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UNIVERSITY OF KWAZULU-NATAL

GENDER AND SEXUAL RISK AMONGST  
YOUNG AFRICANS IN THE KWAMAKHUTHA  
TOWNSHIP, IN KWAZULU-NATAL

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2011

UNIVERSITY OF KWAZULU-NATAL

EDGEWOOD CAMPUS

GENDER AND SEXUAL RISK AMONGST YOUNG  
AFRICANS IN THE KWAMAKHUTHA TOWNSHIP, IN  
KWAZULU-NATAL

BY

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A research study submitted as the dissertation  
component in the partial fulfillment of the requirements  
for the Master of Education Degree in the Faculty of  
Education

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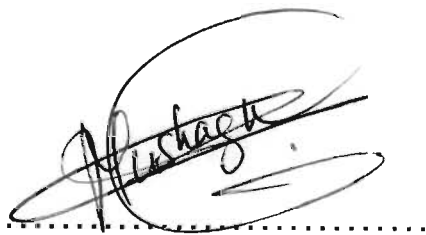


November 2011

## DECLARATION

I, MUSHAGALUSA MARCEL MIRINDI declare that this study entitled “Gender and sexual risk amongst young Africans in the KwaMakhutha township, in KwaZulu-Natal” is my own original work. The sources, quotations and references used have been acknowledged. This work has been submitted for the partial fulfillment of the degree of Master of Education.

This dissertation has not been submitted for any degree or examination at any other university.

A handwritten signature in black ink, appearing to read "Mushagalusa Marcel Mirindi", is written over a horizontal dotted line. The signature is stylized and somewhat cursive.

Signature

## ACKNOWLEDGEMENTS

I kindly thank the Almighty God for his unconditional love and care throughout my life. I thank Him for giving me the courage and strength to persevere and seeing me through when I was down and about to give up.

My sincere gratitude and appreciation are extended to several individuals, and institution that made a substantial support towards the successful completion of this research.

Firstly, I am grateful to Professor Deevia Bhana and Doctor Bronwyn Anderson, my supervisor and co-supervisor respectively, for the strong support and guidance which helped me complete this study. I thank you for having waded through many drafts of this dissertation. Thank you for everything. You are the best supervisors ever!

Secondly, I am grateful to the principal and staff members of the school in which this study was conducted. Thank you for the support and understanding, without you this study would not have been achieved.

Thirdly, I thank all the participants in study. Your contribution is very much appreciated and without you this study would not have been achieved.

Finally, I thank the Mirindi family from the Democratic Republic of Congo and friends for their moral and spiritual support, which was an important tool for the completion of this study.

## ABSTRACT

This study sets out to examine understandings of gender and sexual risks amongst young Africans in the KwaMakhutha township, in KwaZulu-Natal. Young Africans between the ages of 16 to 17 years old were interviewed to ascertain what they perceive to be risky sexual behaviour and why young people engage in such activities. The study also aimed to understand whether young people understood the negative consequences of risky behaviour. Such insight from young peoples' perspectives is very helpful in understanding what schools can do to prevent risk taking activities especially in the context of AIDS. KwaZulu-Natal is the epicentre of the AIDS pandemic in South Africa and young people between the ages of 15-24 are very vulnerable with young women facing disproportionate vulnerability. A qualitative research method was used in this study and ten in-depth interviews were conducted in one of the high schools in the KwaMakutha Township, outside Durban. The study finds that gender inequalities is central in understanding sexual risk and constructions of masculinity and femininity reproduce sexual and gender relations of power where young women remain vulnerable. Schools should take the voices of young people seriously and address gender inequalities as a key area of intervention.

**Key words:** HIV and AIDS, sex, condoms, risk sexual activities/behaviour, transmission, infection, gender.

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## **Chapter One: Introduction to the study**

### **1.1 Introduction**

This study aims to explore gender and sexual risk amongst young school going Africans in the KwaMakhutha township in KwaZulu-Natal. Young people aged between 16 and 17 years were selected and interviewed in the quest to find out the meaning young people give to their sexualities and the reasons behind their involvement in risky sexual behaviours. A Joint United Nations Programme on HIV/AIDS (UNAIDS 2009) report estimates that 5.6 million people out of 50.5 million live with the AIDS virus in South Africa. The same report claims that people aged between 14 and 49 years make up 17.8 % of the number of people affected countrywide (UNAIDS, 2009). These statistics make South Africa one of the most afflicted countries in the world in terms of HIV and AIDS. However, the province of KwaZulu-Natal is considered to be the epicentre of the AIDS pandemic in South Africa and young people between the ages of 15-24 are very vulnerable, with young women facing disproportionate vulnerability (Leclerc-Madlala, 2002).

#### **1.1 Risky sexual behaviour: A working definition**

In many cases, risk sexual behaviour is referred to as the non-usage of condom during sexual intercourse, a fact which possibly leads to pregnancy, HIV infection and/or sexually transmitted diseases or infection. Abstinence, being faithful to one partner and

using a condom are the three options that are considered to be used in order to practice safe sex in order to avoid the transmission of the AIDS virus. Out of the three options, any other involvement in sexual activities is considered to be risky. In South Africa for instance, women experience various obstacles in their efforts to decrease the level of HIV infection. This also includes risks for sexual violence in relationships where gender-power is unequal. In this perspective, the possibility for women to decrease the STIs and/or HIV becomes limited by the social construction of gender role. However, it is believed that women who suggest their partners to use condoms may experience hostile consequences, which could include vulnerability to further violence, rejection and a possible loss of their partner's financial support (Ackermann & De Klerk, 2002; Maman et al., 2000; Wood & Jewkes, 2001; Wood, Maforah, & Jewkes, 1998). With all this in mind, it is noticeable that sexual risky behaviour is more than just being involved in an unprotected sexual activity but can also include physical and psychological damage. This is the working definition to be used in this study.

## **1.2 Background and research problem**

The HIV and AIDS pandemic is severe in South Africa, and the country has the highest number of infected people in the world, with more than 1000 people dying every day of AIDS-related causes (Robertson, 2008). The pandemic of HIV and AIDS has made headlines and has become one of the most discussed topics in the media, in schools, in the workplace and even in some churches. According to the UNAIDS/WHO (2006),

young people (under 25 years old) make up half of all those with new HIV infections around the world, and approximately 6000 get infected with the AIDS virus every day. However, Greig, Jewkes and Msimang (2008) claim that risk of HIV is inextricably linked to sexual violence, multiple sexual partners, transactional sex, age and the negative effects of unequal relations of power in the use of condoms.

Efforts have been made to try to stop the spreading of the pandemic, but unfortunately the campaign seems to be unsuccessful. In spite of years of public campaigns, a pronounced gap is evident between high awareness of sexual risk and the practice of safe sex behaviour. The point I am trying to make here is that despite the knowledge that people have about the pandemic of HIV and AIDS (transmission and effects), practising unsafe sex and abstinence do not seem to be working effectively. This means that many people - and most especially young people - are still getting involved with risky sexual activities while ignoring the effects of HIV and AIDS.

Therefore this study will focus on young men and young women, aged between 16 and 17 years who are still in school. Moreover, this study will focus on what these young people perceive as risky sexual behaviours, as well as the reasons behind their involvement in such activities. The major problem and the reason why I am conducting this study is to investigate why young people, despite their awareness of the dangers of risky sexual behaviour, still engage in such (risky sexual) activities. In fact, schools have

been trying much harder to raise awareness about the HIV and AIDS pandemic, teenage pregnancies, and sexually transmitted infections and diseases (STIs/STDs), but still schoolgirls are falling pregnant in large numbers, and the number of young people infected with HIV is increasing alarmingly. The issue here is to know whether they know about risky sexual behaviours and, if they know, how much they know - do they know about safe sex, abstinence and so on. In other words, this study seeks to ascertain what the motivating factors are behind young people's involvement in risky sexual activities, despite their level of awareness. Briefly, the purpose of this study is to establish what meanings young people give to their sexualities in a specific social context in the township of KwaMakhutha in KwaZulu-Natal. These contexts are in fact ways in which masculinities and femininities are constructed.

#### **1.4 Aims of the study**

Statistics show that the level of HIV and AIDS is high in South Africa, while the UNAIDS/WHO (2006) claim that half of all those with new HIV infections around the world are young people under the age of 25. Given this situation, this study has set the aim to investigate ways in which young school-going boys and girls, aged between 16 and 17 year old at a township school in KwaMakhutha perceive risky sexual behaviour.

This study also sets to investigate ways in which these young people give meanings to their sexualities under specific social contexts in the construction of their masculinities and femininities in the KwaMakhutha township in KwaZulu-Natal. This study also aims to understand the constructions of masculinities and femininities amongst young Africans (men and women) and how this affects the HIV and AIDS infection rates. Finally, this study aims to understand young people in diverse specific social circumstances as we need to understand young people in specific social circumstances.

### **1.5 Research questions**

The aim of this study was to address the following questions:

1. What do young school going boys and girls in KwaMakhutha township regard as risky sexual behaviour?
2. Why do these young boys and girls in KwaMakhutha engage in risky sexual activities? and
3. How is gender connected to sexual risk in this context?

### **1.6 Context of the study**

As a teacher in KwaMakhutha, I have learnt many things about the township from my colleagues who are natives of the place. In fact I migrated to South Africa a couple of years ago and have been living in the Durban central business district. I have only

known KwaMakhutha for almost a year now since when I started working there. KwaMakhutha is one of the townships surrounding Durban and it is located south of Durban in the KwaZulu-Natal province. According to my colleagues at school, KwaMakhutha is one of the most feared townships in KwaZulu-Natal due to the high level of crimes/violence. During the apartheid era and even the post-apartheid era, KwaMakhutha has always been characterised by violence. One of the incidents of violence in KwaMakhutha was the shooting of three taxi drivers on 21 December 2009. Other violent incidents in KwaMakhutha include rape (gang rape), robbery, house-breaking, killings, hijackings and so forth. Domestic violence, women and children abuse are very common, and most cases go unreported.

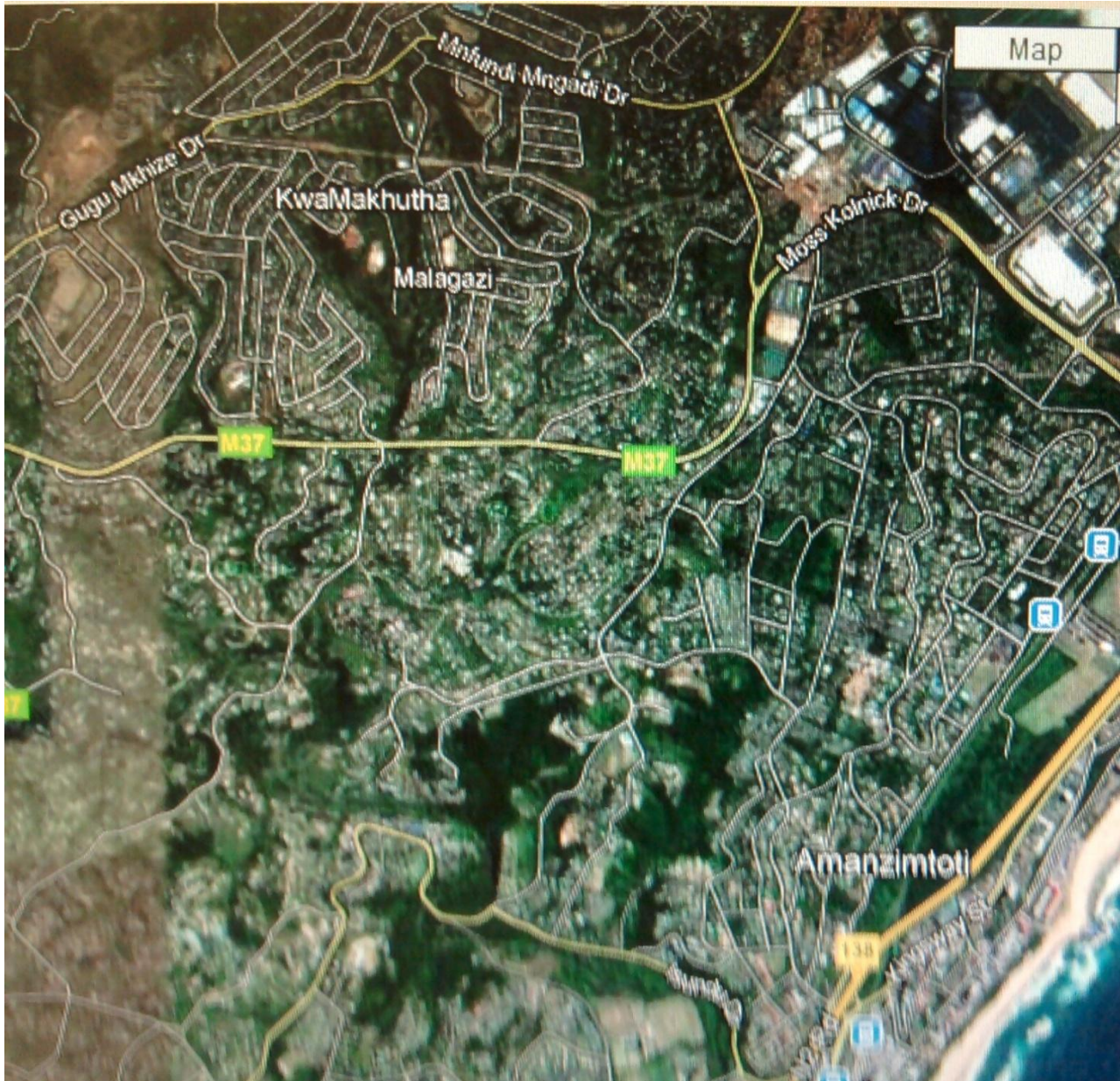
Nonetheless, the high levels of crime in KwaMakhutha can be attributed to the rate of unemployment and the levels of poverty in which most people there live, as well as the high proliferation of drug and alcohol abuse. Many people live in informal settlements, while most households depend on social grants for survival. The level of illiteracy is high and many children are orphans. Many children are raised by a single parent, while many households are headed by children due to the fact that the parents have died of HIV and AIDS or in criminal activities. It is also important to note that the levels of HIV and AIDS infection are high, according to the sisters at the health clinic in KwaMakhutha.

## 1.7 Rationale

In KwaMakhutha, where there is the presence of crime, poverty, unemployment, drugs and alcohol abuse, such life challenges can be considered as the reason why young people engage in risky sexual activities. However, three factors motivated me to study the KwaMakhutha area. Firstly, looking at the socio-economic situation in this township, I felt that it was really important to conduct a study in this area. In fact, I wanted to find out how these social challenges/issues affected young people or led them into risky sexual activities in the context of HIV and AIDS. Secondly, KwaMakhutha is not often studied, so I felt that it was also worth doing such a study there. Thirdly, KwaMakhutha is my workplace and I had some knowledge about the township, and this raised my interest in studying the township.

This following map shows where the KwaMakhutha township is located.





1.8 Research design

This study adopted the usage of the qualitative research approach. According to Berg (2004) qualitative research is founded in the meanings, concepts, context, description and setting. Henning, Gravett and Van Rensburg (2005) argue that qualitative approach is all about an in-depth analysis. That is what exactly this study has done. Bearing this in mind, I believe that the qualitative approach suits this study from the fact that this study aims to use voices of young people, about how they give meaning to their sexuality and behaviour. What I believe is that with surveys, it could not have been possible to reach the aims of this study.

### **1.8.1 Sampling**

Sampling is referred to as the process utilized to choose the participants from the population to be studied (Maree, 2007). In the case of this study, the purposive sampling was used to select the participants. De Vos et al (2002) and Maree (2007) claim that purposive sampling is commonly used to gain access to people who are 'knowledgeable' concerning certain matters, grounded on a range of factors such as power and experiences. For that reason, five girls and five boys were selected to participate in this study. Only young Africans were selected and all of them were aged between 16 and 17 at the time of the interview. And by saying Africans I mean blacks.

### **1.8.2 Data collection**

Ten in-depth individual interviews were conducted with these young boys and girls who were purposively selected from the group that was to be studied. Gillham (2000) urges that in research the aim of the interviews is to obtain the information as well as the understanding of issues relevant to the general aims and specific questions of a research project. This was also the aim of using in-depth interviews in this study - the need to obtain in-depth and detailed information. At the end of each interview, the data were saved on the memory card and then later on the computer at home. At the end of all the interviews the data were transcribed for analysis. This is one of the reasons why surveys were not used as an instrument to collect data. Both the recorded data and the transcribed data were confidentially kept first in the memory card of my cell phone straight after the interviews and then on my computer at home. The transcribed data are now kept in my research file at home. In terms of the analysis, the thematic analysis was used to analyse the data. Ulin et al., (2002) urge the qualitative approach of analysing data highlights ways in which data get together in one piece, while the context and meaning are brought together.

Moreover, after the data were transcribed, a copy of the transcription of each interview was sent to that specific participant in order to verify whether the transcribed data truly reflects his or her views. This was done with the aim of ensuring that the data were credible, trustworthy and valid. And Lowe (2007) states that validity allows the researcher to be sure whether the data collected truly describe what was meant to be

described. It is only after this step that the process of analysing data started. In fact, I went through an extensive reading process and the transcribed data and listening to the recorded data in order to familiarise with data so I could detect the major themes.

## **1.9 Theoretical and conceptual framework**

As this study is related to sexualities, some theories and concepts related to sexualities were used. Theories like power relations are used in this study, as well as concepts such as gender, sexualities and HIV/AIDS. Gage (1998), as cited in Leclerc-Madlala (2002), brings about an examination of the logical way in which young people make illogical decisions. Gage (1998) further stresses that the usage of contraceptives as well as the condom, and decisions on whether and when to engage in sex, are seen (by Gage) as comprising a multifaceted cost-benefit analysis that influences adolescent sexual decision-making. In most cases it is the male partner who refuses to use a condom - which is where the theory of power relations comes in. For Sawicki (1998, p. 93), this importance of the everyday practices through which power relations are reproduced has converged with the feminist task of analysing the politics of individual relations and varying gendered power relations at the most intimate levels of knowledge in the institutions of marriage, motherhood and enforced heterosexuality, in the affairs between sexes and in the rituals and regimens that regulate women's relationships to themselves and their bodies.

The concept of masculinity/manhood was also drawn on to inform the analysis in this study. The assumption I made here is that both power relations and the presence of violence in heterosexual relationships are rooted in masculinity and/or manhood.

### **1.10 Ethical issues**

Before beginning this research, permission from the school to generate participants was sought and obtained. Ethical clearance was also sought and obtained from the Ethics Committee of the University of KwaZulu-Natal (Appendix 1). Consent forms were sent to the parents of the participants to allow their children to participate in the study. After permission from the parents was granted, participants were also asked to give their consent to participate in the study. Confidentiality was also guaranteed and pseudonyms were used.

### **1.11 Structure of the dissertation**

This study comprises five chapters as follows:

#### **Chapter One: Introduction of the study**

In this chapter the study is introduced, which includes a brief outline of the theoretical and conceptual framework.

#### **Chapter Two: Review of the literature**

This chapter provides a review of the related literature. Both local and international literatures were reviewed. I engaged with studies that focus on young people's sexuality. In this chapter I discuss issues such as gender inequalities and power relations, gender, sexuality and condom usage, condom usage and pregnancies, gender and violence, gender roles and HIV and AIDS: construction of masculinity and finally femininities in the context of HIV and AIDS.

### **Chapter Three: Research design and methodology**

This study adopted the usage of the qualitative research methodology. So, the qualitative research method is discussed in this chapter. I also provide an in-depth description of the research process, which includes the sampling, the research site, data collection method, ethical issues and limitations, as well as the paradigm to be used.

### **Chapter Four: Data analysis**

This chapter contains the findings which emerged from the collected data, and they are grouped under themes. Six themes emerged from the data collected, and are presented and discussed in this chapter.

### **Chapter Five: Conclusion and recommendations**

Finally, this chapter comprises the conclusion of this study, including the recommendations.

## **1.12 Conclusion**

This chapter provided the background to and the purpose of this study. It also provided the key research questions as well as the theoretical and conceptual framework that guided this study. This chapter also gave an overview of the design and research methodology, including the data collection and sampling method as well as ethical issues. The context of the study was presented, and brief details given on the KwaMakhutha township.

## **Chapter Two: Review of the literature**

### **2.1 Introduction**

This study explores gender and sexual risk behaviours amongst young Africans in the KwaMakhutha township in KwaZulu-Natal. The major question asked in this study is: what puts young people at risk within the context of HIV and AIDS. This particular study focuses on young men and women aged between 16 and 17 years. In Chapter One I provided the introduction to this study and its focus, as well as the rationale. In this chapter I focus on the literature reviewed for this study.

The HIV and AIDS pandemic is severe in South Africa, and the country has the highest number of people living with the virus in the world, with more than 1000 people dying every day of AIDS-related causes (Robertson, 2008). According to the UNAIDS/WHO (2006), “young people (under the age of 25) account for half of all new HIV infections worldwide and around 6,000 become infected with the virus every day”. South Africa



currently has 5.6 million individuals infected with HIV out of its 50.5 million inhabitants, giving it the highest prevalence in the world.

Statistics reveal that women are much more exposed to the pandemic than men (UNAIDS, 2006). According to the UNAIDS (2006), 39 million people in the world are infected by the HIV and AIDS pandemic, and a third of these are young people between the ages of 15 and 24. Greig, Jewkes and Msimang (2008) claim that risk of HIV is inextricably linked to sexual violence, multiple sexual partners, transactional sex, age and the negative effects of unequal relations of power in the use of condoms”.

## **2.2 Gender inequalities and power relations**

Gender inequalities and power relations are still visible in many societies today, even though women have been campaigning for emancipation. The gap between males and females on many fronts is still huge, with men still having a great deal of power over women. According to Coltrane (2000), Sorenzo and McLanahan (1987) and Southze (1994), gender ideologies, which are considered as the mechanisms by which power relations are determined in families, are the reason why men are considered as the bread-winners in their family. Economic and social power still rests mainly with men. The patriarchal society in which we live is at the root of gender inequalities and power relations (Johnson, 1995). Men have occupied the dominant position in society and this is slow to change, despite the strides that have been made to address inequalities. For

instance, in some cultures men are allowed to have many wives, and this is considered to be normal and accepted by society. Women are expected to remain faithful, no matter what. Inequalities are perpetrated in schools, and are being reinforced instead of being challenged (Georges, 2001).

### **2.3 Gender, sexuality and condom usage**

Having a large number of women infected with HIV and AIDS compared to men is believed to be rooted in gender inequalities. Jewkes and Morrell (2010) assert that HIV and AIDS is a heterosexual epidemic, and in the case of sub-Saharan African countries the occurrence in women increases suddenly before they reach their twenties. Moreover, UNAIDS (2006) claims that females are excessively afflicted by the pandemic because of the socio-economic advantages as well as disadvantages rooted in culture. According to the same source, three-quarters of all women infected with HIV in the world are in the sub-Saharan region (UNAIDS, 2006). This high rate is said to be related to the fact that women fear men's violence, which renders women unable to negotiate the usage of a condom during sexual intercourse. Also, involved parties do not get tested for HIV prior to their involvement. On top of all of this, there is also the

traditional practice of male and female circumcision, where the same knife or blade is used for many people.

Campbell and MacPhail (2001) reveal in their study that the level of transmission of HIV infection is alarming among the youth in South Africa, with a reported prevalence rate of 18.9% in those between 17 and 20 years old. They further claim that the level of knowledge about HIV is high, but perceived vulnerability and reported condom use are low. A Human Sciences Research Council (HSRC) (2008) report shows that the prevalence of HIV within the South African population is stable, at a level of about 11%. However, the levels of HIV infection differ significantly in terms of age and sex, and show a significant unequal distribution between all the provinces in South Africa (HSRC, 2008). This report further stresses that the prevalence of HIV had slowed down among young people between the ages of 15-24 years, from 10.3% in 2005 to 8.6% in 2008.

Many efforts have been deployed to stop the spread of the pandemic, and when looking at the HSRC report it may be confirmed that progress is being made in the struggle. Nevertheless, this decrease in prevalence can be attributed to changes taking place in the usage of condoms. The report also claims that from 2002 to 2008, there has been a remarkable change in the usage of condoms, since both males and females reported the same levels of condom usage during their latest sexual encounter (HSRC, 2008). Grant and Hallman (2008) also claim that school enrolment is mostly considered as

protection, since it provides an environment where young people are supported and where they expand the abilities and understanding. Lloyd (2005) argues that additional facts from developing countries are that where younger women are attending school, where premature marriage isn't the custom, it is possible for them not to be involved in sexual activities, and they are unlikely to have children but expected to use contraceptives, compared to those who aren't enrolled.

However, with high numbers of pregnant schoolgirls and high levels of HIV among young people mean the failure in condom usage and behavioural interventions. Leclerc-Madlala (2002) suggests that it is very important to understand the ways in which young people live sexually as well as the development of situations which put them at high risk. Understanding this is supposed to be the starting point on which programmes intended to promote safe sex practices are to be founded (Leclerc-Madlala, 2002).

Amongst the reasons for the high level of transmission of this pandemic, many people and especially young people have failed to practice safe sex (MacPhail & Campbell, 2001). Even though people are aware of the consequences of the pandemic, some tend to ignore them and still practice unsafe sex. When looking at heterosexual relationships in which mutual trust among partners is expected, the usage of condoms seems unlikely to happen, according to Willig (1994). Sobo (1995) claims that the non-usage of

condoms within heterosexual relationships makes partners feel as if their relationship is strong, healthy, trustworthy and faithful. Moreover, Harrison et al. (2001) claim that it is clearly evident that women have no control over the need to protect themselves; if a woman asks her partner to utilise a condom, it is taken to show lack of trust or promiscuity - which is the case for young people too.

There is also the myth attached to condoms: some people believe that those condoms which are freely distributed are already infected with the virus and hence do not use condoms at all during their sexual activities. However, Aggleton (1991), and Aggleton and Campbell (2000), cited in MacPhail and Campbell (2001), state that research related to adolescent sexuality has stereotyped all young people and that this should not be the case. This study also does not agree with the stereotyping of young people and that all young people do not use condoms.

#### **2.4 Condom usage and pregnancies**

Condoms are not only there to prevent acquiring HIV and/AIDS, they are also considered as an instrument to prevent unwanted pregnancies and other STIs/STDs. However, when looking at the number of teenage pregnancies in schools, it gives an impression that young people do not use condoms. Nkani and Bhana (2010) state that amongst all the provinces in South Africa, KwaZulu-Natal is ranked number one when it comes to teenage pregnancies in schools, with 59.4% of all pregnant girls in their

schools (Nkani and Bhana, 2010).. At the national level statistics show that one out of five girls aged 18 years has had a child (Grant and Hallman, 2008). Concerning teenagers, statistics show the majority of their pregnancies (about two-thirds) are not planned (Moultrie and McGrath, 2007). This provides yet more proof that contraception and/or condoms are not used within this age group.

Furthermore, it is believed in South Africa that girls do better than boys at primary school level, and that interruptions start only when they are at secondary level (Grant & Hallman, 2008). These authors further stress that these interruptions are due to economic issues, but pregnancy is also one the causes (Grant and Hallman, 2008). Obviously it is difficult to attend school while pregnant, although some girls do. The pregnant girl may lose focus, concentration and even interest in schooling. It can be even more difficult after having had a child, for instance, the need for a custodian, taking the child to the clinic, and many more instances. Marston and King (2006), say that young people need to change their sexual behaviours.

## **2.5 Gender and violence**

Many relationships have been characterised by violence, with both males and females as victims and perpetrators. According to UNAIDS/WHO (2004), violent behaviour towards women is considered to be both a cause as well as a consequence of the HIV/AIDS pandemic. The same study strongly confirmed a connection between sexual

abuse and different forms of abuse toward women and the probability of women being infected with HIV. Condoms seem to be inappropriate in the case where a woman is abused, beaten and/or raped. This research (UNAIDS/WHO, 2004) argues moreover that when vaginal penetration is forced, it increases the probability of HIV being transmitted. On top of that, UNAIDS/WHO (2004) claim that the fact of being afraid of aggression has stopped a lot of women from asking their partners to utilise condoms, or even accessing information related to HIV or testing their status in order to seek treatment, even though they may believe they have been contaminated.

This research states that women stand the risk of being beaten, dumped or even being chased away from their homes if it is discovered that they are HIV-positive. If activities to prevent HIV are to be successful, there is a need for them to take place together with more hard work that deal with and decrease violent behaviour towards both women and girls (UNAIDS/WHO, 2004). Furthermore, Jewkes et al. (2010) tell us that facts from South Africa and India have revealed that those men who behave violently towards women have more chance of being infected with HIV. In a study conducted by Wood et al. (1998) the findings confirmed that violent behaviours, including coercion, are also present in young people's sexual relationships.

Violence within intimate relationships can take different forms, but can be categorised into two: physical violence, which this may include slaps, punches, kicks, and assault,

and which may be done with a weapon and include murder, and sexual violence, which may include touching the other partner against his/her will, forced sexual intercourse or activities or coercion (Watts & Mayhew, 2004). However, in his article, Johnson (1995) speaks of “patriarchal terrorism”, which he qualifies as “common couple violence”. It is that kind of violence which is considered as “normal”, and in most cases male partners use in the name of “discipline” or “correction.” For it, Johnson (1995) also divides the patriarchal violence into physical and sexual violence. Johnson (1995) explains the patriarchal violence through a circle, with physical violence on one side and sexual violence on the other; in the centre of his circle he places “power”, claiming that power is what the male partner strives for.

Jewkes and Morrell (2010) claim that the South African society is a patriarchal one and the presence of violence against women is common. However, Bhana et al. (2010) further stress that gender and sexual violence have reached very high levels; about 13 268 rape cases were reported in the KwaZulu-Natal province between March 2009 and April 2010, according to the South African Police Service (2010). This statistic shows without any doubt that gender-related violence is rampant in the KwaZulu-Natal province. Moreover, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) defines gender-based violence (GBV) as whatever act which is characterised by violence and may bring about any physical, sexual or psychological damage or pain to women, including intimidation of such acts, oppression or illogical



denial of freedom, whether publicly or within private life (UNESCO, 1999, p.53). In accordance with the above-mentioned, it is understood that gender-based violence goes beyond rape and/or any other physical abuse.

School learners cannot be excluded from those who are affected by this violence, since they belong to these violent societies we live in. Sexual violence and/or gender-based violence are ever-present in South African schools; they are systematic and rarely challenged (George, 2001). According to the Human Rights Watch report, George (2001) claims that many girls belonging to all races in South Africa and varied economic groups are facing both sexual violence and sexual harassment in schools across the country. In fact, Wolpe et al. (1997), as cited in Bhana et al. (2010), argue that in South African schools, gender inequalities and violence are seen as epidemics against girls. In the South African context, according to Nkani and Bhana (2010), male teachers are not well spoken of, and have been pointed out as being sexually abusive against female learners (Human Rights Watch, 2001). George (2001) further stresses the fact that “school authorities rarely challenge the perpetrators and many girls interrupt their education or just leave school”. George (2001) also claims that “school officials fail to protect girls from rape, sexual assault and sexual harassment”, in a way in which “girls who do report sexual abuse generally receive hostile or indifferent responses from school authorities”.

Hoffman et al. (2006) have identified a certain male behaviour where males tend to threaten females for sex and end up sexually coercing their women. They claim that alcohol abuse is an element which leads the male abuser to threaten and coerce for sex (Hoffman et al., 2006). It is evident that alcohol abuse makes people violent in general; it leads to violence in many ways, not just sexual violence or sexual coercion only. In their article, Wood et al. (1998) claim that violence is also present in teenage intimate relationships. The participants in Wood et al., (1998) stated that they had been coerced into sex. These participants claimed to have been beaten and threatened (Wood et al., 1998). The language of these participants showed that they had experienced violence within their relationships, for instance “he made me...”, “he just pushed me and overcame me”, “he forced himself onto me”, “he did as he wanted with me” (Wood et al., 1998). This shows the level of vulnerability that these participants had reached within their relationships; they were in no position to discuss or to negotiate about sex. It was done the man’s way.

South African research reveals that a certain connection exists to link violence and anti-social behaviour as well as risky sexual practices (Jewkes & Morrell, 2010). These authors claim further that men who are characterised by violence are likely to rape, have various partners, abuse alcohol, have sexual intercourse with prostitutes and have transactional sex (Jewkes & Morrell, 2010).

Nonetheless, Holland et al. (1990) claim that women do have influence to stand up against men's pressure, but for the sake of love and romance they do not resist; on top of that, some women are scared of losing their men if they resist them. This statement shows that gender-based violence or, more precisely, sexual violence can be resisted in a way, but for some reasons women decide not to. Also, considering homes in which men are bread-winners, women found themselves in no position of resisting violence. In teenage relationships where the boyfriend provides for almost everything or satisfies all the financial needs, the case is the same. Financial issues are of a major concern, especially for people coming from poor homes, and have even resulted in young women becoming involved with sugar daddies. Once they have sugar daddies it cannot be easy to resist violence, because they have got no choice. I have come to align with what Holland et al. (1990) claim, that all male sexual partners should not be seen or considered as violent or dominant. What can be learnt is that of course some relationships experience sexual violence and/or gender-based violence, but in contrast, others do not.

## **2.6 Youth and gender-based violence**

It has been 17 years since the fall of the apartheid regime and the beginning of the democracy era in South Africa, and Britton (2006) argues that South Africa is still at the top rankings of prevalence regarding reported rape and sexual violence. The point is

that women have been heavily involved in the political action but still the challenge persists. The United Nations (2006) claim that violence against young people occurs on a daily basis. The problem with young people is the fact that they found themselves in a position whereby they cannot defend themselves. This also applies to women who in most cases are found in no position to defend themselves. When it comes to young girls' situation, it becomes worse from the fact that young girls are not only raped by their young boys' counterpart but also by older men. There is in fact a myth in South Africa, according to which having sex with a virgin can cure HIV and AIDS. I believe that this could be one of the reasons why young women have been raped. Given this situation, young girls are mostly susceptible to sexual violence and are subsequently exposed to high risk of contracting the AIDS virus. The same report by the United Nations (2006) claims that young people worldwide experience violence in all areas of their lives: at home, at school, in institutions and even in workplaces. Heyder and Veigh (2007) insist that violence against young people is a gendered one and related to the exercise of power. Bearing this in mind, it is understood that girls are vulnerable to gender-based violence than their boys' counterparts. In this case, women/girls are victims while men/boys are the oppressors. It is relevant to notice the fact that everyday women and girls from all over the world experience violence, while men and boys are the perpetrators (Heyder & Veigh, 2007). And in this context of HIV and AIDS, women/girls find themselves exposed to higher possibilities of being infected.

Hyder and Veigh (2007) claim further that gender-based violence has an impact on young people who have experienced violence openly as well as those whose mothers experienced violence. It is in fact believed that a woman who had experience violence may suffer birth difficulties, which could negatively affect the growth of the child. And again, it is possible that a woman who has been infected with HIV or any other sexually transmitted infection resulting from sexual violence may pass it on to her child.

Georges (2001), Leach and Humphreys (2007) claim that violence inside and around schools happen globally. According to Leach and Humphreys (2007) gender violence in the context of schools may comprise physical, verbal, psychological, emotional as well as sexual violence. As teachers, we witness these things happening in schools on a daily basis and they really affect these young people enrolled in schools. And at so many occasions, the oppressor goes unpunished as there is no proper regulation in schools which regulates the matter. Moreover, it is important to mention that these types violence are not only committed by learners against other learners. Sometimes, it is teachers (male teachers in many cases) who become violent against their own learners (Georges, 2001).

## **2.7 Gender Roles and HIV and AIDS: Construction of masculinity**

Much research and discussion have taken place regarding men in connection not just to HIV together with the issues of masculinity, but also regarding signs of more insightful

change of gender interactions as well (Morrell, 2003; Luvt, 2003; Walsh & Mitchell, 2006). When one looks at gender roles, men are considered or seen as the leading sex, which together with women being in lower socio-economic situations exposes them to unprotected and unwanted sexual encounters.

It is the patriarchal society that we live in which has relegated women to a lower position. Jewkes and Morrell (2010) claim that men are usually in charge and control sexual activities, while women have no other option than to comply. They further claim that men have the right to have extra-marital affairs, but women cannot (Jewkes & Morrell, 2010). These statements clearly indicate that there is the presence of power and inequalities within relationships which make women more likely to get infected with HIV. These inequalities are also present within young people's relationships.

Jewkes and Morrell (2010) further claim that males who behave violently against their partners have many chances of getting infected. The point here is that when a man is involved in multiple partnerships, there is the possibility of being infected by one of his partners and then infecting the rest of them. In the case where the female partner is infected, the male counterpart comes with violent behaviours towards her, as a consequence of which there will be no negotiation in terms of sex, and he will also become infected and will spread the infection to other partners. Jewkes and Morrell (2010) claim that the gender and power inequalities that are clearly visible within

relationships are the major reason why there is violence between partners, and which consequently makes women vulnerable and exposes them to contracting the infection. The problem here is that a considerable number of males are not prepared to use protection during sexual intercourse. What happens at the end is that whoever is infected ends up infecting the other person, and the chain of transmission continues.

In the South African context there are many more reasons for transmission of the disease; for instance, the myth that if an HIV-positive male has a sexual encounter with a virgin, he will be cured. This has led many infected males to rape young virgin girls in order to get healed, and these young girls also end up being infected. Another example is the fact that in some cultures, especially for black people, polygamy is still acceptable and practised. Within these cultures males are allowed and accepted to have multiple spouses. As a gender student I believe that it is dangerous and very risky, because all of the wives may end up getting infected by the same man, who is their husband. Briefly, all of these practices put people at risk and contribute to increasing the transmission of HIV and AIDS.

In their study, Marston and King (2006) argue that addressing the fight against HIV/AIDS could be made possible if the youth within the age range of 15 and 24 years can change their sexual behaviours. When looking at statistics, young men and women within this age group are amongst the most vulnerable groups affected and infected by

the pandemic. What Marston and King (2006) are trying to say is that change of behaviour in this age group would be a major step forward or a major contribution in the fight against the pandemic. Davis and Weller (1999), Donovan and Ross (2000) as well as Pequegnat and Stover (2000), as cited in Leclerc-Madlala (2002), urge that changing behaviours and practising safe sex is the most effective way of stopping the spread of the pandemic.

Leclerc-Madlala (2002) claims that South African studies show that researchers feel there is still the need to study knowledge and attitudes. Gage (1998) gives an analysis of what he calls the 'rational' way in which young people make 'irrational' decisions. What Gage (1998) believes is that the usage of contraceptives and condoms and, most especially, when they should start having sex, are very important and should therefore influence their sexual decision making. I agree with what Gage claims in this statement; the problem we are having today is that young men and girls are being implicated in sexual activities at an early age. Some of them start being sexually active while as young as still attending primary school. At this point or age it is not possible for these young people to decide whether to use contraception or not. So it is really vital to consider the age at which young people get involved in sexual activities. It is difficult, however, to watch or to look after them and make sure they have not had sexual relations before reaching a certain age when they can make their own decisions. Kelly (2001) claims that research is being conducted with qualitative methods into areas that



dictate sexual practices and behaviours among young people. Leclerc-Madlala (2002) claims that findings from these studies show that in areas in which the media has made strides, young people are starting to react properly towards decreasing the risks of being infected.

## **2.8 Femininities in the context of HIV/AIDS**

In the South African context the majority of people infected with HIV are women (nearly 56%), and most of them are aged between 15 and 34 years (Whiteside and Sunter, 2000). In KwaZulu-Natal it is believed that 15.64% of black African girls aged between 15 and 19 years are HIV-infected, compared to 2.58% of black African boys of the same age group (Morrell et al., 2001). The question is why is this gap so considerable?

It is believed that the South African cultures are patriarchal, and again violence towards women is present (Jewkes & Morrell, 2010). As a consequence, females are relegated to a lower place within the society. Different factors have contributed to the vulnerability of women *vis-a-vis* the pandemic. The power relations and gender inequalities and male violence within the society have made women lose control over their bodies and sexualities. Reddy and Dunne (2007) state that it is really important to understand how sexual identities are constructed in relationships in order to reach gender equity, and from there ways of protecting against the pandemic can be found. What transpires from

this statement is the fact that the problem is situated within the construction of sexual identities. As long as these identities haven't been dealt with, the issue will persist, and it will remain difficult to reach preventive strategies to fight against the pandemic.

Jewkes and Morrell (2010) argue that the problem is situated on the gendered differences attached to sexual identities and not the biological fact; and that it is gender issues which determine males' and females' behaviours, instead of their biological sexes. It is basically the social construction of gender issues which makes masculinities dominates femininities, and it is the same phenomenon that has made women vulnerable to the pandemic of HIV/AIDS.

## **2.9 Safe sex**

It is important to remember that up until today, there is no cure for HIV and AIDS and no vaccine is available to protect against it. Given that situation, the only way of protecting oneself against acquiring the pandemic is to avoid being involved in any sexual risk-taking activity by practising safe sex. Sishana et al., argue that using condom and abstinence are the main ways of preventing the spread of HIV infection. However, it seems as if the youth are not applying the preventive methods during their sexual activities. The media, schools and even some local community groups have tried and are still trying by all means to educate the community about HIV prevention. The Human Sciences Research Council report shows that the prevalence of HIV had slowed down

among young people between the ages of 15-24 years (HSRC, 2008). This is really encouraging and it is vital that we keep educate young people in a bid to decrease the level transmission of the pandemic. Things become difficult sometimes when it comes to discuss sex related issues with young people. And in many African cultures, this is considered to be a taboo. Even some teachers find themselves in such situations when they find it difficult to discuss such issues with the learners.

The popular ABC (abstain, be faithful and condomise) should be instilled in young people's mind. With ABC, there are three options to choose from. If one fails to abstain, he/she may condomise or otherwise, be faithful to one partner. When it comes to being faithful, both partners need to be faithful to one another. The 2011 HSRC report shows that young people are become sexually active from as young as 12 years old (HSRC, 2011). In such cases, things get complicated from the fact that both the parents and the teacher are unaware of what is happening in the child's life. In fact, this situation creates a state of emergency that the youth desperately need to be educated in that matter.

Marston and King (2006) suggest that young people need to change their sexual behaviours. If we really are to win the fight against HIV transmission, young people do not just need to be educated, but to change their attitudes and behaviours (Leclerc-Madlala, 2002). They need to play their part in the fight if we are hoping for the decrease when it comes to the level of transmission.

I believe that the reason why young people are failing to practice safe sex can be sometimes attributed to peer-pressure and the practise of transactional sex. Chadwick (2010) states that the existence of transactional relations involving young girls and older men and in which money, gifts and food are exchanged for sex have made girls vulnerable to HIV and AIDS. When girls found themselves in a lower socio-economic status, they get involved within transactional relations to try and meet their financial needs. Masvawure (2010) claims that within a transactional relationship, sex is used for material and consumerist. In such a situation, girls lose control over their sexualities and that makes them vulnerable. In South Africa for instance, the last three surveys conducted by the HSRC show that transactional sex is increasing while poverty was considered to be the motivating factor (Shisana et al., 2009). This demonstrates that transactional sex puts girls in a condition whereby their power to negotiate sex is limited.

## **2.10 Conclusion**

This chapter provided a review of the literature related to this study. Both local and international literature was reviewed. The following chapter provides the methodology used to collect and analyse data for this study.

## Chapter Three: Research design and methodology

### 3.1 Introduction

This study investigates the gender and sexual risky behaviours amongst young Africans in the KwaMakhutha township in KwaZulu-Natal. This study sets to explore what puts young people between the ages of 16 and 17 years at risk in the context of HIV and AIDS. Statistics show that South Africa has the highest HIV prevalence in the world, while young people aged 15 to 24 years are amongst those most affected (UNAIDS, 2006). This study attempts to find out what puts young people at risk of infection.

This chapter focuses on the design as well as the research methodology used in order to collect and analyse data for this study. Burns (2000) views research as a logical examination which tries to get an answer to a certain given problem. Research should be planned, organised, and reliable, and should also be able to lead to the discovery of knowledge or even the increase of knowledge (Burns, 2000). It is the usage of appropriate methods and methodologies which leads the researcher to get there. Methods are ways that are used in research and which help in collecting information

which is to be utilised in interpreting, explaining and predicting (Cohen et al., 2007). It is impossible to achieve any research without proper methodologies. Young men and young women who participated in this study were encouraged to relate in-depth their knowledge and experiences about HIV/AIDS and risky sexual behaviours.

### **3.2 Qualitative research methodology**

This study draws on the qualitative research method which, according to Clark and Cresswell (2000), has always maintained a dominant position in social science. According to Berg (2004), qualitative research is founded in the meanings, concepts, context, description and setting. This study investigates the meanings young people attach to their sexualities amidst the high prevalence of the pandemic of HIV and AIDS. The ways in which people react to certain given situations depends on the context and setting in which events happen. What I believe is that a certain common thing may happen to different people, but can produce different outcomes depending on the context and the setting in which each individual is located. In the case of this study, the context and the setting of young people were also taken into account.

With qualitative research it is possible to address the why, when and how questions. Marlow (1998) urges that qualitative studies have as their focus the causal meaning and patterns of relationships that allows one to get rich, in-depth information. This is one of the motivating factors that drove me to use the qualitative research method in this study.

Moreover, Betram (2003) states that qualitative methods have details as their focus. I believe in-depth interviews are a better tool to help bring out much more detail from the person being interviewed. This study seeks to understand the meaning young people attach to their sexualities and the ways in which they behave *via-a-vis* the pandemic of HIV and AIDS, and also how are they affected by gender issues. Litchman (2006) states that the qualitative research method can be considered as trying to narrate and understand peoples' interactions and daily practices. This study tries to understand young people's behaviour in the context of HIV and AIDS. With the usage of individual in-depth interviews, this study tried to go as deep as possible to try to understand what exposes young people to risks; it focuses on an attempt to know what motivates young people in getting involved in risky sexual activities. It also tried to find out what young people know about HIV and AIDS. Hence the aim of this study is to understand how young people understand, consider and/or view their sexualities and sexual risks in the context of HIV and AIDS.

### **3.3 Paradigms**

The interpretive paradigm was utilised in this study. Maree (2007) states that qualitative research methods have their roots in the interpretive paradigm. The aim here is to understand ways in which meanings are constructed. This study is trying to study how young people construct their own sexuality as well as the sexuality of others. Henning,

Gravett and Van Rensburg (2005) claim that while using the interpretive paradigm, it is required that the researcher consider various locations and aspects so that he/she may gain a clear understanding of the event being studied. In this study, as has already been mentioned, the location and setting of the participants were taken into account for the understanding of their involvement in risky sexual activities.

Maree (2007) argues that the usage of the interpretive paradigm has its focus on the practices of the individual being studied. What I believe is that within the interpretive paradigm the ways in which people give meaning depends on their daily practices or their experiences. In fact, Cohen, Manion and Morrison (2000) argue that the interpretive paradigm has as primary purpose the understanding of the subjectivity of human beings' practices. It is through the analysis of the participants' daily practices and experiences that the researcher will get to their understanding. In the case of this study, it is the analysis of young people's sexual practices/behaviours and experiences which will determine the meaning they attach to their sexualities within the context of HIV and AIDS.

### **3.4 Ethical considerations**

Before the interviews began, permission from the chosen school was sought and obtained. Ethical clearance was also sought and obtained from the Ethics Committee of the University of KwaZulu-Natal. The participants were purposively selected. After the



participants had been selected, they were asked if they wanted to participate in this study and they all accepted. Consent forms were sent to each participant's parent or guardian (for those who do not live with their parents for some reason). Consent forms were sent to parents since the participants had to be allowed (by their parents or guardians) to be part of the study. After permission from the parents and/or guardians had been granted, participants were also required to consent to participating. Pseudonyms were used in this study to guarantee the anonymity of the participants. Moreover, participants were informed of the fact that they were free to withdraw from the study at any time if they decided to. Permission to record all the interviews was sought from the participants. It was made clear to participants that confidentiality will be highly respected and thus the usage of pseudonyms to warrant confidentiality.

This was aligned with the writings of Bailey (1982), describing some basic ethical principles in research, including not harming participants during the process of the research and after, not deceiving participants about the true purpose of the study, invasions of their privacy, not asking respondents questions that cause extreme embarrassment, guilt of anxiety, and not falsifying data.

### **3.5 My position as a researcher**

With two years teaching experience and being one the youth leaders in my church I have deeply developed the interest of working with young people. With this little

experience, it is possible that I could have brought it into this study, but I did not. Husserl, cited in Cresswell (2007, p. 59) speaks of the concept “bracketing”. What Husserl means by the concept ‘bracketing’ is the fact that a researcher puts his/her experiences aside as much as possible away from the study that he/she is conducting. That is what happened into this study. The point is that, once the researcher’s experiences are included in the study they hugely affect the study/research that is conducted and thus impact the ways in which the researcher views the participants’ point of view. Terre Blanche et al. (2006) insists that a researcher should not allow his/her preconceived ideas and prejudices get into the way of the study. Like any other human being, it is vital to admit that I have my biases, but I decided to keep them away from this study.

Being a male teacher and a researcher at the same time conducting a research on sensitive issues regarding young people’s sexuality, it was a challenge to get the participants to open up and share their sexual experience with me. To remedy this situation, I had to take all the 10 participants out for lunch trying to socialise, playing and share some jokes in order to gain their trust and create an optimal environment for an open discussion with them.

### **3.6 Data collection**

#### **3.6.1 The research site**

The school in which this study was conducted is one of the high schools located in the KwaMakhutha area, near Amanzimtoti, south of Durban. A few meters away from the school are the municipal medical clinic as well as the municipal library of the township. This school is a public school and has both boys and girls enrolled, with a total number of 1189 learners. This is an under-resourced school, with 18 classes: four classes for Grades 9, 10 and 11, and three classes for Grade 8 and matric (Grade 12). Looking at the number of learners compared to the number of classes, the average number of learners in class should be 66.055, but that is not the case; all the three matric classes have 74 learners in total. Basically, classes are overcrowded and some classes contain up to 87 learners. It is only ten learners who were selected to participate into this study.

The school has a soccer field and as well as a hockey ground outside. Apart from the principal and the deputy-principal (who both teach), the clerk, two cleaners and two security guards, the school has 33 teaching staff members, amongst them seven men while the rest are all females. Permission to conduct the study in the school was granted by both the principal and the deputy-principal. IsiZulu is the common language at the school, and even the assembly and morning prayers and other announcements are held in isiZulu.

### **3.6.2 Access to research site**

Access to the research site was very easy, which can be attributed to the fact that I am a teacher in that school. The research site is also my workplace. All interviews were conducted during normal school hours but did not interrupt the learning process, since they took place during break times. In this school, break time starts at 10.45 and ends at 11.30, which makes it 45 minutes. A room which was supposed to be a computer lab was allocated to me by the principal in order to facilitate the interview process.

### **3.6.3 Sampling**

Regarding the data collection process, 10 in-depth interviews were conducted, including boys and girls who were purposively selected. Henning (2004) states that to decide on a sampling strategy to be used in a study, the researcher must be driven by the purpose to collect rich information in order to address the research questions. De Vos et al (2002) and Maree (2007) claim that purposive sampling is commonly used to gain access to people who are 'knowledgeable' concerning certain matters, grounded on a range of factors such as power and experiences. With this statement, it is understood that in the purposive sampling participants are selected following some criteria. In the case of this study, only young Africans were selected, five boys and five girls aged between 16 and 17. The school in which this study was conducted had 1189 as the total number of learners enrolled. And it was not an easy task to select the 10 participants. To select the 10 participants, I decided to focus on the grades 11 and 12 because I

believed they could be able to speak openly about the issues related to this study. I asked for 10 volunteers in one of the grade 12 classes and 10 others from one of the grade 11 classes. At this stage I had 20 candidates, while I still had to narrow down my sample frame to 10 participants. I have to say that more girls were keen to participate in the study but unfortunately I could not keep them all. To keep the final 10 participants from the 20 available, I asked a fellow teacher who teaches English in grade 11 and 12 to choose those that she thought could properly and openly express themselves. The reason why I did that is because, as their teacher, she knew who could properly talk and who could not. Briefly, she chose 5 boys and 5 girls as I asked her to do.

The sampled group stands in good stead, however, as they are a representation of a (wider) group which is to be studied, and as such their characteristics are added together to present the general picture of the group itself. However, it is not my intention to generalise the findings to the greater population (Mann, 1985:110). All 10 selected participants were aged between 16 and 17 years at the time of the interview.

I only conducted 10 in-depth interviews in this study since it was being conducted for an academic purpose and there was a certain timeframe to work within. I included five boys and five girls, to be fair and have an equal representation as this study seeks to hear from both sides. In the following table, I will provide the biographical details of the participants.

Participants' names (pseudonyms)	Race	Gender	Age/Grade	Religion	Lives with...
Nadine	African	Female	17, Gr 12	Catholic	Her grandmother
Joyce	African	Female	16, Gr 11	Nazareth	Her mum
Jenifer	African	Female	16, Gr 11	Zion	Her dad
Colleen	African	Female	17, Gr 11	Christian	Both parents
Maureen	African	Female	17, Gr 12	Christian	Her sister
Sipho	African	Male	17, Gr 11	Catholic	His mum
S'busiso	African	Male	16, Gr 11	None	His mum
Mduduzi	African	Male	17, Gr 11	Zion	Both parents

James	African	Male	17, Gr 12	None	His uncle
John	African	Male	17, Gr 11	None	His grandmother

Referring to the column of religion, where it reads “none”, it is important to stress that it does not translate that they do not attend any church whatsoever but it rather means that they are not committed to any specific religion. Those who claim that they belong to certain a religion, it does not really mean that they are fully committed to that specific religion. Because two of them confessed to me that they just go to church because they are forced by their parents. So, it is rather the religion practised by the family. All the participants are IsiZulu mother tongue-speaking except for two girls who are Xhosa mother tongue-speaking, but born and grew up in KwaZulu-Natal. All the participants lived in the KwaMakhutha area (and its surroundings) in which the school is located. At the time of the interview, one girl was pregnant, while another one had a child early this year.

#### **3.6.4 In-depth interviews**

Gillham (2000) considers an interview as a conversation between two people, where one person, the interviewer, is seeking responses from another person (the interviewee)

for some specific reasons. Cohen et al. (2000) state that an interview is an opportunity for participants to discuss how they interpret the world they live in. In this study the researcher did invite the participants to share their experiences in greater depth in the form of an in-depth interview. Interviews are considered as a way that leads us to understand how people see things, the meaning they attach to things and the way they construct reality (Punch, 2005). Punch further stresses that the benefit of in-depth interviews is the fact that they supply more information than can be found through other data collection methods, such as surveys. I believe that with in-depth interviews it is possible to get more clarity and detail regarding the matter being investigated. With in-depth interviews the research can generate data which address the why, how and when of things.

Through these interviews this study had the objective to seek to know what young people know about risky sexual behaviours or what they consider as risky sexual behaviours, why and whether they get involved in risky sexual activities, and if they do what the reasons are behind their involvement. Gillham (2000) claims that in research the aim of the interviews is to obtain the information as well as the understanding of issues relevant to the general aims and specific questions of a research project. This was also the aim of using in-depth interviews in this study - the need to obtain in-depth and detailed information. Briefly, this study used semi-structured, open-ended and personal interviews.



Despite taking them all out for lunch in order to break the power relation and build trust, it was still not easy for some of the participants to give more details regarding their sexual practices which came up during the interviews. Whenever this occurred I encouraged them to open up and reminded them that the interview will remain strictly confidential. Also in the participant's consent form (in appendix) that they have signed before the start of the interview, we have agreed that they had the right to refuse to answer any question, which I reminded them of too. What happened in this situation is that, one of them asked me to reformulate the question and another one asked me to change the question, which I did in both cases. While having lunch, I even went further and asked them not to call me 'sir' and to use my first name instead, and it seemed to work during the lunch. And as to say, some of these challenges did not happen with all of them; it only happened with female participants. Not all of them, but just two of them. Apparently I suspect that this was due to the fact that I was male researcher with whom they were discussing sensitive issues regarding their personal sexual lives. Most of the times, I kept reminding and re-assuring them of the strict confidentiality of the discussion that was taking place. I also kept reminding them the interview will only be used for an academic purpose. Briefly, I had to ask more questions at one occasion, while I had to reformulate the question at another occasion I had to reformulate the questions. Apart from the two participants, I have to say that more clarification questions were still asked to the rest of the participants.

With the boys and the rest of the girls, all the interviews went smoothly and they were relaxed and they talked freely. All the interviews were conducted in English and some of the participants missed some words in English and I encouraged them to say them in IsiZulu. Later after the interview, I went and ask one of the fellow teachers what that specific word meant in English.

The list of interview questions was developed together with my classmates (other master's students) and was later submitted in order to be checked and approved by my supervisors. These questions were however, piloted through role-play with my fellow master's students.

### **3.6.5 Recording**

All of the interviews were recorded via cell phone. I used a Nokia E-7 to record the interviews, which is a smartphone with a digital recording device. This phone can record up to 2 hours non-stop with audio equalizer and audio streaming. It is also believed that this phone can record a voice 30 meters away from its location. I have not tried that yet. It has really produced a high sound quality of the interviews.

After each interview was recorded, it was then saved on the memory card of my phone and then later on saved on my computer at home. After all 10 interviews were completed the data were transcribed verbatim. Each interview comprised 22 questions, but at many occasions I had to ask more questions (prompt/probe) for clarity and more

details. All these questions had the unique aim of finding out why young school-going boys and girls in KwaMakhutha get involved in risky sexual behaviours. Both the recorded and transcribed data were and are still and will remain confidentially kept for the length of time required by the University of KwaZulu-Natal. All the interviews were conducted during break, which lasts 45 minutes.

### **3.7 Data analysis**

The analysis of data needs a specific control and responsibility from the researcher and a full transcription of data for the researcher to make sense, interpret and theorise the data (Henning et al., 2004). According to Cresswell 2002 and Marshall & Rossman (2006), there is a six steps strategy which is used when analysing the data generated from individual interviews. These steps are: transcription, reading through the data, coding, categorisation, creation of themes and interpretation. After the interviews were completed, the data were transcribed (verbatim). After the copies I sent to the participants came back (for verification), I went through an intensive process of repeatedly reading and reviewing the transcripts and listening to the recorded data so that I could familiarise with the data in order to identify the major themes. While reading, I was writing notes in the quest to categorise or to group similar data under one theme. Gillham (2000) qualifies this as moving from one script to another, trying to categorise the responses. Briefly, after having carefully read the transcripts similar responses were

classified or grouped under one theme and marked by a sticker of a specific colour (for each theme), to make data analysis or interpretation a little easier. So, the thematic analysis was used to analyse the data as Ulin et al., (2002) urge that the qualitative approach of analysing data highlights ways in which data get together in one piece, while the context and meaning are brought together.

On the basis of the fact that a qualitative research method was used to collect data, the analysis of data was entirely interpretive. The identity of the participants will remain hidden (for ethical reasons) and pseudonyms are therefore used to refer to participants throughout the study.

### **3.8 Trustworthiness and validity**

Trustworthiness is very important in qualitative research. To ensure the trustworthiness and the validity of this study, a copy of the data transcription was given to each participant to make sure the transcriptions reflected accurately his/her original views. This was only done after all the interviews had been transcribed, and would help ensure that I remained honest and faithful to the data collected. Vithal and Jansen (1997) claim that validity should be viewed as a something to confirm whether both the meaning and the interpretation of events are sound. Lowe (2007) states that validity allows the researcher to be sure whether the data collected truly describe what was meant to be

described. It is really important that the researcher stay honest and faithful to the data collected.

### **3.9 Reliability**

Reliability is one of the most important characteristics to have in research. Research that is not reliable is useless. In this study transcripts were read several times in order to minimise errors and consequently ensure reliability. Recorded data were also listened to with the sole aim of reducing errors and ensuring reliability. Reliability is a requirement which determines the extent to which any research is valid (Mouton, 1996). What transpires from this statement is that when a study is not reliable, it also cannot be valid.

### **3.10 Limitations of the study**

I agree with Cohen, Manion and Morrison (2000) when they claim that it does not matter how hard the interviewer may try to be organised and objective, but the constraints of everyday life will be part of whatever interpersonal transactions he or she may embark on. Shank and Brown (2007, p. 62) claim that “in qualitative research, however, it is more often the case that researchers do best when they are ‘inside looking out’”. From this statement it is understood that in qualitative research the researcher is not completely left out of the picture, and that can obviously cause a limitation to the

research. Another limitation is the fact that the school in which I conducted this study was located in a township, and I experienced some minor language problems with participants during the interviews where a participant could miss a word in English. After this had occurred I had to find one of my colleague teachers to translate the word in English for me. Also, interviews were conducted during break, and even though I was given a room (at school) in which I conducted the interviews, the noise of other learners playing outside was disturbing the process and interfered with the quality of the recordings. After I realised that, I made an arrangement with the security guard to always stand outside of the venue whenever I was conducting interviews so he could chase all the learners around the venue. Meanwhile, I kept the door and all the windows closed.

Also, two interviews went beyond the break time and were interrupted as soon as the bell rang because I had to let the learner go to attend classes. That happened because we started the interview later than scheduled. In this case, the interview was to be continued the following day from exactly where we left off, because I could not keep the learner after the bell had rang. Also, some of the participants did not pitch up for the interview appointment and I had to wait for them or send other learners to go to find them. Others did not even come on the interview appointment day. Lastly, even though I used a smartphone with digital recording device, I have to admit that using a cell phone to record the interview was a limitation itself. Coming to the recording of the interviews,

there was no problem, because the sound of the interviews was of a good quality regarding clarity. The limitation that followed the usage of the cell phone was incoming calls. The thing is, this happened once and I rejected the call but I had to restart the interview afterwards as it was still at the beginning. From that time onwards, I bought a new sim-card, which the numbers were not given to anyone. When it was time to start an interview, I had to take out my usual sim-card out of the cell phone and insert the new one in order to avoid any interruption.

### **3.11 Conclusion**

In this chapter I indicated the methods and methodologies used in the study, i.e. the qualitative research method, with the interpretive paradigm, as well as in-depth interviews. Ten participants were randomly selected and 22 interview questions were asked of each participant. Ethical issues were also observed and taken into account. The next chapter presents and analyses the data that emerged in this study.

## **Chapter Four: Data analysis**

### **4.1 Introduction**

This study investigated how young Africans in the KwaMakhutha township give meaning to gender and sexual risk in the context of HIV and AIDS. This chapter focuses on the analysis of data collected from in-depth individual interviews conducted with 10 selected learners – five males and five females aged 16-17 years - from a high school in KwaMakhutha. The aim of analysing the data is to bring out meaning from them from the point of view of the participant (Cohen et al., 2007), which is what has been done in this chapter.

### **4.2 Summary of the participants**

As already been mentioned, this study focuses only on young Africans. All participants were school-going young Africans (blacks) and all of them were enrolled in one of the high schools in the KwaMakhutha township. Five young boys and 5 young girls, all aged between 16 and 17, were purposefully selected to participate in this study. All of the participants lived in the KwaMakhutha area and its surroundings. Two of them lived with



both parents, 2 with grandmothers, 4 with a single parent and 2 with another sibling. In terms of religious faith, 2 of them said they were Christians, 2 Catholics, 2 Zionist, 1 Nazareth and 3 were unaffiliated to any religion. Three of the participants were in Grade 12, while 7 were in Grade 11. One of the female participants has had a child and another was pregnant at the time of the interview.

### **4.3 Findings**

The findings presented in this chapter emerged from the data which were collected, and are grouped under themes. The six themes that emerged from this study are:

1. Condom usage;
  - No condom, no sex
  - I only use a condom when I have it
  - I want skin to skin
2. Preventing AIDS and pregnancy;
3. Preventing sexual debut;
4. Sex and respect for women (respectful masculinities);
5. Zulu men are real men;
6. Multiple partnerships, gender and sexual risk.

The literature shows that boys are often considered vectors in the spread of HIV and AIDS, and this relates to the ways in which certain constructions of masculinity support

the heterosexual spread of the disease (Bhana & Epstein, 2007). In South Africa, for instance, boys and men are characterised by violence, while girls and women are the victims (Bhana & Epstein, 2007), and this is believed to have made a great contribution to the spread of the HIV and AIDS pandemic. However, changing views around sex and gender are clear in this study.

#### **4.3.1. Condom usage**

Condoms are not only available so that people can protect themselves from contracting HIV and AIDS, they are also used to prevent unwanted pregnancies and STDs. Sishana et al. (2009) insist that the usage of condoms and abstinence are the major means of preventing the spread of HIV infection. People cannot be stereotyped, and not all of the participants in this study responded in the same way. In this study young people (both boys and girls) revealed the importance of using condoms during sexual intercourse; however, some seemed inconsistent upon using condoms and others as if they did not care about protecting themselves. After having analysed their conception of and the necessity of using condoms during sexual intercourse, I classified these young people into the following three categories:

- those who were emphatic about using condoms, claiming that they cannot have sex without using protection;

- those who seemed to be ambivalent: sometimes they used condoms and other times they did not; and
- those who did not care about the use of condoms.

#### 4.3.1.1 No condom, no sex

Under this sub-theme, participants revealed that they can never be sexually involved without using a condom. This is really encouraging and gives hope for the fight against the HIV and AIDS pandemic. Siphso, a 17-year-old male, said:

*I will say it's right because you need to protect yourself around things like HIV stuff, eh coz if we are not the whole country as we can see now are people sick because they do not use condom, you see all of that, that's why I think we should use condoms.*

Siphso's response clearly shows recognition of the need to use condoms to avoid being infected with HIV. He expresses fear of being infected with the virus, and for that reason says condoms should be used.

Nadine, a female aged 17, said:

*... but if you think you are now ready for you to be in a sexual activity, I think you should use protection, because there is a lot of things that you don't get while using protection. Like you don't get eh eh a sort of HIViruses [laughing], you don't*

*get pregnant and you don't get like many diseases, so, I think like we should use protection.*

What is understood from Nadine's response is the fact that she believes that once one becomes sexually active, it becomes very important to demonstrate responsible sexual behaviour, not only to prevent HIV and AIDS but also pregnancies as well as STIs/STDs. These are major issues with young people today, and it is really scary that young people are becoming sexually active but not practising safe sex, which obviously increases the level of transmission. The number of girls who fall pregnant is alarming, and it is clear that they are failing to use protection during sexual intercourse. Nkani and Bhana (2010) state that among all the provinces in South Africa, KwaZulu-Natal is ranked number one when it comes to teenage pregnancies in schools, with 59.4% of all pregnant girls in the country in schools in this province.

Responding to the question 'What would you do to safeguard yourself from acquiring AIDS virus?' Siphso said:

*Firstly, having condoms, not doing sex without condom yeah, that's all sir!*

For Siphso it is vital to have a condom if sexual intercourse is going to take place. His priority is having a condom, otherwise he cannot have sex. That is what today's youth should be doing – and not just youth, everyone who is sexually active.

Mduduzi, another 17-year-old male, responding to the same question claimed:

*Ok sir, to have protected sex, which means we must use protection every time when we have sex with my girlfriend.*

**Researcher:** Is it just protection?

**Participant:** *If we can't use protection, we must not have sex. We must abstain.*

In his response Mduduzi claims 'no protection, no sex'. He even went further and suggested abstinence. Basically, abstinence is one of the ways in which people protect themselves against the pandemic. Unluckily, it seems as if a large number of young people have failed to abstain from getting involved in sexual activities and have also failed to use condoms, which is the reason why we have such a high level of infection among the youth. According to Lord (2010), abstinence was the only kind of protection which young people were taught in the past decades, but nowadays the policy on sex education has caused extensive debate. McCarthy and Grodsky (2011) claim that a large number of parents, politicians and even public policy still campaign for abstinence, as they are convinced that sexual activities among young people have a range of negative consequences. However, it would be a mistake to hold onto this belief and reinforce abstinence alone, because today the youth are becoming sexually active at an early age, and before their parents know.

Maureen, a 17-year-old female, responded to the question 'What was your partner's reaction about using condoms?'

*He refused at first and said that he isn't going to feel the sweetness of the sweet, but then he gave in because there was absolutely no way that I was going to have unprotected sex.*

**Researcher:** If he had not given up, what would you have done?

**Participant:** *We were not gonna do it.*

It is important to stress that on so many occasions, women and girls have failed to negotiate the usage of condoms due to the lower position that society has relegated them to. Wang (2010) insists that studies conducted in various countries have shown that it is difficult for women to propose or to insist on the usage of condoms when they are involved in violent relationships. Moreover, in regard to what these young people said, it shows the level of commitment they have to using protection/condoms during sexual intercourse. Maureen's response shows that it may happen that boys can accept to use a condom when the girl insists on using it. Perhaps if girls could stand their ground and insist, telling their partners to use condoms during sexual intercourse, the level of HIV could decrease significantly. This can only be possible in the case where there is no presence of violence, where both partners can sit and negotiate the usage of a condom.

Harrison et al. (2010) reveal that the level of HIV transmission among South African youth aged between 15-24 years is alarming, and one of the highest in the world. Campbell and MacPhail (2001) claim that the level of knowledge about HIV is high, but

perceived vulnerability and reported condom use are low. This study agrees with Campbell and MacPhail (2001), because participants in this study have shown that the level of awareness concerning HIV is elevated. Encouraging, however, is the fact that when reading the HSRC report published in 2008, the prevalence of HIV within the South African population remained stable at a given level of about 11%. The same report states that the level of prevalence of HIV among young people between the ages of 15-24 years fell from 10.3% in 2005 to 8.6% in 2008. I believe that if these young people remain or become consistent in using condoms, and if they become as extreme as the group of participants who insist that they cannot have sex without a condom, the prevalence of HIV among South African youth would decrease significantly.

#### **4.3.1.2 I only use a condom when I have it**

This subsection focuses on the participants who claim that they only use a condom when they have one. One of the participants stated that he cannot use a condom when having intercourse with a virgin. This basically means that they are not consistent in the usage of condoms and are definitely exposed to risks. In response to the question as to whether he uses condoms during sexual intercourse, James, a 17-year-old male, said:

*Sometimes if I have condom yes I'm use it, and if I don't have condom we do like that.*

**Research:** That means you only use a condom if you have it?

**Participant:** *Yebo sir.*

This group of participants believes in using condoms, but it is not a priority for them. For James, having a condom or not would not stop him from doing what he has planned to do, but still he is aware of the effect of the pandemic as well as other sexually transmitted diseases.

In response to the same question, John, another 17-year-old male, said:

*If the girl she is still a virgin I don't use it, but if she says she is not I use a condom.*

The problem with this group of participants is that there is inconsistency when it comes to using protection. As he said, John had no problem using a condom. The problem only comes in when he does not have a condom, because he cannot refrain from having sex. For John it feels safe having sex with a virgin and he has no worries about it.

The question that came to my mind was to know how a person discovers that a certain girl is still a virgin. Can it be because she says so? Also, I think it is possible to be a virgin, but yet HIV positive. Again, young people have to bear in mind that virginity does not take risks away. The impression I got from these participants was that they just ignored condoms and perhaps didn't care enough about HIV/AIDS, unwanted pregnancies and other STDs/STIs, which illustrates their risky sexual practices. Even though condoms are distributed free, a significant number of young people do not use them.



Leclerc-Madlala (2002) suggests that in the middle of this given crisis, it is very important to understand the ways in which young people live sexually, as well as development of situations which lead to high-risk sexual activities. Understanding this is supposed to bring about the starting-point upon which programmes intended to promote safe sex practices are to be founded (Leclerc-Madlala, 2002).

#### **4.3.1.3 I want skin to skin**

Lastly, there are those who do not care about protecting themselves at all. All they appear to care about is their sexual pleasure. However, it is important to stress that this group of participants was not speaking on their own behalf, but on behalf of their 'friends'. I assume they responded in such a manner perhaps because they did not want to be identified or misjudged. The point is, most of them claimed not to be involved in sexual activities and when asked 'what do your friends believe about using protection/condoms?' Joyce, a 16-year-old female, responded as follows:

*My friend always tells that they always fight with her boyfriend because her boyfriend doesn't like protection. He wants 'skin to skin and hug to hug'. They believe that if you use protection you are not enjoying sex as they enjoy it and they believe that protection is used by people that have many life partners and marriage.*

**Researcher:** What is life partner?

**Participant:** *Eeh, I think it's if when you have so many boyfriends and maybe you don't trust them, then you can use a condom.*

**Researcher:** And you said something about marriage, what did you mean?

**Participant:** *It's like sir if you are married and you don't want to have children.*

This response by Joyce shows some of the misconceptions young people have and which need to be addressed. Joyce believes that using a condom during sexual intercourse makes it less better or less enjoyable, which I believe is not true. Or when she says that condoms can only be used when one has many boyfriends and does not trust them. From that response, it is noticeable that some of our young people still believe that when you trust somebody there is no need to use protection when having sex with them. Colleen, another 16-year-old female said:

*They say that they can't 'eat a sweet with its cover' which means they cannot do sex using condom.*

**Researcher:** So that means they enjoy it better without a condom?

**Participant:** *I think so.*

Colleen's response seems similar to Joyce's. In such situations boys/men are blamed, but apparently some girls/women also do not like to use condoms. And in this case, it is not known who to blame, but I think both parties should take responsibility for what they are doing. It is true that on many occasions men fail to use condoms, and in most cases sex is not even negotiated due to the gender inequalities that are prevalent. It is also

important to stress that some relationships are characterised by violence. The UNAIDS/WHO (2004) report claims that violent behaviour towards women is considered a cause as well as a consequence of the pandemic of HIV and AIDS. The same study by UNAIDS/WHO (2004) confirmed the existence of a strong connection between sexual abuse and different forms of abuse towards women, and the probability of women being infected with HIV. In situations where violence is present within the relationship, condom usage is impossible. It is most worrying to hear a participant say “... they can't ‘eat a sweet with its cover’ which means they cannot do sex using condom”.

Harrison et al. (2010) claim that South African youth aged between 15- 24 years are among the top groups in terms of HIV prevalence worldwide. The data in this study highlight that the level of transmission of HIV and AIDS is high because young people often fail to practice safe sex. In fact, Harrison et al. (2010) go on to claim that in countries where the level of HIV transmission has decreased, the youth have been considered as the ones making an important contribution by changing their sexual behaviour. It is a deplorable situation when people are aware of the consequences of the pandemic, but still tend to ignore them by getting involved in unprotected/unsafe sex.

#### **4.3.2 Preventing AIDS and pregnancy**

In many societies today gender inequalities and power relations are still visible, even though women have been campaigning for emancipation and great strides have been made in this area. The United Nations Population Fund (2005) claims that violence related to gender inequalities has its roots in the unequally structured power relations established among men and women in our societies. This fact has made the gap between men and women considerable, and the consequences are weighing heavily on women. It is noticeable that men still have much power over women and have obviously relegated women to a lower level in society. The patriarchal society that encourages and promotes male dominance can be considered as the root of the problem. Poverty is also one of the things that put young people at risk, especially girls. When they cannot satisfy all their financial needs they become prostitutes so they can earn money. In this study, however, participants expressed the need to protect themselves from acquiring AIDS and falling pregnant.

When asked about their views about having sex at their age, Mduduzi (17-year-old male) said:

*My view about having sex is that I should be careful and have awareness of the person that I am going to have sex with and that I trust that person.*

**Researcher:** So do you think it is right?

**Participant:** *Not really at our age. That's why I said I should be careful and have the awareness of the person that I am going to have sex with.*

**Researcher:** What do you think when you say awareness?

**Participant:** *It means sir I have to know if she is not sick or not.*

In his reaction Mduduzi shows that sex cannot be done anyhow or with anyone. Knowing somebody does not just require knowing their name, address or what they do. According to Mduduzi, it goes beyond that. What I think he means is that you need to have much more detail or knowledge about that person, including their HIV status. When he says 'sick', I believe he is referring to the HIV pandemic as well as STDs/STIs. It is the fear of being infected which makes him stay away from being sexually involved, and even if he gets involved he needs to know more about his partner.

It is really vital for the youth to know how to control their sexualities, because when one loses control over his/her sexuality, he/she exposes him/herself to a high risk of infection. So many people, including young people, have failed to control themselves - most especially when they are under the influence of drugs and alcohol. This is dangerous, because people are exposed to so many risks when they are under the influence, and unfortunately they may also become violent. Hoffman et al. (2006) claim that alcohol abuse is an element which leads the male abuser to threaten and coerce for sex. When there is the presence of threats and coercion within a relationship, sex is unlikely to be negotiated. This study did not reveal anything about substance abuse, but I thought it worth mentioning because many of our country's youth are involved in

alcohol and drug abuse; substance abuse is also present in the school where this study was conducted.

Apart from Mduduzi's reaction, a couple of other participants (both boys and girls) responded by saying that having sex was not a good thing at their age (16-17 years). Most acknowledged that with sex go responsibilities, which is relatively correct. Most confessed to being scared of being infected with HIV/AIDS combined with the fear of unwanted pregnancy. For instance, Sipho (male, 17 years) said the following:

*Uhm, I think it's not great eh.*

**Researcher:** Not?

**Participant:** *Yeah, at the school because there are people in our country dying of HIV and unemployment, all of these stuffs, poor, we can't just have sex.*

**Researcher:** You mean it's not right?

**Participant:** *Yeah, it's not right.*

And S'busiso (male, 16 years) said that:

*Eish sir, not good for young children.*

**Researcher:** Why are you saying that?

**Participant:** *Coz the girl can be pregnant.*

**Researcher:** Is it just pregnancy that you are afraid of?

**Participant:** *And HIV, yeah. Not just girls.*

Looking at the response of both Sipho and S'busiso, they claim that sex is not great for them at their age because they are afraid of HIV and pregnancy that can result. This fear has brought a sense of responsibility to these participants and has helped them stay away from sexual activities (abstinence).

Reacting to the same question, Joyce (female, 16 years) said that:

*I think having sex at a early age is wrong because I always see my peers having AIDS or HIV every day and they fell pregnant every single day and that thing is wrong because they increase a AIDS generation that we don't need. We need an AIDS-free generation.*

Joyce's response indicates that it is the fear of HIV that keeps her away from any sexual interaction, while also claiming that sexual activity is not a good thing at her age. And again, abstinence comes in. In her reaction, Jenifer (female, 16 years) said:

*I'm against it because a child which is at my age is not really matured to have sex ...*

Jenifer's response is similar to that of Joyce. It makes me think of those girls of the same age who fall pregnant, because we have so many in schools today. If they had seen things from this perspective, they would not have fallen pregnant.

Colleen, 17 years old girl, who had a child last year, declared that:

*Having sex at my age is not right at all.*

**Researcher:** Why do you say that?

**Participant:** *There are many consequences, like be pregnant and you are at school is not good. Or maybe you can get HIV. It's not good.*

Maureen (female, 17 years) said:

*Well, I personally think that having sex at this tender age is absolutely wrong because the consequences are disastrous ...*

In the responses of Colleen and Maureen there is much reference to responsible sexual practices, generated by fear of HIV and pregnancy. By 'tender age' Maureen means a young age. Apparently in the Zulu culture girls are allowed to have sex after their 21<sup>st</sup> birthday, according to Jenifer's response:

*I'm against it because a child which is at my age is not really matured to have sex and it is our tradition as Zulus for a girl to keep her virginity until she reaches the age of 21.*

The above responses by Jenifer and Maureen are a little bit different, but both give an impression that they are, to a certain extent, rooted in the Zulu culture. According to Jenifer's response, in the Zulu culture girls are obliged to remain virgins until they are 21 years old, when maturity starts. The tender age that Maureen mentioned seems to be younger than 21. Even though their responses looked similar, I noticed a difference between these two participants during the interviews. Jenifer claimed that she was still a virgin, but Maureen had already had sex, while neither of them had reached 21 yet. This



was a contradiction for Maureen, showing that sometimes young people say what they do not actually do.

People are not all the same, and do not respond or react in the same way, even when found in similar situations. This is why there is a need to dispel stereotypes. Some of my participants contest the responses offered by previous participants. They assert that sex is a good thing and age should not be vilified. According to Nadine (female, 17 years):

*Well, I don't think it's a good thing or it's a bad thing you know ... I grew up knowing that sex exists so I won't say it's a bad thing.*

In this response Nadine shows the uncertainty that some of young people might have and which could mislead them. As I mentioned earlier on, such issues need to be addressed so that young people know which stand to take.

#### **4.3.3 Preventing sexual debut**

In this study the participants clearly showed agency in preserving their sexual debut. Asked whether they have ever had sex before, Joyce (16 years) gave the following response:

*No, I'm still a virgin, I think it too early for me to have sex in the early age and I'm scared of my mom maybe the day that I have sex is the day that I will pack my things and go because my mom is strict, and my religion is strict too. They are saying the day that you will lose your virginity is the day that your man put a ring on your finger and I like that because that makes me think deep when I'm*

*thinking about boys and make me scared of having sex at an early age because I will disappoint my family and my church members and the community. I am proud of being a Nazareth and to be a virgin.*

**Researcher:** You made a very long statement and I need some clarity. Are you afraid of having sex because of your mom or your church?

**Participant:** *My mom and my church.*

**Researcher:** How will your mom know that you are no longer a virgin?

**Participant:** *She always take me to virginity test.*

An analysis of Joyce's response shows that she feels like it is too early for her to have sex, and this is owing to the fact that she is scared of her mother, as well as of disappointing both her family and her church. Joyce claimed that she was still a virgin and this is due to the fact that her mom often takes her for virginity testing. Hunter (2010) defines virginity testing as a practice in which younger women's hymen is inspected by older women. However, Sideris (2004) states that the concepts virginity and virginity testing are of great value in rural areas. Even though KwaMakhutha is not a rural area, the virginity testing is still valued and it has obviously helped Joyce not to be sexually active. On top of that she mentioned the fear of disappointing both her family and her church. This is really working for her because it has kept her away from any sexual activities. Joyce's response is understood within the Christian religion's belief in sexual abstinence unless within a legal marriage arrangement. In the Bible's

Old Testament, which is rooted in the Jewish culture, a female is expected to remain a virgin or get lapidated (stoned to death) (Deuteronomy 22: 20-21; Exodus 20:14). This belief carries on into the New Testament where, according to the 1<sup>st</sup> letter of Paul to the Corinthians 6: 9, 10, sex before or out of marriage is a sin and could lead to eternal death. The story of Joyce therefore portrays the stigma or fear that is associated with sex among young unmarried persons. However, this fear from Joyce's perspective is more about the community (church) and family (parents) than about sin against God. Both the church and the parents would be disappointed with her and possibly punish Joyce if she decided to have sex before marriage. In this case, Joyce's parents have played the role of custodian to their religious practices, which are expected to be inherited by their children.

This account shows that religious approach to sex amongst young people can play a crucial role in preventing HIV and AIDS infections and early unwanted pregnancies. Furthermore, I doubt that the religious approach to sexual behaviour would be sustainably effective in the prevention of HIV and AIDS and early unwanted pregnancies, given that some young people (like Joyce) may abstain out of fear rather than their free will. Moreover, an account of the recent report of the HSRC (2011) published in *The Mercury* by Michelle Jones on Monday 26 September 2011 claims that young people start having sex between 14 and 15 years of age.

As for Jenifer (16 years), she said:

*I'm against it because a child which is at my age is not really matured to have sex and it is our tradition as Zulus for a girl to keep her virginity until she reaches the age of 21.*

**Researcher:** And do you go for virginity test?

**Participant:** *Yes sir, but not all time.*

In comparison to Joyce, Jenifer, another 16-year-old girl, admits that due to being immature and commitment to her (Zulu) culture, she is not yet allowed to be sexually active. In this context of HIV/AIDS, the data show that culture plays an important role in keeping young girls away from risky sexual behaviour.

Under this theme, I tried to compare the participants (boys vs girls) in this study, and I came to the conclusion that girls' sexual behaviours are regulated, while boys' are not. The girls who claimed that they have never had sex were scared of their mother, church or culture. But for boys, not even one of them said that he was afraid of anything or anyone. It is in fact noticeable that girls are always expected to behave and remain virgins, while there are no expectations from boys. Even if they are involved in a relationship, girls must remain faithful, but in boys it is tolerated if they have someone else. This clearly shows how gendered the society we live in is.

Some participants believed it was okay to have sex at their age. Here is what James (17 years) had to say:

*It's a sexual thing coz if you are a human it's something we have to do.*

**Researcher:** So for you it is normal to have sex at your age?

**Participant:** *Yes sir, because we are a human being too.*

For James there is nothing wrong with having sex at his age, because according to him sex is for all human beings. It seems that he does not consider what could come out of a sexual interaction.

John, a 17-years-old boy, said:

*I think it's good and it's bad.*

**Researcher:** And why do you think it's good?

**Participant:** *Heey sir, because we must know about this thing. The parents they tell us don't do this or that, but they don't tell us why.*

**Researcher:** So with that fact you feel like you should know about it when you are young?

**Participant:** *Exactly* [laughing].

In his response, John blames parents for not telling them why they should not have sex. The fact that young people are not told why they should stay away from sexual activities is instead pushing them to get involved, so they can discover what it is.

This group of participants feels as if there is nothing wrong in experiencing sex while they are still young. For James there is the need to know about sex as a human being, and he feels age should not be the problem. In the case of John, I think he is driven by curiosity based on the fact that his parents keep telling him not to be sexually involved,

and apparently he has never been told why. Moreover, in many of our African cultures, discussing sex-related topics with children is considered as a taboo. So many parents in these cultures are just not prepared to do so and children try to discover it on their own. Apparently this has left many young people desperate to know what is so special about sex, and they are prepared to do so in their own way because there is no-one to tell them. Now the problem is that when they do it in their own ways, they do it the wrong way and end up in a mess because of lack of correct information.

#### **4.3.4 Sex and respect for women (Respectful masculinities)**

As today's society is patriarchal, women have been relegated to a lower social position. According to Jewkes and Morrell (2010), men feel that they are supposed to pilot and be in command of all sexual activities, which makes them feel as if they have the right to have sex with other women, while women are supposed to remain faithful. For this reason, women are viewed as submissive subjects. However, in this study I came to discover what I called 'respectful masculinities'. What I noticed is that young people and mostly boys have developed a certain kind of respect towards women and their sexualities, which I have identified as respectful masculinities.

When asked what their view was regarding those cultures which consider women/girls as objects of male satisfaction, Siphosaid:

*Eh in the condom use eh and we're all equal so and girls and women we are equal not to say because I am the man. I have to get sex or whatever the woman*

*is just will do, we should take women give them some respect. That's what I would say.*

In a response to the same question, Sibusiso said:

*I think women should not be forced to do sex unless if both partners they agree about it.*

**Researcher:** What can you say about those cultures which accept that?

**Participant:** *It's not right sir, it's wrong.*

Mduduzi said:

*Yes sir as you are saying, it is true.*

**Researcher:** Ok, you're saying it's true; does that mean you're agreeing with it?

**Participant:** *Uhm, no. I think it is true, but not right. It is wrong, because in that case women are considered like slaves and that cannot be right.*

While James said:

*No, because girls/women have that certain time of doing sex cause sometime they have that particular period thing. It is not all time.*

Looking at the responses of Siphon, Sibusiso, Mduduzi and James, all male participants, they have shown some kind of respect towards women and sexuality and believe that sex must be negotiated. Siphon, for instance, spoke about equality and respect for women. For him, men and women are equal, and he went further to claim that women deserve some respect in the matter regarding their sexualities; thus respectful

masculinities. Hoffman et al. (2010) argue that in South Africa sexual risk behaviours are located within the perspective of opposed levels of power in a relationship, and gender establishes the different norms for sexual behaviour. In fact, these boys did not show these gender differences, claiming that both boys and girls are equal. Seemingly these boys resist the gender inequalities and power relations that exist within our society.

James, on the other hand, acknowledged that women have a 'certain time of doing sex', referring to 'that specific period' when a woman is having her menstrual period. So for him the only time when a woman can be spared from having sex is when she is having her period. This reaction I think it is fair to say is not part of the respectful masculinities.

The participants in this study also did not reveal any form of gender and sexual violence among young people, which perhaps justifies such a response from the boys. In fact, the findings of this study conducted in KwaMakhutha township did not agree with those of Bhana et al. (2010), who say that gender and sexual violence have reached very high levels. However, this study does not deny the presence of violence within young people's relationships. Violent behaviours are present in many relationships and are noticeable at school level. For instance, such behaviours are noticed during lessons, in the process of teaching and learning, during breaks and even on the way to and from school. According to the Human Rights Watch Report (2001), sexual violence and/or gender-based violence are ever-present in South African schools; they are systematic



and rarely challenged (George, 2001). The report goes further to claim that many girls belonging to all races in South Africa and varied economic groups are facing both sexual violence and sexual harassment in schools across the country (George, 2001). If violence is present within a relationship, it has been noted that there are more chances of being infected, with the female partners the most vulnerable (Jewkes & Morell, 2010)

In her responses Joyce expressed the experiences of a friend. Joyce confessed that she was never involved in sexual intercourse, but apparently had been told by her friends that some partners did not like using condoms. The point she made was the fact that one of her friends told her that she always fights with her boyfriend over the usage of a condom. Literally speaking, where there is a fight, then there is violence. In this case, the option of violence within such a relationship cannot be ruled out. Jewkes and Morrell (2010) claim that men who are characterised by violence are likely to rape, have various partners, abuse alcohol, have sexual intercourse with prostitutes and have transactional sex. Again, this exposes our young people to many risks.

#### **4.3.5 Zulu men are real men**

In response to a question to understand their views regarding those cultures which consider women/girls as objects of male satisfaction, this is what the girls had to say.

Joyce said:

*In our days is 50/50. If you don't want to have sex you don't want. Even if you are a married woman, is not a slave of a man. Woman it's just a partner that will help a man in something like breastfeeding because a man can't breastfeed and a man can't get pregnant.*

**Researcher:** So for you a woman is just there to make babies?

**Participant:** *That's the difference, the other is 50/50.*

This response indicates sexual agency for women/girls. It shows that women have the right to refuse having sex whenever they do not feel like it, contrary to what is practised within some cultures. Joyce goes on to say that it is only a slave who can be treated in such a way and not a partner. Whenever women or girls are treated in such a way, sex can obviously not be negotiated and they are exposed to high risk of HIV transmission.

Responding to the same question, Jenifer said:

*I don't think this statement is a fact, but it is just an opinion, because all of the women/girls are object of boys'/male sexual satisfaction.*

**Researcher:** I don't get what you mean?

**Participant:** *I don't think it is true.*

**Researcher:** Why do you say it's not true?

**Participant:** *I don't agree with that.*

Jenifer completely disagreed with such a practice and claimed that it is just an opinion and not a fact. I agree with her, because I think that is men's opinion, and in some African cultures it has become a fact.

Colleen had the following to say:

*I think that is being selfish and abusive. No one should be forced to do sex, otherwise that's rape.*

**Researcher:** Tell me more about that.

**Participant:** [Laughing] *There is no more sir, it's just because men they are selfish and they like to abuse women.*

Maureen said the following:

*No, that's totally wrong. Both partners have to reach an agreement and if the woman doesn't feel like having sex, then the male has ... has to respect her decision.*

**Researcher:** What if your man doesn't agree with that?

**Participant:** *I will just leave him.*

**Researcher:** And what if you are already married?

**Participant:** *Eish, it becomes complicated, but heey I don't know sir.*

These female participants (Jenifer, Maureen and Colleen) responded strongly in defence of their rights. It is true that there is not one single woman who is really happy when they are mistreated and forced into sexual intercourse. The point is women should

not be forced into sexual activities, and in South Africa it is considered as rape. Most people often say the decisions are 50/50, just as one of the participants mentioned, but it seems to be difficult to implement due to the patriarchal society that we are living in.

The thing that girls suggest is that partners should reach an agreement before sexual intercourse occurs; anything other than that is what Colleen qualifies as selfishness and abusiveness of men towards women. In most households and/or relationships, this has failed to materialise due to the power relations that exist between men and women because the gap between the two is huge. In such situations, violence always occurs. This has always kept women at a high risk of infection, because the usage of condoms is therefore not there. Jewkes and Morrell (2010) argue that South African society is patriarchal and that the presence of violence against women is frequent. In addition, Bhana et al. (2010) further stress that gender and sexual violence have reached very high levels; according to the South African Police Service (2010) about 13 268 cases of rape were reported in KwaZulu-Natal province between March 2009 and April 2010. When violence is present within a relationship it creates physical and psychological harm to the other partner (victim). Jewkes et al. (2010) tell us that information from South Africa and India has revealed that violent men have more chances of being infected with HIV.

Among all the female participants, Nadine (the most talkative of all of the participants in this study) is the only one who responded differently:

[Silence]. *I think it is right...*

**Researcher:** So you think having multiple partners is not right, but many wives it's ok!

**Participant:** *Ok, ok, let me just put this clearly. A guy should have many partners but a girl shouldn't, no!*

**Researcher:** So, how would you feel if your boyfriend tells you that he's going to see his other girlfriend?

**Participant:** *Eh no! He shouldn't tell me, don't tell me, he must just go just go and see his girlfriend [laughing]), then it will be ok. If you're telling me you're showing me that you don't really respect me as I am. So, really it must be a secret coz if you are in a relationship you just get jealous; I'm going to be jealous and I'm going to search for the other girl. You know what? I'm gonna hit her, beat her, kill her for you, you see, it becomes complicated.*

**Researcher:** And will you be glad once you are married and then your husband tells you that he wants to take a second wife?

**Participant:** *I wouldn't mind.*

**Researcher:** And what if a guy is married and proposes to marry you as a second wife?

**Participant:** *I don't mind if the girl stays with me [laughing] as long as he's also mine.*

For Nadine it is okay for men to have many wives, and she would not mind marrying a man who is already married. She even claimed that it is fine if her husband decides to marry another woman; for her there is nothing wrong with that. This response from a female participant indicates that a real man should have many wives. The interesting part of it is the fact that she insisted on having many wives and not many partners. What Nadine basically meant is that for her, it is okay for a man to have many wives, instead of an unmarried man having many girlfriends/partners. This in fact shows that girls are locked into subordinate positions that oppress them. Therefore, when they find themselves in such situations, where they have no way out, they just legitimize and accept male polygamy in order to keep the man they love. By accepting wives while rejecting partners, I thought Nadine was trying to say that in a marriage relationship both parties are supposed to be faithful and have trust in one another, as Willig (1994) puts it. She went on to state that boys can be tolerated for having many partners, but not girls. The point is, whether we like it or not, being a 'real man' or not, having many wives or many partners, puts one at a high risk of getting infected with either HIV or STDs no matter what.

As far as this theme is concerned, the following is what the boys had to say. At this stage, I combined two questions which participants responded to. The first asked their point of view about cultures which consider women as objects of sexual satisfaction,

and the other asked their thinking about the fact that multiple partnerships are still accepted for men by some cultures. Here is what Sipho had to say in his first response:

*Eh in the condom use eh and we're all equal so and girls and women we are equal not to say because I am the man. I have to get sex or whatever the woman is just will do, we should take women give them some respect. That's what I would say.*

In his second response, Sipho said:

*Sir, I won't think that is right, coz if you are a man you don't have to have too many women in your life because you have to deal with the problems of the family and kids; see that are born in that family they have to look after you, you can't now say ok because I am the man I have to have so many women, how can you accommodate all these women in one house and give them all the support? How? Yes sir, it's not right!*

**Researcher:** And how does that put one at risk?

**Participant:** *Yeah, too much sir.*

**Researcher:** How come?

**Participant:** *Coz maybe that person you are in love with they love you but you pretend like you don't love them you're just playing games coz you decide to play with love sir, looking hard experience [laughing], yeah, this is not good sir.*

In the first response Siphso acknowledges the fact that both boys and girls are equal and goes further to stress that women deserve respect. In the second, Siphso believes that there are many negative impacts when one has many wives. Contrary to the Zulu culture, which allows men to have many wives, Siphso disagrees and says it is totally wrong. This brings me to one of John's responses:

*Because sir, Zulu men are real men and a real man is allowed of having many women. Just like Zuma.*

**Researcher:** So for you a real man is determined by the number of women he has?

**Participant:** *Ok, to make it clear, it means that to having many women also show how a man is powerful, but not just alone. I think it is true for us Zulu coz it is not wrong to have many wives.*

**Researcher:** Is it just for the Zulus?

**Participant:** *That is what I think like sir my father have two wives and also his two brothers have more than one woman. That is why I think like that.*

For John, the fact of having many wives makes him a 'real man' and translates that Zulu men are real men. John drew on the example of President Zuma, which he later associated with power. The example John gave here was about South Africa's President Zuma, who has been married five times and has two fiancées on top of his wives (Berger, 2009). Given his socio-economic situation and also being a Zulu,



President Zuma is seen as a real Zulu man, whom young people have referred to in this study. Even though John claims that having many wives makes him a real and powerful man, he still admits that there are things which are not right about the practice:

*To have many women look good but there is wrong things about it. You can get HIV or the other disease because it is difficult to look at many people. Even the children we fight we are not belong to one mother. It is bad, not good.*

**Researcher:** So you are saying that puts you at risk.

**Participant:** *Yeah, because when you sleep with all of them and maybe they sleep with another man who have HIV, then you also get it.*

With this response John shows that there are risks attached to this practice of having many women as an indication of being a real man. He indicates that it is possible to get infected with HIV if one of them cheats. Jewkes and Morrell (2010) argue that men are supposed to pilot and be in command of all sexual activities, which makes them feel as if they have the right to have sex with other women, while women are supposed to remain faithful. Again the example of President Zuma arises with John. In fact, the President recently had a child with another woman who is not one of his wives or fiancées. This shows how far men can go in trying to demonstrate that they are real men; it also shows how unfaithful men can be in such situations, which definitely puts them at high risk of infection.

James was another participant who shared the same views as John:

*Yes, because for the Zulus, you can have many women like see President Zuma.*

*Many women and many children.*

**Researcher:** Are you intending to have many more girlfriends and be like President Zuma?

**Participant:** *I think so* [laughing].

Once again President Zuma is mentioned as a figure reflecting what a Zulu man (a real man) is. He even mentioned having 'many children', which I think is obvious when one has many wives. However, in some cultures, including my own, this is a sign of power and wealth. The point is that when one has many wives and children, he already has free labour, which helps one accumulate wealth. It also indicates power, most especially when the children have grown up, as no one can try provoking you. Moreover, Bhana et al. (2006) claim that what makes boys have many partners and become sexually active can be attributed to the ways in which they have been socialised, which has put them at high risk.

Other boys did not reflect the view which considers Zulu men as real men, in comparison with the views of John and James. In fact, they gave the picture of a soft man who is loving and caring. S'busiso disagrees with the belief that women are objects of male satisfaction and insists that sex should be negotiated between the two partners:

*I think it's good.*

**Researcher:** Why do you think so?

**Participant:** *It is ok if you are married, because you are supposed to be faithful to your wives and your wives to you.*

**Researcher:** Do you think people are always faithful?

**Participant:** *Married people are supposed to be faithful.*

**Researcher:** What about unmarried people?

**Participant:** *You can't trust them sir.*

**Researcher:** And do you think that puts one at risk?

**Participant:** *Yes sir, when you are not faithful.*

S'busiso still agrees with having many wives, as long as all the partners, including men, remain faithful. According to him married people are supposed to remain faithful to their partners. For him there is only risk as soon as one of the partners stops being faithful, which is almost or totally impossible to control in a multiple relationship, in my view.

In his responses, Mduduzi said the following:

*Yes sir as you are saying, it is true.*

**Researcher:** Ok, you're saying it's true; does that mean you're agreeing with it?

**Participant:** *Uhm, no. I think it is true, but not right. It is wrong, because in that case women are considered like slaves and that cannot be right. I'm not totally against it, but I believe it is definitely not right. When you have so many partners, this puts you at risk and your partners are at risk too, which is dangerous because if one of you get the virus he can pass it to all of you.*

**Researcher:** Are you talking about married people or unmarried people too?

**Participant:** *It's everyone sir. Married or not, be Black, Indian, Coloured, White, young or old, you are at risk if you have many partners.*

Mduduzi acknowledges that this practice happens, but did not endorse it. It still does not feel right, even for those who still consider women as a sign of wealth and power. This makes it sound as if women are objects which are used as a measure of one's wealth or power. The point is, men always want to be in control over women and not the other way around, and this is all rooted in the fact that we are living in a patriarchal society, which has put women in a lower position. It shows how much risk of contracting HIV women are going through in their daily lives.

Reddy and Dunne (2007) claim that to achieve gender equity it is important to comprehend ways in which sexual identities are constructed. Jewkes and Morrell (2010) also insist that it is vital to understand what makes the difference between men and women. So, it is really important to try by all means to reduce the gap that exists between men and women, if we are to overcome the HIV/AIDS pandemic. For this fight to be effective, it has to start with the youth.

After having looked at these responses, I came to realise that some among our youth are doing things after observing people surrounding them and whom they look up to; their role-models. For John it is true and right that women are considered as objects of sexual satisfaction, and the only reason he thinks so is because of his own father and

his two uncles. Earlier on I mentioned young people's attitude and behaviour, which are very important to avoid getting involved in risky sexual behaviours. I have discovered that some young people do think in a wrong way and blame the wrong-doings, but they lack good role models to look up to. It will be very difficult for them to change their behaviours if the people that they look up to are still doing the very same thing. It is vital that adults set some good examples, because the eyes of the youth are set on them.

The example which came up more than twice was that of President Zuma and his polygamy; even though the practice has been around for so many years, young people are all mentioning him as if he was the first person to practice it. The point is that he is the one in the spotlight. Culture is also one of the most powerful things, owing to the fact that we do things as others do, without even questioning them. Even if it happens that we do question them - are we able to change them? I compare this with the biblical principles, which are there and cannot be changed.

#### **4.2.6 Multiple partnerships, gender and sexual risks**

The issue of multiple partnerships, gender and sexual risks kept on coming up throughout this study. In their responses all of the participants showed ways in which multiple partnerships are linked with sexual risk. Even those who agreed that 'Zulu men are real men' later admitted that there are risks attached to the practice of polygamy.

When looking at the HIV/AIDS statistics, women and girls are the most vulnerable to the pandemic. The UNAIDS (2006) report claims that women are excessively affected by

the epidemic due to socio-economic and cultural disadvantages. It is crucial for young people to try by all means to stay away from any risky activities, if the level of HIV and AIDS prevalence is to drop. Harrison et al. (2010) insist that the major factor that can contribute to decrease in the HIV prevalence is when the youth change their behaviour – as both boys and girls voiced in this study. If the rest of the South African youth can agree with the participants of this study, then there is high hope that HIV can be defeated.

Now let's hear what the participants in this study had to say about multiple partnerships and sexual risks. First it is necessary to point out that for many cultures and societies (if not all), it is only males who are allowed to have many partners. Again this is due to the fact that our societies are patriarchal - and not only patriarchal, but also gendered. The question here is to know whether it is alright to have multiple partners, and how does that put one at risk. Starting with the girls, Nadine responded as follows to the question 'Do you think this issue of multiple partnerships put you at risk?'

**Participant:** *Yes. Do you know intersexion? Have you ever watched it?*

*Intersexion<sup>1</sup> was introduced for teaching about HIV/AIDS. So like it started by a guy having one partner and then he started having many partners, you know. I really think having many partners is just putting yourself into risk, coz you don't*

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<sup>1</sup>Intersexion is a live broadcast TV show on SABC1, which aims to educate its viewers about HIV and AIDS.

*know if the other one got HIV or not, you don't know. You just, I don't have HIV, you got HIV, you gonna put HIV to me and the other guy doesn't have HIV and now I got HIV, I'm going to put it to him. This, this of having many partners, you're just putting yourself into risk.*

**Researcher:** So you wouldn't date a guy who has many partners?

**Participant:** *Yeah, I wouldn't mind actually. If he's going to use protection, I'm ok.*

**Researcher:** And what if he does not want to use protection?

**Participant:** *Ok, no, we're not. We are going to adopt [laughing].*

**Researcher:** Now since you are married to this husband who has many wives, will you still be going for HIV tests and respect the usage of protection during sexual intercourse?

**Participant:** *You know I believe that if you are in marriage you now suppose to be honest. If I know he's got many wives and I accepted it, then we'll have to use protection. And if we need a child, that's the only time when we'll need to go for testing.*

Multiple partnerships are okay with her, and she insists that they should only be practised by men and not girls. On top of that, she admitted that there are risks attached to the practice and reinforced the usage of protection. This shows how our societies are gendered, where women have been relegated to a lower position and even girls have learnt to live with it. It sounds good when she says that protection must be used, but the

point is that at many occasions condoms are not used, and if they are used sometimes it is not consistently.

According to Greig et al. (2008), it has been demonstrated that ideas of manhood link men to sexual risk as well as having control over women, which is connected with negative attitudes towards condoms, multiple partners, alcohol abuse and transactional sex. This manhood that men have been compared to by Greig et al. is a very risky one. If boys are to behave like that and girls are to associate with them, then they are running a high risk of being infected by the pandemic. Joyce also agrees with Nadine, and said that:

*No that's not right because you will not know, maybe your partner have some other partners and many men don't want to use protection, that affect other people, usually their wives.*

**Researcher:** So the problem is because many men don't use condoms or what?

**Participant:** *Yes, because if they have other partners they don't use condoms and they can get infection and infect their wives.*

What seems to be the problem within a multiple partnership is the fact that it is difficult to trust all partners involved. The major issue is to know whether all the partners are faithful - a difficult question to answer.

Jenifer said as follows:



*Yes it is, because it is a culture. It actually puts one at risk because these old people don't believe in checking their status, so, they can mistakenly get married to an infected person and that can affect the other wives.*

**Researcher:** You mentioned old people, what about young people?

**Participant:** *Also it is risk, because if you have many partners and if they have other partners, it's easy to get HIV.*

Even though Jenifer agrees with the practice, she still acknowledges that it is cultural thing, which definitely puts one at risk whether young or old. Speaking about culture, it is vital to mention that some cultural or traditional practices put people at high risk of infection, for example, when somebody inherits a widow, or considering the circumcision of both male and females in a traditional manner where they use the same instrument. All these practices put people at high risk of infection.

Colleen also said that:

*I don't think that is right, because it puts many people at risk of STDs, because if one of the women have the disease the man will be infected to it and spread it to the other women whom he sleeps with. I have had sex before and it was unprotected.*

**Researcher:** Do you think if you used protection you wouldn't have fallen pregnant?

**Participant:** *Yes sir.*

Like the three previous participants, Colleen (who had a child last year) also admitted that multiple partnerships are a high risk of infection. She even went further to claim that if she had used a condom at the beginning she would not have fallen pregnant. It is really important for young people to use protection to avoid such outcomes. However, Nkani and Bhana (2010) state that among all the provinces in South Africa, KwaZulu-Natal is ranked number one when it comes to teenage pregnancies in schools. The statistics are real and very worrying, so young people should avoid taking such risks.

Maureen said of multiple partners:

*No, not really. Yes it does, having multiple partners increases your chances of getting STDs and HIV/AIDS and having multiple partners means you spread the disease to thousands of innocent lives.*

For Maureen, being involved in such a relationship means spreading HIV/AIDS and STDs and killing innocent people.

Here is what the boys had to say about multiple partnerships and sexual risks. For Siphoh:

*Sir, I won't think that is right, coz if you ... you are a man you don't have to have too many women in your life because you have to deal with the problems of the family and kids; see that are born in that family they have to look after you, you can't now say ok because I am the man I have to have so many women, how can*

*you accommodate all these women in one house and give them all the support?*

*How? Yes sir, it's not right!*

*Coz maybe that person you are in love with they love you but you pretend like you don't love them, you're just playing games coz you decide to play with love sir, looking hard experience [laughing] yeah, this is not good sir.*

**Researcher:** In terms of the pandemic of HIV/AIDS, how does that put you at risk?

**Participant:** *Too much risks coz you sleep with this person may be positive, this one other hand is not, is negative. You sleep with her and you give that other person and give them virus.*

Sipho, who confessed having two girlfriends at the time of the interview, admitted that having multiple partners is not a good thing to do. His argument is that the practice can cause many internal problems within the family itself. He even wonders how one could accommodate many wives and give them all proper support. In this case things become complicated, because when somebody does not get the support, the attention or the love he/she deserves, they will not remain faithful. In their study, Reddy and Dunne (2007) claim that the aspiration of love and being loved was one of the main motivations behind young women's involvement in sexual practices, including unsafe sexual practices. Speaking in terms of female teenagers, Reddy and Dunne (2007) insist that other research advocates that love is linked with sexual practices, which justifies sexual

practices within intimate relationships. This statement basically says that in the search of love and being loved one can go as far as being involved in sexual (unsafe) practices. In fact, this agrees with Siphos argument, and puts young people at risk, as Siphos also argued. For Sibusiso:

*Married people are supposed to be faithful.*

**Researcher:** What about unmarried people?

**Participant:** *You can't trust them, sir.*

**Researcher:** And do you think that puts one at risk?

**Participant:** *Yes sir, when you are not faithful.*

**Researcher:** How does that happen?

**Participant:** *Sir, for example when you cheat on your girlfriend or if a girl cheat on her boyfriend. And when a married person is not faithful, he/she can get HIV from another person and infect his wife or his girlfriend, yeah.*

Sibusiso admitted that having many partners is not a problem. Just like Nadine and Joyce, he stressed the importance of being faithful to one another among the people involved. Otherwise, the risk is very high. Mduduzi said that:

*I'm not totally against it, but I believe it is definitely not right. When you have so many partners, this puts you at risk and your partners are at risk too, which is dangerous because if one of you get the virus he can pass it to all of you.*

**Researcher:** Are you talking about married people or unmarried people too?

**Participant:** *It's everyone sir. Married or not, be Black, Indian, Coloured, White, young or old, you are at risk if you have many partners.*

Mduduzi is not totally against the practice, but he admitted that it puts people at risk and it does not matter whether one is married or single and not even one's skin colour.

James, who also admitted to having two girlfriends, said that:

**Participant:** *That thing is to have many risk, but the people who do that thing they think it can bring trust.*

Jame's response is ambivalent which demonstrates the confusion he experiences. For him it is okay because people who practice multiple partnerships think that the practice brings trust. The question is, how does that bring trust? He also admitted that the practice has many risks attached to it. The practice is indeed risky and young people should avoid it.

Lastly, let's look at John's response; he confessed having about four girlfriends at the time of the interview:

*To have many women look good but there is wrong things about it. You can get HIV or the other disease because it is difficult to look at many people. Even the children we fight, we are not belong to one mother. It is bad, not good.*

**Researcher:** So you are saying that puts you at risk.

**Participant:** *Yeah, because when you sleep with all of them and maybe they sleep with another man who has HIV, then you also get it.*

Having already had four girlfriends, John compares women with flowers and admitted the desire of having more, as long as he finds a nice one. Obviously for him having many partners looks good, and he accepted that there are many wrong things which go with it. Apart from the risks attached to the practice, John also mentioned the internal family problems that it can cause.

I really wonder about these young people, who acknowledge the risks they are exposed to but cannot stay away from having many partners. This shows that young people are aware of the consequences, but do not seem to change their behaviours. Harrison et al. (2010) claim that in countries where the level of HIV transmission has decreased, the youth have been considered as those making an important contribution by changing their sexual behaviour.

#### **4.4 Conclusion**

This chapter provided the findings of the study conducted among young Africans in the KwaMakhutha township outside Durban in the province of KwaZulu-Natal. Young Africans aged between 16 and 17 years were interviewed in order to find out what they consider as sexual risks and the reasons why they get involved in such activities. The findings showed that young people are aware of those activities that put them at risk of acquiring HIV/AIDS, but still get involved. Moreover, the study shows that gender inequalities and the patriarchal society that we live in are the major elements that put young people at high risk infection.

## **Chapter 5: Conclusion and recommendations**

### **5.1. Introduction**

This study examined the understandings of gender and sexual risks amongst young Africans in the KwaMakhutha township, in KwaZulu-Natal. In this study young Africans boys and girls aged 16 to 17 years were selected and individually interviewed in order to determine what they perceive to be risky sexual behaviour and the reasons why they engage in such activities. The study also aimed to understand whether young people understood the negative consequences of risky behaviour. This insight from young people's point of view is very useful in understanding what schools can do to prevent risk-taking activities in the context of HIV and AIDS.

In this chapter I provided a summary of the study, and outlined the content of each chapter as well as the limitations and recommendations arising from the findings.

In Chapter One the study was introduced. This chapter also provided the background and the rationale of this study as well as the research questions. In this chapter I also provided the working definition of the variable 'risky sexual behaviour'.

Chapter Two provided a review of literature that focuses on young people and sexualities, HIV and AIDS, gender, power relations, violence, pregnancies and condom usage. Both local and international literature was reviewed.

Chapter Three provided a description of the research design and methodology used, and also outlined the ethical issues that this study had to abide with. An overview of the research site and a brief presentation of the participants were also provided.

In Chapter Four I presented the data collected and offered an analysis of the findings of this study, which showed that young people (boys and girls) are aware of the severity of the HIV and AIDS pandemic and that some of them are cautious and use condoms, while others are still getting involved in risky sexual activities without any protection.

## **5.2. Summary of the findings**

From the analysis of the data collected, the following key themes emerged from this study. The findings under each theme are summarised below:

- Condom usage;
  - No condom, no sex



- I only use a condom when I have it
- I want skin to skin
- Preventing AIDS and pregnancy;
- Preventing sexual debut;
- Sex and respect for women (respectful masculinities);
- Zulu men are real men; and
- Multiple partnerships, gender and sexual risk.

### 5.2.1. Condom usage

This study reveals that school going African youth aged 16 to 17 years, in KwaMakhutha are conscious of how detrimental the HIV and AIDS pandemic is, and expressed the agency of using condoms during their sexual activities. They also mentioned that condoms help prevent unwanted pregnancies and STDs/STIs.

#### - **No condom, No sex**

Some of the participants went on to claim that if there is “no protection, then there will be no sex”. With such a response from the participants, I came to realise that abstinence is still one of the options that young people should turn to, to avoid the transmission of the pandemic. Lord (2010) claims that in the past decades young people were taught to abstain as the only way of protection. Nowadays young people are getting sexually involved from as early as 12 years (HSRC, 2011). The usage of condoms seems to be essential, although this topic has caused huge debates. I believe

it is a major step forward towards victory over the pandemic if young people have reached the point whereby the usage of condoms is being negotiated and consistent.

- **I only use a condom when I have it**

However, some of the participants claimed that they only use a condom when they have one. For them, it does not matter whether they possess a condom or not. Yet these participants claimed to be aware of the HIV and AIDS pandemic. Given the patriarchal society we live in today, girls fail to negotiate condom usage since they have been relegated to a lower position, and this keeps them at risk. Low socio-economic status has also made young people expose themselves to high risk-taking activity in order to meet their financial needs. The findings of the study conducted by Reddy and Dunne (2007) among young Africans and Indian adults show that a significant number of men fail to control their sexual desires and on the traditional point of view they are expected to have sufficient sexual practice as a preparation for marriage.

- **I want skin to skin**

This study has also revealed that there is a number of young people who do not like to use condoms at all. They want 'skin to skin'. Some of the participants confessed being told by their friends that they could not 'eat a sweet within its plastic'. The thought that came to my mind was that such participants spoke on the behalf of their friends with the fear of being misjudged. And it does not matter who said what, but the point is some of our young people who do not like using condoms. It will be really difficult to overcome

the pandemic of HIV and AIDS if young people will not change their attitudes and behaviours. In their study, Harrison et al. (2010) claim that the level of the HIV transmission amongst South African youth aged between 15- 24 years is alarming. According to the recent report of a study conducted in South Africa by the HSRC, 49% of children aged between 12 and 17 years said that they had used a condom when they last had sex (HSRC, 2011; *The Mercury*, published (by Michelle Jones) on Monday September 26, 2011). Even though 49% is not good enough, I believe there is hope that young people are moving towards more protective behaviour.

### **5.2.2. Preventing AIDS and pregnancy**

Participants in this study revealed that they felt that sex is not the right thing at their age, because there are so many risks attached. One of these risks is acquiring AIDS, while falling pregnant is another. This seems to be the reason why those who claimed that they use condoms do so. Some of the participants claimed that they were not sexually active due to cultural constraints. Some claimed that sex is not something to be done just any how or with just anyone; there is the need to know the person involved. The reason behind this response was to avoid being exposed to transmission of HIV. In this study young people revealed that it is crucial for them to be able to control their own sexualities. The fact is that once control is lost, one becomes exposed to a high risk of infection.

### 5.2.3. Preventing sexual debut

Early sexual debut was not an ideal thing for the participants in this study; they claimed that having sex was too early at their ages (16-17 years old). Participants showed that this was due to the fear of transmission of HIV and to avoid pregnancies, but also due to cultural and religious regulations for some of them. In fact, some female participants claimed that they go for virginity testing and could not afford to be involved in sexual activities because this would be disrespecting both their culture as well as their parents. In this way, I believe culture has played a major role in keeping these young women away from sexual activities, which basically also keeps them away from HIV transmission. According to the participants who refer to cultural issues, within the Zulu culture girls are only allowed to start sexual activities after they have celebrated their 21<sup>st</sup> birthday. Religion also made young people stay away from becoming sexually involved; the fact that the Bible does not allow any sexual activity before marriage seems to be the other thing which can stop young people from having sex. Referring to the Bible's Old Testament (rooted in the Jewish culture), Deuteronomy 22: 20-21 reads that a female who was found committing adultery was to be lapidated, and reading from I Corinthians 6: 9-10, the Bible is against sex before or out of marriage. In this way, the fear and the respect of religious rules can help keep young people away from sexual involvement.

#### **5.2.4. Sex and respect for women (respectful masculinities)**

Male participants demonstrated a certain kind of respect for women and sexuality. In today's society it is men's responsibility to steer sexual activities, and this seems to have given them the right to have sex with others while in contrast women must remain faithful (Jewkes & Morrell, 2010). However, male participants claimed equality between partners and stressed that sex needs to be negotiated. In South Africa, however, sexual risk-taking behaviours are to be found within the perspective of opposed power in a relationship, where gender establishes the different norms for sexual behaviour (Hoffman et al., 2010). The young people (boys) maintained that women should not be forced into sexual activities, because they deserve some respect regarding this matter. This is what I called respectful masculinities. However, it is important to mention that participants did not mention any kind of violence within their relationships, which I think is the reason why male participants responded in such a way. In so saying, this study does not deny the presence of violence within young people's relationships.

#### **5.2.5. Zulu men are real men**

In South Africa, like in many other African cultures, having relationships with many women is an indication of being a real man. It also indicates that one is powerful and wealthy, and this is true in the Zulu culture. In such cases women are seen as objects of male sexual satisfaction. However, both young men and women in this study were vocal

in challenging this belief. Participants in this study spoke about the 50/50 partnership and claimed that men and women deserve equal treatment. Given the patriarchal society that we live in, it is not that easy to reach equality between men and women. Participants went on to claim that women are treated as slaves within this belief of being objects of desire. This kind of a response shows that women have sexual agency and cannot be treated in such a way. Some other participants (boys) mentioned that there was nothing wrong with the practice and brought up the example of President Zuma, who has been married five times, with two fiancées. Ways in which boys have been socialised is what make them have many partners and become sexually active (Bhana et al. 2006), yet this practice puts them at high risk.

#### **5.2.6. Multiple partnerships, gender and sexual risk**

For many years patriarchal and gendered society has supported men in having many partners, while women are supposed to remain faithful. All of the participants in this study indicated ways in which multiple partnerships put one at risk. Although some of the participants (boys and girls) showed support for multiple partnerships, they are still aware that the practice carries with it many risks of infection. This practice has put women at risk and made them vulnerable to the pandemic. The most important thing in such relationships is faithfulness. Participants claimed that it may happen that people involved in a certain given relationship have other partners, and if they get infected, everyone else involved will be affected. Participants also referred to the fact that most

men do not like to use condoms. It is very risky when the youth fail to protect themselves in such situations. Moreover, apart from sexual risks, participants revealed that in such relationships many problems arise within the family. Again President Zuma was in the spotlight and cited as an example in support of multiple partnerships. Even some female participants responded in the favour of the practice. This is due to the fact that the society which we live in is gendered and has made women learn to live with it. In many African cultures, the man is considered as the bread-winner as well as the financial provider. In such a situation, women accept to get involved with a man that is known to have other partners.

### **5.3. Limitations**

In carrying out this study the following limitations were encountered:

1. This study only comprised 10 selected learners (out of 1189 learners) at one of the high schools in the KwaMakhutha township. Participants were aged between 16 and 17 years, and all were IsiZulu mother tongue-speaking except for two girls who were IsiXhosa mother tongue-speaking. Given the number of the interviews conducted compared to the number of young people in the school or the entire township of KwaMakhutha, this study does not reflect the views of all the young people in the township because the finding could not be generalized to all the young people in KwaMakhutha.

2. Being a male researcher and a teacher in the same school in which the data were collected limited this study in a way such learners (participants) could perhaps have opened up and expressed themselves with much more freedom to someone else. In fact, the teacher-learner relationship which places the teacher in the position of authority was present and which I tried by all means to suppress by having lunch with all the participants and they were even encouraged to call me by my first name. This way I managed to build trust with them. Talking about personal intimate issues is not always easy. This was also noticed in this study and two of my female participants seemed to remain reserved during the interview but I kept reminding them that all the interview and the conversation that was taking place was to remain strictly confidential. For that reason, I needed to ask more questions and even reformulate some questions for them so they could find it easy to express themselves.
3. Language may also have been a limitation to this study. In fact some of the participants had missed words in English at a couple of times in order to express themselves. What happened is that I encouraged them to say the word in IsiZulu and continue with the interview. After the interview, I went to one of the teachers and asked them to translate that word (or those words) for me. After the data were transcribed, a copy was sent to the participants to make sure that the transcribed data reflected what he/she truly meant during the interview.



#### 5.4. Recommendations

I believe that it is possible for young people to stay away from risky sexual activities and therefore to reduce the level of transmission of HIV and AIDS. The fight against HIV and AIDS can be won if all the stakeholders involved can play their role: the parents, young people themselves, the society and the Department of Education through schools. I make the following recommendations:

1. To the parents: In most African cultures, discussing topics related to sex is considered as taboo. Given the danger facing their children, parents should openly speak about sex related issues and the risks attached to it with their children. I believe that can help give children more knowledge about the pandemic of HIV/AIDS and could help them correct all the misconceptions they may have.

2. To the youth: Young people who are the main actors and who are well aware about the consequences of HIV and AIDS, pregnancies and other STIs, need to change their attitudes and behaviours regarding risky sexual activities. They should stay away from unprotected sexual intercourse in case if they choose not to abstain. Those who are already sexually active should condomise or else be faithful to their partners. I suggest abstinence because it is the best.

4. To the society: The patriarchal and gendered society that we live in needs to be addressed, because it has relegated girls and women to a lower position, and this has made them more vulnerable to the pandemic of HIV and AIDS compared to boys and

men. Young people seem to be abandoned and some people tend to believe that it is their own business. They need to be supported because without the support of the society, these young people cannot make it. HIV/AIDS is not anyone's problem; it is all our problem and it is time that we fight it together, because together we can do more!

4. To the department of education: The department of education should encourage teachers to educate learners about their sexual lives. Teachers should openly discuss such topics with learners as it will help them get knowledge regarding these issues. I know there are structures in place but I have to say that they need to be strengthened.

In conclusion, this study has revealed that there is a good deal of knowledge about risky sexual behaviours and HIV and AIDS amongst young people, but still they get involved in such activities. From the positive responses of some participants in this study, there is hope that this fight can be won. The level of infected young people can still decrease if young people will accept the need to change their attitudes and behaviours. Culture is one of those issues which, on one hand, helps young people to stay away from sexual risks (girls), and on the other hand, exposes them to high risks (boys).

## REFERENCES

Ackermann, L., & De Klerk, G. W. (2002). Social factors that make South African women vulnerable to HIV infection. *Health Care for Women International, 23*, 163-172.

Aggleton, P. (1991). When will they ever learn?: Young people, health promotion and HIV/AIDS social research. *AIDS Care, 3*(3), 259-264.

Bailey, K. (1982). *Methods of social research*, New York: The free Press.

Berg, B. L. (2004). *Qualitative Research Methods, 5<sup>th</sup> edition*. Boston: Pearson Education.

Berger, S. (2009). "ANC's Jacob Zuma to marry for fifth time". *The Daily Telegraph* (London).

<http://www.telegraph.co.uk/news/worldnews/africaandindianocean/southafrica/4127176/ANCs-Jacob-Zuma-to-marry-for-fifth-time.html>. Retrieved 5 May 2010

Bhana, D., Morrell, R., Epstein, D. & Moletsane, R. (2006). 'The hidden work of caring: Teachers and the maturing AIDS epidemic in diverse secondary schools in Durban'. *Journal of Education, 38*, 1-23.

Bhana, D. & Epstein, D. (2007). "I don't want to catch it". Boys, girls and sexualities in an HIV/AIDS environment. *Gender and Education, 19*(1), 109 - 125.

Bhana, D., Nzimakwe, T., & Nzimakwe, P. (2010). Gender in the early years: Boys and girls in an African working class primary school. Durban: University of KwaZulu-Natal.

Britton, H. (2006). Organising against gender violence in South Africa. *Journal of Southern African Studies, 32* (1), 145-163.

Broowne, A. & Williams, K. R. (1993). Gender, intimacy and lethal violence: Trends from 1976 through 1987. *Gender and Society, Vol. 7, No. 1*, 78-98.

Burns, R. (2000). *Introduction to Research Methods*. London: Sage.

Clark, P. & Creswell, J. W. (2008). *The mixed methods reader*. Los Angeles: Sage.

Chadwick, R. (2010, October 14-15). *Gender sexuality and South African childhoods: a child rights approach*. Paper presented at the colloquium on "shaping new forms of gender equality– gender and sexual identities and practices", held at the University of the Western Cape South Africa.

Cohen, L., Manion, L. and Morrison, K. (2000). *Research methods in education*. (6<sup>th</sup> Ed.). London: Routledge.

Cohen, L., Manion, L. & Morrison, K. (2007). *Research methods in education*. London: Routledge.

Coltrane, S. (2000). Research on Household Labor: Modeling and Measuring the Social Embeddedness of Routine Family Work. *Journal of Marriage and the Family* 62(4): 1208-33.

Cresswell, J. W. (2002). *Research design: Qualitative, quantitative, and mixed method approaches*. (2<sup>nd</sup> Ed.). London: Sage Publications.

Cresswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2<sup>nd</sup> Ed.). Thousand Oaks: Sage Publications.

Davis, K. R. & Weller, S. C. (1999). The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV. *Family Planning Perspectives* 31(6), 272-279.

De Vos, A. S., Strydom., H., Fouche, C. B., & Delpport, C. S. L. (2002). *Research at grass roots for the social sciences and human service professions*. Pretoria: Van Schaik.

Donovan, B. & Ross, M. W. (2000). Preventing HIV: determinants of sexual behaviour. *Lancet*, 355(9218) 1897–1901.

Dowsett, G., W. (2003). Some consideration on sexuality and gender in the context of AIDS. *Reproductive Health Matters*, 11 (22), 21-29.

Gage, A. (1998). Sexual activity and contraceptive use: The components of the decision-making process. *Studies in Family planning*, 29 (2), 154-166.

Gelles, R. J., & Cornell, C. P. (1985). *Intimate violence in families*. Beverly Hills, CA: Sage.

George, E. (2001). *South Africa: Sexual Violence in Schools*. Johannesburg: Africa Policy Information (APIC).

Gillham, B. (2000). *The research interview*. London: Continuum.

Grant, J. M. & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39 (4), 369-382.

Greig, A., Peacock, D., Jewkes, R. & Msimang, S. (2008). Gender and AIDS: time to act. *AIDS*, 22 (2) S35-S43.

Harrison, A., Xaba, N., & Kunene, P. (2001). Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reproductive Health Matters*, 9 (17), 63-71.

Harrison, A., Newell, M., Imrie, J., & Hoddinott, G. (2010). HIV prevention for South African youth: Which intervention work? A systematic review of current evidence. *BMC Public Health*, 10: 102.

Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik Publishers.

Henning, E., Gravett, S. & Van Rensburg, W. (2005). *Finding your way in academic writing*. (2<sup>nd</sup> Ed.). Pretoria: Van Schaik.

Hoffman, S., O'Sullivan, L. F., Harrison, A., Dolezal, C., & Monroe-Wise, A. (2006). HIV risk behaviours and the context of sexual coercion in young adults' sexual interactions: Results from a diary study in rural South Africa. *Sexually Transmitted Diseases*, Vol. 33 (1), 52-58.

Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. & Thomson, R. (1990). Sex, gender and power: Young women's sexuality in the shadow of AIDS. *Sociology of Health & Illness*, Vol. 12 (3), 0141-9889.

Holy Bible, New Internal Version.

Hooks, B. (1986). *Talking back: thinking feminist-thinking black*. London: South End Press.

HSRC (2008). *South African HIV National HIV prevalence, Incidence, Behaviour and Communication, Survey 2008*.

Human Right watch (2001). *Scared at school: Sexual violence against girls in South African schools*. New York: Human Right Watch.

Hunter, M. (2005). Cultural politics and masculinities: multiple partners in historical perspective in KwaZulu-Natal. *Culture, Health & Sexuality*, 7, 389-403.

Hyder, T. & Veigh, J. M. (2007). Gender-based violence against children in emergencies: Save the children UK's response. *Gender and Development*, 15(1), 81-93.

Jewkes, R. & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk prevention. *Journal of the International AIDS Society* 2010, 13:6.

Jewkes, R., Dunkle, K., Nduna, M. & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*, 376 (9734), 41-48.



Johnson, M. P. (1995). Patriarchal Terrorism and Common Couple Violence: Two Forms of Violence against Women. *Journal of Marriage and Family*, Vol. 57, No. 2, 283-294.

Jones, M. (2011, September 26). Teen's risky sexual practices. *The Mercury*, p. 3.

Kelly, K. (2001). Bambisanani: Community orientation to HIV/AIDS prevention, care and support. The Equity Project / USAID.

Leach, F. & Humphreys, S. (2007). Gender violence in schools: Taking the 'girls-as-victims' discourse forward. *Gender and Development*, 15 (1), 51-65.

Lichtman, M. (2006). *Qualitative research in education: A user's guide*. Thousand Oaks, CA: Sage.

Leclerc-Madlala, S. (2002). Youth, HIV/AIDS and the importance of sexual culture and context. *Social Dynamics*, 28: 1, 20-41.

Lord, A. M. (2010). *Condom Nation: The U.S. Government's Sex Education Campaign from World War1 to the Internet*. Baltimore, MD: The John Hopkins University.

Lloyd, C. (Ed.). (2005). *Growing up global: The changing transitions to adulthood in developing countries*. Washington, DC: The National Academies Press.

Lowe, M. (2007). *Beginning research: A guide for foundation degree students*. New York: Routledge.

Luvt, R. (2003). Rhetorical representations of masculinities in South Africa: moving towards a material-discursive understanding of men. *Journal of applied Psychology* 13:1, pp 46-69 2003.

McCarthy, B. & Grodsky, E. (2011). Sex and School: Adolescent Sexual Intercourse and Education. *Society for the Study of Social Problems*, Vol. 58, No. 2 (May 2011), pp. 213-234.

MacPhail, C. & Campbell, C. (2001). I think condoms are good but, aai, I hate those things: Condom use among adolescents and young people in Southern African Township. *Social Science & Medicine* 52, 1613-1627.

Maman, S., Campbell, J., Sweat, M. D., & Gielen, A. C. (2000). The inter-sections of HIV and violence: Directions for future research and interventions. *Social Science and Medicine*, 50, 459-478.

Maree, K. (Ed.). (2007). First steps in research. Pretoria: Van Schaik.

Marlow, C. (1998). *Research methods for generalist social workers*. Berlin: Oxford University Press

Marshall, C. & Rossman, G. B. (2006). *Designing qualitative research*. Thousand Oaks: Sage Publications.

Masvawure, T. (2010). 'I just need to be flashy on campus': female students and transactional sex at a university in Zimbabwe. *Culture, Health & Sexuality*, 12 (8), 857-871.

Morrell, R. (2003). 'Silence, Sexuality and HIV/AIDS in South African Schools.' *The Australian Educational Research*, 30, 1

Morrell, R., Unterhalter, E., Moletsane, L. & Epstein, D. (2001). Missing the message: HIV/AIDS interventions and learners in South African schools. *Canadian Woman in Studies Journal* 21 (2), 90-96.

Mouton, J. (1996). *Understanding social research*. Cape Town: Van Shaik publishers.

Marston, C. & King, E. (2006). Factors that shape young people's sexual behaviour: A systematic review. *Lancet* 368(9,547): 1,581-1,586.

Moultrie, T., A. & MacGrath, N. (2007). Teenage fertility rates falling in South Africa. *South African Medical Journal*, 97 (6), 442-443.

Nkani, F., N. & Bhana, D. (2010). No to bulging stomachs: Male principals talk about teenage pregnancy at schools in Inanda, Durban. *Agenda*, 24: 83, 107-113.

Patton, C. (1989). Resistance and the Erotic, in Peter Aggleton, Graham Hart and Peter.

Punch, K. (2005), *Introduction to social research: Quantitative and qualitative approaches*, 2<sup>nd</sup> edition, London, SAGE.

Reddy, S. & Dunne, M. (2007). Risking it: Young heterosexual femininities in South African context of HIV/AIDS. *Sexualities*, 10 (2), 157-170.

Robertson, J. (2008). *HIV/AIDS in South Africa: An overview of the country's epidemic*. Accessed from: <http://www.suite101.com/content/hivaids-in-south-africa-a63723>.

Sawicki, J., (1998) *Feminism and the Power of Discourse* in J. Arac (ed.) *After Foucault: Humanistic Knowledge, Postmodern Challenges*, New Brunswick and London: Rutgers University Press, pp. 161-178.

Shank, G. and Brown, L. (2007). *Exploring Educational Research Literacy*. New York: Routledge.

Shisana, O., Rehle, T., Simbayi, L. C., Parker, W., Pillay-Van Wyk, V., Mbelle, N. & Van Zyl, J. (2009). *South African national HIV prevalence, HIV incidence, behaviour and communication survey 2008*. Cape Town: HSRC Press.

Sideris, T. (2004). "You have changed and you don't know how": what it means to be a man in a rural area of South Africa. *African studies*, 63 (1), 29-49.

Sobo, E. J. (1995), *Choosing unsafe Sex: AIDS-Risk Denial Among Disadvantage Women*. Philadelphia: University of Pennsylvania.

Sorenzo, A. and McLanahan, S. (1987). Married Women's Economic Dependency: 1940-1980. *American Journal of Sociology* 93(3):957-87.

Southze, S. J. & Spitze, G. (1994). Housework in Marital and Non-marital Households. *American Sociological Review* 59(3):327-7.

Terre Blanche, M. T., Durrheim, K. & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim & K. Kelly (Eds.). *Research in practice: Applied methods for social sciences*. (2<sup>nd</sup> Ed.). Cape Town: UCT.

Ulin, P. P., Robinson, E. T., Tolley, E. E. & McNeill, E. T. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health*. North Carolina: Family Health International.

UNESCO (1999). Available on <http://www.alrc.net/doc/mainfile.php/torture/149/>, downloaded on March 1<sup>st</sup>, 2011.

UNAIDS/ South Africa. Available on <http://www.avert.org/safricastats.htm>.

UNAIDS/WHO. Available on <http://www.alianzaintercambios.org>.

Vithal, R. & Jansen, J. (1997). *Designing your first research proposal*. A manual for researchers in education and the social science, Cape Town: Juta & Co LTD.

Wang, S. K. (2010). Violence & HIV/AIDS: Violence against women and girls as a cause and consequence of HIV/AIDS. *Duke Journal of Gender Law & Policy*. Volume 17:313 2010.

Watts, C. & Mayhew, S. (2004). Reproductive health services and intimate partner violence: Shaping a pragmatic response in Sub-Saharan Africa. *International Family Planning Perspectives*. Vol. 30, no 4.

Walsh, S. & Mitchell, C. (2006). 'I'm too young to die': HIV, masculinity, danger and desire in urban South Africa'. *Gender & Development*. Vol 14, 1.

Whiteside, A. & Sunter, C. (2000). AIDS: The challenge for South Africa. Cape Town: Human and Rousseau Tafelberg.

Willig, C. (1994). 'Marital discourse and Condom use', in Peter Aggleton, Peter Davies and Graham Harts (eds) AIDS: *Foundation for the future*, pp. 110-22. London: Taylor & Francis.

Wolpe, A., Quinlan, O. & Martinez, L. (1997). Gender equity in education: Report of the Gender Equity Task Team. Pretoria: Department of Education.

Wood, K., Maforah, F., and Jewkes, R. (1998). He forced me to love him: Putting violence on adolescent sexual health agendas. *Social Science and Medicine*, 47:2, 233-242.

Wood, K. & Jewkes, R. (2001). "Dangerous" love: Reflection on violence among Xhosa township youth. In R. Morrell (Ed.), *Changing men in Southern Africa* (pp. 317-336).  
New York: Zed Books Ltd.