider social and cultural context (Larkin et al., 2006). Therefore, this approach links very well with new perspectives in health psychology, which were mentioned earlier, that try to understand individuals and their behaviours and experiences by incorporating the context in which a person is situated.

IPA is a newly emerging approach and method and as such, not much research has been conducted. In the field of HIV research, a study has been conducted in the UK that focuses on homosexuality and HIV (Flowers, et al., 2006) but none thus far have been carried out in a South African context from an interpretative phenomenological framework. The outcome of such research should be renewed insight into the phenomenon at hand – in this case, negotiating sexuality in the context of HIV risk – which is informed by the participant's experiences of and engagement with related situations in their lifeworlds. This type of inquiry is key as it returns people's experiences and perspectives to the forefront of psychological study (Larkin et al., 2006), and in this instance of health psychology.

1.6 THE CHAPTERS TO FOLLOW

Chapter Two will review the literature concerning the unique socio-cultural and economic vulnerabilities that face women living in Africa and South Africa. Topics like female vulnerability to HIV infection and the cultural and social dimensions at play will be examined. Furthermore, tools and interventions like communication and education are looked at as they relate to and can promote HIV awareness in South Africa.

Chapter Three proposes the current project's research questions that have arisen through the examination of the literature and gaps that are currently present or needing to be addressed. The methodology of this project will be discussed in Chapter Four, which will shed more light onto IPA as an approach and method, will discuss how the participants were obtained, and will describe the process by which the results were extrapolated. Chapter Five examines the findings of the current research project by way of a detailed themed analysis of the transcripts. Finally, the conclusion in Chapter Six will sum up the issues that have been echoed with regard to young women and their agency throughout this project, as well as examine the validity of the project and propose avenues for future research.

CHAPTER TWO:
REVIEW OF THE CURRENT LITERATURE

Literature in the field of HIV research is extensive and diverse to say the least. With this in mind, the researcher was selective when it came to which articles to include and which were out of the scope of the current project. This review has thus been structured and categorised in a way deemed relevant and helpful by the researcher to inform readers of the specific areas of focus that this project examines. Readers must therefore be aware that this discussion has been tailored by the specific interests of the project at hand as well as modified according to the results that were obtained once the data was collected. In so doing, the literature review and the results remain cohesive and aim to capture the essential themes that inform young black women's sexual negotiation in an era of HIV. Further, articles from all around Africa and South Africa have been used and discussed according to themes in the literature rather than splitting them up according to geographical location. Articles from all over Africa aim to reveal the extent to which certain phenomena occur across the African continent and provide a broader scope that sheds light on more local studies that are „closer to home’.

In terms of article selection for this review, the researcher included papers that highlight specific themes within the field of HIV research. This meant that articles and books utilising an array of findings from disparate theoretical frameworks including feminist, discursive, and social constructionist studies were used. Cited below are some of the main articles reviewed in this discussion of the literature but this is by no means an exhaustive list of all sources used or potentially useful. Particular attention was paid to articles that deal with female vulnerability to HIV and the social dynamics at play. Articles in this line of investigation examine topics like gender relations and power (Abdool-Karim, 2005; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990; Matshalaga, 1999; Mufune, 2003; Naylor, 2005; Strelbel et al., 2006; Weiss, Whelan & Gupta, 2000), rural women's unique vulnerabilities to HIV/AIDS and gender-based violence (Castle & Kiggundu, 2007; Fuller, 2008; Hallman, 2005; Leach, 2002; Lesch & Kruger, 2004; Macleod-Downes et al., 2008; Wood & Jewkes, 1998) as well as adolescents and risk (Frank et al., 2008;

Giordano, 2003; Harrison, 2005; Harrison, 2008; Harrison, Xaba, Kunene & Ntuli, 2001; Jones, 2006).

For the second part of the review, a focus was placed on protective factors against HIV infection, which include articles that explore communication, stigma and the taboo nature of talking about sexuality (Hutchinson, Mahlalela & Yukich, 2007; Lambert & Wood, 2005; Letamo, 2007), education perspectives like HIV risk reduction interventions (Pettifor, MacPhail, Bertozzi & Rees, 2007; Visser, 2007) and life skills curricula (Griessel-Roux, Ebersöhn, Smit & Eloff, 2005; Ngwena, 2003; Visser, 2005; Yankah & Aggleton, 2008) as well as qualitative studies exploring the experiences of scholars and teachers regarding HIV and sexuality education (de Kock & Wills, 2007; Helleve, Flisher, Onya, Mukoma & Klepp, 2009; Louw, Shisana, Peltzer & Zungu, 2009; Theron, 2007).

The first section entitled *Gender Dynamics* sheds light on the complexity between the interrelation of gender, society and HIV. This section firstly discusses the notion of gender and gender role theory as it manifests specifically in African societies. It then goes on to reveal the importance of sexuality as it relates to gender dynamics within society. Topics of particular relevance to black women in Africa are then examined, including the risk factor of poverty, cultural traditions like lobola and polygamy, as well as gender-based violence as a constant threat to female sexual health.

Communication and Education Perspectives is the second section, which explores these two essential factors as they relate to HIV incidence in South Africa. Examined here are topics like the lack of communication in African families, stigma associated with HIV and sex, as well as difficulties that schools and educators face in the battle to inform and protect the youth. With regard to education, the objectives of life skills classes are noted, with a discussion on how the ideals and goals are not being met in the classroom due to a number of contextual barriers.

SECTION ONE:
GENDER DYNAMICS

Castle and Kiggundu (2007) elucidate that gender is a socially and culturally constructed *identity* that one enacts within society, which is highly contextually specific. The *gender contract* is explained by these authors as the invisible agreements made between men and women that control their relations in any given society, creating a *gender system*. This system regulates and maintains social relations, which are often in favour of men. Moreover, this system informs access to resources, power and status (Strebel et al., 2006). Women's access to resources, especially when it comes to sexual and reproductive health information and services, becomes incredibly important in the fight against HIV, and will be discussed in detail later on in this section.

Gender-related vulnerability has been recognised as a key aspect that contributes to the increased propensity for women to contract HIV, accounting for more women being infected than men (Macleod-Downes et al., 2008). The vulnerability of young women to HIV/AIDS directly correlates to relations between men and women, the behaviour and attitudes of men, as well as to the relentless stereotypes about masculinity and femininity – particularly about what is appropriate and acceptable for women in relation to reproduction and sexuality (Fuller, 2008). Macleod-Downes and colleagues (2008) explain that an imbalance of power in relationships between men and women in South Africa is “fuelled by negatively scripted, culturally defined gender roles and poverty” (p. 70), which is the focus of the current section.

It has been said that many African societies operate via a *hegemonic masculinity*, with patriarchal governance and female subordination as the norm (Fuller, 2008; Naylor, 2005). Women are cast in an inferior, dependent and passive role where her ideal qualities include virginity, motherhood, submission, and ignorance – particularly about her body. In contrast to this, masculinity is depicted in terms of aggression, supremacy, autonomy and invincibility; where his key merits are strength, valour and virility (Abdool-Karim, 2005). The ignorance and passivity women are expected to have

about their bodies in the face of sexual interactions may give rise to myths and irrational fears about HIV and may also put them in a difficult position when it comes to trying to protect themselves.

Anderson, Beutel and Maughan-Brown (2007) hold that gender-based tenets, demands, roles and authority all influence the ability of men and women to behave in ways that correspond to their perceived HIV risk. Women are physiologically more at risk of contracting HIV than men (Harrison, 2005) and this risk is further accentuated by the social inequalities that exist between men and women (Fuller, 2008; Varga, 2001). Frank and colleagues (2008) explain gender role theory as the inclination of individuals to perform in ways that are consistent with cultural mores and expectations of each gender. They elaborate that male dominance, violence and female sexual acquiescence contribute to unsafe sexual practices in Africa. In southern Africa particularly there is an unequal power balance in favour of men, especially in the black community (Abdool Karim, 2005). It is this very imbalance that accounts for the escalating rates of HIV infection in this region (Thomas, 2007). Such inequalities affect sexual decision-making and behaviour, making sexual practices and the meanings behind them distinct for men and women. Thus, gender plays a large role when it comes to social functioning and sexual negotiation in the context of HIV risk (Jones, 2006).

Culturally sanctioned gender roles are intimately linked with HIV risk, the links between the two being highly complex and culturally specific (Strebel et al., 2006). It is thus important to look at widespread African cultural norms and gender expectations in order to know what young women are currently up against when it comes to negotiating their sexuality in the context of HIV.

The *Targeted AIDS Intervention* highlights attitudes and gender expectations according to a sample of young men in KwaZulu-Natal about women and sexual relations (Makahye, 2005). Attention is paid here to the perceptions of men as it is through these dynamics that women negotiate their sexuality – making it important to investigate men’s views as well. The young men believed that it is a woman’s responsibility to protect both partners from HIV. Women were blamed for infecting others, as they were the “vectors of disease” (Makahye, 2005, p. 325). These young men were in

control of condom use and sexual initiation and showed their sexual prowess through having multiple partners. Such is the case in a Zimbabwean study as well, with both men and women recognising that masculinity is displayed through men having many sexual partners (Matshalaga, 1999; Varga, 2001). It is clear through these insights that it is a generally accepted expectation in Africa that the burden of sexual health is placed on women. These studies also bring to light a widely accepted cultural norm in Africa, that of male promiscuity, that clearly places women at greater risk of contracting HIV.

It is important now to look specifically at female adolescents within this social context, as “age and gender intersect in determining the distribution of power in any society” (Lerdboon et al., 2008, p.385). Younger members of society usually have less power than older members. Moreover, younger women have significantly less power than younger men – with these trends being established during adolescence (Abdool-Karim, 2005). Thus, a woman’s sexual and gender expectations within a relationship are formed in the adolescent years of her life and are intrinsically moulded by the society in which she is situated.

In the context of South African youth, a poor comprehension exists with regard to the sexual dynamics underlying HIV risk (Harrison, Xaba, Kunene & Ntuli, 2001). Moreover, knowledge about the specifics of adolescent sexuality, relationships and the ideals, partnering practices, and behaviours related to HIV risk remain deficient. A keener understanding is needed with regard to the dynamics within adolescent relationships, and why these dynamics manifest in the ways in which they do in order to get a fuller, more detailed picture of what specific youth face in the battle against HIV infection.

Through these insights above, as well as the ones explicated below, it can be surmised that impoverished black women have very little agency vis-à-vis their sexuality and their bodies. This highlights the importance of understanding young women’s social context, the distinct gender pressures they face and norms to which they conform, so that interventions can be tailored to their specific needs.

1.1 DOUBLE STANDARDS IN FAVOUR OF MEN

African traditional religions have a history of polygamy (Frank et al., 2008; Fuller, 2008) and it is within this cultural practice, as well as others to be explored in this theme, that the highly significant double standards visible in African societies must be investigated. It is widely recognised in many African cultures that it is a man's right to have regular sex with a range of different partners (Fuller, 2008; Macleod-Downes et al., 2008; Mufune, 2003; Thomas, 2007). It is this range of sexual conquests that shape men's identity as being fertile and virile – important and key attributes in many African societies (Fuller, 2008).

Mufune (2003) explored the changes in patterns of sexuality in northern Namibia in the light of the increasing HIV/AIDS statistics in the area. In many urban and rural communities he found that it was acceptable for men to have many sexual partners (even if he was married) but for women to do the same was intolerable. Similar to Zimbabwean studies mentioned previously (Matshalaga, 1999; Varga, 2001) men show their status, wealth and manhood by having many partners.

Bringing this discussion closer to home, Strebel and colleagues' (2006) study in the Western Cape revealed that black and coloured women considered it normal and acceptable for men to engage in sexual activity with many women concurrently. In their opinions, it was traditionally viewed that the more women a man slept with, the more virile he was. The double standard is evident here again when women in this sample discuss the fact that people speak badly of women who have many lovers, this being unaccepted and frowned upon in both coloured and black communities.

In most of Africa, women's rights with regard to their bodies and sexuality are minimal and still heavily influenced by traditional regulations (Mufune, 2003). In some societies a woman is allowed to refuse sex with her husband only if she is pregnant or menstruating (Abdool Karim, 2005; Mufune, 2003; O'Sullivan, Cooper-Serber, Kubeka & Harrison, 2007) but cannot refuse even if she suspects her husband of sleeping around. If a woman does refuse sex, she would anticipate her husband or partner going elsewhere to find physical gratification – consequently putting her in a

very difficult and dangerous position in terms of contracting STIs and HIV. This is a double standard when it comes to women not being able to refuse sex freely or control how their bodies are treated and viewed by men. Men on the other hand, enjoy the freedom of sexual gratification whenever they desire it, whether it comes from their wives or partners, or elsewhere.

Flood (2003) analyses in-depth accounts of seventeen heterosexual males aged between 18 and 26 as an access point into the context through which his participants' sexual behaviours are organised and informed. Although this study was conducted in Melbourne, it sheds light on men's expectations and perceptions when it comes to sex and sexual safety that have been echoed in African and South African studies. Flood (2003) states that the responsibility of sexual health is usually placed on women and that men's attitudes and practices must therefore simply be negotiated. This is seen, as discussed above, in Makahye's (2005) study with KwaZulu-Natal men. Harrison, Xaba and Kunene (2001) found that the young men aged between 14 and 19 in their study believed that pregnancy prevention was a woman's responsibility and were of the opinion that they were low risk, consequently leading to infrequent condom use. This reaffirms the fact that men enjoy complete sexual freedom in terms of when and how they get sexual pleasure, while women bear the responsibility of sexual health and pregnancy prevention.

Makahye (2005) believes that HIV/AIDS prevention strategies are chiefly focused on or directed at women even though the two most effective ways to minimise infection (i.e. condom use and minimising sexual partners) are in the least control of women, but rather are under the control of their male counterparts. Further, he found that men are generally unwilling to acknowledge HIV/AIDS as an issue of concern to them, or their responsibility. Acknowledging the fact that men hold the power in social interactions, he suggests that they can be taught to creatively use this power to protect themselves and their partners from infection. Holland and colleagues (1990) are of the opinion that effective public health campaigns aimed at women need to acknowledge that in the fight against STIs and HIV, women and men face their sexual experiences as unequal partners.

1.2 POVERTY AS A RISK FACTOR

It has been noted that much of sub-Saharan Africans live below the poverty line and ninety percent of the HIV/AIDS pandemic occurs in this area (Fuller, 2008). Fuller (2008) describes the economic condition in Africa as the *feminization of poverty* as it disproportionately affects women. Even though they work more hours than men per week, more than 200 million African women are trapped in poverty despite their efforts. Macleod-Downes and colleagues (2008) recognise the correlation between poverty and an increased rate of HIV prevalence. They discuss that women living in lower socio-economic conditions are afforded less authority and social status, increasing their risk of infection. These authors go on to elucidate the fact that poverty and the financial dependence of women on men can increase the likelihood of sex being exchanged as a commodity, which limits the decision-making ability of women and her chances of negotiating safe sex. The issue of transactional sex will be discussed in greater detail further on in this section.

Some African traditions emphasise economic dependence of women on men by way of lobola, or bride wealth, whereby a man pays his female partner's parents (in cattle or money) in order to have her hand in marriage. Because of the recent increase in the expense of lobola, men find that they cannot afford it and thus opt out of getting married, choosing to date several women instead (Thomas, 2007). However, Thomas (2007) discusses that if lobola has been paid, a man is likely to be seen to have greater power and control over a woman, due to lobola having been such an expensive transaction. This very fact also has major implications for domestic violence and rape, as women feel they cannot seek help or protection due to the lobola payment (Thomas, 2007).

External from the issues surrounding lobola, women's dependence on men is emphasised in poverty stricken societies (Abdool-Karim, 2005; Bhana, 2008; Leach, 2002). Thomas (2007) suggests that the two major factors that inhibit women's ability to protect themselves in relationships are their lower status in society and their financial dependence on men. For example, in rural South Africa, women's reliance on men for financial reasons and accommodation places them in a subordinate position and minimises their opportunities to protect themselves from disease (Abdool Karim, 2005).

The rural women in Limpopo in Castle and Kiggundu's (2007) study felt ensnared by their poverty, lack of education and their dependency on their partners. They revealed that they lived in constant fear of HIV infection but felt unwilling and helpless to leave their partners due to the economic benefits. It is because of the economic and other benefits such women receive from their partners, that they are not able to negotiate condom use, refuse sex, or leave a promiscuous partner.

Poverty is a pervasive factor in many South African's lives, which heavily influences sexual behaviour (Mathews, 2005). As mentioned previously, there is a strong association between poverty and unsafe sexual activities (Macleod-Downes et al., 2008; Paruk , Petersen, Bhana, Bell & Mckay, 2005), which include exchanging sex for material and financial resources; the breakdown of the family system in rural areas contributing to the lack of parental authority and monitoring; and minimal recreational activities available to the youth to occupy their time after school thereby increasing risky sexual activity (Mathews, 2005; Paruk et al., 2005). Poor societies are more at risk of HIV infection due to the immediate needs for survival being placed above sexual health concerns. Fuller (2008) quotes a rural African woman's emphasis on immediate needs placed above that of sexual health as, "AIDS may kill me next month or next year, but hunger will kill me and my kids tomorrow" (p. 91).

1.3 CONDOM NON-NEGOTIATION

This intricate web so far has brought to the fore the fact that condom negotiation among women in Africa is a difficult and sometimes an impossible task. Abdool Karim's (2005) study found that black women of lower socio-economic status in South Africa did not feel that they had the right to insist on condom use as this could incite a man to accuse his partner of being promiscuous. Additionally, Harrison's (2005), Naylor's (2005) and O'Sullivan and colleagues' (2007) studies all revealed that condoms were associated with promiscuity and were thus regarded in a negative light. The decision to use contraception is in most cases a male initiated one; with both women and men recognising men as the authorities when it comes to reproductive and sexual health knowledge and practice.

In Harrison, Xaba and Kunene's (2001) study, abstinence was not regarded as a feasible safe sex option. Furthermore, safe sex was not discussed between the female respondents and their boyfriends, with one sharing the sentiment, "How could you use condoms with someone you trust? You've been together for a long time and now you want to use condoms" (p. 67). From this extract, it is evident that condoms are associated with mistrust, just as in Flood's (2003) study, but that this shows that some young women share in this opinion too. The pervasive attitude of the youth in Harrison, Xaba and Kunene's (2001) study was that condoms should be male-initiated. These young women thought that it would be easier to refuse sex than try to negotiate condom use. It is thus evident that poverty, women's dependence on men, and women having a lower status in society are all factors related to the non-negotiation of condoms in Africa. Naylor (2005) points out that when it comes to HIV prevention strategies that advocate condom *negotiation*, they fail to recognise that equity between a man and a woman simply does not exist and that women in many cases do not have control or negotiation power in either consensual or coercive relationships.

1.4 GENDER-BASED VIOLENCE AND HIV

Leach (2002) points out that another factor contributing to the spread of HIV that has come to researchers' attention in recent years is coercion, harassment and intimidation particularly aimed at women. This phenomenon seems apparent throughout sub-Saharan Africa in regions like Ghana, Botswana, Uganda, Zimbabwe and South Africa. Gender-based violence can take many forms (verbal, emotional and psychological) and occurs against a man or woman because of their sex. It is usually sexual in nature and is often informed by the perpetrator's perception of the socially acceptable forms of male and female behaviour, specifically stereotypical gender roles according to the individual's culture and context (Leach, 2002).

In Africa, gender-based violence occurs in the form of domestic violence, rough sexual intercourse, sexual coercion, rape, lack of negotiation, intimate femicide and sexual slavery to name a few (Fuller, 2008). Naylor (2005) brings to light this startling fact: "[a]ccording to the World Health Organization, violence against girls and women throughout the world causes more death and

disability among women in the 15 to 44 age group than cancer, malaria, traffic accidents and even war” (p. 60).

Within the context of marriage, Naylor (2005) discusses how many Ugandan women felt that domestic violence was par for the course of marriage and saw sex with their husbands as a conjugal obligation. This author linked these two findings to the sense of male entitlement that comes along with lobola and „bride price’, thus sanctioning men to dictate the terms of sex and use coercion and force to do so. Mufune’s (2003) study showed that outside of marriage, young women did not feel they had the right to refuse sex or insist on condom use for fear of being beaten and forced into sex. This exemplifies patriarchal society in Africa and male dominance over women even to the point of violence.

Abdool Karim (2005) found that in South Africa, young women were found to be coerced into having sex with their male partners by way of gender role expectations about love, sex and compliance with a man’s desires. Macleod-Downes and colleagues (2008) discuss the fact that male dominance is central to understanding gender-based violence in South Africa. They explain that the imbalance of power affords men the right, per se, to control sexual encounters entirely, including how and when sex takes place, and to use coercion in the form of emotional or physical pressure or indeed violence.

Leach (2002) and Abdool-Karim (2005) believe that the initial formation of female and male identity is powerfully influenced by adolescent peer group culture and is subsequently moulded by societal gender structures. It is this that encourages scholars to conform to certain stereotypical behaviours and it is this in turn that makes women particularly vulnerable to sexual violence. Leach (2002) says that, “pressure to conform influences sexual practice and in so doing may serve to increase young people’s exposure to the risk of HIV infection” (p. 106).

Leach (2002) finds that gender-based violence in African societies is rampant, and extends into homes and schools. An interesting paradox surfaces here: schools are the sites at which safe sex

messages are taught, yet are the same sites in which high risk sexual practices, sexual violence and intimidation occurs. In Zimbabwean schools, Leach (2002) found that it was acceptable for boys to demand the attention of girls in aggressive ways and to compete over girls even with their male teachers. She proposes that in the formation of male adolescent identity and in an attempt to affirm his dominance over women, young men would threaten, verbally abuse and humiliate a girl if she turned down a sexual advance. These are just the slight hints or beginnings of more violent behaviour against women.

Wood and Jewkes (1998) conducted a study in two schools in the Eastern Cape in which they researched violence within adolescent sexual relationships. They found that rape, physical assault, and coercive sex were the norm for relationships and put young women in a difficult position when it comes to HIV. Masculinity was defined by the number of sexual partners a man had, as well as his ability to control his girlfriends – be it by force or threat. The young men in this study saw sex as their right, and would use force to get it.

Strebel and colleagues (2006) propose that successful and relevant interventions into sexual assault, behaviour and gender relations need to firstly understand the complexities of the gender system within South Africa. Some of these include the dependence of women on men for economic reasons, the consequentially disempowered positioning of women in African societies and violence or the threat thereof against women.

1.5 “SUGAR DADDIES” AND “TAXI GIRLS”

Transactional sex (i.e. sex for money, assets, or gifts) is seen as a major contributing factor towards the spread of HIV in Africa, due to extraordinarily high rates of poverty (Fuller, 2008; Leach, 2002; Strebel et al., 2006; Weiss et al., 2000). One of Leach’s (2002) male Zimbabwean participants explained this scenario as such: “Girls want money, boys want sex” (p. 107). Mufune (2003) found that sex in order to receive material support was a common occurrence in northern Namibia, without this act being regarded as prostitution. It has also been found in South Africa that school-going

young women occasionally exchange sex with older men for money and school fees (Harrison, 2005; Leach, 2002).

Cross-generational sex falls under the category of transactional sex and is characterised by young girls having relationships with men who are at least ten years older than them. The young women in such relationships are more at risk of HIV infection for two reasons. Firstly, because these men often have a history of multiple relationships and are prone to coercive sex due to it being exchanged for money and gifts (Frank et al., 2008; Fuller, 2008) and secondly because of the power imbalance – younger girls are unable to negotiate condom use (Fuller, 2008). This type of sexual transaction increases cross-generational infection rates, hence perpetuating the spread of HIV in the younger generation. These men, referred to as *sugar daddies* and who are sometimes taxi drivers (hence such girls being dubbed *taxi girls*), provide for the needs of young women while their own sexual desires are fulfilled. Frank and colleagues (2008) found that some sugar daddies in KwaZulu-Natal did not seem to think that forced sex and unwanted touching were forms of sexual abuse if it was done with someone he knows. Thus, the conception of sexual violence and coercion is unclear within some groups of older men in South Africa.

Young women in these kinds of situations lack negotiation power, especially with older men and particularly when these men are providing access to assets, which would usually be out of reach for these youngsters (Harrison, 2008). Implications of this kind of relationship stretch far and wide; from initiating a young woman into a life whereby any kind of material possession is accessible through the prostitution of her body, to her being in danger of physical and sexual assault, and of course to her health being compromised with the threat of HIV. It has been found that if a young woman accepts the gifts and money from an older man and refuses sex, she is more than likely to be raped (Fuller, 2008). Sadly, such relationships are oftentimes condoned and even forced in Africa as it is seen as „survival sex’ (Fuller, 2008) and can often keep a young woman and her family afloat financially, no matter the risk. Fuller (2008) describes this trend as such: “Sex in Africa... can be a poor person’s food” (p. 103).

The alternative to having a sugar daddy to provide material and financial support is to get married. This alternative is said to be equally as dangerous in terms of contracting HIV. Fuller (2008) says that marriage for young women in Africa is a survival strategy that affords her adult status and financial support. Alarming however, marriage in Africa has said to increase women's risk to HIV as disloyal husbands subject their wives to more frequent sexual intercourse, without condoms and without reason for her to refuse and abstain (Fuller, 2008). Thus, once again the theme of poverty is prevalent throughout this discussion – as young women try to negotiate their way out of it, their risk for contracting HIV increases no matter which way she does it.

1.6 SHAME AND STIGMA

The female body is predominantly viewed in Africa as vile, debased and diseased (Abdool-Karim, 2005; Makahye, 2005; O'Sullivan et al., 2007). Young adults in South Africa were utilised in O'Sullivan and colleagues' (2007) study to conceptualise the sexual body. It was revealed by both women and men that HIV was viewed as a „woman's disease'. The women in the study exposed that they saw HIV as a disease they had little power to avoid, while men were found to be of the opinion that their risk was linked to the illicit sexual behaviour of their female counterparts.

Interestingly, it is evident that among South African youth, there is more stigma surrounding a woman who is diagnosed with HIV than a man; the woman would be frowned upon by her community as they would consider her promiscuous while an HIV positive man would be regarded with pity (Harrison, 2008). Castle and Kiggundu's (2007) study in Limpopo show similar findings, revealing that a positive diagnosis of HIV implies wrongdoing on a woman's part and would cause great embarrassment to her family. The stigma surrounding women with HIV has serious implications that include isolation for fear of judgement, and neglect, as well as reticence and an apprehension to seek treatment for fear of being identified (Macleod-Downes et al., 2008). In this vein, even the response towards HIV has a double standard; hindering women from disclosing their status and thereby protecting their loved ones, in favour of silence in order to maintain her reputation and remain respected in her community.

Naylor (2005) speaks about the attitudes of fear, blame and stigma that are still prevalent in many communities in South Africa regarding an HIV positive diagnosis. This author reveals that women living with HIV may be at risk of emotional abuse, violence and abandonment upon revealing a positive status. To add to the aforementioned, Naylor (2005) mentions that stigma, discrimination and a decreased ability to access appropriate health care are also linked with status disclosure. South African health care policies that promote third party disclosure, Naylor (2005) notes, fail to take into account the reception a woman may receive and the risks she may encounter upon revealing her status. This author discusses how this clearly reveals how policy makers, health professionals and the state often neglect women's voices and realities when it comes to HIV at the ground level.

One of the reasons why this current research focuses on young black teenagers is the fact that there is stigma and shame associated with sexual activity before marriage within African culture (Harrison, 2008). As has been noted, it is hypothesised that this atmosphere of shame and stigma constrains such young women in their ability to seek advice, information, condoms and other reproductive health products. Harrison (2008) conducted research with young adults in rural KwaZulu-Natal and discussed topics like gender roles, peer norms, sexuality and sexual initiation, relationships and HIV. She wanted to gain an *emic* or insider perspective on the influences governing young people's sexuality. Her findings revealed interesting insights that sheds light on the current research. Sexual activity among young people was considered inappropriate and wrong, consequently forcing young women to hide their relationships from their parents and elders. Young women shared that they had not been ready for their first sexual encounter, but that sex was viewed as an integral part of any relationship.

Harrison (2008) found that sexual activity is highly stigmatised among young women in rural KwaZulu-Natal as they described it as "wrong" and "inappropriate". Such a topic brought about feelings of shame and guilt as sex was viewed as something that was only to be enjoyed within the context of marriage. What this in turn does is constrain young women's access to information and advice as their behaviour will be frowned upon by others in their community. It has been noted that nurses and healthcare workers in clinics judge youngsters seeking sexual and reproductive health

information or contraception (Dickson-Tetteh, Pettifor & Moleko, 2001). In a study done by Clüver (2008), similar sentiments were found among her sample of school-going youth in Grahamstown. Such attitudes on the part of healthcare professionals do not make it easy for adolescents to seek the information and advice they need, decreasing the probability of young girls to seek any kind of reproductive health advice at all.

1.7 ADDRESSING THE IMBALANCES

Many contextual and societal factors have been explored in this section, which highlight women's difficulties in the fight against HIV/AIDS. It has been revealed that poverty and the subordinate position of women in African societies are the main factors at play that accentuate their inability to negotiate the use of condoms, place them in threat of violence and coercion, and produce and maintain the shame and stigma associated with female sexuality.

Castle and Kiggundu (2007) find that in order for HIV programmes to be effective, they must incorporate a critique of the social and cultural norms with regards to gender roles at play in society. These researchers also recognise a need to raise the self-esteem and confidence of young women so that they can feel more empowered and able to negotiate sexual demands on their own terms. This echoes Visser's (2005) conception of the ideal community level interventions; whereby focus is placed on the context in which HIV flourishes, with special attention paid to the reasons and meanings behind risk behaviours and their perpetuation, and the encouragement of female empowerment.

Fuller (2008) describes the need to replace discrimination and stigmatisation with empowerment, which resonates with Macleod-Downes and colleagues' (2008) advocacy for empowerment programmes that increase the ability and likelihood of women to take up protective behaviours. Harrison, Xaba and Kunene (2001) suggest that peer-led interventions should try to empower young women with more assertiveness, greater negotiation skills and decision-making abilities. They also

proposed couple-based interventions whereby young men and women could be helped to build communication skills and to foster a shared responsibility for sexual health.

Di Noia and Schinke (2007) believe that programmes expressly designed for young women have been minimal. In actual fact, any gender-specific programmes have been lacking and this points to the need for gender-based and context-specific research that can supply empirical and educational insight and material. There is no doubt that researchers will find even slight differences in the choices made between women and men in terms of sexual practices. The influences that lead to such choices may differ for each gender as well. The needs of male youths as compared to female youths in terms of sexual health information will in effect shed light on the context through which their sexual behaviours are informed. These distinct findings once put into pragmatic teaching tools should empower the youth in healthier and wiser decision-making and help them to engage in low-risk sexual activities due to a new sense of empowerment and agency (Jones, 2006).

A focus also needs to be placed on men and conceptions of masculinity as their behaviours, expectations and presuppositions place women in the disempowered position in which they find themselves. Naylor (2005) highlights literature that advocates the analysis of gender dynamics, male infidelity and male initiated sexual violence. Such intervention efforts need to work towards the renovation of broader social structures such that they start fighting against female subordination that serve to hinder women's socio-economic empowerment (Naylor, 2005).

Interestingly, a new campaign entitled *Brothers for Life – Yenza Kahle (Do the Right Thing)* has recently been launched around South Africa that aims to mobilise men to act on HIV prevention by encouraging them to live positively. It promotes responsible relationships, parenting and behaviour (Brothers for Life, 2009). The words of the advert read as follows:

There is a new man in South Africa. A man who takes responsibility for his actions. A man who chooses a single partner over multiple chances with HIV. A man whose self worth is not determined by the number of women he can have but by the one he can be faithful to. There is a new man in South Africa. A man who makes no excuses for unprotected sex – even after drinking. A man who supports his partner and protects his children. A man who respects his woman and never lifts a hand to her. A man who

knows that the choices we make today will determine whether we see tomorrow. I am that man and you are my brother.

This advert succinctly sums up the current section with regards to the issues South African women face. It is within a collaborative framework – attending to the specific needs of both men and women – that the epidemic will most successfully be addressed.

The current section has looked at the major factors at play when it comes to gender, HIV and society and how, within this complex matrix of social dynamics, young women's agency and power to negotiate is often undermined. The following section of this review of the extant literature focuses on opening up communication around HIV and sexuality, as well as on paths towards more effective education. Hence, it has a broader focus on both young women and men as they constitute a vulnerable sector of the population as previously discussed. It must be noted that even as unequal partners in the face of the epidemic (Holland et al., 1990), communication with and the education of young women and men can serve as powerful protective factors against HIV infection and more positive and responsible living.

SECTION TWO:

COMMUNICATION AND EDUCATION PERSPECTIVES

Communication is a key factor when it comes to HIV/AIDS education (Di Noia & Schinke, 2007; Zisser & Francis, 2006). In order for the youth to learn fully and have difficult questions answered, the doors of communication must be wide open. However, due to the stigmatised nature of HIV/AIDS in South Africa, people are unwilling if not embarrassed or ashamed to talk about it (Anderson et al., 2007; Hutchinson et al., 2007; Ngwena, 2003; Zisser & Francis, 2006). One of the reasons for this stigmatisation is that there exists a general lack of correct knowledge about HIV/AIDS, creating fear that in turn adds to the stigmatisation (Letamo, 2007). Ironically, communication about the taboo nature of the virus (Phetla et al., 2008; Zisser & Francis, 2006) in the home and school environments may reduce its stigmatisation. In essence, a dispelling of the myths

and misconceptions around these topics through reflective communication can alleviate unnecessary fear (Jones, 2006; Theron, 2007; Zisser & Francis, 2006).

Hutchinson and colleagues (2007) say that HIV/AIDS stigma is commonly rooted in a fear of infection and is frequently associated with pervasive negative stereotypes within societies towards sex, promiscuity and even poverty. The implications this stigma has on the HIV/AIDS epidemic are massive due to its ability to affect the uptake of preventative and safer sexual behaviours, to minimise open conversation, to discourage HIV testing and to reduce the extent of social support (Hutchinson et al., 2007).

It remains essential that the right people – for example parents and teachers – confront youth with the truth about the transmission of the HI virus to foster communication and openness in order to alleviate the associated stigma. In Jones' (2006) study, a mother was noted saying that her teenagers expected to be able to approach teachers and that teachers should generally be more involved. Accordingly, Pick, Givaudan, Sirkin and Ortega (2007) state that, “schools represent an ideal place to provide children with foundational information and protective factors that can help reduce the possibility of high-risk behaviour in adolescence” (p. 410). These authors go on to say that communication between parents and children, as well as children and their teachers are protective factors in and of themselves.

Zisser and Francis (2006) say that schools should be the main vehicle through which youth access HIV/AIDS information. Hancock and colleagues (1999) advise that educators must have accurate information about HIV/AIDS and be ready and equipped to speak about sensitive topics with their scholars. It remains difficult however, to suggest ways in which communication in the home and the classroom can be opened up owing to the general fear around talking about sexuality and HIV apparent in many youth (Zisser & Francis, 2006). Consequently there remains a reticence. The next section aims to unpack the intricacies involved in communicating with and educating youth when it comes to safe sex and HIV prevention.

2.1 COMMUNICATION – AN ESSENTIAL FACTOR

Misconceptions will remain rife and become embedded in attitudes and behaviours if the youth are not talking about their worries, fears and thoughts about sex and HIV (Pettifor et al., 2007). If they are not being honest about their beliefs and preconceptions, researchers and educators will not know where the problem areas lie. Essentially, in order to stop misconceptions informing behaviours, open communication is fundamental to dispel mistaken beliefs so that youth can make decisions based on correct information (Letamo, 2007; Zisser & Francis, 2006). Communication is thus a central tool against the spread of the HIV epidemic.

Hallman's (2005) project conducted in KwaZulu-Natal with four thousand young men and women between the ages of 14 and 24 uncovers that among her respondents, sex and HIV are sensitive subjects to talk about and there remains a difficulty in open and honest discussion. Pengpid, Peltzer and Igumbor (2008) relay that parents should be the most significant source of sex education at the youths' disposal and that this resource is underutilised in South Africa. Lesch and Anthony (2007) concur with this and say that in the mother-daughter relationship, a concern on the mother's part for her child's sexual well-being can be a powerful sexual health promotion resource, which at present is not being effectively employed. The biggest multimedia HIV/AIDS prevention campaign in South Africa, loveLife, recognise this gap and is adamant that communication encourages openness about all areas of sexuality, including teenage pregnancy, STIs and HIV/AIDS (Pettifor et al., 2007; Zisser & Francis, 2006).

2.2 RETICENCE

According to the literature, misconceptions, negative attitudes and HIV/AIDS go hand in hand (Anderson et al., 2007; Hallman, 2005; Zisser & Francis, 2006), with this contributing to the reticence surrounding topics like HIV and sex. Numerous authors attribute the silence to the fact that HIV is still a much stigmatised topic in South Africa as discussed previously. However, this study's results will show that the persistent reticence goes beyond HIV to include subjects like

boyfriends, sex and condoms. In many cases, people feel guilty and embarrassed to talk about such things and thus discomfort around such topics remains prevalent (Anderson et al., 2007; Zisser & Francis, 2006).

Fuller (2008) found that many black Africans are unable to talk about sex with friends, family members, educators and healthcare workers. When it comes to parents communicating with their children, Pengpid and colleagues (2008) note some barriers that make communication difficult such as: being uncomfortable or embarrassed, not having sufficient knowledge and poor communication and parenting skills. While Ngwena (2003) says that the silence between parents and their children about issues such as sexuality and relationships may be mainly due to cultural conservatism. These issues will be discussed in more detail shortly.

Reticence in the classroom can be attributed to the suggestion that teachers do not know the necessary facts or they are ill equipped and under prepared to deal with such issues, even if the facts are known and readily available (Jones, 2006). Pengpid and colleagues (2008) quote a teacher in their study conducted in secondary schools in South Africa as saying, “we should love our children enough to talk about sex so that we [can] eradicate the spread of HIV/AIDS” (p. 56).

It was noted above that many black Africans have difficulty speaking about sex with healthcare workers (Fuller, 2008). Some studies reveal that many adolescents fear the possibility of judgement from their teachers and friends and also from people in the health profession (Dickson-Tetteh et al., 2001; Jones, 2006). This reveals that many youth have few resources when it comes to support and guidance and this further compounds the pervasive reticence. Judgemental responses can have detrimental effects on teenagers; from having encounters with teachers that remain superficial, resulting in a lack of protection, to having abortions illegally (Fuller, 2008). This reflects how necessary non-judgemental resources are in keeping the youth safe, informed and empathically understood. loveLife recognise this community shortcoming however, and set up what are known as National Adolescent-Friendly Clinic Initiative clinics that offer safe spaces in which to receive health care and advice (Pettifor et al., 2007).

2.3 INTERGENERATIONAL COMMUNICATION

Phetla and colleagues (2008) believe that an increase in open discussion with parents will see to the decrease of sexual risk-taking. However, they recognise that a major problem with parents in South Africa (especially intergenerational communication between mothers and their children) is that parents are often disempowered sexually and socially and therefore may not be able to assist in their child creating a positive and responsible sexual identity. Harrison (2005) identifies that the gender inequalities in many women's relationships make it extremely difficult for them to develop communication, decision-making and negotiation skills. This reveals how pervasive a person's context is when it comes to addressing shortcomings in communication.

Phetla and colleagues' (2008) intervention, which was conducted in rural villages in the Limpopo Province with women from the poorest households, highlighted to the participants that the breakdown of parent-child communication contributed to many problems youth in their community were facing such as drug and alcohol abuse, crime and intimate partner violence. These researchers found that talking about sex and sexuality in the SePedi culture is considered taboo and vulgar, *but* that their sample of women recognised that the privacy or lack of sexual talk was now outdated and overshadowed by the need for parents to take responsibility for their role in their children's sexual health education.

Interestingly, they found that many children of the women in the study were not open to discussion about sex with their parents as it was a foreign concept (Phetla et al., 2008). This reveals the difficulty in overcoming a now well-entrenched, engrained and familiar pattern of behaviour in many African households – namely that of silence around topics like sex and HIV. Most youth did not know how to relate to their parents when it came to these sensitive or taboo topics. The youth were thirsty for accurate knowledge about sex and HIV and pinpointed their parents as good sources from whom to glean such information, but were somewhat reluctant to speak to them due to cultural taboo and embarrassment. Similarly, their mothers did not know how to approach such topics either – revealing the intricacy of this barrier in communication.

Mufune (2003) also found that communication about sex in northern Namibia is detested, such that sex and sexuality are private matters that are not often discussed within or outside of the family. This creates a difficult space in which to introduce talk about HIV/AIDS and the promotion of safer sexual practices. In Harrison, Xaba, Kunene and Ntuli's (2001) study conducted in KwaZulu-Natal with 14 and 15 year-old women, there was generally a lack of intergenerational communication about sexuality and relationships. Harrison (2005) recognises the stigma around talking about sexuality and the fact that this has adversely affected intergenerational communication such that youth cannot receive guidance from their elders.

2.4 COMMUNICATION AND EMPOWERMENT

By talking openly, youth are more able to confront their fears and misconceptions about HIV/AIDS and are equipped with correct knowledge about sexual health habits and negotiation skills in order to better address the social pressures they face (Zisser & Francis, 2006). loveLife contextualises its content to tackle the mores of reticence in African culture. It is not just a multimedia campaign that boasts its influential slogans on television, billboards, radio and print; it hosts an array of community interventions as well. Among these outreach interventions are educational programmes led by young people known as peer educators or "change agents", National Adolescent-Friendly Clinics that offer advice about sexual health matters, and Y-Centres (Youth Centres) that provide recreational activities and skills training (Pettifor et al., 2007).

loveLife recognise the fact that there needs to be active implementation of skills and behaviour change programmes that engage the youth on a practical level so as to empower them. Such programmes aim to "inspire and motivate young people to take control of their lives, set goals, make healthy choices, and navigate and reduce their HIV risk" (Pettifor et al., 2007, p. 70). They suggest that this should not be done through simply giving the youth more facts and statistics but rather, by actively helping them build their own repertoire of skills in order to ensure attitude and behaviour change. By arousing dialogue, debate and communication around their sometimes ambiguous billboards boasting slogans like, "Get Attitude", "Born Free" and "Talk About It", the loveLife

campaign challenged attitudes and social norms (Zisser & Francis, 2006). This strategy potentially enables a change in the cultural milieu towards HIV/AIDS, thus enabling the youth to be less fearful and creating an open space in which they can voice their concerns.

Regarding communication in the home environment, Fuller (2008) notes that a good way to empower youth in sexual health issues is to use what is an already culturally familiar mode of communication. She recognises that traditional African oral forms of communication may prove to be an indispensable transforming agent in the fight against the spread of HIV. Cultural rituals and folk media include dancing, proverbs, role-plays, talk-singing, visual arts, concerts and storytelling and have the potential to be useful modes to introduce HIV/AIDS relevant information and spread it through word of mouth, much like ancient African proverbs. This would also start to target illiterate people who don't have access to printed media (Fuller, 2008).

2.5 PEDAGOGY AND HIV PREVENTION

Life skills classes have been used as a mode through which HIV/AIDS education has been taught over the last 20 years (Helleve et al., 2009; Ngwena, 2003; Pengpid et al., 2008; Yankah & Aggleton, 2008). The World Health Organisation (WHO) defines general life skills as the capacity for adaptive and constructive behaviour that enables one to successfully deal with the stresses and complexities of everyday life (Pengpid et al., 2008). When it comes to HIV education, WHO describes life skills training in this context as a course aimed to “develop young people’s knowledge, and the skills needed for healthy relationships, effective communication and responsible decision-making that will protect them and others from HIV infection and optimise their health” (Visser, 2005, p. 205).

Accordingly, such classes concentrate on areas like sexuality and sexual health education and facilitate risk negotiation and vulnerability in the face of the epidemic; covering topics like HIV knowledge and awareness, and the mental and physical skills needed for staying safe, which differ across cultural settings (Griessel-Roux et al., 2005; Helleve et al., 2009; Pengpid et al., 2008; Visser,

2007; Yankah & Aggleton, 2008). Further, the classes enable young people to communicate openly about sex and fears surrounding HIV and STIs, resulting in generally more positive attitudes towards staying safe (Visser, 2007). Some of the necessary life skills as pinpointed by Yankah and Aggleton (2008) are: problem-solving, refusal, negotiation and decision-making skills. Life skills education objectives as noted by Visser (2005) include the prevention of risk behaviour and lifestyle change in those individuals who are already engaging in risky behaviour.

Sexual health education that provides accurate and up-to-date information on HIV should clearly define both what sexuality is and what is meant by sexual health. Sexuality is defined by Harrison, Xaba, Kunene & Ntuli (2001) as a “biological drive that is linked with gender and which is shaped by gender-driven expectations and norms” (p. 70). Mufune (2003) expands on this and explains that sexuality is “aspects of the body, behaviour and desire that are closely linked to the erotic” (p. 425) and that societies and cultures regulate norms and rules regarding sexuality and its expression.

Sexuality and sexual health education is a facet of life skills classes that Ngwena (2003) defines in detail. He explains that it is not mere biological facts (like those taught in *sex* education) but fosters an understanding of sexual development, reproductive health, body image and gender roles as all these factors have crucial roles to play in youths’ negotiation of their sexuality. Additionally, sexuality education is described as a lifelong process of obtaining information and forming healthy attitudes, beliefs and values regarding sex and sexuality (Ngwena, 2003; Pengpid et al., 2008).

It has been noted however, that life skills classes have been too simplistic to be deemed highly effective for the youth in South Africa’s complex needs (Harrison, 2008; Helleve et al., 2009; Visser, 2007; Yankah & Aggleton, 2008). Helleve and colleagues (2009) state that “there is limited evidence that such programmes yield positive results, particularly in low- and middle-income countries in sub-Saharan Africa” (p.190) and that schools in rural areas face the largest challenges in the face of HIV/AIDS. In keeping with this Richens, Imrie and Weiss (2003) found that the infiltration of information remains poor among vulnerable groups such as adolescents and women in low-income countries.

There has also been ongoing difficulty for life skills classes in bringing about changes in high-risk sexual behaviour (Jones, 2006). Following from this there has been recognition of the gap between knowledge and safe sexual behaviour (Ngwena, 2003). Even with correct and up-to-date information, behaviour change is not guaranteed due to the fact that knowledge in and of its own right is not sufficient in ensuring safer sexual practices (Visser, 2005). With this in mind though, Letamo (2007) optimistically comments that correct knowledge and understanding about the virus is a crucial *step* towards behaviour change. UNAIDS agrees and notes that information is an “important prerequisite for the kinds of behaviour change that can help prevent new HIV infections” (Letamo, 2007, p. 193).

Harrison (2005) believes that adolescence is a period in which teenagers explore, experiment and experience peer pressure, which can ultimately lead to enhancing their risk of contracting HIV. Hearst and Chen (2004) say that adolescents experiment and learn certain sexual behaviour patterns that can form lifelong habits. Thus, due to the fact that adolescents are in the process of learning sexual behaviour via experimentation, it makes sense that they may be receptive to take on safer sexual norms early on in this process (Ngwena, 2003). Yankah and Aggleton (2008) recognise that sexual behaviour change is difficult for life skills based education to instil. Early adolescence is therefore an appropriate time in which to address and improve youngsters’ decision-making and negotiation skills and behaviours before they become habitual (Richens et al., 2003).

Contrary to many contemporary postulations and myths that sexuality education may initiate a scholar into early sexual activity (Ngwena, 2003; Lambert & Wood, 2005; Pengpid et al., 2008), Yankah and Aggleton (2008) found that good quality and well implemented sexuality and relationship education does not hasten the onset or frequency of sexual activity. They found that in most cases, there was a delay in sexual initiation due to prevention-oriented behaviour skills, which such programmes implement due to them being given before sexual debut. Anderson and colleagues (2007) also note that education can be used as a powerful tool to delay risk behaviours, theorising that catching the risk behaviours before they start is essential and effective. Jones (2006) agrees with this reasoning and claims, “it is easier to establish low-risk behaviours than to change existing

behaviours” (p. 145). Thus, running programmes with younger adolescents enables attitude change before behaviours become habitual and before misconceptions become entrenched. This strategy may be the answer to the problem of not being able to instil behaviour change in life skills education by simply teaching scholars about safe sexual practices at a younger age.

Along with authors like Jones (2006) and Visser (2005) as cited above, Leach (2002) also questions the efficacy of HIV/AIDS intervention programmes at school. Some of the reasons put forward to account for such inefficacy by this researcher include an already overwhelming curriculum, a lack of appropriate materials, insufficient training of teachers to implement programmes effectively, and reluctance due to embarrassment on the part of teachers. Jones (2006) reveals that the main barriers to effective sexuality and HIV/AIDS education in South African schools are embarrassment on the part of both learners and teachers, as well as teachers being insufficiently trained and equipped to deal with scholars’ areas of concern. Pengpid and colleagues (2008) note similar problems with programme implementation and add the fact that school curricula often simply do not have the time for HIV/AIDS education.

Visser (2005) assessed the impact of a national HIV/AIDS intervention that took place in secondary schools in Gauteng. Even though the programme was well-rounded and relevant, she found that schools faced many barriers in its implementation. These barriers include certain schools being understaffed, organisation obstacles like the absence of allocated time slots, a general lack of support, and non-cooperation or disinterest from leaders in the school and education arena like principals and the Department of Education. As some general conclusions, Visser (2005) notes that because life skills is not an examinable subject it is not prioritised, oftentimes HIV education is not seen as the schools’ responsibility, and even in schools where the programme is implemented there is often a distrust on behalf of the learners of their teachers.

The primary aim of Pengpid and colleagues’ (2008) study was to explore how involved parents and the community are in life skills and sexuality education in secondary schools around South Africa. From a total of 922 participating schools they found that just over half of them did not actively try to

involve parents in such education. Additionally, only a quarter of the sample recruited help and support from the community with HIV and sexuality education endeavours. The benefits of involving parents in sexuality education include parent-child interaction and the building of trust in the relationship such that parents can help equip and empower their children to practice safer sexual behaviours. They acknowledge that this will also help foster more responsibility on parents' part for their role as sex educators in their children's lives. The approval of parents and community representatives (such as those from governmental organisations and agencies as well as health professionals) with regard to education of this kind tended to vary in this sample with some expressing that the material conflicted with and was insensitive to cultural norms.

These insights point to the need for sex and HIV education programmes to be consistent with and sensitive to socio-cultural trends. Pengpid and colleagues (2008) go on to note that collaboration and consensus building between education programmes, parents and community members should foster more involvement and support of the former from the latter two. According to National policy, “[a]ll major stakeholders, including religious and traditional leaders, representatives of the medical or health care professions and traditional healers, should be involved in the development and implementation the [HIV/AIDS] policy” run in every school (Ngwena, 2003).

Ngwena (2003) acknowledges that parents should bare the primary responsibility when it comes to teaching their children about sex and sexuality issues but that in general, they have not succeeded on their own in conveying such information in the face of the HIV epidemic. Pengpid and colleagues (2008) quote a teacher saying, “[M]ost of the parents don't want to talk to their children about sexuality, so as a school we need to do it” (p. 58). Even if parents are communicating with their children and adequately teaching them, it makes sense that the more sources of information the youth have at their disposal, the more equipped and protected they will be.

2.6 EDUCATORS' AND SCHOLARS' EXPERIENCES

It has been suggested that educators are able to shape the attitudes youth have about safe sex and HIV as well as break the silence and stigma associated with the virus (de Kock & Wills, 2007). In order to do this they must be able to support all those learners who are affected by and infected with HIV/AIDS while keeping in mind that no one is exempt from its impact (de Kock & Wills, 2007; Theron, 2007). de Kock and Wills (2007) and Theron (2007) note that the biggest problem in terms of education is the fact that teachers are often ill equipped in terms of knowledge, practical skills and effective communication skills. de Kock and Wills (2007) researched the attitudes of affluent white teachers in Johannesburg, while Theron (2007) uncovered experiences among black teachers in Gauteng and the Free State. These studies uncover remarkable findings and lend themselves to comparison.

de Kock and Wills (2007) found that white teachers' attitudes ranged from feeling that AIDS was a black disease, to the conception that the virus did not really signify a threat to their sheltered and "moral" community (p. 232). This small sample seemed to blame rural, uneducated, poor or black people for the erosion of moral values and the crumbling of the family unit, which was ultimately said to lead to sexual immorality and premature sexual intercourse. HIV/AIDS in these upper-middle-class women's eyes was linked with promiscuous behaviour and a breakdown in moral fibre, rather than a disease that can potentially infect or affect anyone, no matter what social or moral standing.

Drastically contrasting this were the accounts of black teachers who had to deal with school children losing parents and loved ones in Theron's (2007) study. These teachers felt helpless, anxious and empty in the face of an epidemic that was so much larger than the solutions they had to offer. Nevertheless these teachers are in the right place to help, love and support those learners who are in their reach and who are affected by the epidemic. One teacher remarked: "This epidemic makes me to love [sic] what I am doing even more, because my profession is one of the most powerful instruments to reach the young" (Theron, 2007, p. 181).

The results of the above studies revealed that teachers need to be communicating amongst themselves more effectively and need more adequate training regarding HIV/AIDS education and prevention strategies. Theron (2007) found that support groups for the teachers would increase their coping skills and enable them to help the youth improve their own skills in order to more readily negotiate the challenges they face. de Kock and Wills (2007) found that even though HIV *had* directly affected their sample of teachers, these women refused to acknowledge these exposures in their “inner circle” and thus such experiences remained “othered” (p. 234). These teachers needed a concrete curriculum in order to increase their and their scholars’ awareness and communication around the pertinent issue of HIV that touches most people in their community whether they are willing to acknowledge it or not (de Kock & Wills, 2007). It is clear from the studies by Theron (2007) and de Kock and Wills (2007) that people experience this epidemic very differently, even if both subgroups are in an educational setting and in Johannesburg, as was the case with both these studies.

Helleve and colleagues (2009) sought to understand Life Orientation educators’ experiences when it came to teaching about HIV/AIDS and sexuality in Cape Town and Mankweng, a town just outside Polokwane. These researchers found that teachers generally thought sexuality and HIV/AIDS education to be very important aspects of life skills classes, but that others thought that talking about sex was taboo and inappropriate and felt uncomfortable doing so. Some teachers blamed a decline in moral standards and the breakdown of the family system and further, the collapse of morality in the family for the increase of HIV/AIDS and unwanted pregnancy among their scholars. Other teachers felt as though parents were too absent in their children’s lives to teach them the necessary things about sexuality, HIV and AIDS. Helleve and colleagues (2009) aptly recognise that it is a scholar’s right to receive education about sexuality and HIV/AIDS, regardless of how teachers feel about teaching such topics.

A major challenge faced by these teachers was that many of them found themselves trying to convince their scholars that AIDS existed and was a real disease that could affect them. This shows how very difficult it must be to teach scholars about something that scholars don’t acknowledge as a

real threat to their lives. As Helleve and colleagues (2009) succinctly put it, “To talk about AIDS in the classroom will not necessarily make students understand it as being more relevant for them and their life situation” (p.199). They go on to say that teachers in their study suggested that scholars need to interact with the topic not just by hearing about it but by actively participating on a visual and tangible level too. Yankah and Aggleton (2008) found that active involvement on the part of the scholars is key to effective HIV risk reduction education. Richens and colleagues (2003) recognise this pitfall in education too, and hold that HIV risk is “invisible” and therefore not immediately of concern to individuals who are dealing with it in a theoretical manner, such as in many classrooms.

In this vein, Ito and colleagues (2008) reveal that participatory learning and interactive education “increase[s] content retention” (p. 79). Fostering open communication and an easy-going atmosphere in the classroom is important for the youth to apply the information to their own lives. Jones (2006) proposes that open-ended learning styles should be adopted in which scholars would be more readily encouraged to discuss issues of concern and form their own opinions based on the correct information. Mitchell and Smith (2003) concur and stress the need for educators working in life skills programmes to teach in such a way that generates and invites the youth to speak frankly.

Griessel-Roux and colleagues (2005) selected Grade 11 participants in three secondary schools in the Gauteng area to find out what their experiences were of HIV/AIDS programmes. These researchers found that scholars saw great value in HIV education in its potential to curb the spread of the disease. The participants felt that HIV lessons could have a better impact if they were put into smaller, single-sex groups. They wanted new media presentations of HIV issues such as photographs, videos and more personal experiences and real-life encounters, rather than just factual information. They also found that scholars wanted their parents to have sufficient information about HIV/AIDS to educate them at home as well. Scholars expressed the need for HIV positive presenters from outside the school to educate them and they felt this would have greater impact. They said that they knew enough about the technicalities of the HI virus and that they wanted to know what to *do* about it if they or someone they know got infected. Scholars also wanted more skills in assertiveness, communication, relationships and decision-making.

2.7 INTERVENTION STRATEGIES AND PEER EDUCATION

Two studies report having piloted interactive CD-ROM programmes that were effective in a number of ways. Di Noia and Schinke (2007) ran the “Keepin’ it Safe Program” with over two hundred girls within the age range of 11 to 14. This programme is based on the AIDS Risk Reduction Model and employs interactive teaching techniques in order to foster a well-rounded and pragmatic learning experience (Di Noia & Schinke, 2007). The programme challenges the perceived or expected enjoyment of low-risk sexual activities, as well as increases the participants’ communication and assertive skills when it comes to sexual negotiation. It is culturally sensitive, gender-specific and includes vignettes and games, which means that the programme symbolises experiential learning that the participants found easy to relate to and thus applicable to their own lives (Di Noia & Schinke, 2007).

“Let’s Talk About Sex” is another CD-ROM programme targeted at female youths aged between 15 and 19. Ito and colleagues (2008) research the efficacy of the programme, revealing it to be effective in increasing knowledge, decreasing intentions to engage in sexual intercourse and changing attitudes. The CD-ROM models negotiating skills through the use of videos; correct condom use through cartoon strips; and makes explicit the medical and emotional consequences of contracting HIV and a number of STIs. The programme is designed so that each participant can choose their own host to guide them through the CD. Each host has a different level of sexual experience and represent diverse nationalities and races. This interactive tactic is said to “increase content retention through active and participatory learning” (Ito et al., 2008, p. 79). It is apparent from both these pilot studies that experiential and practical learning is the key as it is more likely to change attitudes and behaviours in scholars rather than HIV/AIDS education being merely a theoretical exercise.

HIV/AIDS education strategies need to be culturally sensitive and pitched at the right level if we hope to reach the youth successfully (Di Noia & Schinke, 2007; Helleve et al., 2009; Strebel et al., 2006). As discussed in the previous section, social and contextual factors like poverty, gender

dynamics and traditions have influential roles to play in the battle against HIV infection. Programmes need to carefully consider and address cultural and contextual concerns in order to “speak to the lived experience of those women for whom interventions are intended” (Strebel et al., 2006, p. 527).

Fuller (2008) advocates *relevance* above all other strategies in educational resources in order to best access a target community. For maximum impact and relevance, youth need to be involved in interventions not just as participants but as integral parts of the design and implementation, especially in peer education efforts and school-based education (Harrison, 2005). Yankah and Aggleton (2008) found that the best way life skills education can be designed is through the incorporating of the perspectives and needs of the youth themselves, in their specific contexts, with their fears, barriers and difficulties being kept in mind. A comprehensive discussion of the difficulties the youth are facing aims to draw a contextual picture of their needs, fears, worries and daily troubles. In identifying these areas, education can become more focused and aware of the youth’s lived experiences and realities, consequently leading to youth-inspired education (Clüver, 2008).

Young people need to be met at their level if we hope to get through to them in a pragmatic way. From the current discussion it is clear that with the rapid evolution of technology and mass media, youth respond to technologically innovative educational methods (Di Noia & Schinke, 2007; Ito et al., 2008). loveLife reported in a national survey that youth who had taken part in one or more of their outreach programmes were more likely to have used condoms during their last sexual encounter, as well as more likely to be communicating effectively with their parents about sex and HIV (Pettifor et al., 2007). It is evident from this that teenagers are media-savvy and respond well to programmes that are created especially for their needs and in a technologically innovative way.

As an informal source of information, innovative media campaigns such as loveLife bolster communication about youth sexuality issues (Hutchinson et al., 2007; Pettifor et al., 2007; Zisser & Francis, 2006). Alongside campaigns, television series such as *Yizo Yizo* and *Positive* offer real-life

perspectives into the issues surrounding HIV and living with AIDS (Mitchell & Smith, 2003). Youth respond to visual teaching aids as they are able to relate better and remember the information. Television however, can also be the source of many incorrect messages with regard to sexual practices and adolescent risk behaviours (Clüver, 2008). Thus, it can be said that although the youth may be absorbing positive messages from the media, many programmes and channels can offer negative and counter-productive messages. Jones (2006) found that the youth who participated in her study were unable to successfully negotiate their way through the conflicting messages to which they were exposed.

Peer education is a vital way in which to meet the youth on their level and cultivate more relevant education interventions. Visser (2007) says that peer education is based on the premise that social and behavioural norms are developed through interaction with others. She explains that

HIV risk behaviour among South African school-going young people is often influenced by interpersonal processes such as peer group norms, perceived gender roles resulting in coercive male-dominated sexual relationships, lack of communication skills to negotiate condom use, their understanding of love, sex and relationships and a lack of positive adult role models (p. 679).

Markedly, she also comments that HIV is decreasing where youth are reversing the often risky cultural and social trends, consequently setting them at the forefront of halting HIV transmission.

Peer educators help and support youth around them in adaptive and constructive ways, being positive role models and influencing them in HIV protective ways (Visser, 2007). Harrison, Xaba and Kunene (2001) suggest that peer-led interventions should aim to empower young women with more assertiveness, higher degrees of self-esteem, greater negotiation skills and decision-making abilities. They also propose couple interventions whereby young men and women could be encouraged to build communication skills and foster a shared responsibility for sexual health. Peer educators could be likened to “trend setters” in that individuals are likely to adopt the attitudes and norms of influential people in their communities, thus promoting change and an uptake in preventative behaviours (Hutchinson et al., 2007).

Visser (2007) evaluated the implementation of a peer-led and support programme run in thirteen schools in urban Tshwane. The programme attempted to address the underlying contextual and social issues noted in the area, with the ultimate aim to prevent HIV infection among adolescents by reducing high-risk sexual behaviour and changing peer group sexual norms. The outcome of the programme varied according to how each school implemented it and which barriers or obstacles were in the way of successful implementation. Notably, Visser (2007) found that peer educators in many instances managed to get scholars involved in health-related activities. She suggests that peer education may have a preventative impact on high-risk sexual behaviour among adolescents due to peer group norms having an important influence on the behaviour of young people through a process of social evaluation and comparison. Finally, she comments that her results suggest that although the peer education and support programme did not change behaviour patterns, it may have contributed to a delay in the onset of sexual activity.

In a slightly earlier study, Visser (2005) notes that one of the ways in which to alleviate HIV in communities is a preventative approach based on ecological theory whereby the perception of the impact social norms have on risk behaviour are changed. However, in order to do this social leaders need to support it and be involved, and the visibility of HIV in the community needs to be increased via disclosure and open discussions. Her theory is that if societal expectations of certain behaviours shift, such behaviours (like consistent condom use) become acceptable and practised. This complies with research mentioned previously that advocated community and parent involvement in HIV prevention and sexuality programmes (Ngwena, 2003; Pengpid et al., 2008).

SECTION THREE:

THE CURRENT STUDY

Clearly, the HIV/AIDS epidemic is an area of crisis amongst young South African women, which needs to be addressed with relevant intervention strategies. However, our understanding of adolescent relationships and sexual behaviours, which occur against the backdrop of HIV risk, remains limited (Harrison, Xaba, Kunene & Ntuli, 2001). Therefore, we need to more keenly go

about understanding what the dynamics are within adolescent relationships and why such dynamics manifest in the ways in which they do to gain a richer understanding of the context in which young people sexually interact. Relationships and sexual behaviour are also changeable and dynamic, making it important to take a fresh look at these issues.

Additionally, there exists an inadequate amount of qualitative data on South African communities regarding sexuality and its negotiation that resultantly hinders effective prevention programmes and interventions, specifically in the female reproductive arena (Lesch & Kruger, 2004). Alongside this, psychologists have not fully recognised the intricacies and implications of adolescent sexuality in their responses to problems associated with adolescent sexual behaviour (Lesch & Kruger, 2004). There thus remains a need for exploratory and descriptive research within specific contexts with regard to sexuality and HIV.

One of the most defining features of adolescence is an increased interest in the opposite sex but as Giordano (2003) believes, more is known about the individual, peer, family and community effects on sexual behaviour than on the romantic relationships in which such behaviour occurs. When it comes to research about romantic relationships, it is critical to grasp the social context of decision-making within this arena as it is distinct from other life domains. Such decisions occur outside of the scope of parents and peers and are complex in nature as they hinge on many factors (Giordano, 2003), as discussed during this review of the literature.

Lesch and Kruger's (2004) sample consisted of low-income young women living in a rural South African community. The researchers believe that such groups, which were disadvantaged under the Apartheid regime, have been neglected in the past when it comes to research in the field of sexual agency. The main reasons why such a focus is imperative are firstly because our understanding of human sexuality, especially during adolescence, is limited (Harrison, Xaba, Kunene & Ntuli, 2001; Lesch & Kruger, 2005); the responsibility of safe sexual practices is usually placed on women; reproductive health issues disproportionately affect women (Abdool-Karim, 2005; Harrison, 2005);

and the increased need for psychological research to acknowledge sexuality and sexual desire as normal aspects of healthy psychological development in young women (Lesch & Kruger, 2004).

With education and communication perspectives in mind, as well as the gender inequalities evident in South African societies, this study involved the participation of young black women in a former DET school in Grahamstown. During the interviews, these women explored the challenges they face and the feelings they encounter on their journeys through a difficult developmental phase, specifically in terms of negotiating issues related to their sexuality, sex, relationships and HIV. By exploring the personal responses of female scholars with regard to their sexual negotiations and experiences, in-depth insights were obtained in order to better inform sexual and reproductive health education for young women. Such research will create awareness on the part of young women about their sexuality so that they can learn how to understand and manage it more effectively (Lesch & Kruger, 2004). Moreover, educators, researchers and programme developers alike may gain useful insights from the personalised and contextual accounts derived from this research.

A number of questions arise from this discussion of the literature regarding young women and their experiences and expressions of agency within their relationships. Wood and colleagues (1998) have recognised the need to explore areas like: the ways in which constructions of power in terms of gender are formed and maintained in romantic relationships; adolescents' range of sexual behaviours and their experiences thereof; how adolescents negotiate and defy sexual access to their bodies; the diverse social contexts in which adolescents perform; and the social places in which communication about sexuality are practiced. The questions the current research project aims to answer and explore are presented in the next chapter.

CHAPTER THREE:
RESEARCH AIM AND QUESTIONS

3.1 RESEARCH AIM:

The aim of this study was to explore the lived experiences of a sample of young black women as they negotiate their sexuality in a local context.

3.2 RESEARCH QUESTIONS:

- a) What is the social context in which the participants negotiate their agency?
- b) What resources are available to these participants and how are they being accessed and experienced by these young women?
- c) What are the participants' personal experiences within romantic relationships?
- d) In which areas are they lacking agency and/or negotiation power?
- e) In which areas do they have agency and/or negotiation power?

CHAPTER FOUR:

METHODOLOGY

This chapter outlines the aims and the methods of data collection and interpretation of the current study. Firstly, theory behind interpretive phenomenology will give the reader an idea of the theoretical framework used. Following this, a description of the inclusion criteria for the volunteers who participated in this study will be given. The methods utilised to collect data will be explained in detail, shedding light on the objectives at each phase of data collection. Then an account of the interpretation process will be provided, guiding the reader through the process by which this project's results were obtained. Finally, this chapter will discuss how issues of validity were addressed during data interpretation.

4.1 RESEARCH METHOD

An Interpretive Phenomenological Analysis (IPA) was conducted on the raw data in this study using Smith and colleagues' (2009) guidelines to provide subjective and contextual insights into the body of HIV/AIDS research. IPA is developed within the field of psychology and is committed to the investigation of personal experience (Conroy, 2003; Smith, 2004; Willig, 2001) and thus suits the research purposes of this project.

As this is a qualitative project, the sample did not strive to represent the population under study nor aim for generalisability (Ingham et al., 1999), rather it aimed to give rich, detailed accounts of the experiences of a few young women in the Eastern Cape. In keeping with this, interpretive phenomenology is concerned with the world as it is experienced by humans within their particular contexts, rather than with abstract or theoretical statements about the general nature of the world (Willig, 2001).

IPA is a good tool of analysis to use with small sample sizes as it aims to illuminate detailed perceptions and understandings without the need to generalise the findings (Conroy, 2003; Smith &

Osborn, 2003). IPA utilises an interpretive, microanalysis on a small set of accounts so that the variability within human experience can be revealed (Eatough & Smith, 2008). It is interested in the variability and diversity of human experiences – the nuances as well as the quality and the texture (Willig, 2001). IPA is thus idiographic in nature, concentrating on the individual rather than the collective (Reid, Flowers & Larkin, 2005). Smith (1995) is of the opinion that by employing this kind of analysis to a set of semi-structured interviews, the researcher can attempt to capture the richness of emerging themes throughout the participants' talk, instead of reducing responses to a reductive set of quantitative categories. Having said this, IPA has an element of Warnock's notion of *shared humanity*, in that people can identify with aspects of others' experiences, thereby displaying a theoretical generalisability (Smith et al., 2009).

By using individual interviews to collect the data and IPA to analyse it, rich and deeply personal accounts from the participants' perspectives were effectively elicited. This is because interviews aid in grounding research findings in the reality of the participants and IPA investigates the participants' personal and subjective experiences from within their lifeworlds (Willig, 2001). The data was transcribed verbatim, highlighting the importance of the participants' voices in IPA research (Reid et al., 2005).

4.1.1 THEORETICAL UNDERPINNINGS OF INTERPRETIVE PHENOMENOLOGY

The theories behind phenomenology, hermeneutics and idiography, by which interpretive phenomenology is informed, is briefly discussed in this section for the purposes of bringing to light IPA's historical and philosophical underpinnings.

Phenomenology is the study of lived human experience of phenomena in the world (Smith et al., 2009). In Kvale's (1996) words, phenomenology studies the "subjects' perspectives of their worlds; attempts to describe in detail the content and structure of the subjects' consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meanings" (p. 53). The concept of the *lifeworld* that Kvale (1996) discusses stemmed from the phenomenologist Husserl and

is adopted by interpretative phenomenologists (Smith et al., 2009). Merleau-Ponty describes the phenomenological concept of *body-subjects* as the fact that we can never have direct access to another's experience as theirs is something which belongs to, and is experienced by, their own embodied position in the world; one that we ourselves do not and cannot occupy (Smith et al., 2009). Similarly, Heidegger explains that human beings are inescapably situated in the world – surrounded by objects, affected by relationships and informed by culture, which is mediated through language (Smith et al., 2009). IPA focuses on experience and its perception, while both of these activities are recognised to be interpreted by the individual and by the researcher, through our situatedness in the world; thus making it necessary to move towards a discussion of the theory of interpretation, namely hermeneutics.

Heidegger explains that phenomenology is essentially interpretative and that the word itself is made up of *phenomena* – something that occurs and is perceptual, and *logos* – the activity of analysis or grasping of the something that occurred (Smith et al., 2009). He explains that in order to fully grasp the phenomenon, one needs to be aware of what one brings into the analysis – his/her *fore-structure* (or assumptions and preconceptions), as the interpreter is always implicated in the interpretation. IPA is influenced by the theory of the *hermeneutic circle*, which posits meaning-making at a cyclical series of levels; whereby in order to understand the parts, one has to look at the whole, and in order to comprehend the whole, one has to look at its parts. IPA reflects exactly this iterative process, providing a thick coherence of interpretation.

Idiography is concerned with the particular and in nomothetic domain (Smith et al., 2009). Interpretative phenomenology employs idiography at two distinct levels: firstly in its depth of analysis in the attention to the details and the particulars of the phenomenon being investigated, and secondly in its commitment to the subjective experience of a phenomenon for specific individuals in particular contexts.

4.1.2 THE AIMS OF AN INTERPRETIVE PHENOMENOLOGICAL INQUIRY

IPA supposes that there is a tentative association between what a participant says and the beliefs or psychological constructs that he or she holds (Smith, 1995). Thus, interpretive phenomenology assumes that what a participant says in an interview has some ongoing significance for him or her. IPA studies usually investigate matters of substantial importance for the participants. Eatough and Smith (2008) explain that these matters are often transformative: “bringing change and demanding reflection and (re)interpretation for the individuals concerned” (p. 186). In other words, participants are given a chance to re-tell their stories and experiences and they can therefore go back and reflect on their subjective realities. Particular attention is thus paid to the participants determining what is said, treating them as the sources of their thoughts, feelings and experiences and regarding them as the “experiential experts of the topic under investigation” (Eatough & Smith, 2008, p. 188).

Interpretive phenomenology is intrinsically descriptive in nature as it attends to how a person’s reality appears and lets such descriptions have a voice. It is also inherently interpretive due to the fact that language captures experiences and descriptions thereof, and no reality can be grasped without language (Giorgi & Giorgi, 2008). It is important to remember though, that language is culturally bound and thus inherently reflects the participants’ cultures and realities (Eatough & Smith, 2008).

When it comes to interpretation, the researcher aims to *get inside* the participants’ experiences by way of their subjective descriptions thereof, while being aware that direct access into their realities is ultimately not possible and the interaction between researcher and participants is always implicated in the interpretation (Willig, 2001). Even though experiences and their attributed meanings may be given their own voices in IPA research, they must be grasped through other’s interpretations. In this regard, the researcher needs to *bracket* all his/her past knowledge concerning the phenomenon under investigation in order to be freshly present to the current explanation of the experiences of the participants (Giorgi & Giorgi, 2008). Interpretative phenomenology and the phenomenology that

Giorgi and Giorgi (2008) discuss share links in their philosophical underpinnings, hence the appropriation of the concept of *bracketing*.

Interviews are inescapably influenced by a large amount of contextual, situational and personal factors, making analysis complex (Hargie & Tourish, 1999). Thus, as stated above, the researcher is to remain cognisant of his/her subjectivity and the role this plays in interpretation. The researcher is an empathic listener who helps the participant understand his/her subjective, idiosyncratic world, creating a hermeneutic circle. Conroy (2003) explains that this circle is also called the *double hermeneutic* whereby the researcher makes sense of the participant making sense of his/her world. The interpretation of reality is thus co-constructed by the researcher and the participant, resulting in a rich, descriptive interpretation of a participant's lifeworld as well as a reflexive account of reality, which takes into account one's own interpretation of the participants' descriptions (Eatough & Smith, 2008).

Eatough and Smith (2008) believe that there are levels of interpretation at work when the researcher goes about analysing data. The one level involves the researcher investigating the details of the participants' lifeworlds – empathically delving into their experiences and descriptions thereof. While doing this, the researcher also interrogates the sense-making of the participants: he/she speculates and questions the meanings attributed to the participants' experiences in order to generate alternate understandings and to re-situate the participants in their particular contexts. It is at this point that the researcher theorises the data by drawing out conceptual and abstract interpretations. Working on different levels of interpretation provides an analysis that is fully grounded in the participants' feedback, while also offering a deeper hermeneutic reading of the data (Eatough and Smith, 2008). This „dual reading' is sustained throughout the analytic procedure, deepening as the researcher's familiarity becomes more and more embedded in the participants' accounts.

4.1.3 ASSESSING THE VALIDITY OF IPA RESEARCH

Smith and colleagues (2009) refer to Yardley's (2000) criteria for assessing the quality of qualitative research. The principles set out by Yardley reveal sensitivity to the contrasting nature of qualitative research to that of quantitative research, acknowledging that the former's validity needs to be assessed by a more flexible and qualitatively relevant set of criteria.

Yardley's (2000) first principle is that of *sensitivity to context*. Firstly, this can take place in the form of a thorough discussion of the extant literature on the topic under investigation. In so doing, the researcher displays an awareness of the broader scope of his/her research field and is able to situate his/her research within that field, making it relevant and reflexive. Secondly, Smith and colleagues (2009) explain that through the interviewing process, an IPA researcher shows sensitivity to context by taking special note of the idiographic or particular nature of the lived experiences of the participants as well as being cognisant of the fact that the data obtained are understood and mediated by the hermeneutic circle discussed previously.

During the data analysis phase, the researcher is said to display further sensitivity to context by substantially grounding analytic claims within the raw data obtained from participants by showing sufficient idiographic engagement (Smith et al., 2009). To do this, a substantial amount of verbatim quotes must be used in the report of the findings, thereby giving the participants a voice in the project and also allowing the reader to check the interpretations being made by the researcher by giving them direct access to the applicable portions of transcript.

Commitment and rigour is Yardley's (2000) second principle used to assess the quality of qualitative research. Within this criterion, an IPA researcher attends very closely to each participant's account thereby displaying a personal commitment to each case. Rigour refers to the thoroughness of the project, which includes the suitability of the selected sample to answer the research questions and aims, the quality of the interviews as well as the data obtained, and finally the comprehensiveness of the analysis (Smith et al., 2009).

Yardley's (2000) third principle is *transparency and coherence*. An IPA researcher describes each stage of the research process in great detail in order to demonstrate transparency (Smith et al., 2009). This would mean explaining how participants were selected, how the interviews were conducted, and finally an in-depth explanation of each step in the analysis process. Coherence in the project's argument is central. This includes the logic of the themes and how well they fit together, with the researcher being aware of and explaining any ambiguities or contradictions within the data (Smith et al., 2009). Yardley (2000) also stresses that the degree of fit between the research carried out and the theoretical assumptions of the implemented approach must be coherent. Thus, research done within an interpretative phenomenological framework must obtain results that attend to the experiential aspects of the participants' responses about a certain phenomenon, while being aware that analysis of such experiences is intrinsically an interpretive activity (Smith et al., 2009). A qualitative research project's coherence is ultimately judged by the reader of the final report.

Lastly, Yardley's (2000) fourth principle of *impact and importance* focuses on the significance and usefulness of a qualitative research project. Broadly speaking, a project should be interesting and should contribute to existing literature as well as foster a greater knowledge and understanding of the topic at hand. Smith and colleagues (2009) believe that IPA research aspires to do just this.

4.1.4 LIMITATIONS OF IPA

Willig (2001) sets out to explain the shortcomings of interpretive phenomenological analysis, of which researchers must remain mindful. And as stated earlier, the purpose of IPA is to capture the participants' essential meanings behind their experiences and these meanings have to be communicated via language. IPA can thus be said to be dependent on the representational soundness and authority of language (Willig, 2001). The researcher consequently ends up investigating and analysing how a participant *talked about* his/her experiences. The limitation here, essentially speaking, is that IPA does not pay enough attention to the constitutive role that language itself plays in the description of experiences. As noted earlier, however, it can be argued that language is

culturally bound and thus inherently reflects the participants' cultures and realities (Eatough & Smith, 2008).

Phenomenology is concerned with the quality of experience rather than with participants' opinions about a given phenomenon (Willig, 2001). When sifting through transcriptions, it is often difficult for the researcher to distinguish between a value judgement and an experience. Thus, when using IPA, the researcher must be aware of the suitability of the given accounts and focus on the qualitative texture of the transcription. With IPA's concern for participants' perceptions of the world and their experiences, it depends on the participants' ability to answer the *how* rather than the *why* (Willig, 2001). It is essentially concerned with description rather than explanation and has no concern for the cause or origin of certain phenomena. This can be seen as a lack of focus on the historical context and the social and material structures that have shaped and informed the participants' sense of reality. However, as discussed earlier in this chapter, IPA recognises that human beings are situated within the world and in particular contexts that are historically informed – thereby identifying that no perception or description of any phenomena can take place outside of a social and historical context (Smith et al., 2009).

4.2 PARTICIPANTS

This study required the participation of six young women in a former DET school in Grahamstown. Before the participants were approached, permission from the Department of Education was obtained. A copy of the letter of permission given by the department is attached as Appendix A. The need for HIV/AIDS related research in one particular school in Grahamstown was suggested by the HIV/AIDS co-ordinator at the Department due to high dropout rates many reported pregnancies. Taking her advice, the researcher approached the recommended school.

Clear inequalities remain in the South African education system, with black South Africans carrying the yoke of unemployment, disease and poverty (Lemon, 2004; Young, 2009). Teachers at former DET schools are often under-qualified and expected to teach overcrowded classrooms with few

resources. The quality of education in such schools have also been said to be declining due to some black families seeking schooling in previously advantaged schools and leaving behind only those who do not have the income to go elsewhere (Msila, 2005).

Important to mention are some facts about the school from which the participants were selected. It is known as a previously coloured school with a teaching medium of Afrikaans (Lemon, 2004). With the introduction of dual medium it now has a black population of a third. It is situated in the coloured area in Grahamstown and is poorly equipped, with only two concrete netball courts as sporting facilities. The learner-to-teacher ratio is on average 31:1. There is a high attrition rate evident as there are five classes in grades 8 and 9 and only two in grade 12. This could reflect both poverty and some scholars not returning to school after failing exams (Lemon, 2004).

Owing to the unabated infection rate of women (Harrison, 2008), and that the researcher's gender is relevant (being a woman herself), women were pinpointed as the focus of this research. A purposive sampling method was used in this study, whereby the black grade 11s in a former DET school in Grahamstown were approached as such women are perhaps particularly disempowered in the HIV epidemic due to their race, gender and socio-economic status. Furthermore, Grade 11s were pinpointed due to the belief that they are old enough to discuss sexuality, and that Grade 12 scholars generally have more demanding schedules with greater academic pressure, making it unlikely that they would have time to spend on research outside of their academic curriculum.

In order to inform the school selected for this study, a letter was sent to the principal explaining the project in detail as well as the fact that anonymity of the school and participants would be upheld at all times and that participants need not be sexually active as the focus of this project was on sexuality and sexual negotiation, not on sex as such. A copy of the form the principal received, which is unsigned to protect the school's anonymity, can be found as Appendix B. The principal was also given a copy of the scholar consent form (Appendix C) and the initial research proposal. Thereafter, contact was made with a Grade 11 life skills teacher in order to arrange with her an allotted time to meet with the scholars.

After an introduction of the project's aims and objectives, the scholars were asked to volunteer their participation in the study. Volunteers from classes of approximately thirty to forty scholars each were between the ages of 16 and 18. It was made explicit that they did not have to be sexually active nor HIV positive. The volunteers were told that they must be able to express themselves well in English (which is in most cases their second language) as IPA studies are dependent on participants being able to articulate their experiences (Willig, 2001). A translator was not used as this would only complicate the fact that IPA already employs a double hermeneutic; whereby the researcher tries to make sense of how the participants make sense of their experiences (Conroy, 2003).

Prior to participation, the volunteers were informed about the nature of the questions they were going to be asked and possible discussion topics that the researcher expected to arise. The volunteers were notified that they could disclose as much or as little information as they chose due to the sensitive nature of the project's focus. Participants had to share personal experiences that may have elicited feelings of guilt, shame or embarrassment, thus the project's focus could be deemed a sensitive area of investigation (Farquhar & Das, 1999; Lee & Renzetti, 1993). Furthermore, the recounting of such experiences may have given rise to emotionally meaningful or difficult memories, which would need to be handled carefully (Payne, 1999). To this end, the consent forms ensured that if a scholar felt distressed in any way, the school counsellor had been made available for consultation.

All the volunteers were given consent forms which stipulated that their participation in the study was voluntary and anonymous, and that they had the right to withdraw at any time. The signatures of the volunteers' parents were required due to them being minors and only those who managed to get parental consent were selected for this study. Furthermore, it was assured in writing that all the information discussed during the research process would be kept confidential. It was thus ensured that beneficence on the part of the participants outweighed any possible costs. The project aimed to provide a valuable opportunity for the participants to engage in meaningful discussion with their peers in a safe and confidential environment, and to make an insightful contribution to the literary field.

4.3 DATA COLLECTION METHOD

This study required an exploration of the personal experiences of how participants make sense of and negotiate their sexuality on a day-to-day basis. This project employed two qualitative methods of data collection – one to collect background information and one for analysis purposes – which will be discussed in detail in this section.

Harrison, Xaba, Kunene and Ntuli (2001) believe that interview situations can be somewhat intimidating for adolescents, thereby making discussion about sexuality and sexual matters difficult. Accordingly, an initial discussion group was set up with six young black women who were willing to participate in the study. This discussion group served to ease them into the research process and allow them to feel like co-researchers in the study. This group could be likened to a focus group but it was neither recorded nor transcribed as its purpose was to familiarise the researcher with the participants' context, to fine-tune the interview schedule, and to address any anxiety the participants might have had about participating in the study. Moreover, this initial group discussion protected the privacy of those who decided that the topics were too personal and thus chose not to participate in the individual interviews to follow. Further, group discussions do not often yield enough in-depth experiential narratives appropriate for IPA studies and are not wholly suited as a singular data collection method (Smith et al., 2009).

Homogeneity within a sample is a criterion for IPA research (Reid et al., 2005) which is applicable to the sample used in the current study. In terms of the group discussion, homogeneity is helpful since people are more willing to converse with others that are of a similar culture, background, age and sex (Litosseliti, 2003). It was anticipated that participants would highlight similar issues, but that they would be illustrated via diverse experiences (Reid et al., 2005) making for richer and more colourful data.

From these initial six participants, four were selected to be interviewed as two of them decided not to be interviewed individually. The participants who were interviewed chose their own pseudonyms:

Gift, Kathi, Tumi and Cindi. Gift is a vivacious and well-spoken 16 year-old who loves school and has a passion for learning. Kathi is a gentle and reserved 17 year-old who considers herself different from her peers. Tumi is the 17 year-old trend-setter in her group of friends, while Cindi is an outspoken 17 year-old to whom her friends go for relationship advice.

The individual interview as this method of data collection has been described as best at eliciting subjective views (Smith et al., 2009; Terre Blanche, Durrheim & Painter, 2006). Linking this method to the study's research area, Theron (2007) finds that subjective experiences need to be evoked and analysed in research efforts as the epidemic affects people in many different ways and that this will inform more effective HIV/AIDS interventions.

4.3.1 THE RESEARCHER'S ROLE THROUGHOUT DATA COLLECTION

The role of the researcher during the discussion group session was pivotal in that the participants needed to be encouraged to share relevant information, yet discouraged from offering long-winded narratives with little significance to the study (Puchta & Potter, 2004). Accordingly, the researcher needed to control group interaction without restricting the flow of conversation in order to promote an open and fluid discussion. It was the researcher's duty to foster a relaxed atmosphere by instilling a sense of informality within the group, thereby encouraging interaction. Puchta and Potter's (2004) suggestions regarding group informality were employed – one of which was for the researcher to avoid seeming rehearsed by including pauses and hesitations in his/her speech. Further, the researcher included slang or informal words that did not evoke scientific or psychological rhetoric.

This project required participants to be descriptive, open and frank about their experiences of sexual negotiation. Hence, the researcher needed to be open-minded and accepting of the participants' views, descriptions and experiences when it came to them talking about their sexuality (Ingham et al., 1999). This required the researcher to be specific in her questioning in order to avoid vagueness as well as being open and non-judgemental, thereby giving participants permission to be frank in their explanations due to an atmosphere of trust.

Any social exchange between two or more people – like the discussion group and interviews – is an *interactive event* (Hargie & Tourish, 1999) and as such the researcher needed to remain aware of the implications her presence had on the collected material. Hence, reflexivity on the researcher's part was of utmost importance as her presence, role, perceived upbringing and background may have influenced or biased the participants' responses.

With the researcher being a white middle-class South African female and the participants being younger, less economically privileged and black, this brought about power dynamics in the data collection process. According to Lesch and Kruger (2005) these power dynamics need to be acknowledged. They refer specifically to the South African context where historically, white women have been speaking for black women and where white middle-class voices still dominate in knowledge production when it comes to research.

4.3.2 CONDUCTING THE DISCUSSION GROUP

The discussion group was held at the participants' school in a classroom that lent itself to uninterrupted discussion. Tea and eats were available following Bowser and Sieber's (1993) suggestion that serving food to participants establishes trust and rapport and ensures a comfortable, relaxed atmosphere.

Hoppe, Wells, Morrison, Gillmore and Wilsdon (1995) suggest setting down ground rules or group norms before commencing data collection. Accordingly, the discussion group started with a conversation about norms and expectations. It was agreed that respect for one another's opinions was essential and allowing each other a chance to speak would ensure an enjoyable experience for all. The importance of confidentiality and ability to withdraw at any time was reiterated at this point. The participants were reminded that the discussion group was not going to be recorded and that it would last approximately one and a half hours. In order to protect their privacy, they were not encouraged to disclose whether or not they were sexually active as the more personal topics were to be discussed in the individual interviews.

A few questions were prepared beforehand that aimed to elicit understandings and representations of HIV; explanations of peer norms and gender roles when it came to negotiating sexual encounters; perceptions of sexuality; and expectations of romantic relationships. Along the same vein they were asked what they thought their same-age male counterparts or others within their group of friends thought about the issues that we had been discussing. The researcher was careful to take note of and acknowledge the participants' feelings, and often asked for an elaboration thereof, assuring that they were not the only ones who had such feelings and experiences. Rough notes were taken by the researcher throughout the discussion of important issues that arose.

The question schedule was used as a flexible guide only when the group discussion needed to be helped along or when the direction of the conversation needed to be steered. The questions were pitched at a Grade 11 level whereby the researcher was mindful not to include psychological jargon or technical terms. A copy of the schedule used here is attached as Appendix D.

At the end of the session, the participants were offered the opportunity to be interviewed individually to gather more detailed accounts of their experiences. They were reminded that the interviews would be recorded so that transcription could take place accurately, but that their true identities would not be revealed opting rather for the use of pseudonyms in the transcripts. Audio recordings ensured that the data was dependable. Those who were interested were asked to sign a form consenting to a voice recording, which explained the terms by which the recordings were kept, used and finally erased. Selection of the interview participants was based on their willingness, their contribution to the discussion group and their ability to clearly articulate their experiences.

4.3.3 CONDUCTING THE INDIVIDUAL INTERVIEWS

Generally speaking, IPA researchers use semi-structured interviews to gain a detailed picture of a respondent's perceptions, accounts and beliefs about a particular topic (Smith, 1995). Kvale (1996) calls these *lifeworld* interviews, which explore and interpret the meaning of the phenomenon being discussed. The lifeworld is described as the world as it is experienced and encountered in everyday

life by an individual. This lifeworld is not an objective one, but one that is experienced subjectively – such that two people can encounter similar circumstances in the objective world, yet experience it very personally.

The primary concern of an IPA interview is to unearth individual subjectivity so that the variability within human experience can be revealed (Eatough & Smith, 2008). Willig (2001) explains that interpretive phenomenology is interested in the diversity of human experiences, which include areas of commonality and difference between individual interviews. The interviews thus gathered data that revealed diversity in meaning due to the subjective nature of the accounts gained and the primacy placed on the individual's lifeworld.

Interviews ensured flexibility and the opportunity for the researcher to probe into certain areas of interest that surfaced, prompting a fuller picture that would not be gained through the exclusive use of a discussion group. Ingham and colleagues (1999) hold that carrying out interviews around the topics of sexuality or sexual conduct can give rise to the exploration of personal interpretations and meaning, individual pressures the interviewees face, while at the same time revealing the social context and the influence it plays on socially inappropriate or appropriate behaviours. Accordingly, the individual interviews dealt with personal experiences and pressures, resources at the young women's disposal, perceptions of their social context, and whether or not they felt equipped to deal with sexual negotiations.

The interview schedule that was drawn after the discussion group was used as a guide, as it was preferable to allow participants to steer the process so that deep, rich and honest accounts of the experiences of young women in terms of negotiating their sexuality in the context of HIV risk was gained. A copy of this schedule can be found as Appendix E. Smith (1995) explains that some of the advantages of preparing a semi-structured interview schedule include the researcher being able to think about what he/she hoped the interviews might cover, to anticipate difficulties that may be encountered and how these can be handled, and to focus more intensely on the interview itself.

Once again, the schedule of questions was informally worded in order to encourage a relaxed and comfortable atmosphere (Puchta & Potter, 2004; Smith, 1995) in which the interviewee felt she could share. The initial two questions used on most occasions aimed to open up the conversation where the participant felt she needed to voice her experiences more elaborately. They were: “Is there anything you would like to discuss first?” and “What stood out for you in the discussion the other day?” After this initial reflection, probing questions were asked that explored each participant’s personal lifeworld and the meanings attached to her experiences. Due to the interviews stemming from an interpretive phenomenological framework, the aim was to get a good idea about the context of the participants’ experiences, the details of those experiences and finally, reflections on the meanings of their experiences (Seidman, 1998; Smith, 1995).

The researcher employed the interpersonal skills of rephrasing and restating the participants’ sentiments in order to make it evident that she was being heard and understood (Hargie & Tourish, 1999). This tactic, when used to reflect back on feelings the participants raised, ensured that participants knew their emotions were being acknowledged as valid and important (Payne, 1999) thereby encouraging them to speak more and share confidently. Furthermore, it enabled the researcher to clarify and expand the understanding of statements, thus increasing the trustworthiness of the data.

Follow-up interviews took place to clarify initial interpretations or themes that arose and to give participants another opportunity to add to their contributions once having had the time to think about the subject further. Willig (2001) believes this is a helpful way to minimise interviewer bias, to follow up ambiguities and to confirm preliminary findings – thus deepening the analysis and increasing the trustworthiness of the results. Broad statements were made about the findings whereby the researcher’s general understanding of the topics dealt with during each interview was revealed. Thereafter, specific questions were asked about areas of uncertainty. The three areas that were probed in these sessions in particular were the underlying fear of rape, male infidelity and the greater fear of pregnancy than of HIV.

4.4 DATA INTERPRETATION:

PERFORMING AN INTERPRETIVE PHENOMENOLOGICAL ANALYSIS

Analysis was a step-by-step process, which proved to be interactive and inductive. Smith and colleagues (2009) outline six steps when it comes to doing an interpretive phenomenological analysis. These guidelines were followed when the data were interpreted. The underlying tenet that Smith and Osborn (2003) hold to is the fact that “meaning is central, and the aim [of IPA] is to try to understand the content and complexity of those meanings” (p. 64). Thus, initially one needs to become engaged with the data and to establish an interpretive relationship with it. As per Smith and colleagues (2009) as well as Smith and Osborn (2003), the transcripts were read and reread to ensure trustworthiness of interpretation and understanding and in order for a familiarisation with the data to take place. Detailed reading of the data provided a holistic perspective on what was conferred in the data collection process (Smith et al., 2009). One hundred percent of the data was analysed, as prior elimination of any data is based on prejudice, non-analytic decision or bias. This further increases the trustworthiness of the results.

Willig (2001) believes that during this first stage, reflexivity on the part of the researcher is critical. Accordingly, general and unfocused notes were made in the left-hand margin of the transcripts, which reflected the thoughts, opinions and initial insights or impressions of the researcher. In addition, questions, biases, noted absences and perceptions of the participants were jotted down.

The second stage of data interpretation involved re-reading the transcripts and making descriptive, linguistic and conceptual comments alongside the relevant segments of text (Smith et al., 2009). Descriptive comments allow the researcher to describe the content of participants’ responses, recording at face value key events, experiences and objects that the participants engage with in their lifeworlds. Linguistic comments focus on the language each participant used to describe their experiences. This meant including notes on aspects like hesitations or repetition in speech, pronoun and metaphor use (Smith et al., 2009). Conceptual comments interrogate and interpret the participants’ meaning-making. Accordingly, these notes moved away from what the participants

actually said, to explications of how the participants understood their realities, opening up a range of exploratory, provisional interpretations.

The third phase of data interpretation involved developing a list of emergent themes across the data (Smith et al., 2009) that reflect shared understandings of given phenomena (Flowers et al., 2006). This stage involved the researcher concentrating on particular segments of the transcript and relying more heavily on the notes made in the previous stage. These provisional themes captured and reflected the core quality of what was being said by the participants (Willig, 2001).

This led the researcher into the fourth step of analysis: searching for the connections across the emergent themes (Smith et al., 2009). Some themes fitted together well as they revealed themselves to be linked in terms of their content, while others reflected hierarchical relationships with each other and were thus clustered beneath superordinate themes. A summary table was created at this stage so that the themes could be visually illustrated and more easily clustered together (Willig, 2001). Bellow is an example of some of the initial clusters of themes from an interview with Gift:

THEMES	KEYWORDS	PAGE
<u>LACK OF COMMUNICATION</u> Dislocated family Different from dad and brother	Living away from nuclear family "I'm the only girl." Isolation? Misunderstood? Talking/asking about sex=having sex. Romantic relationships=sexual involvement=pregnancy	1 3
<u>PREGNANCY: A GREATER FEAR THAN HIV</u> The Financial Burden Social Implications	Limits education and "success" A set-back Success=support family financially	3,14 16,17
<u>AGENCY NEGOTIATED WITHIN AN ATMOSPHERE OF VIOLENCE & COERCION</u> Fear of rape since age 12 Near-rape Experience Pressure to have unprotected sex	Coerced into silence "Oh come on, why do we have to use protection?"	4, 5,6 8,13 15,16

Such tables were created for each participant's interviews (including follow-up interviews) and aided in visually mapping out evident themes. The first column of the table above gives details of the superordinate theme and the relevant subordinate themes within this particular transcript. Willig (2001) suggests labelling clusters of themes with the „essence' of what the themes portray. The second column gives brief quotes or explanations of the themes. The researcher took care to reveal the interconnectedness of the themes by constantly bringing them back to the original account via direct quotations or paraphrasing what was said. To this end, the participants provided the rich descriptions, while the researcher supplied the abstract and conceptual interpretations (Smith et al., 2009). The third column identifies on which pages of the transcript the relevant quotes and information can be found.

An iterative process was followed by way of continuous referral back to the original text to ground interpretations, as Smith and Osborn (2003) advise, as well as ensuring that the themes and the transcriptions remained intrinsically linked (Willig, 2001). Smith and Osborn (2003) suggest the use of interrater reliability to ensure that peers agree with the initial coding of the data. Thus, by checking the interpretations with a supervisor, increased dependability of the interpretations was obtained.

The fifth step was to move to the next case (or interview transcription) and start from the first step once more (Smith et al., 2009). This was carefully undertaken as the researcher needed to bracket all the ideas that emerged from the previous case, in order to treat the current case with individuality and idiographic commitment. It became evident that themes not only resurfaced within each interview but across interviews as well, which lead the researcher to the final stage of analysis.

Stage six involved looking for patterns that emerged across the cases. Flowers and colleagues (2006) advise that repetitions of emergent themes across transcripts should be taken as indicative of their status as recurrent themes, which reflect shared understandings. Thus, themes that emerged across cases were taken note of and given priority. This was a particularly creative stage that involved reconfiguring and relabeling themes, pinpointing the most poignant themes, and

restructuring superordinate and subordinate themes according to their potency throughout the cases (Smith et al., 2009). Inevitably, however, the selection of themes and even the naming thereof requires interpretation on the researcher’s part. Thus, while the researcher aims to capture the meaning of the phenomenon according to the participant, this necessarily involves interpretative engagement with the participant’s text (Smith, 1996).

The following table shows some of the theme clustering that took place. The first column reveals the title of the superordinate theme while the second shows one of the subthemes that can be found in that theme cluster. The next columns make reference to which participant mentioned something related to the subtheme by way of noting the page numbers on which relevant quotations can be found.

SUPERORDINATE THEME	THEME	GIFT	CINDI	TUMI	KATHI
Dating and Sexual Experiences	Pregnancy: A greater fear than HIV	2, 3, 14, 16, 17	20, 16, 17	5, 17	2, 14
Barriers in Communication	Communication in the Home	3	9, 10, 16	1, 2, 3, 4, 13, 14, 15	1, 2, 12, 13
Agency Negotiated within a Pressured Atmosphere	Pressure/coercion/ manipulation	4, 5, 15, 16, 6, 7, 8	4, 6, 7, 8, 13, 14, 15, 22	4, 6, 11, 12, 15	2, 3, 4, 6, 7, 8, 9
Experiences regarding Resources	Education experience	12	16	11, 12, 13	11, 12

4.5 THIS STUDY’S VALIDITY

As noted earlier in this chapter, Yardley’s (2000) principles were taken into consideration when addressing issues of validity in this study. This brief section highlights how the validity of this research project was negotiated.

Four participants were interviewed, which allowed for commitment towards each case – a principle noted by Yardley (2000) as establishing validity of qualitative research. While some of these principles can only be judged by the reader of this project – namely the rigour with which the

findings were extrapolated, and the impact, importance and coherence of the project as a whole – some principles can be argued to have been met by the researcher.

Firstly, Yardley (2000) notes that research should display sensitivity to context by way of assessing the extant literature in the field. Accordingly, the literature review in Chapter Two discussed issues related to women's vulnerability to HIV/AIDS, as well as resources like communication and education that can be used as protective and preventative factors or tools in the battle against infection. In so doing, the researcher situated her study within the field of literature currently available, showing an awareness of the broader scope of her research field.

Furthermore, sensitivity to context was displayed in the data collection phase by taking into account the social context in which the participants voiced their experiences –this context and their experiences thereof will be discussed in the first theme cluster *„Social Context and Risk Behaviours'* presented in the results section. Idiographic engagement is shown through the use of a substantial amount of verbatim quotes in the findings section, as suggested by Smith and colleagues (2009). This gave the participants a voice in the project and also allowed the reader to check the interpretations being made, by providing direct access to the applicable portions of transcript.

Smith and colleagues (2009) note that an IPA researcher describes each stage of the research process in great detail in order to demonstrate transparency, which is another principle Yardley (2000) mentions in establishing the validity of qualitative research. The researcher was thus careful to explain how the participants were selected, how the interviews were conducted and the process of analysis.

The principle of coherence in the results section is displayed by way of linking each theme cluster to the next, as well as presenting them from general – *„Social Context and Risk Behaviours'* to specific – *„Sexual Experiences'*, to a look at one of the main research question areas – *„Agency and Disempowerment'* thereby adding to the logic of their presentation. Moreover, this research, which was conducted within an interpretative phenomenological framework obtained results that were

coherent with this framework, and thus gave preference to the experiential aspects of the participants' responses.

This chapter aimed to shed light on the process by which the data for this project was collected and analysed. For the purposes of reflexivity and accountability towards to data and interpretation thereof, much detail was necessary. Firstly, the theoretical underpinnings of IPA were given to aid the reader in understanding the background of interpretative phenomenology as a method of analysis and an approach to data collection. The validity and limitations of the method were also noted. The process by which the data was collected was detailed by way of discussing the sampling strategy, the format of the initial discussion group and the individual interviews that followed. Finally, the procedure of data interpretation was described, showing example tables that aided the researcher in mapping out the final presentation of the findings.

The next chapter presents the findings of this project by way of theme clusters that detail the participants' responses to the open-ended questions relating to relationships and HIV asked during their interviews.

CHAPTER FIVE:
RESEARCH FINDINGS

In this section, results of this study will be presented and discussed, as well as linked with current literature where relevant. After conducting an interpretative phenomenological analysis (IPA) on the interview transcripts, many themes emerged in accounting for the participants' experiences of their agency and negotiation power from within their lifeworlds. As per IPA, these themes were categorised into clusters under superordinate themes. Due to the amount of data collected for this project, it had to be reduced considerably as it would not have been desirable or necessary to include every bit of interview transcript. Having said this, however, in order to maintain the quality of this qualitative study and to be integrous to the context in which participants uttered their quotes, many excerpts from the interviews are provided so that the reader has direct access to the exact words of the participants. This is in line with Yardley's (2000) suggestions regarding the validity of qualitative projects. Moreover, close attention is paid to each of the extracts selected, displaying commitment and rigour (Smith et al., 2009; Yardley, 2000).

Thus, data excerpts that are included in this chapter serve as the most detailed and useful extracts for the purpose of the relevant discussions that take place within the theme clusters. Moreover, some longer extracts of participants' talk will be made accessible via appendices where noted and necessary so that the entire experience in all of its detail can be illuminated. Important to note here too is the fact that not all participants shared experiences or had consensus throughout. As such, the researcher has made clear the areas of difference and commonality throughout the participants' accounts. The superordinate themes that surfaced during the interviews will be briefly introduced hereunder.

The first theme entitled *„Social Context and Risk Behaviours'* explores the participants' accounts of their social context. This is given primacy as the context in which the participants are situated can shape, mould and influence their sexual behaviour (Flowers et al., 2000) as well as have an impact on the amount of agency they express. The next superordinate theme is *„Barriers in*

Communication’ which discusses the participants’ experiences of frank communication in their home environments (or lack thereof) about topics like boyfriends, sex and HIV. *Experiences regarding Resources*’ is the third superordinate theme that allows the reader to gain insight into which resources are available to the participants and how they access and experience them. This is particularly important in the context of HIV risk as access to resources is pivotal to health care. *Dating and Sexual Experiences*’ is a superordinate theme within which many areas are explored. Such areas include accounts of the participants’ sexual experiences and their associated feelings, the prevalence of male infidelity in their relationships and fears of pregnancy overshadowing fears of contracting HIV.

The fifth superordinate theme in this chapter is *Agency is Negotiated in a Coercive Atmosphere*’ and deals with the participants having to negotiate themselves and their sexuality within an atmosphere of manipulation, coercion and the threat of violence and rape. Finally, a discussion on the areas of agency the participants displayed while talking of their experiences will proceed, as well as where they lacked agency and negotiation power in the theme entitled *Agency and Disempowerment*’. Below is a table that maps out the superordinate themes and the subthemes:

5.1 SOCIAL CONTEXT AND RISK BEHAVIOURS	
	5.1.1 Drinking and Risk
	5.1.2 „Othering”
5.2 BARRIERS IN COMMUNICATION	
	5.2.1 Dislocated Families
	5.2.2 The Generational Gap
5.3 EXPERIENCES REGARDING RESOURCES	
	5.3.1 Clinic Experiences
	5.3.2 Education Experiences
5.4 DATING AND SEXUAL EXPERIENCES	
	5.4.1 Sexual Experiences
	5.4.2 Male Infidelity
	5.4.3 Pregnancy: A Greater Fear than HIV
5.5 AGENCY IS NEGOTIATED IN A COERCIVE ATMOSPHERE	
	5.5.1 Pressure, Coercion or Manipulation
	5.5.2 Fears of Rape
5.6 AGENCY AND DISEMPOWERMENT	

	5.6.1 Areas of Disempowerment
	5.6.2 Areas of Agency
5.7 THE FINDINGS: ALL TOLD	

A conscious effort was made to include as much of the participants' own voices in the discussion of the themes so that validity could be established (Flowers et al., 2006; Reid et al., 2005; Smith et al., 2009). As mentioned previously, in the presentation of the findings, quotations are provided to illustrate the connection between the data and the interpretation thereof. This aids in keeping the participants' voices and the researcher's interpretations closely related and allows the reader to become aware of the double hermeneutic within IPA research – that of the researcher making sense of the participants' sense-making (Smith et al., 2009). As the analysis gets underway, each superordinate theme with its main points of discussion will be introduced before going into the relevant subthemes. Once the subthemes have been presented, the section will be summarised and the analysis will move on to the next cluster of themes.

5.1 SOCIAL CONTEXT AND RISK BEHAVIOURS

Flowers and colleagues (2000) note that in the field of HIV/AIDS research, the exploration of sexual behaviour and activity has taken precedence over the social context in which sexual acts occur. They thus stress the need for research to focus on sexual situations in context to give a better understanding of the sexual acts that take place. With the link between social context and sexual behaviour being acknowledged, this section aims to familiarise the reader with the participants' social context. Moreover, a woman's cultural context "plays a key role in her understanding of and attitude towards sexuality" (Lesch & Anthony, 2007, p.131). Firstly, this cluster of themes discusses the implicit link between alcohol misuse and risk, as acknowledged by the participants. It then goes on to explore how the participants „othered' experiences related to drinking and dating.

5.1.1 DRINKING AND RISK

The participants in this study spoke easily about the social behaviours that their friends engage in and how they experience social activities. Many had a story or two to tell about behaviours they had witnessed while frequenting local taverns or going to social events. Gift explains the activities that some of the girls in her school get involved in when she said,

“Well, at my school a lot of girls smoke, right? And they drink a lot. Fridays are party night and from like Friday, Saturday till Sunday. (...) Most girls get pregnant lately and pregnancy is just a normal thing so yeah...”

From this quote we are made aware of social behaviours like smoking and drinking in Gift’s social context, but Gift then draws our attention to the fact that pregnancy is an issue of concern in her school. She makes the link between the aforementioned behaviours and the possible outcome of pregnancy. This implies that Gift believes that the behaviours of smoking and drinking can put some girls at greater risk of having unprotected sex and consequently falling pregnant. Gift goes on to say that her mother has high expectations of her and doesn’t want her “doing what other girls do [but rather] being reserved and staying at home”. Gift and her mother’s fears about getting involved in the risky behaviours that her friends display seems to stem from a belief that such behaviours are linked with more precocious and less reserved girls; the ones who are perhaps more likely to engage in sex or perhaps the ones whose moral behaviour has been corrupted by alcohol consumption.

Kathi shares an experience about some of the happenings she has witnessed in the taverns in her area:

“Oh ja, you know when girls go out and drink, the things that happen... You find girls lying on the floor, guys planning on taking her on and raping her maybe or... If a guy is in a tavern- I don’t drink, but I go to those places to see what happens. And at a point I did see a girl who was beaten up by her own boyfriend. You go to a place and boys are those ‚playa’ kind of people – you take your girlfriend, you go to a tavern and you both drink and in a situation whereby a guy is tempted to go and approach another girl who is more, maybe more beautiful than the girlfriend he has, he’d dump her [the original girlfriend] there, he’d beat her up and embarrass her in front of other people; rip her clothes off, beat her up in front of the people. So those things happen. I don’t understand why girls drink and go to those kinds of places. They make you corrupt. They don’t force you to be corrupt but due to the things that they do to you, you end up being corrupt.”

From the above quotation, it is evident that Kathi does not appreciate some of the things that she sees in the taverns. She questions why people go there and comments that because of other people's bad behaviour, the taverns "make you corrupt". Like Gift, Kathi hints at the fact that the behaviours seen in taverns are linked with some kind of moral corruption. Important to note is the fact that young women like Kathi may indeed be exposed to such behaviour and are thus influenced by it negatively. For instance, Kathi may feel that when alcohol is involved, infidelity is a given if "more beautiful" women are present or that rape is inevitable in such circumstances.

Cindi shares similar sentiments when it comes to men and alcohol:

"...most of the men when they get drunk, when they see women, they see them as prostitutes... even if you dress with short skirts they think they can take advantage of you. Ja, they see women as sex slaves."

By saying this, she reveals the dangers of men drinking alcohol and women becoming targets of unwanted sexual advances. This is indeed a reality: while alcohol may lower inhibitions and people consent to sex, it also lowers the inhibitions of those who would coerce or rape. Moreover, alcohol consumption has been linked with casual sex and inconsistent condom usage, putting such people at risk of HIV infection or unplanned pregnancy (Macleod-Downes et al., 2008).

The above picture is further complicated when women engage in drinking alcohol. Tumi shares an experience she had recently when her school was visited by an entertainment company:

"I'm going to tell you a very interesting story about girls and drinking. You know, girls drink a lot, especially in our days. This Friday there was a *Mr. Mors* [unclear word] at our school, so like a lot of girls drank and ate jasoup. Jasoup is made of dagga and they use it as if it's vegetables and they put it together. They were drunk (...) I heard things like this other girl, this black chick who went with a coloured guy and she came back after an hour or so... Her belt was all torn apart and we were asking her, „Where are you coming from?" and she was like, „I don't know"... „What did you do?"... „I don't know.' The only thing that she knew was that she wanted to pee, so obviously, maybe, we don't know...we don't know what she did. But I think most of girls drink and they can't control themselves and then they end up being sexually active. Eh, with other guys I could say, they don't care and then they do stuff and after that they [the girls] regret it but they say, „It's life, I have to move on' and then they repeat the same mistake."

Tumi expresses a link here between drinking and risky behaviour and how such behaviour occurs because girls are unable to "control themselves" due to their impaired judgment while under the

influence of alcohol. She also comments that it sometimes occurs that an intoxicated girl may not remember what she may have just engaged in or conversely, if she does, she may experience regret but shrugs it off and makes no effort to stop such things from reoccurring when next she consumes alcohol. Cindi articulates a similar link in her experiences of drinking and putting oneself at risk. She explains,

“They *know* that all the women when they get drunk, when they get over-drunk, it’s easy to take advantage of them „cause they’ll be weak and they don’t have the strength to fight back.”

This clearly shows that Cindi believes that inebriated women are easy targets for the sexual advances of men.

Tumi explains that it is a common occurrence for a man to buy a woman drinks in taverns so that he can sleep with her. She says, “They go drink in taverns and they collect eh iwina. (...) It’s when a man buys you alcohol then after that he will go with you and he will sleep with you – it’s like a one-night stand, a wina.” Cindi elaborates on this social practice and explains what she has witnessed:

“And then it’s where the men can take advantage of the women and then ask, „What can I buy you?” then the woman wants alcohol then the man buys alcohol for the woman then the man wants to take the woman home. (...) And then I saw both these women getting in a car with this man and I think they went to sleep with him. I’ve got a brother at home who doesn’t have a girlfriend actually, a stable girlfriend. When he goes to the taverns, every weekend he goes there and comes back with a new girlfriend, a new girlfriend. I see that women are very cheap when it comes to drunkenness...”

It is evident from the participants’ sentiments that when alcohol is involved, some women lose their ability to judge what is best for them and may end up in a stranger’s bed, proving just how risky drinking a lot of alcohol could be. Cindi explains that a woman can be “bought” with alcohol and that when it comes to this, they are “cheap”. Although this is not the same as the “sugar daddy” phenomenon, it still draws on the notion of a man providing for a woman’s needs and expecting sexual favours in return.

Morojele (1997) speaks about alcohol misuse in adolescence. He states that although underage adolescents drink less often than adults, when they do, they do so with greater intensity and are more likely to become intoxicated and put themselves in harm’s way. From the above sentiments, one can

see that the participants are aware of the possible risks involved with drinking excessive amounts of alcohol. It is also clear, however, that they neither spoke about themselves being directly involved in any of the events they witnessed nor did they mention consuming alcohol themselves. This is the subject of the subtheme to follow.

5.1.2 „OTHERING’

When the participants spoke of their social context, they often removed or distanced themselves from it, using words or phrases like “they”, “women” and “most girls”. The extracts below bear witness to this phenomenon:

Kathi: “I don’t drink, but I go to those places to see what happens.”

Gift: “Well, at my school a lot of girls smoke, right? And they drink a lot. (...) ...but I’m not really into that stuff – I don’t feel pressured to do that kind of stuff.”

Tumi: “I don’t drink but I hang around with my friends a lot because they drink so I always like to go with them. Even now I go with my sisters and I want to see the happenings; I want to know the real happenings of the clubs.”

It is unclear as to whether the participants did this to protect themselves from anticipated judgment on the researcher’s part as positive impression management, or whether they did not in fact engage in the risky social behaviours their peers are engaging in. Some possible reasons why adolescents may not engage in drinking could be religious reasons, avoiding it because of its association with „behaving badly’ or being a „bad habit’, or avoiding disappointment or disapproval from others such as parents (Morojele, 1997).

Certainly as is evident above, the relationship between consuming alcohol and some sort of corruption was made – be it women becoming “cheap” and perhaps immoral when inebriated or becoming easy targets for the advances of men. What does seem clear is that the participants in this study are very aware of the risk involved when alcohol is consumed and because they are aware of these dangers, they do not take part in or do not mention being part of the common drinking behaviours. One of the many adverse consequences Morojele (1997) talks about related to

adolescent alcohol misuse is the risk of contracting HIV or of becoming pregnant through unsafe sex. Paruk and colleagues (2005) mention that because of the anxiety associated with the risk of HIV infection, it is not uncommon for people to project such risk onto others as a defence mechanism.

Devine and colleagues (1999) speak about „othering’ through Tajfel and Turner’s social identity theory lens. Social identity theory posits that in order to maintain self-esteem, people may categorise oneself and others into groups. If others’ behaviours pose a threat to the self, they are placed in the „outgroup’ and the „ingroup’ by contrast is favoured, with its differences being accentuated (Devine et al., 1999). In the current discussion, it can be postulated that the participants, and their mothers in some instances, perceive others’ behaviours as deviant, corrupt or likely to lead to undesirable and regrettable consequences. The use of words like “them” and “most girls” serve as linguistic containment against the deviant or corrupt behaviours others engage in, positioning themselves rather as „nondeviant’ and moral members of the ingroup.

It is also proposed by Devine and colleagues (1999) that in the context of HIV risk, HIV-negative people who place themselves in the ingroup are “healthy, moral, and safe” (pg. 1223). This would make sense here as the participants reiterated the fact that they did not consume alcohol and are therefore not at risk of engaging in any of the associated risky behaviours. They displayed the need to distance themselves from those perceived to be at risk. This shows that their „othering’ perhaps gives them a false sense of safety, thereby alleviating some of the anxiety or fear associated with living with the threat of rape, pregnancy and HIV.

This „othering’ also occurred when the participants were asked about certain trends in the area of dating. One of the most prominent themes that came out of the literature, as discussed in Chapter Two, is the fact that in most instances men dominate romantic relationships and that much of Africa still operates via a patriarchal system (Fuller, 2008; Naylor, 2005). When the researcher asked who has power or the most „say’ in the participants’ relationships, these were some of their responses:

Gift: “I mean, they [other girls] have a lot of opinions and stuff, but when it comes to standing up for themselves: no, which is personally to me, stupid.”

Tumi: “Ja, especially most of my friends – their boyfriends have power over them. Like if we’re deciding to go to a place, some of them will ask their boyfriends if they can go and if he says no, then they won’t come.”

In the first excerpt, Gift explains that even though the girls she knows may have lots of opinions, they are not able to assert themselves in their relationships. She sets herself apart from this phenomenon by labelling it “stupid”, thereby implying that she would not let her opinions go unheard by her boyfriend. Tumi explains that some of her friends’ movements are restricted by their boyfriends in her statement above and shows how they make sure that their plans are acceptable to their boyfriends before going out. Tumi goes on to reveal how she tries to stand up for herself in her relationship:

“Even sometimes when my boyfriend says that we’re meeting maybe on Saturday and if I say „No, I can’t’ then he will be like, „Oh, you have other boys now? Is that why you don’t want to meet with me?’ ”

It is evident from this portion of text that Tumi can stand up for herself by not agreeing to see her boyfriend but that this is met with accusations of infidelity. In Tumi’s experience, when things do not go according to how her boyfriend wants it, he seems to get angry with her and tries to undermine her. This is an interesting insight as it shows how Tumi’s boyfriend tries to negotiate regaining control over the situation.

Cindi expresses how frustrated she feels when one of her friends does not stand up for herself in an abusive relationship:

“Ja... Yoo, most of the men [have the power in the relationship]. A friend of mine, my best friend – she’s being abused by her boyfriend but she *loves* him. I wish I were, or I could give her *my* feelings and *my* emotions and the power that I have against men „cause I don’t let men do whatever that want to me „cause I feel like I have the right and he also has the right but not in my body and not with my feelings and emotions. He cannot mess up with my feelings and emotions. (...) Most of us as girls are too shy and are afraid of losing their relationship by telling him they don’t like this thing and most of the girls are, the most fear is losing their boyfriends, which is something that is not very important to me actually.”

Cindi reveals how she would not let “men do whatever they want” to her and explains that her friend and many others who are in abusive or male-dominated relationships do not get out of them for fear of losing the relationship. She reiterates here that she does not believe relationships are as important as protecting one’s body and emotions, thereby positioning herself as different to them.

This theme cluster has covered the participants' experiences of their social context in terms of where they go, what they witness and how they feel about what goes on around them. It was made apparent in their talk that drinking is associated with risky behaviour. Women who drank were said not to be able to control themselves and consequently found themselves in situations that they may later regret or that may have led to unplanned pregnancy. The participants also spoke about how some women, while inebriated, are unable to protect themselves from the sexual advances of men. The acknowledgement that drinking led to impaired judgment and risky behaviour may have contributed to the fact that the participants „othered' such experiences. In the context of dating, this section spoke of how the participants distanced themselves from relationships that were patriarchal in nature and placed themselves in their talk as having more control and „say' in their relationships than most of their friends.

Having had a preliminary look at the social context in which the participants enact, the next theme cluster aims to explore their home contexts and how communication about issues of a sexual nature takes place, or indeed does not.

5.2 BARRIERS IN COMMUNICATION

This section discusses the four participants' experiences of communication about sex, boyfriends, relationships, pregnancy and HIV as it occurred in their families. The results displayed here show diversity in experience, revealing once more the idiographic nature of the data. Firstly, the section to follow takes note of the fact that many of the participants' families are dislocated and as such, they may not have grown up with their immediate family members. Once this has been noted, an exploration of communication within their homes and among their extended family members will commence, taking note of particular difficulties in this area.

5.2.1 DISLOCATED FAMILIES

It seems apparent from the participants' accounts of their home environments that many of them did not live with their immediate family members or nuclear families. Kathi for example, lives with her mother but it seems as though her father is absent from this setting as she speaks of her mother's boyfriend. Cindi's parents also do not live together since they are separated and she now lives with her father in a big house with many extended family members, including uncles, cousins and her grandmother. Tumi currently lives with extended family members and says, "I never grew up with my parents really; I grew up with my aunt". Much of Gift's younger years were also not spent with any immediate family member:

"I didn't grow up in Grahamstown, so I lived with my grandfather and grandparents until I was fourteen. I moved here because of school and I live now with my dad and little brother."

With South Africa's apartheid legacy, much social transition has occurred with regard to the traditional family system, including the erosion of the family structure due to migrant labour networks (Paruk et al., 2005). Consequently, working men and women often separate from their families in order to live where their work is and have their children stay with available caregivers where accessible and affordable schools are. In such cases, childrearing is often undertaken by aunts, older sisters or grandmothers (Swartz, 1997). It is thus common for households in rural and semi-rural areas in South Africa to be made up of multi-generational families (Paruk et al., 2005). Moreover, such arrangements help families extend their resources to relatives and friends (Bozalek, 1997).

This research suggests that the participants' family structures may have more fluid boundaries in terms of who fulfils which role(s) than that of the Western concept of the family system. This 'traditional' system is a western notion and is usually referred to as the nuclear family consisting of man, wife and children. However, the family structure in South Africa can take many forms that show diverse household arrangements and foster an array of childrearing and kinship patterns (Swartz, 1997).

The subtheme to follow reveals that dislocation in the family system may lead to role confusion and a relinquishing of responsibility when it comes to the more difficult parental duties like talking about sex and sexuality. It seems as though some family members either expect another family member or indeed the education system to teach their children about sexuality issues rather than they themselves having to take on the task. The roles become unclear with dislocation being a prominent factor and thus authority figures may be absent or indeed multiple and disparate. It has been noted that families can provide protective factors and supportive networks to adolescents to defend them against HIV/AIDS-related risk and to facilitate healthy sexual decision-making (Paruk et al., 2005). However, with the aforementioned shifting of responsibility, it seems unclear as to who teaches children what and in what ways in order to best protect them.

Certainly it is not the point to ascribe the traditional nuclear family as normative, acceptable and the most protective environment in which an adolescent can grow up and any other formation of family as deviant and therefore ineffective. It has been noted that open and constructive communication around sexuality issues in intact nuclear families have also not been forthcoming (Wilbraham, 2008). Diversity in the family structure across societies is indeed the norm (Swartz, 1997) and it is this point that must remain clear. The data warranted a discussion, however, on some of the issues involved in family dislocation and its effects. It shows that perhaps the sharing of parental responsibilities makes it easier than usual for caregivers to renounce some of the more difficult parental duties. The connections or at least the causal factors remain unclear and cannot be established as this area of concern is outside of the scope of the current project. The next subtheme discusses how the participants' families are negotiating the sexuality education of their children in more detail.

5.2.2 THE GENERATIONAL GAP

When asking Gift how easy communication is with her father and younger brother, with whom she lives, she responded, "Ah, my dad is all quiet and all, so he's not the talkie type (...) they're like guys and I'm the only girl." Gift thus tries to account for the lack of communication in her family

by alluding to her difference: the fact that she is the “only girl” in the house. This implies that because of the gender difference, she may experience and explain things differently to her male relatives and talking about such things may leave her feeling misunderstood.

When the researcher asked about communication about sex and HIV in Gift’s family she laughed in response and said, “There isn’t. There’s no communication.” When trying to probe whether anything about sex was taught or spoken about, she again laughed and shouted,

“Sex! Hell no! No ways! When they ask you about sex, it’s not like they ask you, „What do you think about sex?’ like they expect your opinion, but rather, before you can answer, they’re like, „If you become sexually active then you’ll be like other girls.’ I don’t talk to my mother about sex because it would mean that I’m having sex and she’ll want to go to the clinic *now*.”

It seems apparent from most of the participants’ responses that any curiosity they voiced about sex was synonymous with *having* sex. This is consistent with Jones’ (2006) study with secondary school scholars in Swaziland in which she found that they did not want to speak about sex with their parents or teachers because they feared the assumption that they were engaging in sex, hence the reason for their inquisitiveness. This may further discourage candid discussion in the home since studies have revealed that premarital sexual engagement is frowned on (Harrison, 2008; Lesch & Kruger, 2005), let alone frank discussion of such matters.

Kathi’s expressions on her dating experiences also seem to imply that having a boyfriend meant engaging in sexual activity – hence the secrecy and reticence surrounding many of the participants’ dating relationships. Kathi reports that before she started dating, topics like boyfriends, sex and HIV were not mentioned in her home. She kept her relationship secret from her mother and sisters for fear that they would react unfavourably towards the news. Kathi explained that the concealment of her relationship was due to her mother’s fears of unplanned pregnancy and HIV:

“Ja, because my mom didn’t want me to do anything with boys. She didn’t want me to associate myself with boys in any way ,cause she was so protective. She was scared of pregnancy most of all, as well as HIV.”

From this extract we can see Kathi’s awareness of her mother’s belief that any association with boys on Kathi’s part meant having sex and possibly contracting diseases or having an unplanned

pregnancy. It is apparent that dating means sexual intercourse at some point is a given and inevitable. This is also found to be the case in Wood and Jewkes' (1997) study in that the agreement 'to love' and to be in a relationship is equated with having penetrative sex and being sexually available.

This connection between dating and sexual intercourse is further illustrated when Kathi speaks of her boyfriend's expectations: "But at first he did like, kind of come up with the topic and he asked, 'When are we gonna have sex?' " This hints at the fact that it may be a given expectation on her boyfriend's part of the dating relationship that sex is intrinsically on the agenda. Wood and colleagues (1998) conducted research with Xhosa-speaking adolescent women in Cape Town and found that their participants associated having a boyfriend with having sex. One of their participants illustrated this connection by saying, "[I]f you agree to having a relationship with a boy, you are committing yourself to having sex with him" (p. 236).

This implicit association seems to account for and perpetuate reticence relating to communication in the home about relationships and, more awkwardly, the topic of sex. It seems evident that parental fears of their daughters contracting HIV and having unwanted pregnancies are a barrier to the sorts of conversations that should take place. These fears paradoxically prevent the very conversations that might reduce the risk of HIV and unwanted pregnancy from happening.

Communication between Kathi and her mother opened up once her mother found out she had a boyfriend. Kathi explains her mother's response as such:

"At first my mom didn't really want to talk about it but when she first discovered that I have a boyfriend, she started talking about it randomly, you know, like telling me to be safe and watch out for boys and all of that. Ja, she explained to me how boys are and even though I have a boyfriend I should focus on my studies – that kind of thing."

It can be seen from this extract that Kathi's mother felt the need to give her daughter general advice and caution, as well as implore her to keep her focus on her schoolwork. The latter response will be looked at in more detail in the theme cluster '*Dating and Sexual Experiences*'. When asking why

open communication about relationships and sex seemed difficult among her family members, Kathi explained that it did not occur due to them being “private” matters:

“... everyone at home has their own private lives. Like my mom – I see my mom’s boyfriend coming to the house, having chats with us and dinner with us. (...) But my mom will never, *never* talk about what happens when they’re alone. We only see him there and that’s it: that’s how much we know about him. Same applies with my sister who told me that she had this boyfriend but she’ll never tell me what they do and talk about or how they handle their relationship. They are never open with those kinds of things.”

The beginning of this excerpt is interesting as it draws on notions of privacy when it comes to sex. Lesch and Anthony (2007) did a study with mothers in the Western Cape, which reveals that talking about sexuality and sexual issues for these women is uncomfortable and inappropriate. One mother commented that she does not talk about sex because such “personal things belong in the bedroom” (pg. 136). This sentiment seems to be consistent with Kathi’s explanation for her mother’s reticence. It also becomes evident from the above quote that not only are sexual issues not spoken about but even relationship advice is not shared amongst Kathi’s siblings. This is somewhat surprising as one expects there to be some degree of openness, sharing and advice-giving amongst sisters, especially if this can be done in confidence and without their mother knowing the content of their discussions. However, this seems to be lacking in Kathi’s family as such openness does not seem to be experienced between her and any of her family members.

When it came to Tumi’s experiences regarding communication with her relatives, she commented that there was not much verbal contact between her and her parents (who live elsewhere) or between her and her aunt, with whom she lives. When asked about how she navigated her curiosity about sexual issues and how she got her questions answered, Tumi replied,

“Ja, but most of the questions I had to find out for myself like, within me I had to understand. I had to do my own research and stuff, you see... There is a lack of communication in our family and there’s no such communication about if you have a boyfriend or girlfriend: do this. Nobody communicates with you, you just see for yourself.”

This reveals that Tumi had to seek out her own resources when it came to investigating pertinent issues on topics like sex and boyfriends. She also reveals the fact that for her, this is done in isolation with little help from other people like friends. Gift’s response to this question was that she

uses her friends as resources when she wanted answers to questions she felt uncomfortable asking her parents.

Tumi shared that she had a cousin who was HIV positive and the researcher's interest was sparked. When asking how her cousin's positive status was dealt with in her family, Tumi seemed to imply that it is not, due to silence around the issue as a whole:

“...we were never told. Like, since I was in grade 8 I never knew she was HIV positive, I just heard rumours and I was like, „No, it can't be.’ Then I started seeing ARVs and other medical cards and stuff. So for me it was like, „Okay, it has happened.’ (...) There wasn't much speaking about it. They never spoke about it. Because I only found out in the beginning of 2007 then she died in 2007 in June, I think. So there was not much communication and we never asked questions about anything about her – we just kept quiet.”

This experience sheds light on the stigma that surrounds an HIV positive status in South Africa today, as was discussed previously in the literature (Castle & Kiggundu, 2007; Harrison, 2008; Naylor, 2005). Additionally, we can see that open communication about such a status can be difficult and sometimes not addressed at all in some families, but that this silence about HIV may also lead to other harmful effects such as rumours being spread and thus the stigma being perpetuated.

When asking Tumi why there is generally a lack of communication in her family, she explained this via the notion of “traditional-mindedness”:

“Well, I could say that parents are traditionally-minded. (...) There's always a lack of communication, even back then. Their parents would say that they only had boyfriends at 20, so they should too. And I always say it's a new generation – people are growing, you have to understand. There's this thing about, „I did this, so you should also be doing this.’ It's more like that. So they don't want to see the real world. Their mindsets are set on that. (...) They don't want to come to the realisation that this is the new world and things are done *this* way now. They want us to live in their past, you see? They're living in the past so I don't know what's wrong with them. I wish I could just do something to their minds. Well, I could say that parents are traditionally-minded.”

This quote reveals Tumi's opinion that parents can no longer draw on past models of silence or of leading by example, like only dating at the age of twenty. She hints at the fact that even though her parents may try to encourage her to put off dating until she is older, this is not what is happening in

the “real world”. She also believes that parents are “living in the past” and by extension, may be living in denial – the reality being that their children are dating and doing things differently to how they were done in the past.

Lesch and Anthony (2007) discuss the role of the social and cultural construction of sexuality and how this is passed on from one generation to the next. They explain that the “[v]alues and beliefs about what constitutes appropriate sexual behaviour are transmitted through the words and *silences* that pass between women of different generations” (pg. 145, researcher’s emphasis). Such a statement seems to hold fast with regard to Tumi’s experience of the silence in her family regarding issues of sexuality.

Kathi explains that reticence in her home could be accounted for by traditional customs as well, by saying that her parents do not open up to Kathi because “*they* weren’t told about it” (researcher’s emphasis). Further, she explains that because she is being educated well enough at school about issues like HIV, relationships and pregnancy, her mother is apt to waive such responsibility to educate her:

“These things are taught at school so there’s no need for my mom to think she needs to talk to her children about it. Ja, the work is done at school – she doesn’t need to do it. Even when I ask her questions she’ll tell me, „You do L.O. [life orientation] and you’re bright so you must know these things – there’s no need for me to tell you. But you must know that HIV and AIDS is a huge thing, it’s a huge epidemic in the whole world and pregnancy too. Just be careful.’ And that’s it, that’s how far she gets with the topic. (...) Deep inside, she feels it’s her role but she doesn’t want to open up. She says like, „No the teachers are doing it at school.’ So she’s scared to give me what she knows „cause sometimes I tell her, „Mom, (...) maybe you have more information than what I get at school.’ But she still doesn’t tell me. She still doesn’t want to open up.”

Kathi explains that her mother sees sexuality education as a responsibility of the school or education system rather than her own, but that “deep inside” she recognises it as her role and “doesn’t want to open up”. A displacement of responsibility is evident in Lesch and Anthony’s (2007) study too, whereby mothers would expect their daughters to approach them with questions about sex, rather than proactively initiating such discussions themselves. It seems in this case, however, that Kathi’s mother has not made such an offer available to her, but rather pushed her in the direction of seeking information from her school. It seems as though education programmes given during life orientation

classes, which are designed to help protect the youth, actually give some parents permission not to take on the task of teaching their daughters proactively.

The last few lines of the above excerpt suggest that in Kathi's mind, her mother does feel somewhat responsible for the sexual health education of her child, but that her disinclination to "open up" due to her being "scared" to share knowledge and information outweighs any potential benefit of doing so. Accordingly, Kathi reports that her mother sticks to vague information about the risks involved in sexual activity and general advice-giving, such as being "careful". Wood and colleagues (1998) note that intergenerational communication about sexual information is widely taboo and consequently, many adolescents only receive abstract biological information from mothers, aunts, school nurses and female teachers.

Lesch and Anthony's (2007) study also reveals that mothers are inclined to give general warnings about what might happen if their daughters are not careful. These authors are of the opinion that such messages, conveyed by mothers who are intent on protecting their daughters, unintentionally reinforce women as defenceless and lacking agency. Furthermore, messages that focus on the potential dangers of sex have been proposed by these authors to be unhelpful as they limit young women's propensity to explore their sexuality in a positive light and may further prevent them from gaining the essential information and skills to handle their sexuality and sexual health effectively.

Cindi had a different experience regarding communication in her family. However, there was open communication in this participant's home due to extreme circumstances: one of her uncles had died of AIDS-related causes and another uncle is currently living with HIV. Accordingly, her grandmother felt the need to stop the younger generation from contracting the disease like her sons did, as Cindi explains:

"Actually my grandmother is very open and she usually talks to us about these things. (...) And then my grandmother is telling us these things because she knows that her sons have HIV and she thinks that they got it because she was not open with them and she didn't tell them these things when they were young. (...) So my grandmother tells us that my uncle is positive and she says she doesn't want the whole family to be positive and she doesn't want anyone to blame her for not

telling us this stuff. She says, „I'm the elder one in the family so I need to talk to you clearly about this stuff”.

The above excerpt stands in complete contrast to how HIV was dealt with in Tumi's family. Cindi's grandmother confronted the issue head-on and did not allow her sons' infections to become silenced and stigmatised. It seems as though Cindi's grandmother feels that she has failed her sons by not talking about HIV and sexual risks when they were growing up. Perhaps in order to soothe her conscience and set things straight, she is now educating the next generation in her family so that they can avoid infection. Therefore, open communication takes place in this home only due to the tragic consequence of witnessing the devastating impact of HIV. Observably it would be better if families could do the preventative work before experiencing illness and death.

When Cindi was asked whether she found such communication in her home environment helpful she replied,

“Yes it's very helpful „cause if my grandmother wouldn't have told me about that thing, yo hey... I would be outside there with many boyfriends „cause I never knew that you can still end your life having one boyfriend, you can still be like a human being, like a normal person and be loved even if you have one boyfriend. And you can still be appreciated. (...) Actually, I'm very lucky to have a family like the one I have „cause they taught me this stuff when I was in Grade 5, ja. They told me everything about sex.”

From this response, it is evident that Cindi evaluates the helpfulness of open communication about dating and other similar topics based on the experiences she witnesses of those around her. She alludes to the fact that had she not been given information from a young age, she would be “outside there with many boyfriends”. This implies that she may be exposed to other girls dating many men concurrently or in succession in order to, according to Cindi, “be loved”. The information she has gleaned from her grandmother has thus afforded her the advice not to find love and appreciation from as many men as possible and thus gain more worth by doing so, but rather, by finding as much love, affection and appreciation from only one man.

It became apparent that education is of a very high priority for the participants and their families. Since the end of apartheid, there is a belief that education is generally easier to access and some of the participants were reminded of this, as Tumi recalls her parents saying,

“ „We never had the opportunity to be able to study so if you can study so you can be able to provide for us when you're working so you can get a good job and stuff so that you can be able to provide for us at the end of the day'.”

It has been noted that because many youths have access to equal education more easily than their parents could previously, parents might feel disempowered in their lack of education as a result. This could account for the lack of communication in the home (Paruk et al., 2005).

As noted in Chapter Two, Phetla and colleagues (2008) recognise that a key problem relating to communication between parents and their children in South Africa is that the parents are often disempowered sexually and socially and may therefore not have the tools to assist their child in creating a positive and responsible sexual identity. Paruk and colleagues (2005) say that the „generational knowledge gap' in education between parents and their children contributes to parents feeling helpless and disempowered and promotes children to regard their parents' advice as inferior. The Department of Health (as cited in Pengpid et al., 2008) notes that some reasons that could account for parents' unwillingness to participate in the sex education of their children could be due to embarrassment, differences in values about sex and dating, and poor communication and parenting skills.

This section has explored issues surrounding communication in the participants' homes. Firstly, it looked at the concept of the dislocated family and how this could be proposed to contribute to mixed messages being heard by the participants or to a displacing of responsibility when it comes to the participants' sexual education. Further, this theme cluster has discussed the various difficulties three of the four participants experienced in terms of communication with parental figures about topics like boyfriends and sex. It was shown that many of them did not have their parents as sexual information resources and had to employ their friends, school teachers, or their own researching capabilities to find answers to their questions about relationships, HIV, sex and the like. It was revealed that some participants attributed their parents' reticence to the fact that sexual issues are „private' or because of traditional customs, which forbid open talk about sexuality issues in the participants' cultures. Finally, it was postulated that one reason that could account for the

participants' parents' inability or disinclination to educate their children on sexual health concerns was the fact that they are less educated than their children and do not feel confident doing so.

Having had a look at the intricacies of open communication or general lack thereof in the participants' homes, this discussion will move on to an exploration of the resources available to them regarding HIV information and sexual health care. The following section will examine the school they attend and the local clinics in their area as resources that the participants can use in order to better equip themselves for their sexual exchanges with men.

5.3 EXPERIENCES REGARDING RESOURCES

This section investigates the resources at the participants' disposal regarding reproductive and sexual health information. As was discussed in the previous section it was made apparent that many participants had to find their own information resources outside of their home environments and family contexts. The following discussion looks at the participants' visits to clinics and the education they receive at school regarding sexual health and information about HIV.

5.3.1 CLINIC EXPERIENCES

Health care facilities such as local clinics play an important role in preventing adolescent health problems. Such services aid in promoting sexual and reproductive health and in shaping positive behaviours (Dickson-Tetteh et al., 2001). The current section explores the participants' clinic visits and some of the difficulties they experience in obtaining professional service.

Two of the participants in this study recall that the clinic nurses asked them interrogational and personal questions, contributing to their unease surrounding their clinic visiting experiences. Gift recalls her experience as such:

“The nurses were rude, really rude. (...) So ja, I got called into the office or cubicle or whatever and I sat there and she sat down and was like, „So what are you here for?’ so I was like, „I’m here for the needle’ and she said, „The birth control needle? Why are you here for it?’ so I said, „So I can... not get pregnant...?’ Then she was like, „Why are you sexually active?’ and I was like, „Cause I

feel ready...’ and she was asking all sorts of questions like, „Aren’t you too young to be sleeping with a guy?’ ”

When asking whether Gift felt interrogated by the nurse’s questioning she responded, “Yes, I mean, wow! I felt like I had to be a scientist or something and be all smart „cause wasn’t it obvious why I needed the injection?” This and the above extract from Gift’s interview reveals that she felt the nurses were asking inappropriate questions. Her question, “wasn’t it obvious why I needed the injection?” implies that her going to the clinic for protection against pregnancy is legitimate and responsible and does not warrant any further investigation on the nurse’s part. However, the nurse asks why Gift wants the birth control injection and why she is sexually active, furthermore passing judgment by asking (but clearly not requiring any answer): “Aren’t you too young to be sleeping with a guy?”

Dickson-Tetteh and colleagues (2001) found that a substantial number of youth indicate that they need information on subjects like pregnancy, sexually transmitted infections, sexual intercourse, contraception and relationships. However, they found that for the most part, young people struggle to access sexual and reproductive health information and services. Although participants in the current study were able to access adequate health care, some of them did not feel comfortable doing so, or felt judged.

Gift sounded as if she had to question her motives for being sexually active and for being at and requiring the help of the clinic. She also felt she needed to know all the biological and scientific facts in order to obtain service. Gift remembers the nurse probing and asking her questions in such a way that they implied wrong-doing on her behalf. It has been recognised that in societies that promote a culture of silence surrounding sexuality and its verbal expression, young women may be reluctant to seek information for fear that they will be deduced as being sexually active in their communities (Weiss et al., 2000). By the nature of Gift’s visit to the clinic, she inadvertently revealed to the nurse her sexual activity and was not received well for this. It can be seen that the behaviours of some of the nurses may serve to undermine the very help-seeking behaviour that HIV/AIDS interventions and education hope to promote.

Cindi's first experience of going to the clinic went well when she went with her grandmother. She remembers that the nurses were jovial and light-hearted in their conversation, but this changed when she went on her own two months later:

“It was this day that I missed my date (...) So I went to the clinic and the nurses asked me if I knew that by missing the date I could get pregnant and then I would get a disabled baby. (...) Then they were swearing at me and then they told me that I would have liked it if it was my boyfriend that was telling me to come and have sex I would go to my boyfriend but that I'm not quick to go to the clinic. So I was trying to explain but they said that they know the stories of young children of today and they told me that they've been young girls so they've experienced things – they know that I'm making up stories and all that stuff.”

Cindi's experience reveals that the nurses were particularly perturbed at her being two days late for her injection. They explain their frustration by assuming that Cindi would have dropped everything to be with her boyfriend but that she is “not quick to go to the clinic” by contrast. When asking whether this was the only reason why she was treated in this way, Cindi said that this is the case whether a young woman is late or indeed on time for her injection. She also said that they are “rude” when she goes to the clinic without the company of an adult.

Other research conducted at a public health clinic in Cape Town reveals that patrons disliked being treated like children and being shouted at by the nurses (Orner et al., 2008). Additionally, Wood and colleagues (1998) recognise the prevalence of adolescents being ill-treated by healthcare providers. This reveals that being mistreated by nurses at health clinics is not unique to the participants in this study.

Cindi, much like Gift, recalls being asked inappropriate questions that reportedly made her feel uncomfortable. She describes this event below:

“And then they ask you uncomfortable questions like, „Why do you have sex? and „What have you thought to have a boyfriend at a young age?’ and all that stuff. And you feel uncomfortable in front of the whole people.”

Cindi's recollection of the types of questions she was asked by nurses at her local clinic closely mirrors Gift's experience. From these accounts, some nurses appear to take on the responsibility of the moral voice for the youngsters that seek their help. It could be said that they disagree with young

women being sexually active and try to discourage such activity by asking uncomfortable questions, hoping for re-examination on the young woman's part of her motives to engage in sex.

Dickson-Tetteh and colleagues (2001) report that clinic staff attitudes can be judgmental or even antagonistic, and that the professional norms of confidentiality and empathy are frequently neglected, revealing the prevalence of this occurrence. Research has established that South African public health services are failing to provide adolescent-friendly health facilities (Dickson-Tetteh et al., 2001; Pettifor et al., 2008). Comprehensive public health services that provide youth access to invaluable information regarding sexual and reproductive health can improve their quality of life and protect them from disease (Dickson-Tetteh et al., 2001).

The current theme has shown that although obtaining the necessary contraceptive is not difficult for the participants, the disapproving responses they receive from the nurses contributed to them feeling uncomfortable and judged. This does not promote an easy atmosphere in which to ask the pertinent questions and receive the relevant advice that the participants may need from such services. It also may discourage some young women to return to the clinic, and perhaps delay treatment of STIs putting them at risk of HIV. The theme to follow discusses the sex education the participants receive at their school and explores how effective this information is in protecting their sexual health.

5.3.2 EDUCATION EXPERIENCES

When reflecting on the sexuality and HIV education the participants receive at their school, they had mixed opinions. Some thought the education was not good enough while others expressed how much better it is than it used to be due to an approachable teacher. These are some of their accounts:

Kathi: "They're trying their best but it's not good enough. It's not good enough."

Gift: "Um... sex education... I don't think we've had that. Ja, we were taught about changes in girls and changes in guys but I've never actually heard them going deep into the subject of sex. And HIV yeah, I mean, they talk about it a lot. I think everyone should be scientists when it comes to HIV by now! This year, I find that our teacher is way more open than last year's teacher."

Cindi: “I’ve been doing L.O. [life orientation] since I arrived in high school, since 2006 but we never had sex education and HIV and all that stuff – we never had it. „Cause our L.O. teacher used to give us projects with the answers so we had no activity so we just wrote the stuff and didn’t learn about it. (...) L.O. this year, to be honest, is my first time in my high school education having an L.O. teacher who is very open and who tells us about everything. There were things that we never knew but things that we were supposed to know in L.O. class but she told us everything, she was open to us. And then if you have a problem you can speak to her privately.”

Gift and Cindi make clear the fact that an „open’ teacher is helpful in fostering a better understanding of the issues taught during life orientation classes, as well as in encouraging a trusting relationship between scholar and teacher such that scholars can approach teachers in private if they have pressing issues.

Both Gift and Cindi are of the opinion that they have not received formal HIV and sex education. From their words however, one can evaluate that they are taught about the biological aspects of HIV transmission and physical changes in boys and girls during puberty. Gift comments that they all “should be scientists by now” because of the many facts they know about HIV and its transmission. As discussed in Chapter Two, the above is defined as *sex* education by Ngwena (2003) rather than *sexuality* education, the latter embracing information on sexual development, reproductive and sexual health, peer pressure, gender roles and body image.

Tumi says that she has learnt a lot about the HI virus during a different subject called life science:

“So like, at school we learn about what is AIDS, how AIDS is transmitted and not transmitted. Especially now that I’m doing Life Science, it’s like I *know* everything about AIDS; the window periods, the CD4 count for HIV to turn to AIDS...”

It is thus apparent that these participants are well equipped with head knowledge and facts about HIV but are not so when it comes to information about sexuality, contraception, peer pressure and sexual negotiation. Cindi comments on the consequences of a lack of more in-depth education on the aforementioned topics:

“Ja, „cause most of the learners at school have babies. (...) Because we don’t get sexual education and we don’t get further information about sex.”

Cindi thus attributes the high incidence of pregnancy in her school to a lack of adequate sexuality education. The participants know the facts but seem to imply that such facts are not easy to apply in real-life situations, or seem irrelevant and thus not applicable at all. Evident here is the fact that much of the sex education offered at schools does not place enough emphasis on empowerment and negotiation skills and places too much emphasis on decontextualised facts that are difficult for scholars to integrate into their lived realities.

Gift shares that many scholars experience life skills classes as “just another subject”, while Kathi explains how the theoretical information given to her and her classmates does not filter through into their real lived experiences:

“To us kids, you know, they see things, they go to parties, they go to taverns and they come back to school and these things have been taught to them and they think, „Ag, it’s nothing big – we go there and this never happens to us’ and „This won’t happen to me’.”

It is thus evident that the participants experience HIV and sex education as irrelevant and difficult to apply to their own lives while they are out in their social context negotiating their sexuality. Many participants raised the issue that more practical education should be instilled in order for information to sink in and life skills to be acquired and more readily taken up. Kathi elaborates,

“I think they should do physical stuff, physical education whereby you *show* the kids – it’s there [in front of them]. Maybe take them to riskier places than they go to and show them that this is what happens, or this is what will happen to you.”

The above finding is consistent with many studies that have found that behaviour change or the uptake of safe sexual practices is an outcome that is not easily attained through HIV and safe sex-related life skills programmes (Jones, 2006; Ngwena, 2003; Visser, 2005; Yankah & Aggleton, 2008). Griessel-Roux and colleagues’ (2005) participants also voiced the need for more practical HIV/AIDS education strategies, mentioning how unhelpful it is to receive pamphlets and become inundated with facts. These researchers found that scholars need fewer facts and more anecdotal, personal experiences and real-life encounters in order for such education to have effect.

It is pivotal to recognise that unlike many other South African schools that do not have the time, support or resources to provide HIV/AIDS education (Pengpid et al., 2008), the participants’ school

does provide such education. However, the quality of the implementation of any HIV/AIDS programme is dependent on the teachers' attitudes toward the scholars and towards the information they are required to teach. Evident in the current accounts is the fact that the participants are finding HIV education better than it was before due to a more approachable teacher, which implies one who is more comfortable and able to share more details with scholars rather than one who is perhaps too embarrassed to provide candid information. Effectively it is not just about developing the right curriculum, but also about developing the right sorts of teachers to deliver it.

When regarding the education system as a resource that adolescents can use in order to obtain relevant information, support and guidance, Gift commented that it is very difficult to ask questions during class situations in order to receive such help and guidance:

“If you ask those kinds of questions in class there will be girls who like think that you're dating and doing it and being secretive about it. So if you ask a question people will wonder why you are asking that question and you'll feel all interrogated.”

Thus for Gift, being forthcoming in the classroom context is a potentially threatening and embarrassing endeavour. Owing to the approachability of their life orientation teacher however, it could be surmised that scholars can obtain the relevant information more privately after class.

Another factor that was mentioned to be potentially more helpful when teaching HIV/AIDS related material was that of an outsider teaching it. Gift explains,

“... if they had outside people come and educate us it would be a lot more interesting. „cause it's like we know her, she's our teacher and we see her everyday so we come into class feeling as if it's just another subject.”

It has been proposed that outside presenters can have a far greater impact when teaching about HIV and sexuality issues in schools (Griessel-Roux et al., 2005) due to scholars listening with more intent and interest. This could also contribute to life skills classes not feeling like “just another subject”. Tumi expressed how much she and a small group of scholars learnt on a weekend trip away with an outside organisation. They spoke about issues surrounding HIV and risk, including abstaining, boyfriends and relationships, peer pressure, gender stereotyping and power differentials. Tumi felt

that this opportunity to learn about sexuality out of her school context and with people other than her teachers was a positive experience.

This section has discussed the participants' experiences regarding access to resources, namely clinics and the education system. The participants find it easy yet unpleasant to obtain service at their local clinics and often feel interrogated and judged by the nurses. With regard to their education, it was discussed that although the participants' current teacher is more approachable than the previous life orientation teacher, HIV and safe sex messages are having little effect in the lives of the participants and their peers due to the messages being too theoretical and thus inapplicable. Based on the participants' experiences, two suggestions arose that they thought would improve HIV/AIDS-related education; the first was that of making classes more practical and thus more relevant, and the second being that of outside speakers coming into the school and teaching scholars.

As a whole, the participants in this study are not short of accessible resources, but how such resources are organised, managed and received by its patrons is fraught with contextual difficulties. Thus, the participants have to carefully negotiate their use of clinics and its staff and teachers in the education system in order to gain maximum benefit and protection from these resources.

The next section explores the participants' romantic relationships and sexual experiences. As this is an IPA study, priority must be given to experience and the attached emotions so that the participants' voices that capture their lived experiences can be heard and given precedence in this discussion of the findings.

5.4 DATING AND SEXUAL EXPERIENCES

It is pivotal to understand sexual encounters as sets of practices that are negotiated and enacted by the individuals concerned, within their specific contexts (Wood et al., 1998). This understanding allows us to take into account the ways in which gender inequalities are performed and how they determine sexual intercourse within romantic relationships. This in turn affects individuals' capacity

to control their sexuality on their own terms (Wood et al., 1998). Having a look at the participants' sexual encounters enables us to begin to understand their relationships, experiences and the agency they are able to display.

First of all, this theme cluster gives primacy to the participants' sexual experiences and the emotions attached. Thereafter, the aspect of male infidelity is looked at as it seems to be a common occurrence in the participants' dating relationships. The last of the three subthemes discusses the participants' mothers' fearful responses about dating and how this is linked with the pressure the participants face to prioritise their education over romance due to their mothers' underlying fears of pregnancy.

5.4.1 SEXUAL EXPERIENCES

When the participants talked about their sexual experiences, they did so in little detail. This is not surprising regarding the general secrecy and reticence around sexuality many of them experienced in their homes while growing up, as discussed previously. Furthermore, most of them did not speak of sexual enjoyment or pleasure while recounting their experiences. This is also the case with Harrison's (2008) adolescent participants when they were asked to speak about sexual encounters. As discussed in the *„Barriers in Communication'* theme cluster, Lesch and Anthony (2007) propose that messages focusing on the potential dangers of sex limit young women's propensity to explore their sexuality in a favourable light. The participants in this study experienced such messages from their parents or caretakers and this could justify the lack of pleasure narratives in many of the participants' accounts.

Kathi was at first reluctant to share details on her first sexual experience, but she was able to express her feelings and thoughts about the incident:

“At first I was really scared and although I told myself I was ready, part of me thought that I was doing it for him. He wasn't forcing me but I told myself I was ready. I could say I was [ready] „cause I didn't know what was going to happen and I knew nothing about sex and all of that so... it was a scary moment.”

Kathi reveals that she did not know what to expect and this is what made her first sexual encounter a “scary moment”. Through her words, she reveals her uneasiness about her decision to lose her virginity. She told herself she was ready but admits that perhaps she was “doing it for him” and thus not putting herself and her own needs before her boyfriend’s. She emphasises that she was not forced into having sex but this seems more like she was reassuring herself of this fact. Wood and colleagues (1998) similarly found that sexual naivety among their sample was prevalent. Their participants expressed that they did not know what to expect of the sexual act and had been unclear about the actual mechanics of sex before it took place.

Prior to her first sexual encounter, Kathi had some expectations of it being a more tender and sharing experience, as she has perhaps witnessed in media representations. She explains,

“I didn’t think it would be that painful. I thought it would be something like when you’re sharing your whole body with the person that you really love and then it wouldn’t be so painful... like the feeling that you’re taking care of a flower; that you don’t want to break it or you don’t want to let it die... ja something like that. (...) I guess not knowing how to react, how to respond to him and not knowing anything about sex. (...) I was really tense.”

This excerpt reveals Kathi’s anxiety surrounding her first sexual experience and how her expectations were not met. It also exposes the fact that Kathi was not completely naïve when it came to sex; she had certain expectations of the event and how she would respond to it, but when it happened she felt anxious and her body was tense. This possibly contributed to her lack of enjoyment of the experience.

Gift speaks of her first sexual encounter as a very rational and premeditated decision:

“Really... you see like I was trying to tell you that, well why I chose to lose my virginity and all that stuff because I think I read somewhere or heard somewhere like that rape is traumatic mostly for people who have never had sex so I chose to get it over with. (...) I mean, rape has always been one of my fears since I was like twelve. Ja so I was like, okay you know what: my first time, instead of it being all traumatic, let me just do it now and get it over with. (...) Yeah, it was my decision and it was comfortable and all that so...”

She claims that she had sex in order to protect herself from being raped while she was still a virgin. Gift explains this in such a way that it seems as though she made a decision to “get it over with” in order to protect herself from a potentially traumatic experience. She clarifies that it was her decision

and that she was comfortable with it. This picture is somewhat complicated later in the interview when Gift says,

“And I’m not into things [her relationship with her boyfriend] too serious. He was just like, „Let’s try it out’ and I was like, „Okay’. So it wasn’t such a serious thing, so ja.”

This reveals that her not-so-serious boyfriend suggested they have sex and that she complied. When asking whether it was an equal agreement, Gift responded, “Something like that, ja”. This shows some vagueness on Gift’s part as to how her first sexual encounter got underway – whose idea it was, and whether they both wanted it to happen at that time. It seems apparent here that the threat of rape affects the way in which Gift negotiates her sexuality and her sexual agency. This concern will be looked at in greater detail in the section *„Agency is Negotiated in a Coercive Atmosphere’*.

From Gift’s explanation of the event, all she revealed about her feelings about it was that it was “comfortable”. Later in the interview she also states that she is no longer sexually active because “sex is not that interesting”. She thus evades speaking of any sort of sexual pleasure or enjoyment altogether. It is unclear as to whether she did this out of shame or embarrassment due to such emotions being associated with sexual activity outside of marriage (Harrison, 2008; Lesch & Kruger, 2005) or whether she did not have the capacity to speak of sexual pleasure due to the avoidance of speaking about sex in her home context – a reason proposed by Lesch and Anthony (2007) as discussed earlier. This phenomenon however, is consistent with Weiss and colleagues’ (2000) study in which they also found their female participants neither recognised nor discussed sexual desire or enjoyment.

Wood and colleagues’ (1998) participants felt they were not allowed to initiate sex or demonstrate desire in any way. Lesch and Kruger (2004) discuss the concern that if young women do not acknowledge their own sexual desire and feelings of pleasure, they may find it difficult to respond to such feelings and enact agency over them. These authors argue that it is important for young women not to experience pleasure through their sexual bodies as bad because this limits their agency. From Kathi and Gift’s accounts above, it is clear that there is insecurity and ambiguity surrounding their decisions to have sex. Kathi was not sure whether she was having sex to please her partner, while

Gift believes it was her decision to have sex but reveals that it was more about her consenting to her boyfriend's idea to have sex than her initiating it out of her own will.

Tumi's expressions of her sexual experiences were very guarded to begin with:

“Okay, well I think I broke my virginity when I was about fourteen because I think it was lack of knowledge at first. I had a boyfriend who was around about eighteen years I think. So it was like, more pressure on me. It was like that. Then it happened then it was all over. Then after that point I didn't feel like having any boyfriend. Then I got another boyfriend in 2006? Ja, the end of 2006. Okay and we are sexually active, both of us, and we've been dating for three years now and we're still dating.”

Similar to Kathi's account, the first portion of the above excerpt shows Tumi's naivety regarding sex. Interestingly, Weiss and colleagues (2000) acknowledge that in certain cultures that promote female premarital chastity, a ‚good' woman is expected to have little knowledge about sex. This could account for some of the participants feeling as though they needed to reiterate their naivety in order to uphold cultural values.

Above, Tumi attributes the loss of her virginity to a “lack of knowledge” and to the fact that she was only fourteen and her older boyfriend had a lot more sexual experience than she did and placed pressure on her to sleep with him. This will be discussed in more detail in the *„Agency is Negotiated in a Coercive Atmosphere'* theme cluster. Her statement, “Then it happened then it was all over” was said very quickly during the interview and revealed Tumi's reluctance to go into detail. This is perhaps the case as it is not socially acceptable to speak openly about the details of sexual encounters (Harrison, 2008).

When asking Tumi whether she could go into more detail and if she felt comfortable enough doing so, she opened up a little bit more in her next response:

“Okay, he knew I was a virgin and he kept asking me when we were going to have sex but I was like, ‚But I'm not ready' and he said, ‚There's no need to be scared, there's nothing to be scared about, it's fine. There's nothing painful. I will take care of you.' I said, ‚No, no, no. I don't want' and he kept on going. And you know, boys are very impressive and sometimes he said impressive things like, ‚I love you' and stuff the whole time, you know? Then it just happened. (...) Okay, we were at my house then we started kissing and then, ja then he asked if we can sleep without a condom and I said I'd never sleep with a guy without a condom and he said, ‚No, you're a virgin'

and I said, „I don't care. The only thing I'm afraid of is getting pregnant. I do not want to get pregnant.' (...) Then he was like, „Okay okay, I will use a condom.' He pulled it out of his pocket, then we used a condom.”

Tumi discusses the verbal communication she and her boyfriend had surrounding the sexual encounter but leaves out any details regarding the physical communication they had and her emotional experience thereof. The researcher asked Tumi what she felt during this experience and whether she questioned her decision to go ahead with it and she said, “It's questionable „cause I thought, okay we're doing it, I'm doing it... I just get a bit confused.” This statement reveals the uncertainty around Tumi's decision to have sex and also her acquiescence about the fact that she was indeed “doing it”. When asking her directly, “Did you want to have sex?” she said, “I don't know. I was in between, I was not sure.”

Tumi later disclosed the feelings she experienced following the encounter:

“I felt a bit dirty at first. I felt like okay, this is awkward and it was painful and I thought: what did I get myself into? I was all moody and stuff... It felt like... It was just a bad experience for me. I could say it was not a good experience. I thought like, there's nothing to enjoy about it, it's just...”

The word “dirty” is a powerful and suggestive one; it brings about notions of sexual activity being wrong and inappropriate (Harrison, 2008). Lesch and Kruger (2005) propose that if young women are given messages of the dangers of sex by their parents while growing up, it is not uncommon for them to feel shame when it comes to their sexuality and sexual experiences. Such messages are proposed by these authors to be unsuccessful in preventing sexual activity, yet succeed in creating feelings of shame and guilt, and as such, women's sexuality becomes poisoned as they are prevented from understanding and experiencing their sexuality in a positive way.

Moreover, the word “dirty” along with Tumi's question, “what did I get myself into?” suggests feelings of regret. She says that it was a “bad experience” for her and she reiterates this by saying it was not a “good experience”, thereby placing moral judgments on her sexual activity, proposing that she considered the event to make her morally unclean and her sexual activity bad, indecent or scandalous. In contrast to this experience, Tumi explains her sexual relationship with her current boyfriend: “Okay. Well there was nothing wrong. I felt like I don't mind. There was just nothing

wrong.” She thus acknowledges that she didn’t “mind” sexual intercourse with this boyfriend and that there is “nothing wrong” with it, but still refrains from expressing any pleasure derived from sexual activity.

The fact that Tumi expresses her first experience of sex as bad and then justifies her second encounter by saying there was nothing wrong with it exposes that sex is constructed in negative light. Harrison (2008) conveys that sexual activity “will never be safe as long as young people are told that sexual expression is bad, dangerous and wrong or where it remains hidden and stigmatised” (pg. 186). Such a statement brings to light the fact that the reticence surrounding romantic relationships and sexual experiences, as well as the lack of approved scripts for talking about such issues only contributes to sexual activity being constructed as unpleasant and dangerous. Luckily, however, the participants all seemed to be able to negotiate consistent condom use in order to curb some of the dangers associated with sex and were able to protect themselves from disease and pregnancy, which will be discussed in the *„Agency and Disempowerment’* section.

Lesch and Kruger (2005) acknowledge the fact that even though participants may not speak about sexual pleasure (in the current case to an older, white researcher), this does not mean they did not experience pleasure. They suggest instead that this is indicative of certain contexts being inappropriate to discuss sexual pleasure – the interview being one such context. Furthermore, these authors speak of a dearth of socially approved scripts for sexual expression and pleasure for young women in low-income South African communities, consequently leading to them being unable or not allowing themselves to articulate pleasure. This in turn reflects a sense that their sexual agency is restricted due to them not claiming their sexuality in an open, detailed and active manner (Lesch & Kruger, 2005).

Cindi shared in detail some of the thoughts that came to mind when the prospect of sexual intercourse with her boyfriend arose:

“Ja... It was one day that he invited me to his place, it was his brother’s birthday. It was not a big party but they had a family birthday. (...) So the time went by – it was late and then the parents went to sleep and then we went to his room and then we kissed and then after kissing, I had this feeling

inside – I didn't know where it came from – but it was emotional. Then we undressed and then touched each other [laughs]. It was my first time I touched him. And then I had a feeling that said... But then I thought, oh my temple, then we stopped. „Cause every time we kissed and I had that feeling, I had to think about my temple because my father is looking forward, „cause he said, every time I tell him about my boyfriend he always reminds me that I must keep my temple safe because he says that when I get married, he wants to get a great lobola because the man will get me as a virgin and all that stuff. He told me that if I have sex, I must tell him. But the first time I did, I didn't tell him.”

Cindi brings about the religious notion of protecting one's temple and keeping the body pure prior to marriage. This is infused by the traditional practice of lobola and remaining a virgin until matrimony. She explains that she did not reveal her sexual activity to her father due to its inherent connection to defiling the temple he was asking her to protect, as well as lowering the price he would receive for lobola for Cindi. Essentially, Cindi reveals to us the religious and cultural connotations of sexual involvement before marriage.

Cindi shared her first experience of sexual intercourse with the researcher in much more detail than the other participants:

“That day I wanted to experience what it's like because when I watch TV I see these women having sex and I see them enjoying it. So I wanted to feel, I wanted to experience what's the enjoyment about. Ja I had sex and it was like [laughs] like my actions were like a person who was high „cause, yo I didn't act like myself. And by that time I never thought about my temple, I thought oh, he'll [Cindi's father] never know that I've had sex because it's not written in the face. And then he [Cindi's boyfriend] didn't pressurise me because when we were undressing he told me, „Don't push yourself into doing what you don't want to do' and I said, „No problem „cause I'm feeling this.' And then it was fine, then we did it.”

Cindi was the only participant to explicitly speak about witnessing sex on television and wanting to explore the pleasure that allegedly came with it. She also was the only one to express her pleasure of her sexual experience and tells of how she was so swept up in the emotional and physical experience of it that she did not even think about her “temple”. The researcher got the sense that Cindi was able to completely let herself go and get into the experience without inhibitions.

When probing for Cindi's feelings about the event she said,

“Hmm, [laughs] it was the... I don't know what to say but I was more like happy and excited. Ja, I was excited. And I had that thing that today is the day that I experienced sex. It was nothing like something bad, it was just something nice. I saw nothing wrong with having it but we must agree

on having sex, not one partner wants and then you must go with that partner „cause it’s something that you must both feel – like feel happy and comfortable about. I felt comfortable but yo, my first time, ja. (...) Ja, I enjoyed it.”

Perhaps the element that made Cindi enjoy her first encounter so much was the fact that both partners wanted to have sex and agreed on it mutually. Gift, Kathi and Tumi’s sexual initiation seemed to be driven by their boyfriends, while Cindi’s experience was quite different. Cindi does not mention any ambiguity around her decision to have sex; she knew she wanted to have sex and there was a mutual agreement. She does seem to justify in her speech, however, that sex with her boyfriend before marriage was not wrong because it was “something nice”. This reveals that Cindi is grappling with the negative messages her father gave her about sex before marriage and her positive emotional and physical experience thereof, though this did not mar the event for her.

Kathi and Tumi displayed ambiguity towards their decisions to lose their virginity, while Gift believed she made it independently. Cindi discussed having made the decision based on her emotions towards her boyfriend and her desire to experience what sexual intercourse feels like. Evident in most of their accounts, however, is a degree of pressure from the participants’ boyfriends and compliance on the participants’ behalf to engage in sexual intercourse. These issues will be dealt with in the next theme cluster, *„Agency is Negotiated in a Coercive Atmosphere”*.

5.4.2 MALE INFIDELITY

Many of the participants’ relationships seemed to be characterised by their boyfriends’ infidelity. Meekers and Calvès’ (1997) study recognises over a decade ago that it was not uncommon for young men to have more than one girlfriend concurrently. They say that African adolescents often engage in numerous premarital sexual relationships, whether sequentially or simultaneously, which has major implications regarding sexual and reproductive health.

Although the participants in this study found their boyfriends’ infidelity unacceptable, they did little to ensure that they were their boyfriends’ only girlfriends. When asking Gift if she thought she was the only girl in her boyfriend’s life she sighed in response and said, “I don’t think so...”. The

researcher asked how this made her feel and if his infidelity is tolerable and she clarified that although she is not “okay with it” it is not a serious enough relationship for it to matter all that much to her. She explained that she is dating for fun rather than for love and this implied that her feelings were not very involved in the relationship or that she was not very committed to it, making his disloyalty less hurtful. Meekers and Calvès (1997) state that some women approach romantic relationships casually due to their commitment to their education and future careers. This could be the case with Gift because of her prioritising education over any romantic affair, which will be discussed later on in this theme cluster.

When the researcher asked Tumi, “Do you think your boyfriend is seeing any other girls besides you?” she responded, “I think he *is*.” She revealed that she had asked him about it the first time she became aware that he was dating others, but not subsequently. Tumi said that although it was an issue for her, she felt that she cannot control someone else. When probing how his infidelity makes her feel she said,

“Well, to tell you the truth I don’t care! [laughs] I don’t care – he can do whatever he wants to do as long as it’s not going to affect me. (...) But to me, I always told myself, because you can’t say, „Don’t do that.’ If a person loves you, he won’t do what he knows will hurt you. Then he decides, no he’s going to do this [be unfaithful] but it’s his decision to make. I cannot control a person. I think at one point every person has to grow up and realise that this is life we’re living in, you see.”

Her stance on the matter is that of apathy and resignation. According to Tumi, male infidelity is synonymous with dating so she has resigned to live with and accept this type of romantic relationship saying that “this is life we’re living in”. There is very little sense here of Tumi wanting to change this or feeling empowered to do so. Above, it is evident that Tumi seems to think that if a man loves a woman, he will not “do what he knows will hurt you” yet it is clear that he is being unfaithful. This either points to the fact that Tumi believes her boyfriend does not love her, or to the fact that she believes she is not hurt by his infidelity. Both of which seem to point to some kind of denial on her part.

She explains how pointless it would be if she approached her boyfriend and said something about his unfaithfulness:

“Yo, you know boys they’ll say, „Okay I won’t do it’ [continue being unfaithful]. They *will* say that, even boys, I, to me if you can tell a person, „I don’t want you to see anyone besides me’ they’ll say, „Okay babes, I’m going to do it [break up with the others]. It’s fine, it’s fine, it’s fine.’ But they, at the end of the day, don’t do it. It’s just like that. Mostly they just don’t do it. So there’s no use talking and talking to a person who won’t even listen to you.”

This further sheds light on Tumi’s resignation about her boyfriend’s disloyalty as she informs us of her opinion that men will not change, even if one asks them to. Women accepting male infidelity for the sake of maintaining the relationship has been noted in other studies (Meekers & Calvès, 1997; Wood & Jewkes, 1998). Wood and colleagues (1998) found the young women in their study to believe that men were “entitled” to several partners and practiced this entitlement by seeing other girlfriends when some were unavailable.

When it comes to emotionally dealing with his infidelity, Tumi had this to say:

“I always say, „I’m number one.’ I don’t want to be seen as the one who is weak, you know, by my friends. I would say even if my boyfriend is seeing other girlfriends but I’m still the number one to him or whatever.”

The obvious question that came from this response was how Tumi knew that she was “number one”, to which she responded,

“It’s, it’s... it’s the way they do it. It’s a...no, no I don’t know. They *know*, but it’s just what girls... you just have it in you, you just want to have confidence and mostly girls pretend as if everything is okay and that. You know, it’s like that.”

From this somewhat confused response, one can gather that being “number one” to Tumi is essentially an internal attitude rather than an external reality. Relating this back to Tumi’s denial that was pointed out earlier, this belief may indeed serve as a device that she uses in order to minimise the pain of an unfaithful partner.

When asking Kathi whether she suspected her boyfriend of dating other girls she said, “To be honest – he did” and went to explain her confrontation of the issue:

“And then he started cheating and I did confront him about it and he didn’t have a choice but to admit to it. I told him that I was going to back off until this thing was settled and he probably did break up with the girl but I also found out he was dating two other girls. And then I decided that I shouldn’t be in this situation and I thought if he wants to come back to me and focus on *me* and only me, then he could find me at my house. So I left him and let him do his thing because maybe

this was what he was used to doing and bad habits die hard and I can't tell him what to do. This is his life. But my life, I don't want anything to happen to me; I don't want any diseases. I love my life the way it is and I don't want to complicate it in any way."

Kathi had the courage to confront her boyfriend but this in turn revealed that his unfaithfulness was more extensive than she had previously anticipated. She then took a stand for herself and left him, but upon further inspection during her interview, this only occurred after a very long time – her boyfriend was able to manipulate her back into the relationship each time he was caught cheating. This will be explored in more depth in the theme cluster *„Agency is Negotiated in a Coercive Atmosphere’*. Kathi recognises the potential adverse consequences of her boyfriend's disloyalty by acknowledging the threat of disease. She also seems to think that his unfaithfulness was a “bad habit” that could be difficult to break. Worryingly, however, she states that she “can't tell him what to do”, revealing her perceived lack of influence or agency in this situation, which will be discussed in the theme cluster *„Agency and Disempowerment’*.

Cindi based her belief of her boyfriend's fidelity on the amount of time they spend together, as well as on the phone numbers stored on his phone. She also claims that she does not suspect he is cheating because he dislikes the idea of boys taking on many girlfriends, as evidenced in the statement below:

“... he usually says that he hates boys who think that they can be playas and have many girls, „cause at the end of the day they are the one who are getting hurt. „cause it's better to be hurt by one person than to be hurt by plenty of people.”

One cannot judge whether she is correct in her assessment regarding her boyfriend's loyalty and further, whether she is indeed voicing his opinion above or her own thoughts.

When asking some of the participants why they thought young men have many girlfriends, they responded,

Gift: “It's because as I've said, it's like when they come to you right, they talk to you like, they'll be like, „I've got this one girlfriend' and they won't be like, „I've got *five* girlfriends' or something like that. I guess maybe if the girl likes the person that much they're kind of like, „Okay, it's just one girl.' So they date the dude but in a while they find out that there's a string of girls. I don't know why they don't do much about it, but me – I'd just dump the dude.”

Cindi: "...he says all these things: „I had many girlfriends when you came to me so you must accept it’.”

Tumi: “I think it’s friend pressures and stuff because they want to look as if, „Okay, I’m the cool one „cause I’ve got many girlfriends.’ If you don’t have many girlfriends they [the young man’s friends] talk nonsense about you and stuff. (...) They’re trying to prove a... I think it’s a game among them. I think it’s the mind – they don’t grow or something [both laugh]. I think boys are always thinking about girls, yo, „I’ve got to have so many girlfriends „cause if I don’t get this one now I’m going to visit the other one.’ (...) It just looks cool. It’s for fun seriously. But I think as time goes by people start to realise, but for now I think at the age of twenty, early twenties the youth age, it’s just for fun. They’re not doing it „cause they want to look like men, they’re just doing it for fun.”

Gift draws to our attention the fact that some girls enter into relationships knowing full well that their boyfriend has other romantic affairs. This finding is similar to that of Meeker and Calvès (1997) in such cases whereby, even though a woman is aware of her boyfriend’s unfaithfulness, she tolerates it in the hopes that he will marry her eventually. Gift is also of the opinion that girls do not mind if there is one other girlfriend in the picture, but that their boyfriend’s infidelity only becomes a problem when there is “a string of girls”. Cindi mentions the fact that some girls are told to accept their boyfriend’s disloyalty because he was dating others to begin with.

Tumi explains above that young men have many girlfriends because of peer pressure and wanting to look “cool”. The fact that young men face peer pressure to have many partners is echoed in Rutenberg, Kaufman, Macintyre, Brown and Karim’s (2003) study. Though according to Lindegger and Maxwell (2005), many young men only pretend to have multiple girlfriends to look good in front of their friends without actually putting themselves at risk of HIV. In addition, it becomes apparent in Tumi’s statement above that dating many girls is the norm and that if a young man does not do it, his friends will start talking “nonsense” about him and possibly spread rumours. Tumi thinks that it is because of their youth that her male peers are unfaithful and that they will grow out of it in time. This is a worrying assumption since many African societies expect men to have multiple sexual relationships before marriage and permit the same thereafter, with polygamy being a sign of triumph and fertility (Frank et al., 2008; Fuller, 2008; Meekers & Calvès, 1997). Moreover and more accurately, Kathi mentioned above that she suspects infidelity to be a difficult habit to break.

The discussion of male infidelity in the interviews naturally led to the researcher asking why the participants are not doing anything about their boyfriends cheating on them. Gift restated that because she was dating for fun, she felt it unnecessary to stop her boyfriend from seeing others. Tumi gave the impression that because her relationship with her boyfriend is a long distance one, it was inevitable that he'd seek sexual gratification from the girls around him rather than waiting three or four months until she visits him. Although Cindi believed her relationship to be monogamous, she explained other girls' resignation about their boyfriends' disloyalty as such,

“Most of us as girls are too shy and are afraid of losing their relationship by telling him they don't like this thing and most of the girls are... the most fear is losing their boyfriends, which is something that is not very important to me...”

It seems as though having a boyfriend is an important part of the participants' lives – even if the relationships are imperfect. It is also apparent that gender power relations remain in favour of men to such an extent that these confident, assertive young women are obliged to tolerate their boyfriends' unfaithfulness in order to keep the relationships going. As noted in Chapter Two, African cultures often permit and encourage men to have regular sex with a range of different partners as this reveals his fertility (Fuller, 2008; Macleod-Downes et al., 2008; Mufune, 2003; Thomas, 2007). The participants' acceptance of and resignation towards their boyfriends' infidelity shows that they may have an internalised acceptance level they probably do not think to mention.

5.4.3 PREGNANCY: A GREATER FEAR THAN HIV

When the subject of parents' responses to dating arose, the participants' accounts revealed that their mothers reacted unfavourably towards the news. This was in contrast to how their mothers responded to some of the participants' brothers starting to date. Kathi gives us a picture of how this occurred in her family:

“If I had to come at my brother's age and all that, and tell my mom that I have a boyfriend, she'd freak out and tell me a whole theory about boys and the risks. But when my brother goes to her (...) my mom would say, „You know, I'll beat you up' and that's it! She'd say it in a smiley kind of way, in a jokey kind of way and she was totally understanding when it comes to him, she doesn't mind.”

Kathi's words reveal that she suspects her mother would "freak out" if she found out Kathi was dating and tell her about "boys and the risks". This very suspicion possibly fuelled Kathi's decision to hide her romantic relationship from her mother. She says that with her brother, Kathi's mother is "totally understanding", which we assume is not the case when it comes to Kathi's relationship.

Gift had a similar experience as the one above. She explains,

"But my little brother, I asked him right, does my mom know he's dating. So he was like, „Yeah, she does know.’ So I asked him, „How did she react?’ and he said she didn't say much, she just said that he must be respectful to the girl and just play it safe and all that stuff. But to me, it was not like that. My mom [laughs] she kept quiet for a few seconds, then she asked the dude's name, and ja, (...) she told me that what I just told her was not making her happy inside, and she doesn't like it and my grandpa wouldn't like it and she really feels responsible for me, that my father would freak out if I ever got pregnant and yadda yadda and all that stuff. So yeah, I said to her that, okay, I'll stop dating but that actually meant, okay I'm not telling you anything anymore, ja."

Gift's account shows that her mother believes Gift's family members would not approve of her dating. It also becomes clear that the concept of "freaking out" is possibly linked with fears of pregnancy. It is evident from these accounts that dating is considered risky, as Kathi's mother is shown to explain, as well as linked with sexual activity and the possibility of falling pregnant, as Gift's mother is evidenced to express. Thus, double standards in parental response to dating became evident in the participants' accounts. The way in which the participants handle their parents' responses is to hide their relationships, which predictably means that they cannot go to their parents for guidance or support if things go wrong or if they need advice, help or guidance.

In her follow-up interview, Kathi explained her view on the reason for parents being more concerned about their daughters dating than their sons:

"Boys, if they do go into an intimate relationship and can impregnate the girl, it should be their responsibility to take care of the child or it should be the girl and the guy's responsibility. But mostly what our parents are looking at is the girl, since the girl is the carrier of the baby which is a huge problem. If we faced the fact that it's both of them then maybe there might be a little bit of change in that. „Cause the girl has to drop out of school and the guy can stay in school and carry on and you know..."

It becomes clear from this explanation that it is often the case that the burden of an unplanned pregnancy lands on the woman and not on the man involved in impregnating her. Lesch and Kruger

(2005) note that the mothers of their participants were focused on pregnancy as an unwelcome yet inevitable consequence of sex. Moreover, Macleod (2003) notes that the problem is not so much *teenage* pregnancy but *unwanted* pregnancy that is of concern. This could account for parents responding adversely to the participants in this study starting to date. Additionally, there is recognition of high prevalence of unwanted pregnancy among teenage women in South Africa, with non-use of contraceptives or hormonal methods being contributing factors (Harrison, 2005; Dickson-Tetteh et al., 2001), making it a legitimate concern for the parents of and the participants in this study.

In the initial interviews the participants expressed in various ways the pressure they face to prioritise their education and schoolwork above any other distractions. These were some of their words:

Cindi: “And he [Cindi’s father] told me that he’s looking forward on my work, my good work at school and he wants me to get high marks at school – nothing must change, ja.”

Kathi: “Ja, she [Kathi’s mother] explained to me how boys are and even though I have a boyfriend I should focus on my studies – that kind of thing.”

Gift: “Hmm, my mom did not at all, at all want me to date. She says it’s fine and she understands that we grow up but she actually told me that she would have liked it if I finished school, go to university, *then* date after that!”

From these excerpts, we are made aware of the fact that education is a priority in the participants’ families. There is one main reason put forward by the participants in their follow-up interviews for the pressure they face to prioritise their education above romantic relationships and any other distractions. This reason is explained in the quotes below:

Tumi: “[Tumi’s parents say:] „We never had the opportunity to be able to study so if you can study so you can be able to provide for us when you’re working so you can get a good job and stuff so that you can be able to provide for us at the end of the day’.”

Gift: “They expect me to go to university after that and I think I made things worse when I said that I wanted to be a doctor and all that stuff. So now they’re like, „You have to go to university and become a doctor and work in a hospital and like you know, you can hook us up’.”

As is evident from these reflections, a focus on education means financial prosperity and gain for the participants and consequentially for the benefit of their families as well. This then illuminates why there is such a demand on the participants to put school first and not get involved romantically as

this could lead to unwanted pregnancy and jeopardise scholastic and future job opportunities. Simply put: the participants face pressure to financially support their families once employed, and dating along with the possibility of getting pregnant puts this prospect in danger.

It is acknowledged in the literature that pregnancy during school years often leads to drop out or going back after giving birth to repeat the grade and continue schooling (Marteleto, Lam & Ranchhod, 2008). This disruption in education or indeed complete cessation thereof can be detrimental to future goals. The Eastern Cape is known to be one of the poorest provinces in South Africa (Lemon, 2004), this coupled with the fact that the participants living in the Grahamstown East area means that financial prosperity is difficult to attain. Unemployment in this area is rife and a good education means an opportunity to get a job and improve the life of not just the individual but his or her entire family as well. For the current participants, this may be the only escape from a life of financial hardship.

Cindi explains that in many cases of unplanned adolescent pregnancy, the boyfriend leaves their pregnant girlfriend. Cindi attributes this to the fact that they want to seek sexual gratification elsewhere. In Meeker and Calvès' (1997) study, this is attributed to two possible factors: many men are unable to support the child, while others leave as they fear the reaction of the girlfriend's parents. The absconding boyfriend has implications of increased financial difficulty on the pregnant young woman and her family, thus bringing to the fore once again the reason why mothers do not approve of their daughters dating and their fears of pregnancy.

The fear of pregnancy overshadowed fears of HIV in the participants' accounts, which contradicted Harrison, Xaba and Kunene's (2001) findings. Gift shows this in the excerpt below:

“Because she [Gift's mother] says, „If you ever get pregnant, you would stop school, stay at home. I will never give you money and all your money will go to baby stuff!’ She always says that kind of stuff because she knows I like going to school and the AIDS thing, she always says, „If you get a boyfriend, you'll become pregnant and you'll be HIV positive and then you will die and then you will never become a doctor' and all that sort of stuff. So ja, she doesn't speak about HIV that much.”

This reveals that pregnancy is of a greater concern to Gift's mother than HIV is. Even when she includes HIV in the scenario, pregnancy is brought up first, with the consequence of HIV mentioned as an afterthought. The emphasis is also shown in Gift's words to be on future life success – becoming a doctor – and how getting pregnant and having HIV could put an end to this goal. When Kathi was explaining her mother's fears about her dating she said, "She was scared of pregnancy most of all, as well as HIV." This again shows the fear of HIV infection as secondary to the bigger and somewhat more adverse concern of an unplanned pregnancy.

Harrison, Xaba and Kunene's (2001) study shows that even though their participants generally feared HIV/AIDS, there was rarely a personalisation of this risk. Macleod-Downes and colleagues (2008) propose that a discounting, discrediting or minimising of the risk of HIV can lead to inaccurate assessments of personal risk and limit the adoption of safe sexual practices. They also suggest however, that knowing someone who has HIV or who had died of AIDS-related causes can increase awareness of HIV/AIDS and its threat to personal health. The participants in this study all revealed that they have a family member with HIV or know someone who is infected, thereby reifying the threat of infection for them. This suggests that even though the participants spoke of the risk of pregnancy more often than they did the risk of HIV, it can be postulated that HIV is an acknowledged threat to these participants.

When probing why pregnancy was of greater concern than HIV, the participants expressed the meaning of having an unintended pregnancy in their community and within their families. Tumi explains:

"You know there are these things like traditional families, families don't want to be embarrassed and some people it's because of religion, they are looked up to in the community like good people so they don't expect such things to happen in their family. They expect everything to go smoothly for their children too. It's... they're looking way too much on their children, then want a good future for their children and they don't want to be disappointed. I think it's because of that mostly."

This highlights the fact that unplanned pregnancy in adolescence not only jeopardises the adolescent's "good future" but also brings about stigmatisation on the family, with the parents

feeling embarrassed and disappointed. Cindi gives us another explanation of the meaning early childbirth has in her community and its impact on the family:

“I think it’s because pregnancy is something like opening an account „cause you’ll have to take care of the baby in different ways like financially and giving love and care and it will take a long time. Let’s say for example you get pregnant while you’re at school, who’s going to look after your baby? And who’s going to pay the person who looks after your baby? And who’s going to feed your baby? And then the baby is growing and who’s going to buy clothes for your baby „cause you’re still going to school, and whilst your parents have to buy clothes for you and feed you? So I see it as a double whack and brings great suffering in the family (...) They [the community] see that if your child gets pregnant before twenty-one years, they see you didn’t raise your child in a mannered way or in a good way.”

The above quote draws attention to the legitimate financial and physical concerns of having a child when still at school. Rutenberg and colleagues’ (2003) study shows that their school-going female participants feared pregnancy and saw it as a considerable problem mainly because of its detrimental impact on education and increased financial and other responsibilities that follow the birth of a child. Moreover, Cindi emphasises in the quote above that early pregnancy is a sign in her community of inadequate or irresponsible parenting, elaborating on what Tumi explained about the family feeling disappointed and embarrassed. We can thus see that dating brings about fears in parents of sexual activity and unplanned pregnancy. If the later concern materialises, not only is the child a financial burden on the family, but is also highly stigmatised and the family is not received well in their community.

Gift brought up the example that her mother constantly emphasises her aunt having had a child at sixteen and struggling throughout life as a result. This reveals that having a baby at a young age can be associated with suffering and hardship. Gift elaborates,

“... having a child is kind of like having a set-back. Like if you get pregnant in matric you just have to write the matric and finish and then you have to sit at home and find a job and you can’t expand your learning and go to university. So I think my mom doesn’t want me to *not* go to university and become a doctor. (...) There’s this chick in my class who has a child and most of the time she does not come to school and she says she had to take the child to clinic and all that stuff because I know that most mothers go: „It’s your child and your responsibility so you have to look after him and that’s it. You take him to the clinic and all that stuff.’ So I think my mom doesn’t want someone holding me back like that.”

Gift clearly elucidates that having a child in adolescence means “having a set-back” and also having someone holding one’s potential back. This is again linked with the emphasis on education and future prosperity and how these are put in jeopardy by having a child at a young age, bringing about implications of financial hardship. If giving birth when one is young halts one’s education, it also limits one’s ability to seek a well-paying job. This links to what Tumi said about pregnancy jeopardising one’s future. Macleod (2003) has suggested that teenage pregnancy is not necessarily the problem, but that unwanted pregnancy is – regardless of the age of the mother.

This section has illuminated the participants’ sexual experiences and the associated feelings and thoughts. It highlighted the fact that many of the participants were unsure about their decisions to have sex. Sex before marriage was also revealed to be constructed as morally wrong or scandalous, leaving some participants feeling the need to justify why they had sex, or feeling dirty because of the encounter. Secondly, this theme cluster examined the participants’ boyfriends’ infidelity in their dating relationships and how this had to be accepted in order to maintain the relationship, or rejected with the possible consequence of being left unheard. In either case, their boyfriends were apt to continue in their disloyalty regardless.

Lastly, parental responses to dating was observed in relation to the pressure participants felt to prioritise education over romance and the fears around dating leading to unwanted pregnancy. Dating and pregnancy both seemed to be linked with the adverse consequences of financial hardship and of forfeiting future success. This was because of the inextricable link created between dating, sex and unplanned pregnancy, thereby jeopardising education and its prioritisation. In the participants’ accounts, fears of HIV seemed to be secondary to that of the fear of pregnancy. This is perhaps the case because pregnancy is perceived to have more devastating consequences to schooling and later financial success in life than HIV does. It seemed as though pregnancy was ultimately linked with a fear of increased poverty. Families and parents put pressure on participants to get an education and do well for themselves and their families, and a child would stand in the way of much of this potential prosperity.

As has been illuminated, many of the participants seemed to be uncertain about their decisions to have sex, with the resulting emotions of these experiences being negative. Thus, the following section explores the fact that many of the participants' relationships are, for the most part, controlled by their boyfriends. Their words revealed the necessity of investigating the themes of coercion and manipulation in their romantic relationships.

5.5 AGENCY IS NEGOTIATED IN A COERCIVE ATMOSPHERE

This theme cluster emphasises the fact that the participants in this study face pressure, coercion, manipulation or the threat of violence or rape in some way in their romantic and interpersonal relationships with men. Wood and colleagues (1998) as well as Buga, Amoko and Ncayiyana (1996) mention that violence and coercion, especially in adolescent sexuality arenas, has been a neglected area in health research and intervention development. These authors believe there is a pressing need to research and explore intervention strategies in the area of adolescent sexuality with particular focus on violence within relationships. Buga and colleagues (1996) add that this is an important area of investigation in a country like South Africa, which is said to have exceedingly high levels of interpersonal violence.

5.5.1 PRESSURE, COERCION OR MANIPULATION

During their interviews the participants highlighted areas in their lived experiences in which they felt pressured, coerced or manipulated by their male counterparts. Outside of their romantic relationships, the participants felt coerced by strangers in taverns, and in one instance by a male teacher. Within their romantic relationships, some were manipulated into having sex or faced pressure to have sex when they were not yet ready for it. Once sexually active, the participants revealed that they face constant pressure to have unprotected sex with their boyfriends. This subtheme discusses each of these aspects in turn.

Coercion and mistreatment by strangers in taverns was an often cited occurrence that seemed to be evaluated as normal by the participants. Although they appear to handle these pressured situations well, it did seem unsettling that they should have to ward off the coercive advances of men on evenings out with their friends. As mentioned in the first theme cluster *„Social Context and Risk Behaviours’* Tumi and Cindi discuss that men in taverns often buy women drinks in the hope that this will lead to sex. Cindi explains how she was approached in a tavern by a man with this expectation:

“Ja, it was another old man – he’s even older than my father. He came to me and greeted and I said, „Hello, dad’ and he asked me why I am saying dad to him and I told him that he’s even older than my father so I was trying to respect him. He said that no, he’s not old, it’s just his body. And then he saw I had no interest in what he was saying and he thought I was one of those girls who likes to be bought with alcohol and then he told me, „What can I buy you?’ and I said, „No, I didn’t come to you I just came to have fun so just leave me alone.’ And then he said, „You think you are clever. You think you are sexy’ then he called me a bitch.”

The fact that Cindi was being approached by a much older man and being offered alcohol revealed to her his unvoiced intention to sleep with her. Cindi’s reluctance to accept the drink (and therefore the sex) he offered made him angry and provoked him to be insulting towards her. This form of verbal abuse or intimidation does not appear to happen in isolated incidents but was cited as a regular occurrence by the participants.

Tumi explains how men treat her and her friends when they refuse to accept alcohol from them:

“I remember that’s when it was me and three friends who decided to go to a tavern. So we were just standing and not holding any drinks and we know there will be people who come to us to offer to buy us drinks and we will laugh at them. (...) And then they [a few men] were sitting with us and the other guy was holding a glass and he passed it to my friend and she refused it so then they were like, „No, you think you are better than us’ and we were like teasing and we were laughing. (...) They do get cross but we just laugh. And if they say, „We’re going to hit you’ we just tell them we’re going to run or that we’re going to cry „cause it’s going to be painful and then that’s it.”

During the interview, Tumi voiced the above statement light-heartedly and the researcher was taken aback. It seems that for some of the participants, coercion and the threat of physical violence from men is neither surprising nor unexpected. Both of the above instances reveal the atmosphere in which the participants socially interact and negotiate with men. The coercive nature with which

these men engage with the adolescent participants shows a disregard for women and their rights and reinforces a patriarchal system of dominance.

As noted in Chapter Two, many southern African societies operate via an unequal power balance in favour of men (Abdool-Karim, 2005; Fuller, 2008). This affects the way in which women negotiate themselves: their bodies, their rights and their sexuality. Commonly, younger members of society have less power than older members and it is younger women who have significantly less power than younger and older men (Abdool-Karim, 2005). With this being the case, it is not surprising then that the female adolescent participants in this study report being mistreated by older men in taverns. Taverns are intrinsically associated with drinking and as mentioned in the theme cluster *„Social Context and Risk Behaviours’*, drinking is constructed by the participants as dangerous. It is associated with risky behaviour due to a loss of control and potentially placing oneself in the way of the unwanted sexual advances of men.

During her interview, Gift shared the story of a male teacher at her school who tried to coerce her into sleeping with him. The excerpt below is edited in order to save space but the unedited version can be located as Appendix F. Gift’s teacher agreed to drive her and her friends home after a school dance rehearsal and decided to offer her dinner when they were alone in the car. He then drove to a secluded spot in Grahamstown and tried to force Gift to interact with him sexually. She recalls the following:

“... he was asking me questions, like yadda yadda, „Do you have a boyfriend?’ and that was not weird to me because apparently he asks that to a lot of girls. (...) So he drove to the dam (...) and he started asking questions like, „Are you a virgin?’ so I was like, okaaaay. So then he started saying that he likes me and he’s always liked me since he got to the school, since he saw me. I started getting uncomfortable and all that so I got out of the car. (...) ...so now he was getting closer and trying to kiss me and all that stuff. So I was like, „Dude, you’re my teacher, you’re not supposed to do this stuff” and he was like, „I know but you’re so hot, I like you, I really like you.’ And he was really *holding* me and stuff. So I asked him to please take me home „cause I’m really uncomfortable with this and he was like, „You don’t have to be uncomfortable, I mean, you know me.’ (...) ...and he started kissing me and all that stuff and I was trying to tell him to stop doing this „cause I really didn’t want to do this and I was uncomfortable and all that. But he was definitely not listening to me because he just carried on (...) ...and then he was undressing himself and I was like, „Dude, really, I don’t want to do this I just want to go home’ (...) So ja, he was getting really undressed and saying things like, „You really turn me on’ and „Feel my thing’ yadda yadda. And I was like, „No, I don’t want to feel your thing’ and he told me, „You’re really not listening.’ [Forceful tone used] So

I asked him if he could give me time to think about this so I can like answer him. And this was on like a Friday so I asked, „Can I answer you on Monday?’ ”

Gift’s level of apprehension heightened the moment her teacher asked her whether she was a virgin. She decided to get out of the car to make him aware of the fact that she was uncomfortable and wanted to go home. However, because they were in a remote place, he was her only lift home. He forced himself onto her once he got her back into the car and tried to reassure her not to be uncomfortable and scared by reminding her that she knows him. This ruse is a common myth as most women are raped by someone they know.

Gift was able to stop him from raping her and fended him off by asking for more time to think about sleeping with him. After her teacher dropped her home, Gift felt a whirlwind of emotions, as she describes below:

“I was really, really scared. I felt dirty. I was confused. I was shocked – I didn’t think a dude was capable of doing that. So when it happened I kind of felt numb.”

This incident brings to light the fact that even when someone like Gift may feel safe with someone they know and can rely on, things can go horribly wrong.

It is evident from the above extracts that Cindi, Tumi and Gift all experienced coercion in their casual relationships with older men. Cindi and Tumi explained how this occurs mostly with strangers in taverns, while Gift shared her experience of being taken advantage of by someone she knew and trusted. To follow are accounts that the participants shared of instances where they were pressured and manipulated by their romantic partners.

The sex act itself, as described by Wood and colleagues (1998), is the site of multiple power disparities that include race, social status and age. Between men and women in heterosexual encounters, however, the most dominant and important differential is gender. Weiss and colleagues (2000) believe that sexual coercion and violence is pervasive in adolescent relationships yet it is often covert as it happens within a very private sphere. Three of the participants experienced pressure to engage in sexual intercourse with their boyfriends when they were unwilling or unready.

The emergence of coercion by male sexual partners as a central theme of participants' narratives warranted an exploration of the gender dynamics at play during sexual encounters. This fact was touched on in the section *„Dating and Sexual Experiences'* and will be discussed in more detail below.

Kathi explains how she handled the pressure to have sex with her boyfriend as such,

“...at first he did like, kind of come up with the topic and he asked, „When are we gonna have sex?’ and all of that but I told him, „It’s all up to me and it’s all up to when I’m ready and if you don’t want to understand that then I suggest you go find someone else who will give you what you want and not care about my point of view’.”

Kathi’s words reveal her defensiveness in the face of unwanted pressure to have sex. Near the end of the excerpt she acknowledges her boyfriend’s need for sexual gratification and goes as far as to suggest he find someone else if he is not happy to wait until she is ready. The process of becoming ready for sex was not elucidated by the participants but the use of the word in this context seems to suggest it is used as a means by which Kathi was able to temporarily deflect her boyfriend’s sexual demands.

Kathi’s boyfriend’s expectation to have sex possibly prompted her to feel the necessity to ready herself for it as sex is considered by her to be an inherent and inevitable part of the romantic partnership. She explains how she felt about him mentioning his previous sexual encounters and how this added to her uncertainty about engaging in sexual intercourse with him:

“Well, he did tell me like, that in his previous relationships he did have sex and it kind of made me doubt whether that’s the only thing he wanted from me. And I thought, since he’s more experienced than I am, it made me feel very uncomfortable with being with him.”

Once Kathi became sexually active with her boyfriend, it seemed to become a given expectation on his part that they would be able to have sex thereafter whenever he wanted to. Kathi confessed that she did not anticipate this would be the case. She explains that the second time she had sex with her boyfriend she was not expecting it and felt dirty as a result:

“... so I think the second time, I wasn’t like, I was visiting him like a normal thing and I didn’t... I won’t say *prepare* myself for having sex, but I didn’t... I expected to be going there to chat with him and get to know him a little bit more. But when we engaged into having sex, I didn’t want to hold back „cause, you know when you... it feels like when you don’t want to do something it’s

because maybe you don't love that person or maybe there's something wrong with them. So me being the person who doesn't want to hurt people I told him like, „I didn't expect this but I will do it „cause it's fine with me as long as you hear me when I say no.' But I didn't feel very comfortable with it and I never told him that „cause I didn't want to make him feel bad. (...) I didn't really expect it but with him he's thinking that I'm used to him now and we had sex already and he thought it was fine for us to engage into sex again but he didn't know that I wasn't really into sex. (...) Afterwards... You know, when somebody is raped they feel very dirty. I could say I did feel like that because I didn't expect to have sex that day. So I felt a bit dirty.”

This excerpt reveals that Kathi's boyfriend has power over her when they engage sexually and this limits her ability to be honest about her needs. She asks him to be cognisant of the times when she does not want to have sex yet she explains in the interview that she did not feel comfortable or prepared to have sex with her boyfriend on this occasion. However, she did not reveal her unwillingness to her boyfriend at the time because she did not want to hurt his feelings. She believes that the two main reasons why a woman refuses sex with a man are because she does not love him or because there is something wrong with him. This internal belief is reminiscent of traditional regulations as discussed by Mufune (2003) in Chapter Two. However, it limits Kathi's ability to assert herself and refuse sex when she does not want it. She may also feel the need to constantly satisfy her boyfriend in order to maintain the relationship and to prevent him from seeking sexual gratification elsewhere.

At the end of the above extract, Kathi likens her emotional experience of the event to that of being raped. Previously, Tumi mentioned the fact that she felt dirty after a sexual encounter as discussed in *„Dating and Sexual Experiences'* and this word reoccurs and resonates here in Kathi's experience. The use of this word was explained to have connections with the moral implications of having sex before marriage and with sex being generally constructed as bad. In this instance, however, Kathi may be using the word to explain the fact that she was emotionally unprepared and did not expect the sexual act to occur. She uses the act of being raped with its associated feelings as a way to illustrate that she neither wanted nor enjoyed having sex that day, yet felt unable to voice her unwillingness at the time. She reveals that there was nothing romantic about this experience that could offset her unease. She thus possibly uses the word „dirty' to bring our attention to the fact that she was being used to satisfy somebody else's sexual needs – perhaps she feels prostituted.

Kathi faced manipulation by her boyfriend numerous times when she caught him being unfaithful. She explains that at the time she succumbed to his profuse apologies and forgave him in the hope that he would not cheat again. However, this did not stop his infidelity. Below, Kathi describes how she, in retrospect, is disappointed in herself for falling for his manipulative tactics:

“Well, there was a point where I felt powerless because he did try to manipulate me because I confronted him about the girls and he started crying and I felt very sorry for him and I almost fell for it, to a point I forgave him. And then I, you know, at that moment I felt very weak and I totally lost control of myself. I totally lost control. I was feeling hopeless and it’s really... I don’t know how to put it... but when you love someone and he manipulates you it’s really hard to look at the real him „cause you love him. So to me it was a terrible feeling – feeling powerless, it was terrible. (...) But at a point I told myself, „Okay, he’s making me feel weak but I won’t fall for that’ because I grew up in a family where my mom was the head of the family so to feel like that, I felt very devastated and very disappointed.”

Although the issue of male infidelity was dealt with in the *„Dating and Sexual Experiences’* theme cluster, it warrants another mention here. It is clear that the coercive control of males over the dating relationship, even when they are being unfaithful and expect their girlfriends to remain faithful, is maintained through manipulation and deceit and this seems to be the way in which they sustain their relationships.

Kathi’s reluctance to deny sex when she does not want it and her ability to be manipulated back into the arms of her unfaithful boyfriend point to a suggestion made by Holland and colleagues (1990). They say that even though some women are able to identify and sometimes resist pressures within a relationship, they do not necessarily want to resist. This sometimes occurs when romance, love and the fear of losing a boyfriend are significant issues. When asking Cindi why it is that some women tolerate pressure from their boyfriends or infidelity within their relationships she offered,

“Most relationships the men have the power in the relationship. Most of us as girls are too shy and are afraid of losing their relationship by telling him they don’t like this thing and most of the girls are... the most fear is losing their boyfriends.”

Perhaps Kathi’s fear of losing her boyfriend drives her to accept his infidelity and submit to his sexual demands, often against her better judgement.

Tumi claims that she also experienced pressure to have sex with her boyfriend. She shared the fact that her boyfriend manipulated her into having sex with him and she engaged in intercourse without prior understanding or knowledge due to her young age at the time. She expressed,

“Okay, well I think I broke my virginity when I was about fourteen because I think it was lack of knowledge at first. I had a boyfriend who was around about eighteen years I think. So it was like, more pressure on me. It was like that. (...) Okay, he knew I was a virgin and he kept asking me when we were going to have sex, but I was like, „But I’m not ready’ and he said, „There’s no need to be scared, there’s nothing to be scared about, it’s fine. There’s nothing painful. I will take care of you.’ I said, „No, no, no. I don’t want’ and he kept on going. And you know, boys are very impressive and sometimes he said impressive things like, „I love you’ and stuff the whole time, you know? Then it just happened.”

Her words reveal the extent of the consistent pressure her boyfriend placed on her to sleep with him. She expresses the fact that she told him clearly that she was not ready and that she did not want to have sex but “he kept on going”, asking her repeatedly and reassuring her not to be scared. When the researcher asked Tumi if she felt manipulated in this instance she replied,

“Yes, I did. It was like I said yes but the pressure if... if I didn’t get that pressure then maybe I wouldn’t have done it.”

This quote reveals that had Tumi not come up against pressure and manipulation to have sex, she may not have engaged in it at all. To add to this, she recalls being somewhat ambivalent about wanting to have sex in the first place. When asked if she had a desire to sleep with her boyfriend she said, “I don’t know. I was in between, I was not sure.” This uncertain statement reveals the extent of the manipulation and pressure on her as well as her limited agency in this instance. This will be discussed further in *„Agency and Disempowerment’*.

The third participant to experience pressure to have sex is Cindi. She spoke of an occasion when her boyfriend woke her in the middle of the night and was forceful with her because he wanted to have sex. She reveals,

“So I went to his [Cindi’s boyfriend’s] place and we sat together and it was his birthday, his birthday celebration day, ja. And he had some drinks (...) [Later that evening:] So I was sleeping and then I felt someone touching me and then I thought he was sleeping but he was awake and he wanted to have sex. I told him, „No, I’m not in the mood of having sex’ and then he told me, „Come on’ [forceful tone used] and then he told me that [laughs] I’m being moody and then I said that I wasn’t being moody and he said it was like I’m changing and I told him, „No, I’m not changing but I’m not in the mood.’ He thought maybe that someone told me something and all that stuff so he

wanted to know what was the secret behind. I told him, „No, I don't have any secret behind I just don't feel like it' and then he was angry. (...) Then he apologised and I said, „No problem' and he never did it again. So from that day he never drank again.”

In this incident, Cindi was able to successfully refuse sex with her boyfriend, with whom she was already sexually active. She is, however, met with accusations of being deceitful and hiding things from her boyfriend, which he anticipates to be the reason why she is unwilling to engage in sexual intercourse. She explains to him that she is simply not in the mood and then proceeds to blame his forcefulness during this confrontation entirely on the fact that he had been drinking that night.

Refusal by a woman to submit to the sexual demands of her partner is said to signify to a man that she has other sexual partners and has thus been “worn out” (Wood et al., 1998, p. 238). This is said to be the case within certain groups of Xhosa adolescents in the Eastern and Western Cape and could be applicable to the participants in this study. Perhaps Cindi's boyfriend had this very fear when he accused her of hiding something from him. Along a similar vein, Tumi shares this:

“Even sometimes when my boyfriend says that we're meeting maybe on Saturday and if I say „No, I can't' then he will be like, „Oh, you have other boys now? Is that why you don't want to meet with me? ”

It is apparent from the above examples that some of these participants are at times met with accusations of infidelity if they are unavailable and/or unwilling to submit to the demands of their boyfriends.

Wood and colleagues (1998) found in their sample of Xhosa adolescents in a peri-urban township in the Western Cape that the conditions and timing of sexual intercourse were delineated and controlled by men. This was often done through the use of violent behaviour and through the perpetuation of certain constructions of love, entitlement and intercourse to which the young woman in their sample were expected to submit. Similar in the current research is the fact that sex is mostly initiated by the male partners through the use of pressure or manipulation and further, that male infidelity is handled as a right, which the young women in this study had to negotiate and in most cases, accept.

Consistent with these results is the fact that Abdool-Karim (2005) recognises that many young women in South Africa are found to be coerced into having sex by way of gender role expectations about love, sex and compliance with a man's desires. Further, as noted in Chapter Two, Macleod-Downes and colleagues (2008) note that because of the imbalance of power in favour of men, it affords them the right to control sexual encounters, including how and when sex takes place, using coercion in the form of emotional or physical pressure or the threat of violence.

The use of condoms and the negotiation thereof was another area in which the participants faced pressure from their boyfriends. Although they were able to insist on consistent condom use with their romantic partners, they were up against constant demands for unprotected sex. During Tumi's first sexual encounter her boyfriend used the myth that virgins cannot get pregnant when they have sex for the first time. Tumi says,

“Okay, we were at my house then we started kissing and then ja, then he asked if we can sleep without a condom and I said I'd never sleep with a guy without a condom and he said, „No, you're a virgin'.”

Apparent here is the fact that some men will lie, perpetuate myths and exploit their girlfriend's naivety and fears in order to have unprotected sex. Kathi's boyfriend on the other hand chose to assure her of his negative HIV status to calm her fears, hoping that she may feel safe enough to sleep with him without protection. She had this to say:

“He told me one time to try it without a condom and I told him, „I won't do that because I've explained to you in the past that I do not want to have sex without a condom due to HIV and AIDS risk you know.' And then he told me, „But I don't have HIV' so I said, „I don't *know* about that because I haven't seen a paper, written in black and white that you don't have HIV and the fact that you were with the other girls, like you've had previous sexual relationships. I don't know what happened in those relationships so I don't know if those girls are HIV or maybe you have a sexually transmitted disease. And I can't go ahead with that until I know for certain that I am safe and I'm ready to have sex without a condom'.”

Kathi's words “I've explained to you in the past” reveal that this is not the first time she and her boyfriend have had this conversation. She reinforces her fear of disease as being the main reason why she does not want to engage in unprotected sex, despite his efforts to prove that this would not be an issue.

Similarly, Gift shared her experiences with regards to her boyfriend placing pressure on her to have sex without a condom. In the following extract, Gift explains her boyfriend's demands to have her go onto the birth control injection so that they can have unprotected sex:

“...he was saying that this protection thing was really not comfortable for him and he asked me if I can go to the clinic and all that stuff so that we didn't have to use protection.”

Gift's boyfriend uses his experience of pleasure (or lack thereof due to condoms) as a means to manipulate her to use hormonal contraceptives so that he can have unprotected and more pleasuring sex. This is not a unique occurrence as other research has shown that men generally prefer the experience of unprotected sex (Flood, 2003; Makahye, 2005) and have been known to pressure their partners to be on alternate birth control so that they can achieve this (Harrison, 2005; Naylor, 2005; O'Sullivan et al., 2007).

As evidenced in this section, coercion outside and within romantic relationships is a frequently negotiated factor for this sample of participants. Another issue that the participants seemed to be conscious of is the consistent fear of potential rape. This will be dealt with in the subtheme to follow.

5.5.2 FEARS OF RAPE

It became strikingly apparent during the interviews that each participant had an underlying fear of being raped and considered it a genuine threat to her safety and sexual health. Gift was the first participant of the four to mention her fear. When talking about her decision to lose her virginity she said,

“I mean, rape has always been one of my fears since I was like twelve. Ja, so I was like, okay you know what, my first time instead of it being all traumatic, let me just do it now and get it over with.”

As discussed in *„Dating and Sexual Experiences’* Gift's decision to have sex was based on her fear of being raped as a virgin. She expands on her reasoning as such:

“Now I thought, you know what, being raped is being forced and all that stuff so I thought I don't want my first time to be like that because it says somewhere on TV or I don't know where, that if it's your first time and you're being raped it will be traumatic and like for the rest of your life. So yeah, I decided just to do it.”

It seems as though Gift's fear of rape drove her to become sexually active so that if she did get raped thereafter, it would not be as traumatic. This seems to be an extreme measure to which Gift went in order to protect herself. This also shows how real and immediate Gift's fear is and how it pushed her to take some form of control over her body by actively deciding to have sex. This will be explored in more detail in the next theme cluster *„Agency and Disempowerment’*.

From a young age, Kathi also feared the prospect of being raped. The following statement shows how she considered it a potential negative outcome of an otherwise innocent school crush:

“Well a boy in primary school had a crush on me and I didn't know but he came to me and he kissed me and at first I was scared „cause of rape and all of that. I thought maybe he wanted to rape me but I found out later on that he only had a crush on me.”

The association Kathi makes between someone being attracted to her and someone having the intention to rape her is alarming. However, it seems unsurprising due to the participants' context being evaluated as dangerous and conducive to rape, which will be shown below.

Kathi comments that the behaviour of men towards women can be indicative of more violent and forceful intentions. She says,

“But some guys like touching other girls and I hate being touched. I hate it. Because even if you grab me by the clothes, which most guys do, they just want to touch me which is weird. Sometimes I feel it's maybe okay „cause the poor kid likes me, but at times I feel it's an obsession. If a guy is really obsessed about you, a girl should be scared because he could do scary things to you.”

Kathi notes the untoward behaviour of her male counterparts and is mindful of her vulnerability as a woman by noting that men are able to “do scary things” to her. This comment once again brings to light the gender dynamics within the participants' lived context and reveals men to have power over women when it comes to sexuality, its expression and the expected acceptance of women of these behaviours even when undesired.

Kathi went on to explain how rape is a real threat in her township area and discusses an experience where she witnessed a potential rape:

“I’ve seen a situation where a girl was followed by a guy and he forcefully kissed her. I thought I should just look straight forward because if I got involved in that thing maybe they would have gone after me.”

Kathi notes that had she helped the girl deflect the unwanted advances of the man in the above encounter, she might have put herself in harm’s way. This set of circumstances highlights the fear in which Kathi lives. It also implies that if she were to find herself in danger, she could not expect to be defended by a female onlooker as they would not want to get involved.

Gift has a similar evaluation of her lived context and comments on how unsafe she feels when unsupervised at home:

“It’s [rape] a *huge* fear. (...) It’s my *worst* fear and I know that some of my friends – my other friend she told me that it’s like someone just controlling you. It’s like really scary (...) and especially where I’m living: that place is scary, in my area. And my father goes out of town most of the time so it’s like me and my little brother. Or he works at night, which is really scary.”

Once again Gift acknowledges her fear of rape and mentions her friend’s experience thereof. This suggests that rape is not an external threat that has little bearing on Gift’s subjective experience, but rather, that she has been in direct contact with someone who has been raped. Further, as discussed earlier, Gift has had a near-rape experience that legitimises her fear. She also notes her fear of being alone at home with her little brother, commenting on the fact that when her father is away or working, no one will be able to defend them if intruders invade their home. This again points to the participants’ construction of their area as dangerous.

When asked whether they feared being raped, Cindi and Tumi responded that they had not thought about the prospect directly. Rather, they see rape in terms of danger management. Cindi explains the things she does in order to avoid being raped:

“Uh, I first of all avoid being in the company of drunk people and drugged people – people who are using drugs and people that I can see would like to take advantages and I avoid being in a group of friends ,cause sometimes friends can be dangerous. So I prefer not to have a friend. I don’t have friends actually, I only have my boyfriend is my friend.”

It is evident to Cindi that substance abuse, whether in the form of alcohol or drugs, heightens the risk of potential rape situations. Cindi avoids being in the company of such people in order to protect

herself from becoming a sexual target to inebriated men. She also notes that friends can be dangerous and comments that she keeps her boyfriend's company as a tool by which to defend herself and keep her safe.

Initially for Tumi, rape also was not regarded as an immediate and conscious threat. Through her response, however, it is evident that rape is not an external danger that did not warrant personal concern:

“Yo... I think for me I've never thought about like one day I'm going to get raped, you know... I think as a person, sometimes you have to look where you are. Like for instance, you must avoid things that you like, will lead you in that way. (...) In your home if you don't trust your uncle, if you feel something in your heart you say: you know what, I'm not comfortable it's better to, okay move away or go to my friend's house. And the other thing: never walk at night alone, it's just another... after five o'clock even at home they don't allow me to walk alone, you know? And these people go out drinking at night and they come back then they're walking alone you know, you know... alcohol sometimes leads to rape. I think for for for people who are like more than sixteen years, you know, they should avoid that but the for children aye, it's another thing because it just happens in their families but for other people they should just avoid roads that lead to rape.”

In the above accounts, it is interesting to see that although Cindi and Tumi do not conceptualise rape as an immediate threat, they intuitively negotiate themselves in ways to avoid it. For Cindi, it was avoiding people who are under the influence of alcohol or drugs and for Tumi it was a matter of conducting oneself in ways that circumvent “roads that lead to rape”. Tumi speaks of her discomfort about an uncle that lives with her and she also reveals how she is aware that young children in her area can be vulnerable in their homes to sexual molestation by family members. Although Tumi denies fears of rape, she goes to a number of lengths to avoid it. She thus shows that she is cognisant of the threat of rape without out-rightly saying so.

The findings presented in this theme cluster describe the coercive sexual dynamics operating within the participants' lifeworlds. Coercion occurs not just in taverns with strangers but also within the participants' regular, on-going partnerships. Tumi, Kathi and Cindi all reported that they had been manipulated or coerced into sex. Although it is commonly anticipated that sex is part of the relationship contract, the act itself was carried out coercively in many instances. These results closely mirror those of Wood and colleagues (1998). Similarly, among their sample of adolescent Xhosa women, Buga and colleagues (1996) report that violence, or the threat thereof, was a

consistent feature of their sexual relationships and was used to enforce male control of sexual intercourse. In this study this control was additionally exerted, unsuccessfully however, as a means to initiate unprotected sex. Male control and coercion was also seen in terms of the threat of rape evident in the participants' accounts.

This data endorses the necessity of obtaining in-depth understandings of sexual experiences to shed light on sexual communication and decision-making from within an atmosphere of pressure, coercion and manipulation. Wood and colleagues (1998) propose that sexual health initiatives, whether research or intervention, need to be mindful of the power differentials at play in heterosexual relationships. Such dynamics can manifest in violent and coercive practices that limit young women's abilities to negotiate and exercise their agency in order to protect themselves against undesired sexual intercourse, HIV, STIs and unwanted pregnancy.

With such gendered power relations being noted and instances in which these manifest, as shown by the participants in the current theme cluster, it is imperative to take a closer look at areas of agency and disempowerment. The recognition of women's limited agency in male dominated relationships has stimulated a body of literature whose concern is the extent to which women are able to be in charge of their sexual encounters with men (Lesch & Anthony, 2007). This brings us to the final theme cluster that aims to explore just how much agency and control the participants in this study have in their interpersonal relationships and the areas in which they are found lacking in agency.

5.6 AGENCY AND DISEMPOWERMENT

Throughout the interviews, areas of agency and disempowerment arose when the participants spoke of their lived experiences. Some of these areas were shared by all four participants while others seemed distinct to one or two of them. This section delves into the domains in which the participants revealed they had agency and control, and those in which they lacked assertiveness and negotiation power. Some excerpts from the interviews are repeated in this section but will be examined in a different light than the context in which they were previously discussed.

5.6.1 AREAS OF DISEMPOWERMENT

This subtheme looks at the areas in which the participants displayed a lack of agency in their lived contexts. Issues like male infidelity, being coerced into sexual intercourse and boundary setting in their romantic relationships will be presented.

In the theme cluster *„Dating and Sexual Experiences’* the issue of male infidelity in the participants’ relationships was observed. This arose as the biggest area in which the participants lacked agency and negotiation power. As argued in the literature, in Africa many men regard it as their right to have regular sex with a variety of different partners (Fuller, 2008; Macleod-Downes et al., 2008; Mufune, 2003; Thomas, 2007). This practice and cultural expectation is often performed early on in adolescent relationships right until and beyond marriage (Meekers & Calvès, 1997).

Clear in the participants’ accounts is that infidelity within their relationships is rife. Startling is the fact that many of the participants felt they were unable to do anything to ensure their boyfriends’ loyalty. When speaking of the unfaithfulness of males in relationships and ways in which to negotiate it, Gift commented on other girls’ apathy and resignation:

“So they date the dude but in a while they find out that there’s a string of girls. I don’t know why they don’t do much about it but me – I’d just dump the dude.”

In reality, however, Gift did not choose to end her relationship with her unfaithful boyfriend. This shows that she knows in theory what she would like to do in order to protect herself but in practice, letting go of her relationship is more difficult than her sentiment above makes it seem.

Kathi also lacks agency when it comes to her boyfriend’s unfaithfulness because she felt as if she was powerless to stop him cheating. About his infidelity she commented, “[B]ad habits die hard and I can’t tell him what to do”. Thus she feels disempowered as a girlfriend to an unfaithful man and feels that in her inferior position to him, she cannot tell him to stop cheating on her. As discussed in the theme cluster *„Agency is Negotiated in a Coercive Atmosphere’* Kathi revealed that she faced

constant manipulation at the hands of her boyfriend. In tears, he would plead for her forgiveness to the point that she felt sorry for him. She reports,

“Well, there was a point where I felt powerless because he did try to manipulate me because I confronted him about the girls and he started crying and I felt very sorry for him and I almost fell for it, to a point I forgave him. And then I, you know, at that moment I felt very weak and I totally lost control of myself. I totally lost control. I was feeling hopeless (...) So to me it was a terrible feeling – feeling powerless, it was terrible. (...) And that’s when I started losing my self-confidence because he’d do the things that he did – like cheat on me – and then he’d come back and say he needs me and I make him happy, which made me doubt and think that he’s probably lying to me and trying to make me feel better. And then on the other side he’s like, „You’re not good at making people happy. You’re not a social person’.”

Kathi consciously recognises her powerlessness and how it diminishes her self confidence and makes her feel hopeless. She also reveals how her boyfriend builds her up when he is begging for her to take him back yet breaks down her confidence at other times, revealing manipulation and deceit.

Tumi on the other hand was not so aware of her powerlessness and its effect on her sense of self in the face of her boyfriend’s infidelity. She revealed that she lacks agency when it comes to confronting her boyfriend about his disloyalty. Tumi believes she has no influence on his behaviour and wonders then why she should even try. She admitted,

“...I always told myself, because you can’t say, „Don’t do that.’ If a person loves you, he won’t do what he knows will hurt you. Then he decides, no he’s going to do this [be unfaithful] but it’s his decision to make. I cannot control a person. (...) So there’s no use talking and talking to a person who won’t even listen to you.”

From her thoughts above, it is evident that Tumi sees confronting the issue of her boyfriend’s infidelity as futile. By saying this she reveals how disempowered she feels in this area of her lived experience. As mentioned in the previous theme cluster, evident is a power imbalance in favour of men to the extent that the participants, being self-assured young women, are obliged to accept their boyfriends’ disloyalty for fear of losing their relationships.

With regard to the setting up of boundaries in their romantic relationships, some of the participants showed that this is an under-prioritised area. For instance, Gift admitted that she and her boyfriend had not talked about the negotiation of the physical aspects of their relationship, while Kathi and

Tumi's experiences reveal that prior discussion of physical boundaries did not commence before the boundaries were overstepped. As discussed in the previous section, Kathi questioned herself after her first sexual encounter by saying,

“I told myself I was ready, part of me thought that I was doing it for him. He wasn't forcing me but I told myself I was ready.”

She disclosed that she felt unable to refuse the second time she and her boyfriend had sex and that she was overly concerned about his feelings if she had turned him down. She admits,

“But when we engaged into having sex, I didn't want to hold back (...) But I didn't feel very comfortable with it and I never told him that ,cause I didn't want to make him feel bad.”

This reveals that Kathi lacks the ability to put her own needs before those of her boyfriend and thus lacks the agency and negotiation power to say no and put physical boundaries in place.

Similarly, Tumi's first experience of sex reveals she was manipulated into it and felt unsure as to whether she really wanted to engage in sexual intercourse in the first place. She notes,

“I said yes but the pressure if... if I didn't get that pressure then maybe I wouldn't have done it.”

The above two instances show that both Tumi and Kathi experienced difficulty negotiating the terms of their relationships. These experiences also indicate once more the influences of patriarchy in the participants' lives and how they feel unable to voice themselves, especially when it comes to sexual encounters.

Following from this, it was noted in both *„Dating and Sexual Experiences'* and *„Agency is Negotiated in a Coercive Atmosphere'* that Kathi and Tumi had been manipulated or coerced into having sex. As shown above, Kathi suspects that she readied herself for sex in an effort to satisfy her boyfriend rather than waiting and making the decision when she was comfortable and willing to do so. Tumi's ambivalence about her decision to have sex was shown in the previous theme cluster by her statement, “I don't know. I was in between, I was not sure.” This uncertainty about whether she in fact wanted to have sex was further highlighted when she admitted that had she not come up against so much pressure to have sex, she may not have capitulated.

As noted previously, the participants found it difficult to speak about their sexual experiences candidly. There were many reasons that could account for this, which were proposed in *„Dating and Sexual Experiences‘*. For many of the participants, sexuality and pleasure were not easy or open topics of discussion within their family contexts. The silence around female sexuality and pleasure possibly taught the participants that speaking about such things is inappropriate. As shown in *„Barriers in Communication‘* sex is constructed as a very private matter that does not get discussed outside of the bedroom. Moreover, having received vague warnings about the dangers of sex and dating, it is unsurprising that the participants were reluctant to open up about such private topics.

As suggested, Lesch and Anthony (2007) believe that messages focusing on the dangers of sex limit young women’s inclination to explore and speak about their sexuality in a positive light. This could account for the lack of pleasure narratives in the participants’ accounts. What this dearth reveals is that the participants are unable to own their sexuality such that they can experience and speak about it in a positive and frank way. Their inability to do so limits their opportunity to get to know who they are as sexual beings so that they are enabled to negotiate their sexuality even in the face of coercion. Some of the participants’ inability to negotiate the terms of their sex lives with their long-term boyfriends bears witness to their limited agency. Moreover, the participants’ fears of rape and their appraisal of their lived context as being dangerous further limits their agency as they unintentionally construct themselves as weaker than males and at risk in their community.

The first and most predominant area of disempowerment discussed above was that of the participants’ apathy and resignation about their boyfriends’ infidelity. Participants used words like “powerless” and sentiments like “I cannot control a person” to describe their feelings about disloyalty in their relationships. Next, the section mentioned the participants’ lack of boundary setting when their relationships were newly formed, and how physical and sexual boundaries were crossed before they could be set up. The issue of being coerced or manipulated into sex was observed in the light of the participants’ limited agency when it comes to their sexuality. Lastly, the participants’ disinclination to speak about their sexual experiences candidly was suggested to be

indicative of their limited sense of ownership of their sexuality. In the subtheme to follow, areas in which the participants demonstrated agency and negotiation power will be examined.

5.6.2 AREAS OF AGENCY

The current subtheme looks at the areas in which the participants display agency, control and negotiation power in their experiences with dealing with men. The participants' ability to negotiate condom use, their capacity to actively seek out sexual health care, and their refusal to submit to the demands of strangers are a few of the areas that will be explored in the pages to follow.

The first area in which all of the participants shared a sense of agency was that of condom negotiation. Kathi speaks about how it was not problematic negotiating condom use with her boyfriend:

“Well, I told him. I told him that I do go for the injection for prevention for childbirth and I did tell him that even though I go for protection, for prevention, I also want to use a condom. I don't want to risk my life... My mom is a very strict person, so to ruin my life, I mean I'm disappointing her and you know, I didn't want to go through that stage whereby I'm HIV positive and he leaves me because he's young, I'm young, maybe in the future we won't last that long. And then after that, I have HIV and maybe he has HIV and other relationships that we have might be difficult. So I told him and he understood and he's also educated, I mean he had to understand and he knows where I come from. Basically, I drew the line. I told him: no condom then no sex.”

In the above statement it is clear that Kathi does not compromise on protection; she is fully aware of the risks and consequences of engaging in unprotected sex. This awareness is steadfast, while undoubtedly taking into account the fact that her boyfriend is not monogamous. Kathi implies education to be a protective factor that helps people make informed choices, noting that because her boyfriend is educated, he understands her desire for one hundred percent condom use. However, as discussed during Chapter Two, research shows that knowledge and education does not necessarily change behaviour or increase condom use (Harrison, 2008; Helleve et al., 2009; Jones, 2006; Ngwena, 2003; Visser, 2007; Yankah & Aggleton, 2008). Kathi's last sentence above reveals her determination and agency in this area of her sexual health; she takes control, intentionally noting the potential dangers if she were to deviate from her rule of 'no condom no sex'.

Even with such determination and control, the participants still come up against pressure to have unprotected sex. Gift shares her experience of this phenomenon:

“Because with me, I don’t think it’s [unprotected sex] even an option. There was this time with my recent guy and we were about to do it and all that stuff...So I was like, „Okay where’s the protection?’ and he was like, „Oh come on, why do we have to use protection?’ and I said, „You know what you’re asking and without protection we can just stop now.’ He was like, „Okay, fine’ and we used protection.”

This excerpt shows Gift’s ability to negotiate with her boyfriend even when they were “about to do it”. She protects her sexual health, withholding sex from her boyfriend if he does not want to use a condom. Clearly, her boyfriend concedes because he has the promise of sexual gratification if they do it Gift’s way.

In the heat of the moment, Tumi’s boyfriend also suggests they have unprotected sex. She elaborates,

“Okay, we were at my house then we started kissing and then, ja then he asked if we can sleep without a condom and I said I’d never sleep with a guy without a condom and he said, „No, you’re a virgin’ and I said, „I don’t care. The only thing I’m afraid of is getting pregnant. I do not want to get pregnant.’ (...) [She continued refusing by saying:] „No, no, no ,cause if it’s like that, I cannot sleep with you.’ (...) Then he was like, „Okay okay, I will use a condom.’ He pulled it out of his pocket, then we used a condom.”

Tumi shows that she has agency when it comes to condom negotiation and still uses one with her current boyfriend every time they have sex. This precedent was set early on in their relationship and it has remained a prerequisite for having sex. She says of this,

“We’re actually even using a condom now. So it was never an issue. Also, he doesn’t want to get me pregnant or some sexually transmitted disease, so we’re going to use a condom and that’s it.”

Cindi and her first and only boyfriend thus far had a discussion about the technicalities of sleeping together. Firstly, she informed him that she would be the one to decide when she is ready to have sex, and secondly, that they would use a condom on every occasion. She says,

“Ja, we did [use a condom] ,cause the first thing that we talked about the day we met was pregnancy and diseases and STIs. So that day he came with a condom. I was about to ask for one then he came with a condom.”

It has been shown here that each participant is successful in attaining constant condom use with their sexual partners – even if and when they are pressured to have sex without one. This further shows their determination to protect their wellbeing and sexual health and their ability to do so effectively.

As discussed in the theme cluster *Experiences regarding Resources* the participants are proactive about accessing sexual health care services, even though it has been noted in the literature as difficult for many teenagers to do (Dickerson-Tetteh et al., 2001). Although they were often met with interrogative and judgmental responses from the nurses, the participants are not deterred in seeking out help. To this end, they can be seen to be taking responsibility for and control of their sexual health. For instance, Cindi uses a condom every time she has sex, she is on the birth control injection, and she checks her HIV status regularly and says of this, “Yes, we don’t want to take any risks.” Gift also takes her sexual health into her own hands in the same way. She says, “I do go to the clinic [for the birth control injection] but I still use protection.”

Kathi shows agency when it came to a pregnancy and HIV scare that she had recently. She revealed that she took the right precautions in order to take control of the situation and safeguard her sexual health. She says,

“But there was one situation where we did have sex, with a condom, but it burst and so I was really scared. He [Kathi’s boyfriend] decided that we should both go to the clinic and have tests for STDs and pregnancy and all of that – even though he knew I went for the injection, he was really like you know, caring with that. I went to the clinic and they said it wasn’t possible for me to have a baby and in terms of STDs, there was nothing wrong with me. He encouraged me even further because they didn’t do the pregnancy test but he encouraged me to go and buy a pregnancy test so that we can be sure that I’m not pregnant, so there’s no fault with me and my mom. He was scared. He was really scared. But he was understanding.”

In this instance, urged and supported by her boyfriend, Kathi actively sought out assistance for her peace of mind. The above situation can be a very difficult and emotional experience for a teenager to have to deal with, but Kathi was able to tackle it head-on as she knew which resources were at her disposal. She was thus empowered by her history of being responsible about safeguarding herself against pregnancy and HIV due to her regular visits to her local clinic.

A similar story arose during Cindi's interview. She explains how she and her boyfriend sought the help of a local testing centre to find out their HIV status:

“And then I wanted to know his status but he told me he was negative. And then I told him that I'm not quite sure; I don't trust him about that. I wanted to see a written note. The day before, no three days before – but we didn't know we were going to end up having sex – we went for tests at the Raphael Centre and we were negative. And then after six months we went again and we were negative.”

Cindi thus has agency in terms of actively seeking her and her boyfriend's HIV status and being sure of the fact that her sexual health is protected. Even after both of them knew they were HIV negative, Cindi explains that they still consistently use condoms.

Both theme clusters *„Dating and Sexual Experiences'* and *„Agency is Negotiated in a Coercive Atmosphere'* revealed the participants' relationships to be controlled, for the most part, by their male counterparts. Having said this, their capacity to seek out sexual health care from their local clinics and their ability to negotiate regular condom use, shows that they will take control for their sexual health as far as they are able to.

The theme clusters *„Social Context and Risk Behaviours'* and *„Agency is Negotiated in a Coercive Atmosphere'* showed the participants having to deflect the often coercive advances of men in taverns. Many of the participants revealed their ability to negotiate with persistent men and successfully fend them off. For Example, Cindi said to one man,

“For once in a lifetime you must leave me „cause I'm not those girls who are like Lotto's, who get wonned by people, by money and alcohol.”

Many of the participants refused alcoholic beverages that were offered to them as a means of showing that they were not interested in any kind of exchange with these men. Such verbal and visual displays of disinterest reveal the participants' agency when it comes to deflecting the unwanted advances of strangers, even in a context where they are expected to submit to male demands.

Three of the participants demonstrated agency and control in situations where men were taking advantage of them as women. The first of which was Kathi's boyfriend who chose to be unfaithful. Unlike Tumi, Kathi did not avoid confrontation because of the expectation of it being a futile endeavour. Instead, she was the only participant who mentioned that she actively chose to confront her boyfriend when she found out about his disloyalty. She did this in the hope that he could see how much he was hurting her:

“And then he started cheating and I did confront him about it and he didn't have a choice but to admit to it. I told him that I was going to back off until this thing was settled and he probably did break up with the girl but I also found out he was dating two other girls. And then I decided that I shouldn't be in this situation and I thought if he wants to come back to me and focus on *me* and only me, then he could find me at my house. I so left him and let him do his thing...”

Although Kathi was often manipulated by her boyfriend back into the relationship, her refusal to accept male infidelity reveals how determined she was to take control of her romantic relationship and have her partner understand and adhere to her rules of dating. After putting up with his consistent unfaithfulness, Kathi realises she has had enough and, in order to protect herself and her emotions, breaks off the partnership.

Gift is the next participant that revealed agency and the ability to negotiate under pressure. When discussing her near-rape experience in *Agency is Negotiated in a Coercive Atmosphere* it was revealed that Gift was able to buy herself time by promising that she would get back to her male teacher about sleeping with him. She recalls,

“So I asked him if he could give me time to think about this so I can like answer him. And this was on like a Friday so I asked, „Can I answer you on Monday?“ ”

As far as Gift was concerned, she did not plan to give her teacher any answer and was not going to give his proposal to sleep together any thought. This tactic, however deceitful, reveals Gift's ability to bargain and take control of a situation that could have left her emotionally and physically scarred. She was effectively able to sidetrack his coercive and sexual advances by buying herself time and essentially escaping from this potentially terrible situation.

As discussed in the section *„Agency is Negotiated in a Coercive Atmosphere’* Cindi revealed self-determination when it came to the forceful desires of her boyfriend one evening. When he woke her with the intention of having sex with her, Cindi responded,

“ ‚No, I’m not in the mood of having sex’ and then he told me, ‚Come on’ [forceful tone used] and then he told me that [laughs] I’m being moody and then I said that I wasn’t being moody and he said it was like I’m changing and I told him, ‚No, I’m not changing but I’m not in the mood.’ He thought maybe that someone told me something and all that stuff so he wanted to know what was the secret behind. I told him, ‚No, I don’t have any secret behind I just don’t feel like it’ and then he was angry.”

Cindi did not conform to the cultural expectation of women submitting to the desires of their male counterparts (Fuller, 2008; Naylor, 2005). Instead, she chose to deny her boyfriend sex as she was not in the mood for it. Even when she faced accusations of infidelity and being deceitful, Cindi continued to refuse him sexual gratification.

Although their boyfriends placed pressure on them to have sex, Cindi, Gift and Kathi show remnants of control over their sexual initiation. As noted earlier, Cindi set up boundaries in her romantic relationship that dictated the conditions under which she would have sex. Other than stipulating consistent condom use, she reinforced that the decision to have sex was not her boyfriend’s to make, but her own. Cindi spoke of how she negotiated this:

“So the first rule I set I told him that, ‚It’s not up to you – if you want to have sex with me, we must agree on one thing that we are not going to have sex [claps] until I get ready’ [claps].”

Cindi’s eagerness to address the issue of sexual intercourse early on in her relationship could mean that she was possibly trying to ward off the expectation of sex or stall it until she was ‚ready’. Moreover, she sets limits and boundaries to safeguard making decisions in the heat of the moment. This is a very clever and conscious strategy that Cindi employs to prevent HIV and unplanned pregnancy as well as to generally preserve and protect her sexual health.

As noted in *„Dating and Sexual Experiences’* and *„Agency is Negotiated in a Coercive Atmosphere’*, Gift took her sexual initiation into her own hands and decided to have sex to protect herself from being raped as a virgin. She commented of this, “I *chose* to lose my virginity” (researcher’s emphasis). Although her decision to have sex was based on her fear of being raped,

and that it may have been more compliant than independent, it nonetheless shows that she was determined for her first time to be a decision that she was not forced into.

Kathi also revealed a sense of control over her first sexual encounter. As previously discussed, she questioned whether she had sex for the sake of her boyfriend, rather than out of her own desire, but she also seemed able to negotiate and postpone the timing of her sexual initiation:

“He was the first guy who broke my virginity. Which was like, he didn’t force me to do it, no. But at first he did like, kind of come up with the topic and he asked, „When are we gonna have sex?’ and all of that but I told him, „It’s all up to me and it’s all up to when I’m ready and if you don’t want to understand that then I suggest you go find someone else who will give you what you want and not care about my point of view.’ So he understood and then when I felt I was ready, then ja... ja.”

Even though the pressure to have sex was great, Kathi was able to acknowledge her boyfriend’s need for it, yet reinforce the fact that her sexual initiation was to be stipulated by her and not by her boyfriend.

This subtheme has revealed the areas in which the participants displayed agency, control and negotiation power. Whether it was to fend off the advances of strangers in taverns or to postpone sexual initiation, these participants do not reveal themselves to be completely powerless, even when they are up against the coercive demands of their male counterparts. Overall, this theme cluster has shed light onto the intricate web of the participants’ encounters with men and their romantic relationships. Although it can be said that they are not entirely empowered and that in many areas they still lack negotiation power and control, it has been shown that there are indeed some areas that they do have power and in which they are able to take control of their lives and sexualities.

5.7 THE FINDINGS: ALL TOLD

This chapter of results as a whole has discussed a wide range of issues that the participants articulated about their lived experiences in the context of dating, communication, HIV and sexuality. Firstly, this chapter explored the participants’ social context to give the reader a sense of the

circumstances under which they enact and negotiate their agency. To this end, the superordinate theme *„Social Context and Risk Behaviours’* looked at the participants engagements with men in taverns, their association with drinking and risk, and the fact that they „othered’ many of these issues. The section *„Barriers in Communication’* investigated the participants’ experiences with regard to communication about sex, relationships, pregnancy and HIV in their homes. A generational gap between parents and their children was evident in terms of knowledge and education, resulting in parental disempowerment. This was discussed as a potential cause for the dearth of open communication in most of the participants’ homes. This theme cluster also touched on the fact that many of the participants lived away from their immediate family members and suggested that role confusion in some of their homes may have led to an abandoning of parental responsibilities like talking about sex.

This chapter then considered the participants’ access to and experiences of available resources in their area. The superordinate theme *„Experiences regarding Resources’* explored the participants’ clinic experiences relating to them seeking sexual health advice, services and information. It was discovered that they found the nurses to be judgemental and rude although this did not deter the participants from frequenting the clinics, though it might deter many others. The participants put great emphasis on the approachability of life orientation teachers and how this could aid many fellow scholars in attaining the sexual health information they need in the educational sector. The participants’ need for outside educators and more practical HIV/AIDS-related education was noted.

The superordinate theme *„Dating and Sexual Experiences’* revealed that the participants’ boyfriends had a great deal of influence over their sexual initiation. Furthermore, it was shown that most of the participants could not express their sexual experiences positively possibly because of sex being constructed as dirty and bad. Male infidelity in their relationships was noted as a pervasive factor putting their sexual health at risk but one that was, for the most part, accepted by the participants for the sake of maintaining their relationships. The fact that pregnancy is constructed as a greater fear than HIV by the participants was discussed. In direct relation to this, their parents were seen to place pressure on them to prioritise their education over romance in order to attain well-paying jobs in the

future to support their families. Unplanned and unwanted teenage pregnancy was seen to put this potential at risk due to the possibility of school drop-out.

The findings presented in the theme cluster *„Agency is Negotiated in a Coercive Atmosphere’* described the sexual dynamics operating within the participants’ lifeworlds in terms of the pressure they face on a daily basis. It was shown that the participants face coercion in taverns and in their romantic relationships. Three of the participants revealed that they had been manipulated or coerced into having sex. Male control over their relationships was additionally exerted as a means to initiate unprotected sex. Furthermore, male coercion was evident in the participants’ accounts regarding the threat of rape.

„Agency and Disempowerment’ was a theme cluster dedicated to showing the areas in which the participants felt they lacked agency and empowerment as well as those in which they exerted control and self-determination. It was shown that the participants felt they had no right to stop their boyfriends from being unfaithful and often felt they had limited agency when facing the sexual demands of their boyfriends. Their words also revealed a lack of ownership of their sexuality due to the lack of pleasure narratives. Agency was shown by many of the participants in an array of diverse experiences especially when it came to condom use, fending off sexual advances and postponing sexual initiation.

In answering the research questions proposed in Chapter Two, this discussion has shed light onto the social context in which the participants enact and negotiate their agency. Moreover, it has revealed many of the participants’ sexual experiences in as much detail as they were willing to go into. This chapter has also shown diverse accounts of the areas in which the participants feel they lack agency and those in which they feel empowered.

CHAPTER SIX:

CONCLUSION

6.1 REFLECTIONS ON GENDER-RELATED VULNERABILITY

It has been established and clearly shown through the literature review to the findings of this project that the HIV/AIDS epidemic is an area of crisis amongst South African women (Abdool-Karim, 2005; Castle & Kiggundu, 2007; Fuller, 2008; Harrison, 2005; Harrison, 2008; Jones, 2006; Leach, 2002; Lesch & Kruger, 2004; Macleod-Downes et al., 2008; Thomas, 2007; Wood et al., 1998). This crisis needs to be addressed not just through the publication of comprehensive research, but via relevant intervention strategies at the grassroots level. Wood and colleagues (1998) suggest that this is possible through the initial use of localised qualitative research. Such research serves to contextualise individuals' dynamic lifeworlds within their social settings. Understanding individual's worlds from their eyes will in turn contribute significantly to the development of locally appropriate as well as culturally and contextually sensitive sexual health interventions.

It was noted that researchers', psychologists' and programme developers' understandings of adolescent sexual behaviours and relationships remain limited when addressing sexual health concerns in an era of HIV (Lesch & Kruger, 2004). The review of the literature recognised the need to more ardently go about understanding the gender and sexual dynamics that occur in adolescent relationships and why they manifest in the ways in which they do in order to gain a richer understanding of the context in which young people sexually interact. Qualitative research lends itself well to this type of inquiry, but has been noted as lacking when it comes to the South African female reproductive arena (Lesch & Kruger, 2004). This is especially important because of the social and sexual dynamics evident in many South African societies, which regard a woman as solely responsible for the sexual health of herself and her partner and the fact that HIV disproportionately affects women (Abdool-Karim, 2005; Harrison, 2005).

From the literature review in Chapter Two, a number of questions arose regarding young women and their experiences and expressions of agency within their relationships, as well as areas of vulnerability. Potential areas of exploration included: how constructions of gender and power are formed and maintained in romantic relationships; adolescents' range of sexual behaviours and their experiences thereof; the ways in which young women negotiate and deny sexual access to their bodies; the diverse social contexts in which adolescents perform; and the social arenas in which communication about sexuality are practiced (Wood et al., 1998).

This project therefore set out to qualitatively explore four young women's accounts of their lifeworlds and posed a number of questions in Chapter Three that were the focus of this inquiry. These questions were successfully answered by way of presenting and reflecting on the participants' accounts regarding: their social context and the risk behaviours they witness or engage in; how they experience open communication in their homes; their access to available reproductive and sexual health education and services; their experiences of sex and negotiations of sexuality in romantic relationships; and their rich accounts that explored the negotiation of male coercion. From this, areas of agency and disempowerment surfaced, which was discussed at the end of Chapter Five.

6.2 WHAT THIS PROJECT UNCOVERED

The results were extrapolated using interpretative phenomenological analysis in order to gain detailed insights into the participants' lifeworlds. The results revealed a wide range of concerns that the participants articulated about their lived experiences regarding dating, communication, HIV and sexuality.

The social context in which the participants enact and negotiate their sexuality was broadly examined by way of their articulations about the taverns they frequent, the drinking behaviours they encounter, as well as their interactions with older men. Next, communication in their homes was evidenced to be limited if not absent altogether in all but one of the participants' families. Many of the participants live away from their immediate family members, allowing the possibility for their

parents to redirect the responsibility of sexuality education onto primary caregivers and/or other family members. It was discussed that this may likely result in role confusion and a dearth of open communication regarding sexuality issues. Moreover, it was surmised here that owing to the generational gap in education and knowledge between the participants and their parents, their parents may resultantly be ill-equipped when it comes to educating their children about issues around sex and sexuality.

Furthermore, the results revealed the participants' access to and experiences of available HIV/AIDS resources in their local area. It was discovered that when the participants seek help from clinics regarding sexual health advice, services and information, they found the nurses to be judgemental and rude. Although this did not deter them from going to the clinics, it might deter others. The nurses' responses jeopardise the quality and equality of sexual health services and highlights the fact that many such services in South Africa are not adolescent-friendly, as recognised in previous studies (Dickson-Tetteh et al., 2001; Pettifor et al., 2007). With regard to the participants receiving sexual health advice and information from their school, it was noted that unlike many other schools in South Africa that may not have the time or resources for HIV/AIDS programmes (Pengpid et al., 2008), such education is available to them. The participants stressed the need, however, for education of this kind to be taught by outside educators and in a more practical and less theoretical way.

When the participants spoke about their dating relationships it was shown that in most cases their boyfriends had a great deal of influence over their initiation into sexual activity. In addition, most of the participants knew of their boyfriends' infidelity yet felt unable to do anything to ensure their boyfriends' faithfulness. Many of them thus revealed that they were apathetic or disempowered in this area of their lived experiences. When it came to the participants expressing their sexual experiences during the interviews, they did so in negative or justificatory terms. Their words revealed the construction of sex as being dirty and bad, thereby limiting their ability to voice their experiences positively and candidly. Cindi was the only participant to express pleasure of her sexual

experiences but felt the need to justify her positive experience thereof, drawing on religious and cultural connotations of sexual involvement before marriage.

Pregnancy surfaced as a greater fear than HIV in the participants' accounts. They revealed their parents' negative responses to them dating due to sexual activity being synonymous with it. Engagement in sex inevitably created fear in both the participants and their parents of unwanted teenage pregnancy. Education and the pressure to prioritise it due to the ability to attain well-paying jobs in the future was discussed by all of the participants, and an untimely pregnancy would put an end or a pause in education. Therefore, more so than HIV, unwanted pregnancy was constructed in negative terms due to its immediate devastating effects on the adolescents and their families.

Underlying the participants' accounts was a sense of coercion, manipulation and the threat of violence. It was revealed that the participants face coercion and pressure from men in taverns and from their boyfriends. The majority of the participants exposed that they had been coerced or manipulated into having sex. Also voiced here was the fact that male control over the participants' relationships was additionally exerted as a means to initiate unprotected sex. The themes of coercion and the threat of violence validate and encourage the need that has arisen and been acknowledged in many studies for further exploration in this area in adolescent relationships and sexuality (Buga et al., 1996; Frank et al., 2008; Wood et al., 1998).

With reference to the agency participants felt they were able to express, an array of different situations stipulated how and when they could be self-determined and enact control. For the most part, the participants felt unable to enforce their boyfriends' monogamy and seemed to have limited agency when facing their boyfriends' sexual demands. The participants' guarded accounts of their sexual experiences also revealed a lack of ownership of their sexuality due to the scarcity of pleasure narratives. However, some areas of agency were evident and included the participants' ability to deflect the sexual advances of strangers in taverns, their capability to postpone as far as they could their sexual initiation, their consistent condom use even in the face of pressure to have unprotected sex, and their active accessing of sexual health services for advice and hormonal contraception.

6.3 LIMITATIONS AND REFLECTIONS

Considering that this study was conducted within the context of HIV risk – with this being mentioned and acknowledged early on – may have limited the participants’ sense of liberty when talking about their sexual experiences. This project sought to uncover (among other things) the participants’ sexual experiences in a candid way and cognisance must be placed on the fact that the participants spoke of consistent condom use while being fully aware of the study being conducted within the field of HIV research. Durrheim (2006) describes the concept of the *experimenter effect* in that participants may respond in ways that are consistent with what they believe to be the researcher’s expectations. This may indeed be the case with the participants in this study.

Another limiting factor in this study is that the researcher is an older, white female interviewing younger and less economically privileged black women. The researcher’s presence may have affected or influenced the participants’ responses. Power dynamics are at play in situations like these and it is important to account for how this may have affected the results. The participants voiced their experiences to someone outside of their social context and, while this may have been a good opportunity to inform outsiders of their lived realities, this may have limited their ability to go into detail. Resultantly, the participants may have focused more on painting the broader brushstrokes of their socio-cultural pictures than going into the finer and more particular details of their lived experiences.

Being an outsider to the participants’ lives meant that the researcher could only interpret their expressions from her own position (which, as noted, is a different one to them) and may have limited her ability to completely immerse herself in the understandings and meanings attached to their experiences and realities. Having said this, being an outsider may have been beneficial in that the participants were not limited by the perceived expectations of those in their communities and lifeworlds and this could have consequently led to more honest accounts on their parts.

When speaking about power dynamics, it is important to note again that Lesch and Kruger (2005) specifically refer to the South African context where historically white women have been speaking for black women and where white middle-class voices still dominate in knowledge production when it comes to research. Moreover, being educated at a tertiary level, the researcher may have represented that to which some of the participants aspire. As such, they might be more inclined to present themselves as insightful without subscribing to any risky behaviour.

Some may argue that the small sample size used in this study is a weakness due to an inability to generalise the findings. However, owing to the fact that IPA esteems idiography above generalisability (Smith et al., 2009), and the fact that a detailed analysis could be conducted on each of the four interviews, it is argued as a strength. More so than the need to generalise, this study aimed to explore a few participants' accounts in a meaningful and comprehensive manner so that their personal insights can be applied contextually to HIV/AIDS programmes and interventions.

There are acknowledged limitations of IPA research, of which the researcher has remained cognisant. As stated, the purpose of IPA is to capture the participants' meanings behind their experiences but these meanings have to be communicated via language (Smith et al., 2009; Willig, 2001). IPA has thus been argued to be dependent on the representational soundness and authority of language (Willig, 2001). Consequently, the researcher ended up investigating and analysing how each participant *talked about* her experiences. Essentially speaking, the limitation here is that IPA does not pay enough attention to the constitutive role that language itself plays in the description of experiences. It was argued, however, that language is culturally bound and thus inherently reflects the participants' cultures and realities (Eatough & Smith, 2008).

Moreover, when sifting through transcriptions, it was often difficult for the researcher to distinguish between a value judgement and an experience. As noted in Chapter Four, phenomenology is concerned with the quality of experience rather than with participants' opinions about a given phenomenon (Willig, 2001). Thus, the researcher had to be aware of the suitability of the accounts

and focus on the qualitative texture of the transcription – making sure to reflect on the participants’ personal experiences.

6.5 SUGGESTIONS FOR FUTURE RESEARCH

As noted previously, it is important to look at sexual activity, situations and behaviours within their social contexts (Flowers et al., 2000). With this in mind, more interviews with a bigger sample may have fleshed out some of the commonalities and differences in the accounts. Future studies could involve female participants from former Model-C schools and private schools to assess the salience of the themes that emerge in the participants’ accounts and any notable discrepancies. Additionally, conducting a similar study with slightly older women, in their twenties for instance, could yield more candid responses especially in terms of their expressions of sexual experiences and the attached pleasure narratives. In the light of this project’s findings with regard to areas of agency, future studies could focus on the possible factors that serve to facilitate and promote agency in young women.

Future research could also explore the experiences of a sample of young black men with regard to their sexuality and romantic relationships. Such research would compliment studies that focus on women and their vulnerability to HIV and sexual coercion. There has been a growing recognition of the need to involve men in sexual health initiatives, but it has been noted that male health issues in terms of HIV/AIDS have been eclipsed by an emphasis on female concerns (Varga, 2001). Men are equally, if not more inclined than women to behave in sexually risky ways (Koster, Kemp & Offei, 2001; Matshalaga, 1999), which correspond with gender roles and ideals, as well as notions and expressions of masculinity (Varga, 2001). Koster and colleagues (2001) suggest that HIV/AIDS intervention programmes designed for young men have been lacking if not completely absent, consequently pointing to the need for gender-based and context-specific research that can supply empirical and educational insight and material for young men.

Varga's (2001) study revealed that male sexual pleasure was privileged above a concern for sexual safety, effectively decreasing (if not eliminating) condom use. In line with this, he also noted that because no female contraceptive exists that is 100% effective in preventing HIV, a more exhaustive focus on men and their sexual behaviours is vital in ensuring the sexual health of both genders. The context in which any man is situated affects and informs the ways in which he is expected to express his masculinity, making it important to note contextual factors and pressures.

As has been noted when regarding women and HIV, descriptive and exploratory research on adolescent sexuality and sexual behaviour in diverse South African communities is urgently needed and that certain groups of low-income women in South Africa have been largely neglected in terms of research in the field of sexual agency (Lesch & Kruger, 2005). Following this suggestion, this research begins to portray some of the concerns and experiences of a small group of young women in the city of Grahamstown in the Eastern Cape. During their interviews, this project's sample of young women explored the challenges they face and the feelings they experience on their journeys through a difficult developmental phase, specifically in terms of negotiating issues related to sex, relationships, HIV and their sexuality.

As a final point, by exploring the personal responses of a small group of young women regarding their sexual negotiations and experiences, in-depth insights were attained. These insights serve to better inform sexual and reproductive health education and intervention programmes for young women. Such research also hopes to create awareness on the part of young women about their sexuality so that they may learn how to better negotiate it and express it in positive ways. Moreover, educators, researchers and programme developers alike may gain useful insights from the personalised and contextual accounts derived from this study.

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APPENDICES

APPENDIX A

DEPT. OF EDUCATION
PROVINCE OF THE EASTERN CAPE

GRAHAMSTOWN DISTRICT
PRIVATE BAG X1001
GRAHAMSTOWN
6140



ISEBE LEMFUNDO
IPHONDO LEMPUMA-KOLONI

DEPT. VAN ONDERWYS
OOS-KAAP PROVINSIE

GRAHAMSTAD DISTRIK
PRIVAATSAK X1001
GRAHAMSTAD
6140

Reference
Verwysing:
Ireferensi I-ofisi

☎: 046 6033200
084 297 4885

Office of the
Kantoor van die: District Director

Enquiries: Mrs W. Le Roux
Imibuzo

Faks no.: 046-
Faksi no.

DATE: 13 AUGUST 2009

FOR ATTENTION:

FROM: MS W LE ROUX
HIV/AIDS CO-ORDINATOR

RE: VISIT FROM RHODES STUDENT

This letter serves to inform you that Ms Frances Cluver, from Rhodes University asked permission from the Department to visit your school. She is doing research as part of her Master's thesis.

During her visits to the school she will be working with Gr 11 girls. I include the covering letter that explains her objectives to the visits.

I hope it is in order with you and the relevant educators and that she will be successful in her research at your school.

Please don't hesitate to contact me should you need assistance

Thank you

MS W LE ROUX
HIV/AIDS CO-ORDINATOR

APPENDIX B



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

AGREEMENT BETWEEN STUDENT RESEARCHER AND PRINCIPAL

I _____ give my consent for Frances Clüver's research project on scholars' experiences regarding negotiation and relationships in the context of HIV/AIDS to commence.

I understand that:

- 1) The researcher is a Master's student conducting research as a requirement for her degree at Rhodes University.
- 2) The researcher is interested in the scholars' experiences of relationships and negotiation.
- 3) I understand that the volunteers do not have to be sexually active or HIV positive to participate.
- 4) I have been given a proposal and understand the nature of the study, what is expected of the scholars and that participation is voluntary.
- 5) I am fully aware that the name(s) of the school and participants will not be disclosed in the report under any circumstances.
- 6) I have been notified that the parents of those taking part in the study will be notified and asked to sign a consent form prior to any research commencement.
- 7) I am aware that Frances will be working with the Grade 11s and will be working alongside their teachers for permission to introduce her research project during class.
- 8) The findings will be made available and a copy of the completed research report will be obtainable on request.

Principal's signature: _____

Witness' signature: _____

Researcher signature: _____

Date: _____

APPENDIX C



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I (participant's name) _____ agree to participate in Frances Clüver's research project on my experiences regarding negotiation within interpersonal and romantic relationships in the context of HIV/AIDS.

I understand that:

- 1) The researcher is a Master's student conducting the research as a requirement for her degree at Rhodes University.
- 2) The researcher is interested in my experiences of relationships and negotiation in the context of HIV.
- 3) I agree to participate in the initial discussion group held on school property. And I am aware that, should I wish, I can volunteer to be interviewed individually.
- 4) My participation does not mean that I have to be sexually active or HIV positive.
- 5) I am aware that I am expected to relay my experiences in English and am competent to do so.
- 6) I am aware that participation in this study is voluntary and I can thus choose to withdraw at any time.
- 7) I will be asked to discuss matters that will be of a serious and sometimes personal nature. I recognise that I have the freedom to opt out of discussing anything that makes me uncomfortable. If I experience any distress whatsoever, I am aware that the school counsellor is available should I feel the need to discuss anything.
- 8) My identity will not be disclosed in the research findings and I am aware that my anonymity and right to confidentiality will not be violated.
- 9) I am aware that the discussion group will be audio recorded and that the recordings will be transcribed for interpretation, after which the recording will be erased.
- 10) I understand that because I am a minor, my parent/guardian must be informed of the study and must verify their permission by signing this consent form.

Participant signature: _____

Parent signature: _____

Researcher signature: _____

Date: _____

APPENDIX D

DISCUSSION GROUP QUESTIONS

Before we start we must discuss the importance of confidentiality. We should all agree with each other that everything that is spoken about during this session will never leave this room. So anything that you or your peer talks about will be kept within the confines of this group here today. Also, in order to protect your identities within the research findings, you must think of a pseudonym or a nick name that you are going to write on these stickers and put on your shirts. This means that for this discussion and for the interviews later (for those of you who take part), you will be known as your nick name and not by your real name. Is everyone happy with this? And does anyone want to ask or add anything?

I would also like to establish some group norms, such as: listening to each other, respecting one another's opinions, and allowing others to speak without being interrupted. This will ensure that we all enjoy this afternoon's discussion and feel safe to speak openly with each other. Is everyone okay with that?

Alright, let me just let you know what I'm looking for during this discussion. I am interested in knowing as much as I can about what it is like to negotiate or resist the sexual demands made on you or how you negotiate your own sexual demands as young black women in a Grahamstown Township in an era of HIV. You don't have to tell me about your own sexual history or whether you are sexually active. But I am interested in what you think, know, or have observed amongst your peers. If you are uncomfortable, then please don't comment. And if you really don't want to take part, please don't feel as if you have to stay here – you are free to leave at any point, okay? There is the opportunity for those who are interested to talk to me privately later on today. You are under no pressure to discuss anything that makes you feel uncomfortable.

So, to start, tell me about where you live, what your hobbies and interests are and what it is like to attend your school. (Probe to get some sense of the context.)

Okay, and now how do young women like you deal with your own sexual demands and the sexual demands others make on you?

What are your feelings about the issues that have been raised?

In your past experiences, has your voice on such issues been respected or heard?

What are the main challenges you face?

From your point of view, how do boys feel about the issues you have just raised?

For those of you who would like to discuss these issues further, please stay behind so that we can make a time for you to be interviewed. And for these ladies I am going to explain why I need to record the interviews. Thank you for all taking part, this has been a very informative discussion and I learnt a lot from you ladies today.

APPENDIX E

INTERVIEW SCHEDULE FOR INITIAL INDIVIDUAL INTERVIEWS AND FOLLOW-UPS

- 1) How did you find the group discussion we had last week?
- 2) What did you find the most important or interesting thing that was discussed?
- 3) With whom do you live and do you have any siblings (home context)?
- 4) What happens in your family when you bring up the subjects of boyfriends, sex or HIV?
- 5) With the person you are currently dating (if applicable), are you his only girlfriend?
- 6) Was your brother treated differently by your parents when he started dating than when you did?
- 7) Do you mind sharing with me any sexual experiences that you have had?
- 8) What were your thoughts and feelings while experiencing that?
- 9) Did you use condoms in that experience and if so, how did you negotiate this?
- 10) Have you ever felt pressured into having sex without a condom?
- 11) Have you ever felt manipulated or coerced into doing something you were uncomfortable with?
- 12) Do you ever fear being raped or taken advantage of?
- 13) Could you tell me about the risk behaviours you and/or your friendship group engage in, like drinking, smoking?
- 14) Do you have any experiences that you'd like to share about going to your local clinic?
- 15) What do you think about the Life Skills education with regard to sex and HIV lessons that you receive at your school?
- 16) Why do you think your parents fear pregnancy more than HIV?
- 17) Why is it that the girlfriends of the guys you date don't do anything to stop him from having so many girlfriends?

APPENDIX F

5.5.1 GIFT AND HER TEACHER

Gift: Yeah, well um... a few months ago I was like almost raped.

Researcher: I'd love to hear about that, even if it's difficult, there's tissues here...

Gift: Um like, there's this dude, well he's not a dude, he's our teacher actually [Researcher: Okay] um but he's left now, this year. He was helping us, right, with this hip-hop thing with music and transportation and all that stuff. So now, he was taking us home. I live this side of the area, near town and other people live like, Joza side, so he took them first. So on our way back, he was like, "You know what, would you like me to take you to dinner?" So I was like, "Okay" „cos he's like, our teacher and he's offering me free food! So yeah, we drove to town and we were in the car and he was asking me questions, like yadda yadda, "Do you have a boyfriend?" and that was not weird to me because apparently he's asks that to a lot of girls. So yeah, we drove, he went to order pizza, brought it back to the car and then he said, "Let's find a place where we can eat the pizza."

So he drove to the dam, I think, ja. We sat there and we were talking in his car, and he started asking questions like, "Are you a virgin?" so I was like, okaaaay. So then he started saying that he likes me and he's always liked me since he got to the school, since he saw me. I started getting uncomfortable and all that so I got out of the car. So he followed me and brought the pizza along with and ja, I was standing by the car, so now he was getting closer and trying to kiss me and all that stuff. So I was like, "Dude, you're my teacher, you're not supposed to do this stuff" and he was like, "I know but you're so hot, I like you, I really like you". And he was really holding me and stuff. So I asked him to please take me home „cos I'm really uncomfortable with this and he was like, "You don't have to be uncomfortable, I mean, you know me". And I was really like, "You're my teacher and I've never seen you that way" so he said, "Okay fine, let's get back into the car". So we went back to the car and he actually locked the doors and he pulled back my seat, so now the seat was back and I was like, "Dude, what are you doing?" and he started kissing me and all that stuff and I was trying to tell him to stop doing this „cos I really didn't want to do this and I was uncomfortable and all that. But he was definitely not listening to me because he just carried on and he was like saying that he really loves me and I was saying, "Dude, you've got a wife and kids" you know and he was like, "No man" he's divorcing his wife and that's something he hasn't told his family and friends and it was still „hush hush".

So he kept on like kissing me and I tried to get out of the car but the doors were locked so he continued kissing me and then he was undressing himself and I was like, "Dude, really, I don't want to do this I just want to go home" and he was like, "Why not, I really like you and I think we should date" and all that kind of stuff. So ja, he was getting really undressed and saying things like, "You really turn me on" and "Feel my thing" yadda yadda. And I was like, "No, I don't want to feel your thing and he told me, "You're really not listening". [Forceful tone used] So I asked him if he could give me time to think about this so I can like answer him. And this was on like a Friday so I asked, "Can I answer you on Monday?" So he said he would give me time but he continued kissing me but I was like, "If you really want to date me you need to give me time to think about this. And so he started backing off. So ja, then I opened the car door and got out and I started thinking to myself, okay, were in a secluded place and so he's the only option to go home so he was like, "Get in man, I'll take you home" and I really didn't want to get back in but he said, "Really, I promise I'll take you home. So I got into the car and he drove

me home and he was still telling me that he's divorcing his wife and all that stuff and that he really likes me and that, could I please not tell anyone about what happened between us. So I got out of the car and I went home and ja... that's what happened.

Researcher: How did you feel that night?

Gift: I was really really scared, I felt dirty, I was confused, I was shocked – I didn't think a dude was capable of doing that. So when it happened I kind of felt numb. Ever since then I was really distant for everybody... at school there are children in our class who are used to us joking around and all that stuff. Now he was still jokey and all that but I was like, he can joke over there but stay away from me so I try to stay away from that dude.

Researcher: And you didn't ever speak to him about it afterwards or...?

Gift: No, we didn't but there was once when he was like showing us our marks, right. So he always calls your name and shows you your marks on the paper he's carrying on his table. So he called my name and I went up and he showed me my marks and he asked me if I had thought about, he's given me a long time to think about it, and I think it was a week later and I just looked at him and he said, "I hope you didn't tell anyone about what happened". I just went and sat down.

Researcher: Sorry to probe, but did he actually manage to rape you that night?

Gift: No.

Researcher: And he didn't manage to get your clothes off or anything like that?

Gift: No, but he did have his hands all under my clothes and he unlocked my bra and all so... But that's where it stopped.

Researcher: And that's a real life experience, you know, where you're trying to be polite because he's your teacher and you've got nowhere to go, other than him giving you a lift, so you were trapped.

Gift: I was, that's why I started thinking, okay let me just say I'll think about this and kind of sound promising and all that stuff because I really just wanted to get out of there and go home.

Researcher: Did you feel at any point that he could have become violent?

Gift: He was really holding me, like he had a strong grip, I mean really strong. There was a time when he was not even listening to me, he was really like, "Feel me" yadda yadda...

Researcher: So he was quite forceful?

Gift: Ja, he was and I just kept on like talking.

Researcher: Thank you very much for sharing that with me, it's quite an experience and I thank you for trusting me with that.

Gift: No problem.