

**Sexual risk amongst teenage mothers
in a selected
KwaZulu-Natal secondary school
within a context of HIV/AIDS.**

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Declaration

I, **Preenisha Naicker (Student No: 208510657)** declare that:

- i. The research report in this thesis, except where otherwise stated is my original work.
- ii. This thesis has not been submitted for any degree or examination at any other university.
- iii. This thesis does not contain other person's data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other researchers. Where other sources have been quoted, then:
 - a) Their words have been re-written but the general information attributed to them has been referenced.
 - b) Where their exact words have been used, their writing had been placed inside quotation marks, and referenced.
- iv. The work described in this thesis was carried out in the School of Education, University of KwaZulu-Natal, from 2013 to 2014 under the supervision of Dr S Singh (research supervisor) and
- v. The Ethical Clearance No: **HSS/0676/013M** was granted prior to undertaking the fieldwork.

Signed by me: _____

Dedication

My Humble Pranams at Thy Lotus Feet of my Divine Guru - Bhagawan Shri Sathya Sai Baba whose divine omnipresence, grace, teachings and plans to prosper me have been instrumental in shaping this journey in incredible ways.

TO:

My parents, the epitomes of selflessness and unconditional love, to whom I dedicate this dissertation. I sincerely thank you for being my pillars of strength and reassuring me every step of this journey. I am grateful for your sacrifices and I never felt alone – because you were always beside me.

My aunt, Dr Usha Neelakantan and my late uncle, Dr Gesha Naicker who have inspired me to pursue this journey. Thank you for your words of wisdom and encouragement. My determination to complete this dissertation has been nurtured by your continuous belief in me.

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Abstract

Statistics demonstrate that HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) is a global and national challenge, with major difficulties being experienced in the numerous efforts to curb the transmission of HIV. In addition, research highlights that teenage pregnancy is an emerging social concern globally, which bears testimony to the ineffectiveness of efforts to promote safe sex. High rates of teenage pregnancy can be attributed to unsafe sex and insufficient and incorrect knowledge related to sexual risk. Despite the negative consequences associated with teenage pregnancy, such as social stigma and gender-inequitable challenges in parenting, scholars argue that teenage mothers being neglected and cast aside contributes to further engagement in risky sexual behaviours and possibilities for repeat pregnancies despite challenges experienced during the first pregnancy. This study explores teenage mothers' understanding of sexual risk in a context of HIV/AIDS. Aspects related to risky sexual behaviour were examined, such as the prevalence of HIV, the role of gender power in affirming gender-specific roles, teenage pregnancy and motherhood as a social concern, sexual risk factors such as poverty, the media, alcohol, drugs, peer pressure, barriers to utilising contraceptives, transactional relationships, love, trust, coercion, violence and sexual decision making. Despite the availability of a wide spectrum of research on risk factors, there is a paucity of literature about the understanding of sexual risk amongst teenage mothers and its influence on their sexual behaviour post pregnancy.

Therefore, this qualitative study sought to explore the understanding of sexual risk amongst 11 purposefully selected teenage mothers from a secondary school on the South Coast of KwaZulu-Natal. The study, located within the interpretive paradigm, adopted individual interviews to gain an understanding of sexual risks amongst teenage mothers and the ways in which their knowledge served to influence their choices relating to sex post pregnancy.

The data was analysed utilising thematic analysis to demonstrate explicit and implicit ideas identified within the data. The findings revealed eleven themes which illustrated that: teenage mothers in this study regretted their decisions to engage in the risky sexual behaviour that contributed to their pregnancies; in turn this influenced their decisions to engage in safe sex post pregnancy to avoid repeat pregnancies that would interrupt the achievement of their educational goals. While teenage mothers in this study acknowledged that they have learnt their lesson, they reported that teenage mothers they are acquainted with continue to engage

in sexual behaviours that are risky. This research study revealed that negative consequences associated with motherhood played a role in bringing change to their prior risky sexual behaviours. The findings of this study validate the theory of social constructionism as articulated by Burr (2003), whereby identities are fluid and dynamic owing to interactions within various social contexts. Furthermore, the theory of performativity by Butler (1990) was utilised in framing this study because it asserts that identities are not what we possess, but are performances of gender that vary in different contexts and times. Implications for education and future research were drawn from the findings of this study.

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1 Chapter One: Introduction to the study

1.1 Introduction and background to the study

Globally and nationally, there have been numerous attempts to curb the spread of HIV/AIDS by promoting safe sex practices. However, studies conducted by Panday, Makiwane, Ranchod & Letsoalo, 2009; Mkhwanazi, 2010; Mpofu, 2012 highlight the high rate of teenage pregnancy in South Africa (SA), thereby emphasising that teenage pregnancy is a social concern owing to unsafe sexual practices despite educational and awareness campaigns to encourage safe sex, the availability of information on methods of contraception and the challenges associated with teenage pregnancies such as stigma, gender inequalities and disruption of educational goals explored by Bhana, Morrell, Shefer & Ngabaza (2010). Therefore, a study examining sexual risk amongst teenage mothers is essential as it is a social concern and contributes to negative consequences such as pregnancy and HIV infection.

This research study is embedded within the context of HIV/AIDS; therefore, it is imperative for an outline of the HI Virus, its causes and implications to be presented prior to highlighting the focal point of this study which is understanding sexual risk amongst teenage mothers in the context of HIV/AIDS. Health care professionals are desperately attempting to develop a cure for the HI virus which is currently an incurable illness that can be managed and treated with particular drugs that are prescribed, that is, antiretroviral treatment. HIV is transmitted through sexual contact within homosexual and heterosexual relationships, during blood transfusions, mother to child birth, body tattooing using needles and the sharing of needles during consumption of drugs.

According to Mann (1989), the history of the virus can be dated back to early 1980 where mostly gay men reported initial cases of infection in the United States of America (USA). With the passing of time, it has been noted that HIV not only affects gay men, but also women, children and people of all ages, statuses or sexual orientation. Global Report (2010) indicates that despite a marginal decline in the number of new infections reported, the overall rate of new infections is still high.

A report by UNAIDS (2014) discloses that, globally, in 2013, approximately 35 million people were living with HIV. In 2013, 24.7 million people in sub-Saharan Africa were HIV positive which highlights that HIV is a global and regional concern (UNAIDS 2014).

UNAIDS (2011, p.2) indicate that “young women aged 15-24, are most vulnerable to HIV” which shows that globally, women are largely affected and infected by HIV. From the statistics presented, it is apparent that sub-Saharan Africa is highly affected by the AIDS pandemic and young women are more vulnerable to HIV infection, globally. In SA, Pettifor, Rees, Kleinschmidt, Steffenson, Macphail, Hlongwa-Madikizela, Vermaark & Padian (2005) ascribe the vulnerability to HIV amongst youth in SA to the shackles of Apartheid. Therefore, a study examining sexual risk amongst teenage mothers is crucial.

Attempts globally to prevent and curb the transmission of HIV in the form of explicit and detailed messages and programmes have been made to inform and enlighten the world about methods of prevention. However, the transmission of HIV continues which indicates that HIV prevention programmes have not reached their intended effects (Reddy, 2011). The failure of HIV prevention programmes and the recurrent transmission of HIV are closely related to interconnected issues and dynamics that exist in numerous relationships and sexual encounters such as societal and cultural norms and the presence and practising of gender power (Holland, Ramazanoglu, Scott, Sharpe & Thomson, 1990; Reddy & Dunne, 2007). Therefore, it is vital not only to understand teenage pregnancies, but also patterns of risky sexual activity that teenage mothers engage in.

The prevalence of HIV/AIDS being high amongst young women, coupled with other consequences of risky sexual behaviour such as teenage pregnancy, creates a necessity for research in this area. Mpanza and Nzima (2010); Mpofu (2012) argue that teenage pregnancy is an emerging social problem globally, and this means that teenagers engage in unsafe sex which heightens risks of pregnancy. Mkhwanazi (2010) ascribes the negative consequences and challenges faced by young women to incorrect and insufficient knowledge relating to sexual risk.

Bhana, Clowes, Morrell, and Shefer (2008) report that in terms of the South African Schools Act 84 of 1996, pregnant learners may not be denied access to education, discriminated against or be excluded from school on the basis of being pregnant. However, Bhana et al. (2008, p.13) state that schools are not considerate, supportive or sympathetic towards teenage mothers and sometimes do not welcome the “extra burden of dealing with issues of parenthood amongst learners”, leaving female learners to suffer the burden of prejudice and exclusion. Pregnant teenagers endure negative experiences that stem from school, home and society as demonstrated by Bhana et al. (2010, p5-11) which include “scathing”, “moralistic

judgement”, “sexual shame”, “objectifying pregnancy”, “disruption of academic life” and “gender inequalities in pregnancy and parenting”.

It is therefore evident that young women bear the challenges of teenage pregnancies and motherhood that contribute to poor attendance, dismal academic performances, dropping out of school, financial challenges, etc as opposed to males who father children remaining “largely invisible” (Bhana et al., 2008). The negative consequences associated with teenage pregnancy and the relation of teenage pregnancy to sexual behaviour creates a need for research exploring teenage mothers’ understanding of sexual risk.

1.2 Purpose and focus of this study.

The main purpose of my research study is to gain insight into how a selected group of teenage mothers understand sexual risk, most crucially within a context of HIV/AIDS. Secondly, I aim to elicit the understanding that teenage mothers in the study have of risky sexual behaviours, considering their prior sexual experiences (possibly including unsafe sex) that have resulted in pregnancy. Thirdly, in gleaning insights into teenage mother’s understanding of risky sexual behaviour, I strive to determine whether their sexual behaviours have changed as a result of newly established knowledge of risky behaviours and its consequences, taking into account HIV/AIDS. Furthermore, I endeavour to discover how gender identities and gender power play an influential role in shaping teenage mother’s construction of sexuality prior to and post the birth of their child/children.

My hope is that this research will benefit young women, teenage mothers and, on a larger scale, the community through improving the understanding of complex issues relating to sexual risk and HIV. Improving the understanding of sexual risks and HIV will assist teenagers and all other stakeholders to promote and engage in safe sex, thereby helping to prevent teenage pregnancy and the transmission of HIV. Bearing in mind that this is an under-researched area, this study would be vital in developing intervention programmes that would be suitable to various schooling contexts to create and sustain awareness about safe sexual practices and prevention of teenage pregnancies as a whole.

1.3 Rationale underpinning the study

According to Mpofo (2012), in a two year period ranging from July 2008 to July 2010, 160 754 cases of teenage pregnancy were recorded in SA. The South African National Youth Risk Behaviour Survey of 2008 conducted by the Medical Research Council (MRC) reported by Mngoma (2010) reveals that teenagers in SA became pregnant as a result of factors such

as incorrect and insufficient knowledge about the use of contraceptives, engaging in unprotected sex and sexual activity after drug and alcohol consumption. The incidence of teenage pregnancy suggests that learners are engaging in unprotected sex and other risky sexual behaviours resulting in teenage pregnancies and risk of HIV infection. Therefore, it is imperative to determine the understanding that teenage mothers have of sexual risk, the extent to which they engage in risky sexual behaviours and the reasons thereof. Research that explores the mentioned crisis and generates knowledge in this area would be crucial in creating awareness and prevention strategies.

Bhana et al. (2008) claim that despite legislation in SA prohibiting the discrimination or exclusion of teenage mothers, schools are sometimes unsympathetic, inconsiderate and unsupportive towards pregnant learners. Bhana et al. (2010) report that the negative consequences of teenage pregnancy faced by teenage mothers are stigma, shame, moralistic judgement and interruptions in achieving their educational goals. It is evident that teenage mothers largely bear the brunt of teenage pregnancies. Therefore, it is essential to understand risky sexual activity that teenagers engage in which result in negative consequences.

According to Love Life (2007), despite a variety of research studies and programmes that have been established and implemented in SA to explore and address issues related to sexual behaviour and teenage pregnancies, and to promote safe sex programmes in an attempt to prevent teenage pregnancies and STDs, a high percentage of teenagers in SA are sexually active which heightens their vulnerability to HIV infection. The motivation behind this study is to provide more detailed knowledge and research with regard to the causes, implications and consequences of risky sexual behaviours. We need to bear in mind that the consequences of risky sexual behaviours serve as obstacles to teenagers in terms of achieving their potential goals. Hulton, Cullen & Khalokho (2000); Department of Education (2009); Grant & Hallman (2008) list a wide range of educational challenges experienced by teenage mothers.

As an educator at a secondary school in the community that I live in, my colleagues and I are aware that there are numerous teenage mothers in our school that are between the ages of 16 and 19. We are sometimes confronted with situations regarding teenagers who are misinformed about sex and are involved in risky sexual behaviours on school premises and at neighbouring social venues, such as, multiple partners, transactional sex, alcohol, drugs, coercion, and sexual violence. In addition, our school faces recurring challenges whereby teenage mothers face the consequences of their actions more than once. It is noted that a

number of teenage mothers who return to school after the birth of their child are almost forgotten about and neglected. This sometimes contributes to further engagement in risky sexual practices and repeat pregnancies despite the challenges faced during the first pregnancy, a phenomenon noted by Lisa et al. (2005).

Personally, I was curious about the sexual behaviour of teenage mothers, especially after the birth of their child. As an educator, I was interested in determining whether teenage mothers exposed themselves or their sexual partners to risks of contracting HIV. The reason I make this claim is that I have observed teenage mothers being propositioned by several teenage boys and older men in the community and have speculated whether sexual advances posed to teenage mothers are accepted or rejected.

1.4 Significance of the study.

The significance of this study is that it enriches the interpretations held about teenage mothers understanding of sexual risk. It is anticipated that this study will not only contribute to richer constructions of teenage mothers understandings of sexual risk but also the ways in which their understanding influences their choices and behaviours. In addition, it is expected that findings generated from this study would possibly inform teachers in terms of their pastoral role and researchers in their journeys to understanding dynamics relating to teenage sexuality prevalent in society.

1.5 Research aims

The main aims of this research study conducted were:

- To explore the understandings that teenage mothers have about sexual risk.
- To understand the extent to which teenage mothers engage in risky sexual behaviours.
- To understand the reasons for some teenage mothers engaging in risky sexual behaviours.

1.6 Research questions

This study is underpinned by the following research questions:

1. How do teenage mothers understand sexual risk?
2. To what extent do teenage mothers engage in risky sexual behaviour?
3. Why do some teenage mothers engage in risky sexual behaviour?

1.7 Research design

Individual semi-structured interviews were utilised to explore the understanding of sexual risks amongst teenage mothers in a secondary school on the South Coast of KwaZulu-Natal. This research study is framed by the interpretive paradigm to understand how teenage mothers understand sexual risks and utilise their knowledge to inform their choices. In addition, this study adopted a qualitative approach. Cohen, Manion & Morrison (2011) state that qualitative research strives towards drawing upon significant experiences that participants have endured that are often related to their socio-economic status. One method of data collection was utilised, that is, individual interviews. The purpose of utilising one method of data collection was to derive rich textual data, which Cohen, Manion & Morrison (2007) identify as the task of individual interviews, especially in sensitive areas of research such as teenage mothers' constructions of sexual risk.

Purposive sampling was utilised as this method focusses on participants who are information-rich, based on the purpose of the study (Maree, 2007). I attempted to access potential participants by utilising snowball sampling. Having found two willing participants, I asked the participants for help to locate other teenage mothers as they possibly shared similar friendship groups.

In terms of ethical considerations, principles set out by Cohen, Manion & Morrison (2011) were adhered to, such as obtaining the written consent of participants, their parents or guardians, the school principal and members of the school governing body. In addition, participants were granted the freedom to exercise their rights to withdraw from the study at any time, maintaining confidentiality of data, anonymity of participants and ensuring non-maleficence of participants by recruiting the assistance of the school counsellor during instances of emotional trauma experienced by participants (Cohen, Manion & Morrison, 2011).

Post data collection, audio recordings were transcribed into written text. Interview transcripts were read, re-read and data was coded into units relating to the research questions. This process is described by Cohen, Manion & Morrison (2011) as an essential part of the data reduction process. Data was analysed utilising thematic analysis, which Guest, Macqueen & Namey (2011) regard as an ideal technique to identify and describe explicit and implicit ideas that emerged from the data.

1.8 Findings

Eleven themes emerged from the data to address the three research questions that the study was underpinned by. The findings illustrated both the interpretations and experiences of sexual risks amongst teenage mothers post pregnancy. From the findings, it can be gathered that teenage mothers in this study have learnt their lesson from their experiences of becoming pregnant and therefore possess knowledge about sexual risks. In addition, the data demonstrated how various factors influence risky behaviour. Teenage mothers expressed that they engaged in safe sexual practices post pregnancy to avoid repeat pregnancies. However, challenges in constructing, negotiating and presenting their sexualities safely were evident. Participants expressed the view that teenage mothers they are acquainted with continue to engage in risky sexual behaviour and lack agency in sexual relationships.

1.9 Overview of the chapters

In Chapter One of the study, an introduction and background to the study was provided by exploring what is regarded as a neglected research area: teenage pregnancy in relation to the HIV/AIDS pandemic and sexual risks amongst teenage mothers. In addition, the purpose of the study and rationale motivating this study are presented. The research questions that informed this study are highlighted. The research methodology applied to this study is outlined, bringing the chapter to a close.

In Chapter Two, a review of global and national literature relevant to the area of research is presented. Firstly, the social construction of gender and discourses around gender power and the sexuality of teenagers are explored. Secondly, global and national statistics related to HIV/AIDS prevalence are presented. Thirdly, the existing literature on teenage pregnancy and motherhood is reviewed. Fourthly, specific sexual risk factors are discussed, that is, poverty, the media, peer pressure, influence of alcohol, drug use, contraception, love and relationships, multiple partners, transactional relationships and violence and coercion. Fifthly, issues related to sexual decision making are examined. This is followed by an exploration of the theoretical framework utilised to frame this study.

In Chapter Three, the research methodology employed to conduct this study is explored. The research paradigm, design and sampling are discussed. The method of data collection, that is, individual interviews, is focussed on. Ethical considerations and aspects of credibility and trustworthiness are discussed. Finally, the limitations of this study are presented.

In Chapter Four, the findings of this study are analysed following the use of thematic analysis on the data generated. Data is firstly presented, followed by an analysis and discussion of themes that emerged.

In Chapter Five, the conclusions of the research are presented, followed by implications of this study on a broad scale.

1.10 Conclusion

Within this chapter, the introduction and background to this study was presented. The purpose and rationale underpinning this study were stated. The research methodology applied and research questions were explored. Finally, the sequence, components and structure of this dissertation were outlined. The chapter that follows will review scholarly literary sources related to the research area of this study.

2 Chapter Two: Literature Review

2.1 Introduction

In this chapter, literature that is relevant to understanding sexual risk amongst teenage mothers in a context of HIV/AIDS will be presented. In this literature review, I will firstly discuss the literature on gender power and the sexuality of teenagers. Secondly, I will present global and national statistics related to the prevalence of HIV/AIDS. Thirdly, I will review the existing literature on teenage pregnancy and motherhood. Fourthly, a discussion on sexual risk factors will be presented, including those focussing on poverty, the media, peer pressure, influence of alcohol, drug use, contraception, love and relationships, multiple partners, transactional relationships and violence and coercion. Fifthly, I will examine issues related to sexual decision making. This will be followed by an exploration of the theoretical framework utilised to frame this study.

2.2 The social construction of gender

According to Connell (2000), gender power within society and educational institutions is an influential factor in creating gender specific roles for males and females. In this section, I will review the literature that explores how societal norms and expectations shape the role of both males and females in sexual relationships and how such occurrences are reproduced in society to bring about a particular gender order.

Paechter, Edwards, Harrison & Twinning (2001, p.59) point out that space can be “a useful analytical tool through which to examine gendered performances”. To add to this, Epstein and Johnson (1998) describe schools as complex spaces where the identities and sexualities of the youth are communicated, performed and negotiated. Kimmel (2000) cited in Reddy & Dunne (2007, p.159) argues that “ ‘appropriate’ behaviours are learned in schools, families and communities that are gendered sites, where dominant definitions are reinforced and reproduced.” The gendered performances in sexual relationships between men and women are crucial in understanding risky behaviour that will be discussed in the section that follows.

2.3 Gender, power and sexuality

Connell (2000) explores the social construction of gender in society, whereby men are the dominant figures of power and authority and women are socialised to display passivity and subordination to men. This suggests that society's construction of gender renders males as deserving of various opportunities whereas females are domesticated and deprived of opportunities. Taking this further, Connell (2000) suggests that the social construction of gender is further demonstrated and replicated in educational institutions, resulting in the construction of gender identities, thereby creating and entrenching gender inequalities between men and women. Gupta (2000) associates challenges experienced by women in asserting their sexualities with unequal power dynamics in relationships which favour men. Having briefly stated the manner in which inequalities are perpetuated between males and females, I will now proceed to explore how gender inequalities shape sexual relationships amongst youth.

Bhana & Anderson (2013a) assert that gender is an important factor shaping young people's sexual behaviour and expectations, thereby emphasising gender norms as major contributors to young women experiencing heightened vulnerability to HIV infection. Harrison, Xaba, Kunene & Ntuli (2001) support this view as they expound that gender stereotypes play a role in relationships by outlining the expectations of what boys and girls ought to mirror. Furthermore, sex is seen as "male-driven" and a way of meeting the needs and desires of males, not females.

Similarly, Reddy & Dunne (2007) gathered from their study conducted in one co-educational school in a working class suburb in KwaZulu-Natal that female participants held traditional beliefs of the role of women which was to be in an "ideal relationship" and to bring happiness to men largely owing to the construction of gender roles that subordinate women and empower men.

A study conducted by Bhana & Anderson (2013a) amongst eight young women in Wentworth exhibits how young women construct and negotiate their femininity as they constrain and collude with their sexual agency. Young women in the study reflected attitudes of pleasure and desire which clarifies their ability to exert power despite traditional expectations of female passivity. It is evident that the complex nature of femininities contribute to young women colluding with displays of hegemonic masculinities.

In understanding how displays of hegemonic masculinities further entrench inequalities in relationships between males and females, it is imperative to firstly define the concept of hegemonic masculinity. Tucker-Ladd & Clayton (2003) state that the idea of masculinity conveys a socially constructed meaning within particular settings. Taking this further, Talbot & Quayle (2010, p.257) defines hegemonic masculinity as “the dominant ideals of masculinity (held by men and women) of how a man ‘ought’ to be and behave to be acceptably masculine.”

This means that “hegemonic masculinity” serves as a description for the nature, form and dynamics of male power. Simply put, Talbot & Quayle (2010) state that the characteristic of being born male entitles men to power and position preferentially in comparison to women. In SA, researchers assert that President Jacob Zuma demonstrates a masculinity that is underpinned by traditional heterosexuality, polygamy and noticeable sexual success with women (Morrell, Jewkes & Lindegger, 2012).

In terms of representations of hegemonic masculinities in sexual relationships, Connell (1995) cascades beliefs that men must engage in risky sexual behaviours (sexual promiscuity and irresponsible sex) and exhibit physical control over others. Furthermore, Froyum (2007) states that the exercising of male violence over females is often revealed in boasts by males to their friends about the threats they have inflicted upon their girlfriends in an attempt to accentuate their masculinity. The heightening of such masculinities are owed to femininities and Connell (1987) cited in Froyum (2007, p.606) defines femininities as “the practices through which girls comply with, co-operate with, or resist their subordination” which entrenches the subordination of women, who give in to male power by engaging in risky sexual practices they are sometimes coerced into.

A study conducted by Kent (2004) in a Durban school illustrated that gender divisions identified in the study served to emphasise hegemonic masculinities and constrain females. Therefore, Kent (2004) associates such negative practices as contributing to the downfall of HIV intervention programmes as they are designed without attention to gender performances in schools. Therefore, Hoffman, O’Sullivan, Harrison, Dolezal & Monroe-wise (2006) advocate that it is vital for sexual risk to be explored and examined within various contexts of gender power and norms.

Jewkes & Morrell (2010) conducted a review of literature which identified the reasons for women being more vulnerable to HIV infection than men, such as biological differences in sexual and reproductive aspects of the female anatomy and gender differences in terms of identities, patriarchy and the socialisation of men. As a result of different “biological wiring” between men and women, Schwartz & Rutter (1998) notes that sexual differences contribute to different expectations, for example, it is often expected and accepted that boys will experience sexual desires that are uncontrollable while girls are warned to control and resist such desires. Jewkes and Morrell (2010) concur that such inequity in relationships between men and women contributes to sexual violence which render women powerless and more susceptible to HIV infection.

A study conducted by Bhana & Anderson (2013b) at Wentworth amongst Coloured boys and African girls and boys demonstrated that there is a surveillance over the way girls dress and behave; they are labelled for dressing in particular ways which justify rape by men and cast blame on women for the sexual conduct of men. Bhana & Anderson (2013b) maintain that while virginity was important to girls and a sign of purity, boys were obsessed with taking away girl’s virginites which led to young women being at much greater risks of HIV infection owing to gender inequalities and male dominance in relationships that subordinate women and render them powerless.

Research carried out by Muhanguzi (2011) in Uganda amongst eight young women between the ages of 16 and 17 demonstrated that young women are often compliant and complicit within relationships. According to Muhanguzi (2011), young women in the study expressed that they preferred to date “bad” boys over “good” boys which reveals that they are not docile and are seen as perpetuating characteristics of hegemonic masculinity which is risky as “bad” boys are viewed as those who have multiple partners.

Taking this further, Muhanguzi (2011) commented that young women discussed that sexual activity was not just about experiencing pain but also pleasure as they discussed their enjoyment of dancing and attending clubs as transition to sex, emphasising that women are not necessarily passive victims of male coercion into sex. Muhanguzi (2011) provided further evidence of agency that was demonstrated by a female participant who stated that she played a role in negotiating safe sex within her relationship by compelling her partner to test for HIV. While this is a rare situation, Muhanguzi (2011) states that such findings emphasise that

women have the ability to be assertive and demonstrate sexual agency but are not consistent in practicing their agency, which renders them vulnerable to HIV and pregnancy.

Similarly, from a study conducted in the United Kingdom by Holland et al. (1990) amongst 496 young women, it was reported that women were not entirely passive, and had the ability to resist male power, but resistance was not easily identifiable as women held onto notions of love and romance which proved to be problematic. Muhanguzi (2011) identified that the role of money was prioritised in relationships by females. Bhana & Anderson (2013b) concur that the interweaving of love and materialism is problematic to girls as they are not always assertive or confident enough to reject emotional blackmail, especially in situations where the girl comes from a poverty stricken background, which entrenches gender inequalities and greater levels of vulnerability amongst girls to contract infection.

Despite the demonstration of agency, Muhanguzi (2011) noted that sex during menstruation is shunned by most people and attitudes of disgust were exhibited towards females who had sex during menstruation without the knowledge that some females were coerced into sex even during menstruation which emphasises male power and privilege, female submission and their greater vulnerability to contract HIV during menstruation owing to contact with blood. Furthermore, Muhanguzi (2011) reported revelations made by women about women they were acquainted with, who nonetheless took the risks of remaining in violent relationships because they claimed to love the man and to be emotionally attached. It is therefore evident from the study by Muhanguzi (2011), that the manner in which young women are responsible for constraining or permitting their sexual agency is largely influenced by gender power.

Similarly, Reddy & Dunne (2007, p.161) state that gender power relations in society shape “male and female identities, practices and relations” that are a key force in driving the HIV pandemic and the difficulties faced by women in protecting themselves. Reddy & Dunne (2007) report from their study, that young women shared their experiences of the difficulty they experienced in negotiating safe sexual practices as being women meant appearing “sexually unknowing” and innocent. This contributed to young females’ submission to male power as they acceded to unsafe sex to avoid being labelled as “cheap” or “loose”.

Reddy & Dunne (2007, p.169) further emphasise that having different standards for men and women in terms of their sexual lives “encouraged high-risk sexual behaviour” as young women are faced with tricky situations of either being silent and taking risks with unsafe sexual practices or facing rejection and labelling.

Related evidence of double standards were evident in the research carried out in Japan by Castro-Vasque (2007) where the carrying of condoms by young men was viewed as a positive masculine characteristic but carrying of condoms by young women was treated with contempt. Therefore, Castro-Vasque (2007, p.140) argues that “gender, power and knowledge have combined to silence female desires and privilege male sexuality”.

It is therefore evident that gender-specific roles, more especially, the characteristics of hegemonic masculinity, shape the male sex role, which in turn dictates and regulates female sexual behaviours. Having presented a discussion based on the influence of gender power on sexual behaviour, I will now proceed to explore the prevalence of HIV/AIDS which highlights the vulnerability of young women in negotiating safe sexual practices, owing to gender power.

2.4 Prevalence of HIV/AIDS

In elucidating the purpose and focus of this study, it is imperative to provide recent statistics related to the HIV/AIDS pandemic, which is the context that this study is embedded in.

According to a report by UNAIDS (2014), internationally, in 2013, approximately thirty five million people were living with HIV. The report by UNAIDS (2014) revealed that in sub-Saharan Africa, 24.7 million people were HIV positive. These statistics demonstrate that the percentage of people infected by HIV in sub-Saharan Africa is very high. UNAIDS (2014, p.2) further states that “women account for 58% of the total number of people living with HIV in sub-Saharan Africa”. UNAIDS (2011, p.1) indicates that “young women aged 15 to 24, are most vulnerable to HIV with infection rates twice as high as in young men”. This depicts that globally, women are mostly affected and infected by HIV. In addition, Abdool Karim, Humphries & Stein (2012) reveal that women contract HIV approximately five to seven times earlier compared to men.

Drawing from the statistics above it is evident that women in the 15 to 24 age groups are mostly, affected, infected and vulnerable to HIV infection, regionally and globally. Pettifor et al. (2005) attribute the greater risk of HIV amongst youth in SA to the shackles of Apartheid

and the resultant socio-economic, biological and behavioural factors. According to Mutangadura (2005, p.2) “if left unchecked, the epidemic risks undermining all other efforts aimed at achieving the Millennium Development Goals of halving the number of poor and hungry in the world by 2015”. Therefore, a study examining sexual risk among young women is crucial.

Mutangadura (2005) argues that globally, the heightened status of the HIV/AIDS pandemic has contributed to attempts being made to curb the spread of HIV, such as the MDGs embraced in 2000 (Goal 6 aims to combat HIV amongst other diseases), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which was adopted in 1979 (to provide equal opportunities in all aspects of life for men and women) and the 1995 Beijing Platform for Action to promote women empowerment and gender equality.

Nationally, Harrison (2008) states that while there are a variety of campaigns and programmes to educate people about the prevention of HIV, it is evident that there are shortfalls in understanding risky sexual behaviour as safe sex practices are still relatively uncommon and a lack of emphasis on healthy sexuality contributes to unchanged sexual behaviours. Furthermore, Panday et al. (2009) reveal that while research is beginning to indicate there is a slight increase in condom use, Currie, Mason, Southgate & Squire (2007) indicates that the challenge of HIV prevention is heightened by findings discovered by various studies that condom usage is exceptionally low amongst 15 to 24 year olds.

Likewise, in SA, there have been numerous implementations of awareness campaigns and programmes that aim to educate and enlighten people about sexual risks, safe sex, and the impact that HIV/AIDS has on people’s lives, in an attempt to curb the spread of the virus. An example of such an initiative is the “Abstain Be Faithful and Condomise” campaign, also known as the “ABC” campaign. Reddy (2011) reports that researchers determined that the effectiveness of such campaigns was not in keeping with what was anticipated owing to the fact that the rate of infection continued to grow.

Research suggests that various factors contribute to the increase of new HIV infections. UNAIDS (2011) identifies reasons for greater risks of contracting HIV by women in sub-Saharan Africa, such as sexual relationships on the basis of violence, dependence for financial support, claims of unfaithfulness and fear of rejection. Kent (2004) asserts that most young women are at a loss for power especially during sexual encounters and are disadvantaged in negotiating condom use, owing to the influence of gender power which

increases their vulnerability to contracting HIV. This emphasises that the interplay of dependence, gender power and various other factors contribute to women being rendered more vulnerable to the negative consequences associated with risky behaviour such as HIV infection and pregnancy.

Having discussed the prevalence of HIV/AIDS and the necessity of this study, I will now proceed to explore how one of the consequences of risky sexual behaviour impacts severely upon the lives of young women, that is, is teenage pregnancy and motherhood.

2.5 Defining teenage pregnancy

As defined by Naong (2011, p.902), teenage pregnancy within a South African context is a process whereby a female “usually between the ages of 13 and 19 becoming pregnant”. The Department of Education (2009) describes pregnancy as a journey that requires a sense of accountability in terms of raising a child, which requires the “physiological” and “psychological” stability of the pregnant woman and support for the individual. However, the journey to parenthood for teenagers is problematic as pregnant teenagers face various social challenges (Bhana et al.2010). The prevalence of teenage pregnancy as a global and national social concern will be explored subsequently.

2.6 Global perspective on teenage pregnancy

While the World Health Organisation (WHO) (2008, p.2) reports that “adolescent fertility rates have fallen in the age between 15 to 19 years according to DHS surveys in 35 out of 40 countries since 2000”, Mpanza and Nzima (2010) argue that teenage pregnancy is an emerging social problem globally because teenagers are engaging in unsafe sexual activities, putting themselves at higher risk of becoming pregnant. WHO (2008) further reports that almost 50% of teenage pregnancies take place in seven countries, namely Brazil, Ethiopia, the Democratic Republic of Congo, Nigeria, India, Bangladesh and America, which demonstrates that most teenage pregnancies occur in developing countries. One such example of a developing nation that is faced with the challenges of teenage pregnancies is SA. To prove that teenage pregnancy is a social concern in SA, I will now present national statistics related to the situation.

2.7 Evidence for teenage pregnancies being a concern in South African schools.

The Mail and Guardian (2012, p.1) reports that “40% of all pregnancies in the country involve girls younger than 19.” Mpofu (2012) discloses that in a two year period ranging from July 2008 to July 2010, 160 754 cases of teenage pregnancy were recorded in SA. This highlights that teenage pregnancy is a social concern in SA. While many scholars argue that teenage pregnancies are on the rise in SA, Mngoma (2010) states that there has been a decline in the number of teenagers between Grades 8 to 11 having sex. However, this does not suggest that teenage mothers have not become pregnant for a second or third time. As it is noted above that teenage pregnancy is a social concern and is related to sexual behaviour, I will now proceed to present literature that draws on factors that influence the sexual behaviour of teenagers.

2.8 Factors contributing to teenage pregnancy

Gauteng Department of Education (2013) outlines some of the factors that contribute to a high rate of teenage pregnancy in SA:

- Societies that girls are raised in sometimes emphasise submissiveness of women to males which contributes to vulnerability in their relationships.
- Gender power operates against girls whereby they become victims of abuse and rape by men who resonate with characteristics of hegemonic masculinity.

Challenges in the home environment and society contributing to teenage pregnancies were explored by a phenomenological study conducted amongst ten teenage mothers between the ages of 13 and 19 by Burns (2008) who discovered that all participants in the study voiced similar situations of growing up without the role of a father figure in their lives or not having knowledge of who their father was. As a result of an absence of a father figure, Burns (2008) argues that young women attempted to grow closer to other males in their lives owing to fantasies held of an ideal father which was influenced by books, movies and observing the relationships that other children shared with their father. Burns (2008) attributes the actions, irrational decision making and attention seeking behaviours of teenage mothers in becoming sexually active at tender ages to the absence of a father figure in their lives, which heightened risk taking behaviours.

Similar findings were attained by Wamoyi & Wight (2014) who claim that structural factors such as economic circumstances, constructions of gender, education and social status impact on the connectedness of parents to their children and have the potential to contribute to risky sexual behaviour such as transactional relationships and negative consequences such as teenage pregnancies, owing to a lack of love, care, attention and communication from parents.

In terms of how society contributes to risky sexual behaviour, a study conducted by Mkhwanazi (2010) in Nyanga, a township in the Western Cape of SA amongst pregnant teenagers and teenage mothers between the ages of 16 and 25, found that girls took advice about sex from their peers, some inaccurate, due to receiving only instructions and warnings from parents instead of support and appropriate information, resulting in challenging situations during sexual encounters. Mkhwanazi (2010) reports that boys received information about pursuing casual relationships and having sex without the use of condoms which perpetuated gender inequalities and legitimised rape. This clarifies comments by the Mail and Guardian (2012, p.1) who inform us that “local studies have shown that between 11% and 20% of teenage pregnancies are the result of rape and 60% of teenage mothers claim to have been coerced by men who were, on average, six years older than them.”

On an individual level, Reddy (2008) gathered from her study amongst 77 females and 59 males between the ages of 15 and 19 in a KZN co-educational school, that choices by the youth to engage in risky sexual behaviour was viewed as sexual experimentation that was part of a natural phase in their lives which they attributed to biological changes and peer pressure. In understanding the reasons for teenagers engaging in unsafe sex, it is equally imperative to recognise the functioning of teenage pregnancy prevention programmes which will be discussed subsequently.

2.9 Teenage pregnancy prevention programmes

Duncan (2007) claims that policy makers do not necessarily make use of research findings prior to developing policies, which results in a lack of understanding of social factors, a missing sense of direction and incorrect decisions and actions being taken which translates to a lack of progress.

Similarly, Mkhize & Sege (2011, p.2) states that schools have resorted to awareness campaigns and programs in an attempt to curb teenage pregnancies such as:

“The doll project in high-risk schools, in which we give girls baby dolls to take home to experience what it is like to be a parent. We also have the mother-daughter dialogues, which help teenagers and mothers to talk more openly about issues of sexuality, and these are facilitated at the schools.”

Despite such intervention programs to curb teenage pregnancy as these explored by Mkhize & Sege (2011), rates of teenage pregnancy are still high. Along with the failure of intervention programmes, South African legislation, despite demonstrating progressive principles that recognise the difficulties associated with motherhood, is often not adhered to, which is problematic in terms of preventing repeat pregnancies.

2.10 South African legislation influencing pregnant learners’ educational journey

The South African Schools Act of 1996 (Department of Education, 1996) legalises the support of pregnant learners (and teenage mothers) in schools by allowing them to remain at school while they are pregnant and by permitting the return of teenage mothers to school after the birth of their child which is important in providing young women the opportunity to be educated. Bhana et al. (2010, p.2) emphasise that providing learners with the opportunity to return to school after the birth of their child is crucial as “continued enrolment in school correlates positively with economic productivity”.

Furthermore, the Department of Education (DoE) (2009, p.7) states that the DoE “released *Measures for the Prevention and Management of Learner Pregnancy*” in 2007 which promotes the rights of pregnant learners to remain at school for the duration of the pregnancy but, in the interest of the learner, a two year waiting period after the birth of the child is required before the learner returns to school.

However, despite progressive legislation, various reports in the media demonstrate otherwise as evident in *The Mercury* (May 9, 2008) where it is reported that “Pregnant pupils expelled” which indicate that pregnant learners and teenage mothers continue to face suspension or expulsion from schools by school authorities. Other than suspension or expulsion from schools for becoming pregnant, learners are faced with a wide range of challenges which negatively influences and affects their schooling. I will now proceed to present literature in light of the social consequences associated with teenage pregnancy.

2.11 Social challenges arising from teenage pregnancy

Hulton, Cullen & Khalokho (2000) conducted their study in Uganda amongst six youth between the ages of 17 and 18 and found that teenage pregnancy posed risks for both mother and child, specifically maternal mortality, negative financial, emotional and educational effects for mothers, premature births and low birth weights for babies. Hulton, Cullen & Khalokho (2000) recognise that boys revealed a lack of concern for a risk of pregnancy as they did not physically and psychologically bear the consequences of pregnancy but were concerned about demands made by the family of the pregnant teenager, being fined or jailed.

The Department of Education (2009, p.29) argues that “because of the relation of teen pregnancy, contraceptive use, HIV and STIs to sexuality, it will forever remain bounded with morality and stigma” which results in pregnant teenagers feeling depressed, socially excluded, having a low self-esteem and poor academic performance. Bhana et al. (2010) reveal that females still bear the consequences of the stigma attached to teenage pregnancy whether the learner is impregnated by a boyfriend, a male teacher or as the result of sexual abuse by a friend, family or community member. As a result of the stigma being attached to teenage pregnancies, Abe and Zane (1990) and Mkhwanazi (2010) comment that teenagers are placed in a traumatic position as they experience fear and embarrassment in revealing their pregnancy to their family, partners, peers and teachers. Furthermore, Mkhwanazi (2010) reports that during *Inhlawulo* negotiations (payment for damage), girls were interrogated about the events leading to the pregnancy but boys were not questioned vigorously, which highlights gender inequalities as blame is cast upon girls.

Grant and Hallman (2008) report that owing to the challenges associated with teenage pregnancy, some teenagers drop out of school due to their fear of being expelled, financial struggle owing to additional expenses, the inability to balance schoolwork with household chores and various pressures from teachers and parents. The literature presented validates the numerous challenges experienced by pregnant teenagers and teenage mothers. I will now proceed to discuss experiences of teenage motherhood presented by mostly various international scholars, as local literature pertaining to this topic is sparse.

2.12 Experiencing motherhood

Aside from dropping out of school, the plight of teenage mothers is heightened as a result of society “forgetting” about them or “casting them aside” to emphasise that they do not stand a chance of redeeming themselves which opens up possibilities for adverse effects. Examples of negative attitudes about teenage mothers were evident in research conducted by Koffman (2012) as teenager mothers were referred to as impulsive, “psychologically immature”, incompetent parents and punishable in moral discourses relating to Christianity. Such views about teenage pregnancy prevail. Bhana & Mncambi (2013) argue that teenage motherhood is a gendered experience as care is associated with being a feminised activity, hence the burden is cast upon teenage mothers. These negative attitudes to teenage motherhood contribute to repeat pregnancies, owing to various factors which will be presented below.

Teenage mothers experienced repeat pregnancies owing to some of the factors illustrated in a review of literature conducted by Meade & Ickovics (2005), including:

- Poor education, lack of support and communication with family and long term relationships with sexual partners, entailing greater sexual risks.
- Engaging in alcohol and substance abuse, fights at school and being expelled or suspended from school.
- Teenage mothers being at high risk of STDs and repeat pregnancies during the two year period post-delivery.

Hanna (2001) identified that in terms of the influence of the home environment, some of the young women in the study came from homes where teenage pregnancy was a common trait and several young women reported having more than one child. Other aspects in society also have bearing on the choices that young women make relating to their sexual lives. An example of this includes findings presented by Wood & Jewkes (2006) and Jewkes & Christofides (2008), where young women became pregnant to prove their fertility and raise their status of womanhood as a result of being pressured by family members to have a child.

Burns & Porter (2007) conducted a phenomenological study in Missouri amongst ten teenage mothers between the ages of 13 and 19 which demonstrated that on an individual level, participants becoming sexually active meant creating new identities, forming a close bond with someone and receiving affection in a world without loneliness which contributed to risky behaviour and subsequent pregnancies.

Rubin & East (1999) also demonstrate that the chances of repeat pregnancies amongst teenage mothers who were in a relationship with the father of the child was higher and Kulkarni (2007) identifies from her research conducted amongst 30 American teenage mothers that teenage mothers sometimes remained in relationships with the father of their child due to material and emotional needs.

This confirms research done by Jewkes & Christofides (2008) which focussed on characteristics of masculinity that recommended that claiming and honouring paternity by fathers was a priority. These findings suggest that teenagers sometimes intended to become pregnant as they were fully aware of their actions. Comparatively, some participants in the study by Kulkarni (2007) reported that they ended their relationships with the father of their child as they were confident that they would persevere in their independence.

Evidence of “searching for love” was investigated by Hanna (2001) who found that girls who were raised in impoverished homes resorted to desiring motherhood early on in their lives to create love in place of family rejection. Breheny and Stephens (2007) clarify that blaming poverty for teenage pregnancy shifts the blame from the mother and positions her as lacking agency. Kulkarni (2007) finds that teenage mothers yearn for romance to prevail in their lives to replace insecurities despite previous encounters of being abused in relationships.

Along with valuing close romantic relationships, challenges relating to contraceptives were investigated by Lisa et al. (2005) who conducted a study in America using a racially diverse sample of 267 underprivileged mothers between the ages of 13 and 21 from delivery until three months postpartum. Lisa et al. (2005) pointed out that teenagers had repeat pregnancies as a result of having live-in boyfriends, being married, resorting to decreased use of contraceptives in an attempt to lose weight, increased use of emergency contraceptives and lack of responsiveness to assistance from family planning clinics. This resulted in repeat pregnancies amongst teenagers who resorted to sexual activity without protection compared to those who were determined not to become pregnant until they were living more stable lives (Lisa et al., 2005). Instances of repeat pregnancies are received with both positive and negative outcomes and responses. The negative outcomes of teenage motherhood will be discussed below followed by the positive outcomes.

The study conducted by Mollborn & Jacobs (2012) amongst 55 teenage mothers in Colorado illustrated that teenage mothers contend with two types of challenges. The first being economic strain in terms of financial dependence on family members which is supported by

Shoveller and Johnson (2006). The second being social strain in terms of disapproval from society and difficulty to fulfil their educational goals (Mollborn & Jacobs, 2012). In response to disapproval of teenage pregnancies, Breheny and Stephens (2007) and Kulkarni (2007) found that in certain instances teenage mothers were married off to their partners as they were viewed as failures and social problems. Leaman & Gee (2008) reported that the ability of teenage mothers to sustain healthy relationships was challenging as they sometimes became victims of Intimate Partner Violence (IPV).

Other than marriage, the Department of Education (2009) claims that many families still resort to the traditional practice of sending teenagers to live with relatives to avoid facing what is commonly referred to as a “scandal”, which results in the teenager feeling alienated from her family and guilty for bringing shame associated with teenage pregnancy. Kulkarni (2007) reports that in certain instances, teenage mothers were obligated to provide apologies in the presence of the church congregation for their pregnancies which was demeaning to young women. In cases where the teenage mother has become pregnant more than once, the Department of Education (2009) states that the family regards her as living a life that is “doomed” and without any hope for a better future . In addition, Esbaugh (2008) maintains that children of teenage mothers were less likely to utilise contraception which exacerbates the problem of teenage pregnancy.

Attitudes of condemnation were also exhibited by the broader society as Shoveller & Johnson (2006) and Leerlooijer, Bos, Ruiters, van Reeuwijk, Rijdsdijk, Shakira & Kok (2013) report that teenage mothers were excluded from most aspects of life as they have produced undesirable consequences by their premature engagement in sexual activities. Kulkarni (2007, p.15) reports that stereotypes about teenage mothers “having low moral standards and being sexually available” prevailed. Furthermore, Kulkarni (2007) states that teenage mothers who featured in television talk shows that conducted live paternity tests were ridiculed and portrayed as promiscuous and manipulative.

Shoveller & Johnson (2006) and Kulkarni (2007) state that teenage mothers were punished and shamed for not abiding by the rules and expectations of society. Instances of punishment included surveillance of suspected relationships by adults and being reprimanded to prevent deviant behaviour, as discussed by Macleod & Tracey (2010). Singh & Hamid (2014) add that participants adopted attitudes favouring temporary abstinence from sex due to society’s construction of sex as dangerous, which Bhana and Mncambi (2013) and Reddy and Dunne

(2007) suggest is the motive for the ineffectiveness of campaigns to prevent teenage pregnancies and HIV. Contrary to the negative views about the consequences of teenage motherhood presented here, literature relating to positive experiences endured also needs to be discussed.

Froyum (2007) found that teenage mothers who were impregnated by young men who did not commit to them persevered and asserted their maternal competence, strength, maturity and moral worth despite scrutiny from their families and the community.

A study conducted by Kidger (2005) in England amongst 14 teenage mothers between the ages of 17 and 25 showed that young women emphasised that they wanted to tell their stories to assist young women by encouraging safe and responsible practices in making informed decisions in their sexual lives. According to Kidger (2005), teenage mothers considered teenager pregnancy as a “babies having babies” phenomenon which partially takes themselves out of the picture in an attempt to create new and favourable identities for themselves, a view that is “morally problematic”. Kulkarni (2007) expresses the view that teenage mothers internalised the stigmas attached to teenage motherhood and expressed contempt for other teenage mothers who had repeat pregnancies.

Kidger (2005) states that all participants positioned teenage pregnancy in a negative light by expressing their regrets and wishing that they had carefully thought about their decisions, which emphasises that they had learnt their lesson. Bhana & Nkani (2014) report that teenager fathers also claimed that they regretted not using protection during sexual intercourse, which contributed to pregnancies. Kidger (2005) argues that even though teenage mothers are perceived as failing previously in terms of becoming pregnant early on in life, sex education projects are opportunities for them to warn others about the negative outcomes of unsafe sex and therefore provide a chance to redemption. The views shared by teenage mothers indicate that “young mothers who colluded with these dominant accounts appeared to have come up with an equally effective, albeit more complex way in which to create these more favourable self-identities” (Kidger, 2005, p. 490).

Kidger (2005) presents evidence that many teenage mothers demonstrated positive attitudes towards motherhood such as strength, competence, responsibility and greater resilience when facing challenges. The findings by Breheny & Stephens (2007) support this view as they report that teenage mothers sometimes viewed teenage pregnancy and parenthood as an opportunity to improve their lives despite being condemned in society. One of the ways in

which teenage mothers attempted to improve their lives was by asserting their maternal abilities by taking extra effort to dress themselves and their children appropriately to demonstrate resilience and respectability, owing to the surveillance and scrutiny from society (Ponsford, 2011).

Ponsford (2011) expounds the view that teenage mothers also “other” teenage mothers as preposterous, insensible and financially needy for social grants, but work to paint themselves as “good” and respectable mothers who have learnt their lesson. In addition, Manlove, Mariner & Papillo (2000) suggest that teenage mothers improved their lives and postponed subsequent child births by completing their schooling, living with their parents and being fully engaged with educational activities.

Positive experiences of teenage mothers in certain instances resulted from various programmes that supported their development. A study conducted by Leerlooijer et al. (2013) amongst 23 teenage mothers in Uganda found positive outcomes post teenage pregnancy whereby the Teenage Mothers Project (TMP) contributed positively to the well-being of teenage mothers. Furthermore, Leerlooijer et al. (2013) argue that the TMP increased the agency of teenage mothers, emphasised coping strategies, continuing education and generating income. Despite the advantages of the TMP, Leerlooijer et al. (2013) claim that teenage mothers continued to face challenges such as late registrations into the programme.

Hence, the findings presented show that teenage mothers experience both positive and negative outcomes. Despite the existence of literature pertaining to experiences of teenage mothers, there are glaring gaps in literature relating to their understanding of sexual risk and its influences on their choices post pregnancy.

Examining the understanding that teenage mothers have of sexual risk is not extensively researched. While there is limited research in this area regarding teenagers who return to school after their pregnancy and about teenagers who experience repeat pregnancies, a recent study by Hamid (2012, p.51) in a KwaZulu-Natal secondary school demonstrated the following themes:

- **“No more sex for now – I’ve learnt my lesson!”** The teenage mothers in this study regret becoming mothers at the youthful phase in their lives which inspires them to abstain from unsafe sexual practices to avoid further pregnancies and to persevere in their education.

- **“Every girl needs love – “I still love him.”** Some of the participants mentioned that they still valued love and continue to engage in sexual activities with their partners, taking precaution to avoid sexually transmitted diseases and pregnancy. This reveals that these young women associated sex with love and trust.
- **“I know about HIV but it just happened!”** Teenagers in the study claimed that they knew about the risks of unprotected sex. However, the mere fact that they have become pregnant at early stages in their lives poses questions about the reasons for them engaging in unprotected sex and whether they have a better understanding about risky sexual behaviour and preventative measures following their pregnancies.
- **“It’s hard to remain a virgin!”** The young women in the study drew from their own experiences of losing their virginity as justification to their statements of contending with the challenge of maintaining one’s virginity. Some of the pressures that result in a girl losing her virginity, as argued by the teenagers in the study, included pressure from boyfriends and peers, proving their love to their boyfriends, experimenting with sexual activities and wanting to prove that they are not stupid.
- **“Girls listen to me!”** Two women in the study commented that they attempted to provide advice to other young girls about matters related to sex. However, their attempts proved futile as teenagers had their own views about risky sexual behaviours and their last resort would be to take advice from teenage mothers whom they consider failures.
- **“If I could turn back the clock”** Some participants disclosed that they would not have engaged in sex/unsafe sex should they have been aware of the consequences of their actions which suggests that they are now more responsible and mature about such matters.

It is therefore evident that both negative and positive attitudes towards teenage motherhood prevail. Along with various attitudes towards teenage pregnancy and motherhood, sexual risk factors contribute to teenagers engaging in risky sexual behaviour. While there is a paucity of literature pertaining to factors that contribute to teenage mothers engaging in unsafe sex, there is variety of literature relating to factors that contribute to risky sexual behaviours which will be discussed in the section that follows.

2.13 Factors that contribute to risky sexual behaviour

In this section, I will present literature related to factors that contribute to risky sexual behaviour such as poverty, media, peer pressure, influence of alcohol, drug use, contraception, love and relationships, multiple partners, transactional relationships and violence and coercion

2.13.1 Poverty and sexual risk

Various scholars comment that within the South African context social, economic and educational factors further entrench poverty (Bhana & Pattman, 2011 and Brook, Morojele, Zhang & Brook, 2006). Therefore, poverty, as a factor that contributes to risky sexual behaviour will be discussed here.

Brook et al. (2006) argue that poverty contributed to deviant and especially risky sexual behaviours amongst the youth. Arnfred (2004) cited in Bhana & Pattman (2011, p. 962) therefore revealed that “scholars have argued that pervasive poverty, gender inequalities and other forms of structural inequalities shape sexual practices which heighten risk of disease infection.” The Human Science Research Council [HSRC] (2005) postulates that South African townships have a higher rate of HIV compared to urban or rural areas.

Further evidence of social challenges impacting on sexual relations between males and females was discovered by Kanku & Mash (2010) who conducted a study in Taung, a rural area in North West province amongst ten teenage girls between the ages of 18 and 23. According to Kanku & Mash (2010), teenagers expressed the view that living in a society that lacked basic facilities and organised activities for teenagers to engage in led them to utilise opportunities, acting upon their curiosity, and engaging in risky sexual practices, especially when visiting relatives which resulted in negative outcomes such as pregnancy and contracting STIs.

The findings presented by Kanku & Mash (2010) also illustrate that poor socioeconomic conditions as a result of poverty and unemployment resulted in teenagers becoming pregnant in an attempt to receive child support grant for providing financial assistance at home, buying fancy clothes and other items. According to Kanku & Mash (2010), young women were sometimes encouraged by family members to become pregnant with their boyfriend’s child, especially if he was wealthy, so that he could provide support for the family.

Similarly, Firmin (2013) conducted a study in Wentworth, SA, amongst six Coloured girls between the ages of 16 and 17. The researcher points out that life in Wentworth, an area where poverty is rife, heightened the desperation of young women to utilise their sexually desirable features to receive material possessions, and thus reduced their concern for risks (Firmin, 2013). Firmin (2013) describes the prevalence of gender-based violence in such communities where poverty exists, as women were rendered powerless in breaking off relationships with men who violently abused them due to economic dependence.

Aside from physical violation, Firmin (2013) presents the views of participants that they did not trust their boyfriends and despite being aware of their boyfriends' cheating on them, accepted it and moved forward owing to confident beliefs that their boyfriends always returned, which was an indication of love to the young women. These findings acknowledge the gender inequalities in such relationships as it defines men as being dominant in relationships and taking liberties to cheat, while women are viewed as subordinate and accepting of male authority and freedom, qualities that are problematic in negotiating safe sex.

Having discussed poverty as a factor that promotes the engagement in risky sexual behaviour through its association with the expectation of money and other provisions, I will now proceed to discuss the influence of media on views and perceptions that are held by teenagers regarding sexual behaviour.

2.13.2 Media and sexual risk

On a daily basis, teenagers are exposed to various influences that have bearing on their sexual decision making and related behaviours. In this section, I will discuss the influence of the media in shaping the understanding that teenage mothers have of sexual risk.

A study conducted by Siebold (2011) in Australia amongst 50 female nursing students between the ages of 18 and 20 illustrated that 88% of the sample reported that they received information about sexual matters from magazines and watching television. According to Siebold (2011), the media has a strong influence in conveying implicit and explicit sexual messages. Brown and Witherspoon (2002) cited in Siebold (2011, p.125), argue that "in general the media depicts a world in which unhealthy behaviours such as physical aggression, unprotected sex, smoking and drinking are glamorous and risk free." Levy (2005) cited in Siebold (2011, p.125) associates risky behaviour with "the rise of 'raunch culture' a term coined to describe the hyper sexualisation of a culture through advertising, the clothing

industry, music videos, and the obsession with celebrity” which regards risk taking behaviours as trendy and acceptable.

Anderson (1999) reports that girls recurrently fantasised about romances resembling those depicted in soap operas which present practices complicit with girls’ subordination to boys and which perpetuate gender inequalities in sexual relationships. Furthermore, Siebold (2011) claims that the popular exposure of teenagers to X-rated videos are instrumental in terms of adopting more tolerable attitudes towards unsafe sex, having negative attitudes to condoms and being more likely to have multiple partners.

Similarly, Burns & Porter (2007) report the views of participants that becoming sexually active was fuelled by their curiosity, fantasies and desires stemming from romance novels, movies and other aspects which are acted upon. It is therefore implied that teenagers in the study exercised their independence in sexual decision making.

Owing to exposure to various negative elements in the media, Siebold (2011) reveals that a mere 48% of the students reported having knowledge about STDs, while it is alarming to note that 52% lacked such knowledge despite claiming to have sufficient knowledge about HIV and contraceptives. According to Siebold (2011), one of the reasons for the lack of knowledge stated by participants was that magazines did not necessarily provide information about safe sex practices but were rather entertaining and provided advice for having “good sex” which illustrates emphasis on sexual pleasure as opposed to safe sexual practices.

Therefore, these findings are an affirmation that the media does not always play a role in exhibiting accurate and appropriate information related to reproductive health, contraceptives and risky sexual behaviours. The role played also by peer pressure in promoting risky sexual behaviour will now be discussed.

2.13.3 Peer pressure influencing risky behaviours

Literature shows that pressure from peers influences risk taking behaviours. Research conducted by Selikow, Ahmed, Flisher, Mathews and Mukoma (2009) amongst teenagers from Cape Town secondary schools presents learners’ comments about engaging in risky sexual behaviour because they wanted to feel a sense of belonging to a particular social group which is associated with the challenge of conforming to “dominant norms”. Selikow et al. (2009) express the view that despite adults being regarded as more reliable sources of knowledge, teenagers are often brushed off by adults by saying that they are too young to

know about sex, which results in teenagers seeking information from their peers who may not always be appropriate sources of information, possibly contributing to risky behaviour. The adverse impact of alcohol and drugs on teenager's sexual behaviour will be explained next.

2.13.4 Alcohol abuse and sexual risk

The use and abuse of alcohol amongst the youth as a factor that contributes to risky sexual behaviour will be discussed here. Jewkes & Abrahams (2002), Hoffman et al. (2006), Molitor, Ruiz, Klausner & McFarland (2000); Nasr, Sivarajasingam, Jones & Shepherd (2010) state that alcohol consumption is risky because it increases a person's chances of being raped as it impairs a person's judgment.

Eaton, Kalichman, Sikkema, Skinner, Watt, Pieterse & Pitpitan (2012) declare that the Foetal Alcohol Syndrome (FAS) rates in SA are amongst the highest globally as a result of excessive alcohol consumption by pregnant women which is especially high amongst Coloureds in the Western Cape as a result of the "dop system" (consuming alcohol that has been given in lieu of wages) and shebeens. Furthermore, Eaton et al. (2012) state that severe consumption of alcohol often leads to multiple partners, interpersonal violence and unequal power dynamics in relationships.

Likewise, in the study of Watt, Aunon, Skinner, Sikkema, Kalichman & Pieterse (2012) amongst 31 women and 13 men in six taverns and shebeens in Delft, a peri-urban township in Cape Town, it was found that while taverns were historically associated with male customers and female bartenders, times have changed as such outlets are now more accessible to both men and women. Furthermore, Watt et al. (2012) confirm that venues that serve alcohol were regarded as meeting places for sexual partners due to alcohol being used in a transaction to purchase sex as the atmosphere observed was one of drunkenness, dancing, flirtation, greater sexual desires and confidence in approaching people of the opposite sex. To emphasise the agency of women, Watt et al. (2012) observed women as they manipulated men with sexual innuendoes to receive alcohol and money. Watt et al. (2012) maintained that such practices contributed to women being undervalued and commoditised as they were degraded, labelled and looked down upon which men used as justification for physically and sexually exploiting women.

Taking this further, Wamoyi, Fenwick, Urassa, Zaba & Stones (2011) and Potgieter, Strebel, Shefer & Wagner (2012) claim that women granted their consent to transactional sex as they required in return, money for the provision of basic needs. Watt et al. (2012) state that

transactional sex together with alcohol consumption heightened risks of HIV infection due to alcohol being associated with risky behaviours such as frequently having sex, multiple partners and unprotected sex. The reason for this statement is alluded to by Watt et al. (2012) as being in a state of drunkenness contributed to initiating sexual activity without insisting on the use of protection. Muhanguzi (2011) recorded disclosures made by women about men spiking their drinks which increased chances of coercion and sexual risks. Women observed in the study by Watt et al. (2012) further commented that it was challenging to negotiate safe sex as men were reluctant to use protection, believing that it was demeaning for women found in such venues to negotiate safe sex after receiving money or alcohol.

It is therefore evident that the abuse of alcohol by men and women results in extremely risky sexual behaviour owing to the involvement of transactional factors, violence, power, multiple partners, lack of concern about contracting STIs and refusal to use protection. The consumption of drugs by teenagers has also been identified as a factor that contributes to risky sexual behaviour which will be discussed next.

2.13.5 Consumption of drugs and sexual risk

The consumption of drugs amongst teenagers contributes to various risk taking behaviours with unpleasant and life changing consequences, as will be discussed here.

A study conducted by Hudgins, McCusker & Stoddard (1995) amongst youth in Massachusetts demonstrated that there are strong associations with the use of cocaine and the exchanging of sex in return for drugs or money. Furthermore Hudgins, McCusker, & Stoddard (1995) notes that the likelihood of having multiple sexual partners was greater amongst individuals and groups of people who used drugs which opens up greater possibilities for HIV infection.

Similarly, a study conducted by De Genna, Cornelius & Cook (2007) in America amongst 279 racially diverse pregnant teenagers between the ages of 12 and 18 revealed that most of the participants who used marijuana by the age of 15 had contracted STIs as the use of marijuana was strongly associated with having more sexual partners, increasing drug users risks of STIs. The association of drug use with more sexual partners was investigated by Bellis, Hughes, Calafat, Juan, Ramon, Rodriguez, Mendes, Schnitzer & Philips-Howard (2008) who conducted their study in nine cities in Europe amongst 1 341 youth between the ages of 16 and 35 who engaged in night life. They found that the use of alcohol and drugs was associated with greater sexual initiation amongst the youth, especially females.

According to Bellis et al. (2008), drugs were used as aphrodisiacs intended to increase sex appeal and had similar effects to consumption of alcohol as decision making skills are negatively affected, increasing possibilities of drug users indulging in risk taking behaviours which may be later regretted. Hudgins et al. (1995) and De Genna, Cornelius & Cook (2007) disclose that the rate of condom use amongst drug users was lower and resulted in greater participation in risky sexual behaviours, with negative consequences.

The studies explored above emphasise a strong connection between drug and alcohol use and risky sexual behaviour. The section that follows, explores the barriers that young women are faced with in terms of negotiating contraceptive use, resulting in risky sexual practices.

2.13.6 The lack of access to and use of contraceptives as a barrier to practicing safe sex.

Various literature shedding light on the reasons for teenagers not utilising contraceptives will be explored here.

According to the review conducted by Eaton, Flisher and Aaro (2003), the sexual behaviour of people is influenced by factors pertaining to the social environment that a person functions in as the environment contributes to knowledge about HIV and protection or a lack of it.

Kanku & Mash (2010) comment that it was not only incorrect and insufficient information, or a lack of knowledge about contraceptives that contributed to teenage pregnancies and HIV infections, but also a poor understanding of reproductive health amongst teenagers. A lack of knowledge is identified as linked to cultural beliefs in the Bamasaba culture in Uganda, which prohibited discussion with children of issues related to sex, as it was viewed as embarrassing by parents (Hulton, Cullen & Khalokho, 2000).

Miller (1995, p.322) defines embarrassment as “an aversive state of mortification, abashment, and chagrin that follows public social predicaments”. Hence, owing to such attitudes of embarrassment, Hulton, Cullen & Khalokho (2000) note that girls were informed about sexual behaviours and expectations shortly prior marriage which contributed to a serious lack of knowledge about protection in sexual relationships before that time.

Embarrassment as a barrier to safe sexual practices is reported by Bell (2009) in research that was commissioned by the United Kingdom Government’s Teenage Pregnancy Unit (UKTPU), the *Living on the Edge* (LOTE) study. This study revealed that individuals are embarrassed to speak about or seek advice on sexual matters as they would be humiliated and

alienated by the lack of anonymity. Furthermore, Bell (2009) maintains that teachers and parents are embarrassed to talk to their children about condoms and issues related to sexuality which is a barrier to teenagers gaining knowledge about safe sexual practices.

Bell (2009) expressed that embarrassment was not only associated with speaking about condoms but also the carrying of condoms was problematic as girls found to be carrying condoms were labelled as “slags”, regarded as undesirable and expecting sex. Furthermore, from the study conducted by Macphail & Campbell (2001) in the township of Khutsong, SA, amongst 44 participants (men and women) between the ages of 13 and 25, it was argued that young women who initiated condom use were viewed as promiscuous and violently beaten up by men which reflect the powerlessness of women in negotiating safe sex.

Similarly, a study conducted amongst teenage fathers by Bhana & Nkani (2014) disclosed that young women disapproved of condom usage as they felt insulted and that their boyfriends’ initiation of condom use was owing to the presence of other girlfriends, which illustrates the agency of women in relationships in agreeing to unprotected sex, being aware of the risks thereof. This is contradicted by findings in the study of Macphail & Campbell (2001) as some males indicated that it was the responsibility of females to initiate condom use while females suggested that males ought to initiate protection.

While participants in the study conducted by Hulton, Cullen & Khalokho (2000) were provided with knowledge relating to sex close to marriage, a study conducted by Ehlers (2003) in five provinces in SA among 250 teenage mothers, aged 19, found that teenagers were exposed to sex education after becoming sexually active but still lacked knowledge about teenage pregnancy and contraceptives. Ehlers (2003) revealed that a daunting minority utilised condoms with the knowledge that it will assist in preventing STDs and pregnancies. This points to a lack of knowledge amongst teenagers about the purposes of contraceptives. Similarly, according to Barlow (2005), teenage mothers were confused and misinformed about contraceptives.

Being misinformed about contraceptive use stemmed in part from what Wood & Jewkes (2006) describe as the barriers in accessing medical services as nurses were unsupportive and judgmental towards teenagers who sought assistance and advice on contraceptives and misinformed young women by spreading myths about contraception, that is, its potential to cause infertility. In addition, Ponsford (2011) repeated teenage mothers’ accounts of being unjustly treated by medical staff. Further entrenching the plight of teenage mothers, they

reported upon the birth of their child that the pressures of motherhood led to them forgetting to identify and regularly take contraceptives which led to repeat pregnancies (Wood & Jewkes, 2006).

Other challenges experienced by teenage mothers relating to contraceptives were highlighted in the study conducted by Wilson, Samandari, Koo & Tucker (2011) in North Carolina amongst 21 racially diverse teenage mothers. In this study, teenage mothers claimed that they attempted to use highly effective contraceptive methods after the birth of their baby compared to prior the birth of their child. Eaton, Flisher & Aaro (2003); Hulton, Cullen & Khalokho (2000) and Wilson et al. (2001) suggest that access to obtaining contraceptives is complex and a lack of access to contraceptives means being inhibited from having protected sex. Wilson et al. (2001) found that access to contraceptives was coupled with a lack of family planning, switching between contraceptives and discontinuing contraceptives as a result of side effects which contributed to repeat pregnancies.

Therefore, in an attempt to tackle issues and challenges related to contraceptives, Barlow (2005, p.1) discussed the *“Contraception Choices After Having A Baby”* intervention that was commissioned in an attempt to provide support to health care professionals and those involved in working with teenage mothers. Barlow (2005) stated that while the booklet aimed to curb teenage pregnancy by ensuring that teenage mothers are provided with accurate information related to contraceptives, the prevalence of new HIV infections and teenage pregnancy is still evident.

Despite the findings by Hulton, Cullen & Khalokho (2000) that teenagers lacked knowledge about sexual risks, Ehlers (2003) identified opposing views in the study whereby some participants responded that they possessed knowledge about the risks of unsafe sex but refusal to utilise condoms owed to their intentions to become pregnant. Further evidence of teenager’s negligence with contraceptives despite possessing knowledge about sexual risks was found by Hulton, Cullen & Khalokho (2000). In this study, participants explained that pregnancy was an act of God and that they could not control it, which would explain the inconsistent use of contraceptives (Hulton, Cullen & Khalokho, 2000). In an international review of literature conducted by Marston & King (2006), the sexual behaviour of youth can sometimes be attributed to their assessment of their potential sexual partners as “clean” or “unclean” which is a risky sexual practice.

From the study conducted by Moyo, Brooke, Levandowski, MacPhail, Rees, & Pettifor (2008) amongst 6 649 youth in SA between the ages of 15 and 24, intentional inconsistent use of condoms was expressed by participants as they believed that long term relationships had developed into more trusting ones, therefore condom use was not compulsory. According to Pettifor et al. (2005), the use of condoms was significantly more inconsistent amongst young women in relationships with older men, which suggests that power dynamics in such relationships rendered women powerless in sexual encounters. Wood and Jewkes (2006) further elaborate that gender inequalities together with coercion served to constrain women from making independent choices relating to contraception.

Wood, Maforah & Jewkes (1998) suggest that in some romantic relationships, women did not discuss contraceptives with men as they were likely to react violently and destroy contraception as they believed that it would result in infertility, disabled children and decreased sexual pleasure. Wood & Jewkes (2006) report that participants in their study possessed little knowledge about condom usage and concerns about myths relating to condoms being left inside the vagina or womb after sexual intercourse hindered their choices to engage in safe sex.

While some teenagers claim to possess knowledge about sexual risks, literature in this area demonstrates various other reasons for teenagers having unprotected sex owing to barriers faced in negotiating safe sex. Moyo et al. (2008) discovered that young women who had dropped out of school demonstrated more inconsistent use of condoms owing to education being positively correlated with awareness of contraceptive use.

Moyo et al. (2008); Harrison (2008); Varga (1997); Castro-Vasque (2007) argue that condom use was disregarded as condoms were associated more with a need to prevent pregnancy as opposed to preventing HIV infection which emphasises the ignorance of participants towards HIV. It is therefore evident from the literature presented here that linking condoms to pregnancy prevention coupled with ideas of sexual pleasure contributed to youths' disapproval of condoms.

MacPhail & Campbell (2001, p.1621) found that older participants utilised condoms more often than younger participants, thereby clarifying research which reveals that HIV infection is highest amongst youth as they favoured "flesh to flesh sex" and shared beliefs that they did not have HIV. Therefore, they disregarded the use of condoms because of ideas of sexual

pleasure and the association of condoms with HIV (MacPhail & Campbell, 2001). While MacPhail & Campbell (2001) identified that men showed greater disapproval of condoms due to ideas of sexual pleasure, women also shared similar beliefs.

Women also held negative views about condoms such as taking away sexual pleasure and sometimes resorted to taking contraceptive pills as protection against pregnancy, which is insufficient protection against HIV and STDS (Jewkes & Morrell, 2010). Despite such agency expressed, Holland et al. (1990, p.345) states that women:

“Continue to take the main responsibility for managing the public face of heterosexuality, in the form of contraception; abortion; pregnancy, and child rearing, whereas men continue to be able to separate sex from reproduction, and, with the exception of STDs and HIV, from health issues more generally.”

Therefore, women continuing with unsafe sexual practices are portrayed as complicit with increasing their vulnerability to HIV (Holland et al., 1990).

MacPhail & Campbell (2001) and Ehlers (2003) discuss other reasons provided by young women for inconsistently using contraceptives, such as ignorance, not wanting to gain weight, fear of parents finding out, boyfriends’ refusal to use contraceptives, religious beliefs, perceptions of risks associated with contraceptives, negative attitudes of nurses and lack of confidentiality in clinics. It is therefore evident that lack of access and negative attitudes to contraceptives contributes to unsafe sex. Love and romantic relationships as a risk factor for unsafe sex will be discussed next.

2.13.7 Risks in love and relationships

There are various constructions of love amongst teenagers. The way these constructions relate to risky practices will be discussed here. Prior to interpreting the meanings that the youth attach to love, it is essential to explore the gendered roles within relationships which was portrayed in a study conducted by Gevers, Jewkes, Mathews & Flisher (2012) in Cape Town schools amongst 53 females and 44 males between the ages of 14 and 17 where boys were mainly responsible for decision making in pursuing relationships, initiating sexual activity and ending relationships, while girls remained passive, accepting and on the receiving end of the decisions made by boys – which were mostly negative for girls.

Domination of boys in relationships was evident also in the study conducted by Wood, Maforah & Jewkes (1998), in which participants reported that they had sex with older partners simply after a few weeks of association with the partner as boyfriends questioned girls love for them. Furthermore, Wood, Maforah & Jewkes (1998) argue that this love was equated to having penetrative sex and accepting violent abuse from men which contributed to the transmission of HIV, unplanned pregnancy and even death.

Gevers et al. (2012) state that the relationships of youth are often not fixed and such fluidity often results in cheating, mistrust and breaking of relationships, without concern for consequences of risky sexual behaviours. Gevers et al. (2012) report that boys resort to dangerous practices such as making girls drunk, “sweet talking” girls, finding private meeting places and initiating behaviour of a sexual nature which often resulted in challenging situations such as “gambling” with contraception, coercion into sex, partner violence and other risk taking behaviours.

In terms of understanding the meanings attached to romantic relationships by the youth, Singh (2013) conducted a study amongst 208 racially diverse youth (males and females) from a South African university. The findings showed that men married in order to be taken care of, to carry forward the family surname, to provide a gateway to sex and to be protected from HIV as being married meant being kept away from avenues of unprotected sex (Singh, 2013). Such views expressed by men affirm cultural and traditional norms and expectations, thereby featuring a conformance to dominant masculine characteristics (Singh, 2013). Contrastingly, Singh (2013) found that young women expressed their ideals of marriage as sharing one’s life with a person forever and unconditional love indicating permanency, whereas men stated that marriage is almost like a trap which robs them of their freedom. These principles held by young men and women are challenging as this positions women as weak and increased possibilities of women accepting abuse, subordination and being treated with inferiority, thereby reproducing a particular gender regime (Singh, 2013).

In the same study by Singh (2013), contrary to the opinions articulated by men, women discussed notions of “soul mates” and the role of destiny in shaping their relationships, which meant that they believed in having no control in consciously selecting their partners. This was problematic as being driven by such ideas rendered women powerless in decision making (Singh, 2013).

Such powerlessness was also identified by Reddy & Dunne (2007) where young women valued love and desired to be loved which was sometimes associated with engaging in unsafe sex with their partners. Reddy & Dunne (2007) found that having safe sex actually meant jeopardising romantic relationships whereas engaging in unsafe sex meant security which emphasises the risky nature of relationships where love is associated with having unprotected sex.

Young women also associated love with particular attitudes reflected by men, which were investigated by Froyum (2007) who conducted an ethnographic study in the USA amongst 20 teenagers. In this study, female participants stated that they viewed possessiveness and jealousy as signs of being loved and committed to by their boyfriends which legitimised violence (Froyum, 2007).

Despite the findings of studies shown above, young women are not without agency as demonstrated by research conducted by Bhana and Pattman (2011) amongst African youth aged 16 to 17 in a poor township in KZN where there is a prevalence of poverty, unemployment, poor housing and violence. Bhana & Pattman (2011) observed that “provider masculinity” is espoused as girls wanted to date boys who have a lot of money, wear brand name clothing, are willing to spend on them and rejected boys who portrayed a “rural based masculinity” as this would embarrass them amongst their friends and such relationships were not associated with receiving any benefits.

Contrastingly, Bhana & Pattman (2011) identified that boys expressed their specifications when selecting girlfriends as they preferred to date “rural” girls who were respectful, submissive, virginal, and not having interests in money as opposed to township girls who they considered to be promiscuous and “divas”. Furthermore, Bhana & Pattman (2011) illustrated the risky nature of such preferences mentioned by boys as they claimed to be attracted to girls based on sexual attraction and on the girl’s body. This demonstrates that gender, sex, money and love are factors that are interconnected and social challenges experienced by township youth, contribute to especially young women being rendered more vulnerable to HIV infection (Bhana & Pattman, 2011).

From the literature presented on love and relationships, it is therefore evident that issues of love and trust are entwined as love has often been associated with being sexually willing, in keeping with the demands of men. This is problematic in instances of multiple sexual partners and the refusal to use protection which render women vulnerable to cheating,

violence, pregnancy and HIV infection. The connection of love with trust and possibilities for the presence of multiple partners in relationships will be discussed in the next section.

2.13.8 The association of multiple partners with risks

Issues relating to trust and love in the context of multiple partners, and the implications of multiple partners for sexual and reproductive health are discussed here.

Wamoyi et al. (2011) and Wood, Maforah & Jewkes (1998) state that in some cultural settings, men being in relationships with multiple partners is seen as acceptable while this is not tolerated from women, owing to jealousy and cultural norms of expectations of monogamy from women. The complexities of cheating in relationships were evident in a study conducted by Harrison (2008) in KZN amongst youth between the ages of 14 and 19. The study revealed that young women often kept their relationships a secret in keeping with their parent's expectations of not being in relationships until they have completed school (Harrison, 2008). Harrison (2008) maintained that such decisions sometimes worked in favour of the boyfriend as some boyfriends resorted to having relationships with multiple partners which was encouraged by their older relatives and friends. Wamoyi et al. (2011) view such double standards as problematic in terms of increasing women's vulnerability to HIV infection as some women who were aware of the risks of pregnancy and STDs continued to engage in risky sexual behaviour.

Bhana & Anderson (2013b) and Muhanguzi (2011) argue that young women engaging in risky behaviour was justified by some girls, on the grounds that they feared that boys would cheat on them. Thus, they complied with boy's demands for sex owing to their inability to negotiate condom use and succumbing to unprotected sex which emphasised an acceptance of subordination by males and the power of male decision making in relationships that rendered women vulnerable to risks (Muhanguzi, 2011).

Pettifor, Levandowski, Macphail, Miller, Tabor, Ford, Stein, Rees, & Cohen (2011) record that American men declare having more sexual partners compared to South African men despite the perception that South African men are more promiscuous. However, this does not suggest that multiple partners amongst South Africans are not a cause for concern. In the study conducted by Potgieter et al. (2012), male respondents in the study admitted to having up to five girlfriends per week with whom they shared sexual relationships to emphasise their sexual prowess. However, Hulton, Cullen & Khalokho (2000) deduce that more women than

men disclose having more than one sexual partner. Such findings point out that women are not without agency as they too are involved in relationships with multiple partners.

Various reasons are attributed to young people having multiple partners, as stated by Hulton, Cullen & Khalokho (2000), such as growing pressure from family and friends for girls and boys to have sex which result in males especially engaging in unsafe sex with multiple sexual partners, increasing the possibilities of transmitting HIV. The role of money in relationships as a risk factor will be explored next.

2.13.9 Transactional relationships as risky

Transactional relationships, their contribution to engaging in risky sexual behaviour and to undermining women's power will be the focus of discussion here. In the study conducted by Wamoyi et al. (2011) in rural parts of Tanzania amongst youth and parents/guardians, it was identified that transactional relationships arose from male desires for sex and females having "consumerist needs" to fund as their parents experienced financial difficulty and could not provide luxuries to them. This fuelled desires to find partners who could provide for them. In response to being provided for by boyfriends, a similar study conducted by Selikow & Mbulaheni (2013) amongst ten university students in SA demonstrated that reciprocity was common in relationships where girls often felt that accepting gifts and being wined and dined meant that something had to be given in return, especially if the girl belonged to a lower socio-economic group.

Reciprocity was also prevalent in the research carried out by Jewkes, Morrell, Sikweyiya, Dunkle and Penn-Kekana (2012) in three districts in KZN and Eastern Cape amongst a racially diverse sample of 1 645 men between the ages of 18 and 45. This study revealed that transactional relationships were more common amongst men between the ages of 25 and 34 (Jewkes et al., 2012). According to Jewkes et al. (2012), transactional relationships most often involved the granting of cosmetics, airtime, money, food, clothes, transport, school fees and other gifts by men to women. Therefore, Jewkes et al. (2012) expressed that men felt obligated to provide for a woman who they had sex with and expressed their attitudes of entitlement to sex from a woman after the exchange of money or gifts. Gender inequalities and patriarchy were prevalent in such transactional relationships, as men were perceived as the supplier of reward and women were viewed as passive, but having the potential to withhold sex if men had nothing to offer in return (Jewkes et al., 2012).

While men viewed the provision of money and gifts to women as an approach to receiving sex, as demonstrated in the study by Jewkes et al. (2012), Wamoyi et al. (2011) found that women linked the provision of gifts and money by men as a symbol of love, care, commitment and prospects of marriage in future. In terms of views shared by parents about such practices, Wamoyi et al. (2011) reported that the parents of females, especially mothers, accepted such relationships and held views that if a man has sex with a woman without paying anything in return, the man could spread rumours about her or describe her to others as foolish for granting sex without expectation which legitimised transactional relationships.

Wamoyi et al. (2011) noted that women who had sex without accepting gifts or money in return were equated to the cheapness of a prostitute which does not justify the process as one without risk. Fathers in the study shared views that commoditised the bodies of young women and legitimised transactional relationships:

“You can’t stop them because you can’t get meat from a butcher for free...You know that is a butcher’s shop...I mean those private parts...you have to give money to get meat.” Wamoyi et al. (2011, p.8)

In contrast, research conducted by Potgieter et al. (2012) in Cape Town, George, Knysna and Thembalethu amongst 223 taxi drivers who were viewed as providers, illustrated that 50% of the participants admitted that families did not encourage girls to have relationships with taxi drivers but were scared to intervene, which emphasised the power that taxi drivers held in society.

Justifications for views that support transactional relationships stemmed from arguments made by some participants in the study by Wamoyi et al. (2011) that there would be much more instances of rape if transactional relationships did not occur because women would not grant consent to sex without expectation of return. However, Wamoyi et al. (2011) recognises that transactional relationships create scenarios where women are not always allowed to dictate contraception in sexual encounters, rendering them vulnerable to infection.

Wamoyi et al. (2011) express the view that such situations arise owing to men being placed at the top of the social hierarchy as women gain short term control in transactional relationships as they are in control of granting or withholding sex from men on the basis of material goods received. However, once the exchange of material goods is complete, according to Wamoyi et al. (2011), men hold power during sexual encounters. Furthermore, Potgieter et al. (2012)

emphasise that girls who pursued relationships with taxi drivers and accepted gifts or money were expected to have sex with them or else they would be beaten. According to Selikow & Mbulaheni (2013), men often resorted to dropping hints about the money or gifts given to the girl or utilised coercion and violence to demand sex, thereby contributing to gender-based violence.

Despite girls being positioned as powerless, Potgieter et al. (2012) discovered that girls who resorted to pursuing romantic relationships with taxi drivers were regarded as “cool” by their friends which shows that young women are not always coerced into such relationships but opt to date taxi drivers owing to monetary gain. Selikow & Mbulaheni (2013) state that in certain transactional relationships, once girls secure what they wanted from sugar daddies, some resorted to “disappearing” to avoid danger or expectations of sex from the men, which emphasises that girls were not entirely without agency.

The consequences for women involved in transactional relationships are described by Jewkes & Abrahams (2002) as being at greater risks to become pregnant and to contract HIV and STDs. Jewkes & Abrahams (2002) argue that transactional relationships created various barriers for women such as obstacles in reporting rape, fears of not being believed, limited access to police, fear of perpetrators seeking revenge, burden of various legal procedures, corruption at police stations and lack of faith in the justice system not being achieved, all of which discouraged them from reporting such incidents.

It is therefore evident that transactional relationships contribute to risky sexual behaviours owing to the possibilities of multiple sexual partners and difficulty in negotiating condom use. The prevalence of violence in relationships as a factor which heightens sexual risks will be focussed on next.

2.13.10 The risks associated with violence and coercion

Violence and coercion that disproportionately render women powerless in sexual relationships and contribute to risky behaviour will be discussed here.

In order to understand sexual coercion, definitions of rape and coercion must firstly be understood. The South African Law Commission (1999) cited in Jewkes & Abrahams (2002, p.1231) define rape in these terms: “rape is committed by a man having intentional and unlawful sexual intercourse with a woman without her consent”.

In addition, Jewkes & Abrahams (2002, p.1232) report:

“Sexual penetration is unlawful if it occurs in coercive circumstances, which include the application of force, threats, abuse of power or authority, use of drugs etc., and will widen the circumstances in which rape is said to have occurred beyond penile penetration of a vagina to include a range of actions involving different body parts (e.g. fingers), objects and orifices”.

Jewkes & Abrahams (2002) claim that women who are of low economic status are more likely to be coerced into sex with men for the benefit of economic gain. Jewkes & Abrahams (2002) acknowledge that rape in SA should be understood in a context of gender inequality relating to gender power that pervades a society where domestic violence and rape are regarded as manifestations of male dominance over females. One such example discussed by Jewkes & Abrahams (2002) was that in African culture, the payment of lobola entitled men to sex whenever it was desired. Therefore, Wood, Maforah & Jewkes (1998) argue that women were not allowed to term such offences as rape because it was believed to be a sign of love and parents insisted that girls should remain silent about those experiences as it was seen as a natural occurrence between two partners. Jewkes & Abrahams (2002) reflect that myths that exist in society such as the ability of sexual intercourse with a virgin to cure a person of HIV place more social restrictions on women as such incidents have resulted in many women being coerced, raped and infected.

Consequently, WHO (1999) state that women who were raped are sometimes unwilling to recollect and discuss those unpleasant experiences as they feel humiliated, ashamed, guilty and fear being blamed for being raped. It is therefore evident that coercion of females has the potential to increase their risks of contracting HIV.

Soomar, Flisher and Mathews (2009) discovered from their review of literature that factors functioning at individual, psychological, clinical, community and environmental levels influence sexual coercion which affects predominantly women and contributes to heightened risks and vulnerability to HIV, owing to imbalances of gender power between men and women.

At environmental level, Soomar, Flisher and Mathews (2009) claim that within a South African context, sexual coercion is regarded as an outward expression of the stress brought about by the contextual challenges such as severe poverty, abusiveness, rejection and

substance abuse which provoke sexual violence. However, this assertion is viewed as legitimising sexual coercion of women.

At community level, Hulton, Cullen & Khalokho (2000) recorded that girls reported being coerced into sex by not only male friends but also male relatives. However, young women were not only coerced by family members and friends as Firmin (2013) added that young women revealed that being physically violated by their boyfriends and watching their mothers and fathers abuse each other had an impact on their lives which perpetuated a cycle of violence and coercion. From the study conducted by Wood, Maforah and Jewkes (1998) in Khayelitsha amongst 24 pregnant teenagers between the ages of 14 and 18, it was evident that women believed that they had no rights and had to accept these coercive and violent acts as it was inevitable in relationships; such beliefs portray women as being complicit in their own oppression.

According to Wood, Maforah and Jewkes (1998), coercion takes numerous forms, verbal and physical where men use tactics of begging, pleading, violent threats, inviting women into their rooms and locking a woman in the room until she consents to sex. Teenagers in the study conducted by Wood, Maforah and Jewkes (1998) revealed that they would be forced into sex even if they were reluctant to have sex, with violent actions such as beatings, hitting with dangerous objects, tearing the girl's clothes, forcing her legs apart, pulling off her underwear, locking doors, etc, despite the girl crying and pleading. Such coercion creates greater possibilities for HIV infection.

Hoffman et al. (2006) conducted their study amongst 25 males and 25 females from secondary schools in rural parts of Northern KZN and discovered that, in relationships where men coerced women into having sex with them as a result of male dominance in relationships, the use of condoms was inconsistent, resulting in heightened risks of infection amongst women who were coerced.

Sexual coercion, according to Soomar, Flisher and Mathews (2009), may result in various serious long and short term consequences such as pregnancies, physical and psychological injuries, HIV, STIs, suicidal and homicidal behaviours.

The factors explored reveal that young women are rendered powerless in negotiating safe sex and are therefore more vulnerable to HIV infection. However, the literature presented also pointed to instances of agency of young women in sexual relationships. In understanding how

the factors outlined influence risky behaviour amongst the youth, it is equally important to understand how their sexual decision making results in unsafe sexual practices.

2.14 Sexual decision making amongst youth contributing to risky behaviours

The importance of sexual decision making and the barriers experienced that hamper effective sexual decision making amongst youth will be discussed here.

A study conducted by Widman, Choukas-Bradley, Helms, Golin, & Prinstein (2013) in the USA amongst teenagers demonstrated that 54% of youth of the study sample did not discuss topics related to sex with their sexual partners and that youth communication about sex with their friends or family was extremely low. Widman et al. (2013) identified that youth who did communicate with family or dating partners about sexual topics (mostly teenagers who were female and older) used condoms consistently as it assisted in facilitating safe sex; this highlights the importance of communication in the sexual decision making process.

In relation to the need to improve sexual decision making amongst youth, Heywood (2013) acknowledged that the decriminalising within the Sexual Offences and Related Matters Amendment Act that allows children between the ages of 12 and 16 to engage in sexual activities and seek assistance related to sexual issues has led to a debate and outcry of disapproval from parents, guardians, religious leaders and other moral stakeholders who believe that the legislation encourages teenagers to have sex.

Contrastingly, law makers and other bodies that were in favour of the legislation highlighted that one cannot escape recognising the phase of puberty as one of sexual awakening (Heywood, 2013). Furthermore, Soomar, Flisher and Mathews (2009) report that having unprotected sex at an early age can be attributed to a lack of knowledge which contributes to greater sexual risks.

Heywood (2013) reported claims made by the Gauteng MEC (Member of the Executive Council) for Basic Education, Barbara Creecy, that suppressing and shying away from addressing issues related to sexuality had adverse effects as opposed to speaking about it in responsible, informative and supportive ways that allow teenagers to become comfortable and confident to make decisions maturely.

In response to disapproval from society relating to the decriminalising of the Sexual Offences and Related Matters Amendment Act, Heywood (2013, p.2) reports comments made by Barbara Creecy that:

“Teenage pregnancy, clearly an expression of teenage sexuality, does not occur because there is too much information and encouragement of sex. It occurs because young people are not being informed and advised about sex and love in a sensible and non-judgemental way.”

To address the issue of teenage pregnancy, Sigcau (2012, p.1) states that Life Orientation was introduced to the South African school curriculum to help address issues of unprotected sex and teenage pregnancy and added that:

“This subject is meant to equip pupils with knowledge on how to engage on personal, psychological, neuro-cognitive, motor, moral, spiritual, cultural, socio-economic and constitutional levels to respond to the demands of the world, to assume responsibilities, and to make the most of life’s opportunities.”

However, the goals of the learning area are not being fully achieved as teenage pregnancies are still a social concern in SA (Heywood, 2013).

Some of the reasons for a lack of progress are pointed out by Barbara Creecy:

“While the government made condoms widely available to assist efforts against HIV we don’t put similar effort into assisting children to understand the emotions and feelings that drive sexuality. We don’t help adolescents to distinguish abuse from love; consent from exploitation; rape from sex” Heywood (2013, p.3).

It can therefore be deduced that the curiosity to explore and a lack of knowledge about safe sex intensifies the problematic issue of teenagers engaging in risky behaviour contributing to teenage pregnancies, repeat pregnancies and HIV infection.

2.15 Gaps in the literature reviewed

The literature that was reviewed in this chapter mainly focussed on factors that contribute to sexual risk amongst the youth and the negative consequences thereof. This can be attributed to a paucity of literature pertaining to the ways in which teenage mothers construct sexual risk and its influence on their sexual choices and behaviours post pregnancy. Therefore, it is of utmost importance to explore the understanding of sexual risk amongst teenage mothers.

Having explored global and national literature based on the HIV pandemic, teenage pregnancy, motherhood and risky sexual behaviour, the theoretical framework utilised will be presented.

2.16 Theoretical framework

According to Trusscott (1994), gendered roles and identities are ways in which males and females are socialised into becoming men and women. Furthermore, Paechter (1998) echoes that society determines and assigns specific gender roles to males and females from tender ages by the steering of gender roles, encouraging girls to play with dolls and boys to play with toy cars in an attempt to reinforce female roles as nurturers and care givers and male roles as future explorers. In addition, it emphasises the masculine role as exhibiting powerful, strong, brave and assertive behaviours and the feminine role as nurturing, caring, loving and demure (Paechter, 1998). It is the assigning of these roles that contribute to the internalising of specific gender related messages, reinforcing patriarchy and promoting gender inequality by empowering men and subordinating women.

To assist in providing a lens or a certain perspective through which the topic of this research study can be examined, a theoretical framework will be utilised to fulfil the purpose required. In the context of this study, the Vivien Burr theory of social constructionism (2003) and the Judith Butler theory of Performativity (1990) will be utilised.

According to Burr (2003), “social interaction”, “social processes” and “language” are the main tenets of social constructionism. The social constructionist theory expounds that people occupying the social world are products of social processes that occur within the world which are fluid, ever-changing and dynamic (Burr, 2003). Contrary to the theory mentioned, the theory of biological essentialism argues that biological nature and inherent characteristics of people shape and determine the personality traits and behavioural patterns that a person may exhibit (Burr, 2003). This reflects the view that behaviour and personalities are created by nature as a result of genetic processes and therefore are not subject to being challenged (Epstein, Elwood, Hey & Maw, 1998). Therefore, biological essentialism serves to promote and affirm attitudes of entitlement and removes responsibility from a person for their actions.

Burr (2003) proclaims that theories relating to biological essentialism serve as barriers to people in terms of holding people hostage within their current identities, personalities and behaviours. Burr (2003, p.30) strongly challenges theories that support biological essentialism as it is such theories which promote notions that people have inherent behaviour

characteristics which enforce that a person's character is based on and dictated by "human nature". Furthermore, Burr (2003) argues that social interactions that occur within particular social contexts are attached with meaning by people that could be dynamic, volatile and subject to change.

Burr (2003, p.45) states that:

"... a lot of the things we take for granted as given, fixed and immutable, whether in ourselves or in the phenomena we experience, can upon inspection be found to be socially derived and socially maintained. They are created and perpetuated by human beings who share meanings through being members of the same society or culture."

This therefore translates to mean that the actions of people and their beliefs often demonstrate not necessarily the way things appear so much as the understandings that people have of certain aspects of life which result in various social processes within particular contexts.

The review of literature presented in this chapter demonstrates and validates the influence of societal norms, culture and gender specific roles in shaping the personalities and behaviour of people. These are not static but constantly changing and fluctuating, depending on new circumstances and experiences that arise. Therefore, the theory of social constructionism is ideal in terms of suiting the purpose of this research study and will serve as a framework for this study. In addition to the Burr's theory of social constructionism (2003), this research study also takes into account Butler's theory of "performativity" (1990).

The theory of "performativity" presented by Butler (1990) is motivated and stimulated by Foucault who affirms that the "real" identity of people is not that which they possess within themselves, but it is the personality that is expressed and reflected in their interactions with people in their social settings. Butler (1990) supports Foucault's beliefs regarding aspects of identity and personality, that is, identities are not fixed but rather are constantly fluctuating within various times and contexts.

Butler (1990, p.25) proposes that "there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results." It can therefore be deduced that gender is not about who we are but rather a performance which varies depending on various factors. Butler (1990) discusses that people

enact a gender performance which is based on the norms dictated by culture and society and therefore it is not a scenario of deciding whether a gender performance should be enacted but rather a scenario of determining the type of gender performance to enact. The theory of performativity is well suited to the purpose of this research study and will be applied to strengthen this study.

In essence, Butler's theory of performativity complements Burr's theory on social constructionism, as there is a concurrence between the theories in terms of identity which is described as dynamic, fluid and dependent on various social interactions that occur within social contexts. Hence, the theories of social constructionism and performativity provide a lens that assists me in understanding the data collected in this study.

2.17 Link between theoretical framework and my study

This study examines the understanding of sexual risk amongst teenage mothers within a context of HIV/AIDS and this understanding is shaped and influenced by various social practices which are either challenged or colluded with. Therefore, the study can be related to the theories explored as the understanding of sexual risks amongst teenage mothers is socially constructed, actively performed and constantly changing owing to societal influences. Notions about behaviour being related to biological characteristics are challenged (Burr, 2003).

2.18 Conclusion

Within this chapter I have examined and presented a variety of literature, views and findings of researchers pertaining to gender power, statistics related to the HIV pandemic, teenage pregnancy and motherhood, various strands of sexual risk factors and sexual decision making. Despite there being limited literature with regard to the phenomenon of sexual risk amongst teenage mothers, I have strived towards exploring national and international studies to present a more universal representation of the factors relating to risky sexual behaviours amongst the youth. In addition, I have also explained the use of social constructionism and performativity as the theoretical framework that underpins this study. In light of the literature presented, it is therefore essential for a study about the understandings of sexual risks amongst teenage mothers to be conducted.

3 Chapter Three: Research Design and Methodology

3.1 Introduction

Dawson (2007) refers to methodology as the principles and philosophies that steer the research process. In addition, Henning, Gravert & Van Rensburg (2005) assert that research design relates to the logical sequence of a study that connects empirical data collected to the research questions of the study and to the conclusions reached. Within this chapter, the research methodology followed in this study, which is located within the interpretive paradigm and the qualitative approach, will be explored. Choices relating to the data collection methods, research process, instruments, sampling and ethical considerations will be accounted for. Subsequently, the research challenges experienced, the strategies utilised in data analysis, aspects related to rigour and the limitations of this study will be explored.

This study is directed by the following research questions:

1. How do teenage mothers understand sexual risk?
2. To what extent do teenage mothers engage in risky sexual behaviour?
3. Why do some teenage mothers engage in risky sexual behaviour?

3.2 Context of this study

The participants for this research study were selected from the school where I teach at, that is, Roseneath Secondary school (pseudonym utilised to maintain the anonymity of the research site). Roseneath Secondary school is a co-educational, multi-racial, public school situated in Umkomaas, a small town on the South Coast of KZN. The research site mentioned was a convenient area for me to conduct this study as I live within the community and teaching in the school provided me with an opportunity to have personal contact with these participants. At this particular school there are a considerable number of teenage mothers. My observations of these teenage mothers and their own openness about their sexual lives and motherhood intensified my curiosity about their understanding of sexual risk, motivating me to undertake this study. It was anticipated that being a familiar face would possibly enable learners to trust me enough to open up about their lives as opposed to me speaking to learners who were afraid of a person they regarded as an intruder and felt uncomfortable divulging personal and sensitive matters about their lives.

3.3 Paradigm

In order for fitness of purpose to be achieved, this study was located within the interpretive paradigm, as Christiansen (2010) states that the interpretive paradigm is ideally used to understand and interpret the responses of a person or people to a situation depending on experiences and circumstances. This study attempted to understand sexual risk amongst teenage mothers in a context of HIV/AIDS. Therefore, in accordance with the nature of the interpretivist paradigm, my justification for selecting this paradigm was to glean insights into the ways in which teenage mothers understand sexual risk and how their behaviour post pregnancy is influenced by their knowledge and experiences.

3.4 Approach

Bertram (2010) states that qualitative data is collected when “depth” and “rich descriptions” are required to describe a particular situation or phenomenon. Furthermore, Cohen, Manion & Morrison (2011) emphasise that qualitative research must be conducted in a real world situation without the researcher influencing or manipulating participants. Cohen, Manion & Morrison (2011) mentions that the qualitative approach is adopted in situations where the researcher requires information on certain significant experiences that participants have endured. These are often related to their socio-economic status. Selection of this approach is often based on recognition by the researcher that he or she brings his or her particular experiences and notions to the study. Therefore, the qualitative approach to research in this study is appropriate as it is based on the understanding that teenage mothers have of sexual risk within a context of HIV/AIDS which is of a sensitive nature and required information from teenage mothers who were not forced into a contrived setting.

3.5 Sample

Gay, Mills & Airasian (2009, p.113) report that qualitative sampling refers to a “process of selecting a small number of individuals for a study in such a way that individuals are good key informants who contribute to the researchers understanding of a given phenomenon”. In accordance with my expectations of the knowledge required for this study, I purposefully selected teenage mothers due to particular information that was required. The participants for this study were 11 teenage mothers from specifically one secondary school in Umkomaas. While there are many teenage mothers at the school, I aimed to select 15 teenage mothers to participate in my study. 11 participants consented to participating, while four potential participants declined owing to the sensitive nature of the study.

According to Patton (1980, p. 184) “there are no rules for sample size in qualitative inquiry” as the sample size depends entirely on the aims and purposes of the study and on the type of data required. Therefore, my initial sample size was 15 as I wanted to focus on gaining rich textual data from a small sample. I anticipated working with teenage mothers of diverse race groups between the ages of 16 and 19 as this particular age group enabled me to explore the sexual behaviours (especially those pertaining to sexual risk) of the participants within a context of HIV/AIDS. Coincidentally, all participants belonged to the African race group.

I aspired for participants to be comfortable and willing to share with me their experiences, emotions and opinions regarding sexual risk and motherhood and most participants spoke freely about their sexual lives. This group was not intended to be a representation of the wider population, and no attempts were made to generalise the findings. Cohen, Manion & Morrison (2000) suggest that participants selected as part of a sample represented a population group which I as the researcher aimed to study for purposes of making and completing evaluations.

A purposive method of sampling was employed as the method focusses on participants who are information-rich, relating to the purpose of this study (Maree, 2007). The reason I utilised this method of sampling is my focus, which is the understanding that teenage mothers have of sexual risk. Furthermore, I preferred to include teenage mothers who demonstrated willingness to participate in this study and were not taught by myself due to power relations between a participant and a researcher. However, interest to participate in the study was shown by four learners from the classes I teach. Hence, I decided to include them in my study.

Cohen, Manion & Morrison (2000) argue that the purposive method is well suited to small scale research, is less complicated and generally less expensive to set up. Furthermore, the sampling mentioned can also be regarded as convenience sampling as the research was conducted in the school that I teach at, which eliminated transport costs.

Initially locating participants who were willing to participate in the study was challenging. Having knowledge of two participants who were teenage mothers, I approached them, informed them about this study and enquired about their interest to participate. On being granted written consent by the two located participants, I utilised snowball sampling to recruit more participants. This was achieved by asking the teenage mothers for help in locating other

teenage mothers as they probably shared similar friendship groups. I regarded snowball sampling to be useful to my study as described by Cohen, Manion & Morrison (2007, p.135):

“In snowball sampling researchers identify a small number of individuals who have the characteristics in which they are interested. These people are then used as informants to identify, or put the researchers in touch with others who qualify for inclusion and these, in turn, identify yet others – hence the term snowball sampling. This method is useful for sampling a population where access is difficult, maybe because it is a sensitive topic.”

Snowball sampling was therefore useful to this study as access to the sample population was difficult owing to teenage pregnancy being a highly sensitive issue. Eleven participants were interviewed and the table below illustrates a summary of the details of participants as at June 2014:

No	Pseudonym	Age	Grade	Age of child	Relationship status. Dating who?
1	Mandisa	19	11	1 Child – 8 months old	Dating – father of child (23)
2	Andiswa	17	11	1 Child – 22 months old	Dating – father of child (20)
3	Sharon	18	11	1 Child – 15 months old	Boyfriend (18) – not father of child
4	Nosipho	19	11	1 Child – 17 months old	Dating – father of child (19)
5	Samkelisiwe	19	11	1 Child – 18 months old	Dating – father of child (23)
6	Sbahle	18	11	1 Child – 30 months old	Dating – father of child (20)
7	Joyce	16	11	1 Child – 7 months old	Dating – father of child (21)
8	Phumzile	19	12	1 Child - 26 months old	Boyfriend (19) not father of child
9	Bongeka	16	11	1 Child - 2 months old	Dating – father of child (23)
10	Londiwe	16	10	1 Child - 2 years old	Not dating. Father of child (29)
11	Malondi	17	11	1 Child -19 months old Miscarried second child	Dating – father of child (24)

3.6 Ethical considerations

Sieber (1993, p.14) states that “ethics has to do with the application of a system of moral principles to prevent harming or wronging others, to promote the good, to be respectful and to be fair.” During the course of this research study I strived to develop authenticity by observing the mandatory ethical features. At the beginning of the research study, participants were assured that their rights will not be infringed upon as ethical characteristics of

anonymity, confidentiality, non-maleficence, and beneficence would be strictly followed to avoid causing emotional harm to participants (Cohen, Manion & Morrison, 2011).

Non-maleficence was strived towards by recruiting the assistance of our school counsellor should participants have become emotionally disturbed or traumatised by their experiences narrated. The counsellor possesses a Bachelor of Arts qualification (Health Sciences and Social Services) with specialisation in Psychological Counselling. Pre-arrangements were made with her for her professional assistance should a participant become emotionally affected or disturbed by experiences narrated to me. None of the participants required counselling during or post interview sessions.

Being well informed about the ethical considerations mentioned, I proceeded to enlighten participants of the purpose of the study and specific issues which was also expounded on the consent form (Appendix F and G). The clauses of voluntary participation, anonymity, confidentiality, right to withdraw from the study (with no penalties imposed) and the use of a tape recorder were listed on the consent forms and verbally explained to participants before the consent forms were signed and on the day of the interview prior to switching on the recorder. Participants were informed that the services of the school counsellor will be made available to them should it be required.

Ethical considerations were also taken into account by requesting the participant to notify me the instant that she felt uncomfortable in response to questions asked, exercising her right not to answer certain questions or withdrawing from the study completely if she no longer wanted to participate. In transcribing the interviews and writing up the research report pseudonyms were utilised to protect the identities of participants. All data sheets only contained pseudonyms.

If the participant/s revealed extremely sensitive information that is detrimental to her or others, I made a decision not to disclose such responses in the transcriptions, analysis and findings of my study. Even though this could not be predicted, I had planned that with the consent of the participant, the assistance of the counsellor would be requested. Interviews were transcribed timorously (within a day or two after the interview was conducted) and transcripts were taken to participants for review, to add or remove comments made. Information gathered from interviews was not shared with school staff members, friends and family members of myself or the participant/s. In addition to the mentioned aspects, I vowed to declare any subjectivity and/or biases that arose during the study.

3.7 Permission to conduct this study

Wiersma & Jurs (2009) highlight the importance of obtaining permission from the gatekeeper of the research prior to the commencement of the study. Formal applications were made to the Ethics Committee of the University that I was registered with for the duration of the degree (Appendix A) for permission to be granted to conduct the research. Written permission and authorisation were obtained from the school principal and the chairperson of the school governing body (Appendix B, C and G). Cohen, Manion & Morrison (2007) define informed consent as a decision reached to participate in a certain activity after information about the purpose, processes and influences on the participant is provided to the participant.

Prior to the interviews, in keeping with Cohen, Manion & Morrison (2011), letters of informed consent were handed to participants and their parents/guardians, requesting their written consent for their child to participate in the study (Appendix E, F and G). The counsellor was compelled to sign an agreement that I drew up, ensuring that her counselling sessions with any of the participants remains confidential (Appendix D and G).

3.8 The disposal of data

Consent forms, audio recordings and transcriptions were locked away in a personal safe once signed. Assurances were given to all participants and gatekeepers in consent forms that the findings of this study would not be utilised for purposes other than a Master's dissertation. It was emphasised to all stakeholders concerned that the data collected would be stored at the university for a period of five years. Thereafter the data would be disposed of by shredding interview transcripts and incinerating audio tapes.

3.9 Data generation

Denzin & Lincoln (2003) describe interpretivist research as being steered by views, beliefs and opinions about how the world should be interpreted and studied. The methodologies that lend themselves to subjectivity and interpretation are described by Terre Blanche & Durrheim (1999) as different types of interviews. Cohen, Manion & Morrison (2011) identify some of the research methodology utilised in qualitative research as individual and focus group interviews, narratives, case studies, ethnographic studies and participatory research. Individual, semi-structured interviews were utilised to gather data for this research study.

3.9.1 Data generation method, instrument and process

In accordance with my aim to gather in-depth knowledge about the understanding that teenage mothers have of sexual risk within a context of HIV/AIDS, I utilised a qualitative method of data collection. Individual interviews, utilising a semi-structured interview schedule, were organised and conducted.

Individual interviews were conducted on the basis of drawing from the benefits explored by Oppenheim (1992) cited in Cohen, Manion & Morrison (2007, p.373) whereby:

“Exploratory interviews are designed to be essentially heuristic and seek to develop hypotheses rather than to collect facts and numbers. He notes that these frequently cover emotionally loaded topics and, hence, require skill on the part of the interviewer to handle the interview situation, enabling respondents to talk freely and emotionally and to have candour, richness, depth, authenticity and honesty about their experiences.”

The interview schedule (Appendix H) was semi-structured, consisting of close ended questions related to biographic details of the participant followed by mainly open ended questions which required in-depth responses. Having read and familiarised myself with issues pertaining to the topic, such knowledge was used to pre-determine the questions to be asked. The questions were used as guidelines during the interview to stimulate discussion. Should further information have been required in response to participants comments, additional questions were utilised to probe.

I conducted two interviews with each participant. The first interview consisted of Part A and Part B. Part A (approximately 15 minutes) was utilised as an ice-breaker to attain biographic details of the participant. For Part B (approximately 45 minutes), closed and open ended questions were asked to obtain more information about teenage mothers' understanding of sexual risk, the extent to which they engage in risky sexual behaviour and their reasons for various choices relating to their sexual behaviours.

The second interview was conducted after I transcribed the first interview. I took the transcripts back to the participants to review and validate the data provided and to provide an opportunity for participants to add to or retract previous responses. None of the participants chose to remove or add any comments to responses made during the first interview.

All interviews were pre-arranged with participants in terms of convenient dates and times for the participants and myself to ensure that they would be available and adequately prepared for the sessions, taking into account their responsibilities as mothers.

Participants opted for the interviews to be conducted at school as they felt comfortable speaking about their sexual lives in a classroom as opposed to a library or their homes despite my offers to conduct interviews at any other venue that was mutually agreed upon by the participant and myself. The reason for providing this option was that some participants may have felt comfortable being interviewed at school, while others may have preferred that I meet them at a library or their home, depending on availability of their school transport, their familiarity or comfort in certain environments, preferring not to be identified by other learners as teenage mothers and various other reasons. Interviews were only conducted with participants after school hours with those participants who waited for more than an hour for their transport (three participants); the rest of the interviews were conducted during school hours (non-teaching periods and activity times) to avoid participants experiencing transport challenges, dangers associated with alternate transport arrangements or clashes with their responsibilities as mothers and learners.

I ensured that the interviews were conducted in a private, comfortable and disruption-free zone to create an environment that was conducive to generating genuine responses from the participants. Interviews being conducted in my classroom meant that being seated in the teacher's and learners' conventional seats would have emphasised the power dynamics of the learner being subordinated and the teacher being an authoritarian figure. To eliminate such power dynamics influencing the interview, each participant was offered an opportunity to select a comfortable seat in the class and I chose the seat next to her. An attempt was made to conduct interviews in a conversational, relaxed and non-intrusive manner. Each participant was warmly welcomed, followed by an emphasis on the clauses of anonymity, confidentiality, beneficence, non-maleficence and right to withdraw at any time during the study to ensure that the participant fully understood her rights. Participants were informed that interviews would be audio recorded via a clause on the consent form and verbally prior to switching the recorder on. I encouraged participants to speak loudly, clearly, confidently and to seek clarity for questions that they did not understand.

Cohen, Manion & Morrison (2011) suggests that an interview is not necessarily an exercise to ask a set number of questions to collect data but is a social encounter that occurs between a researcher and a participant. Therefore, Cohen, Manion & Morrison (2011) propose that participants must be encouraged to speak freely about the topic and being appropriately probed will achieve depth in responses. During the interview, a conducive and comfortable atmosphere was created to enable participants to answer the questions posed without fearing the nature of their responses, pressure and coercion from me. I accurately made notes of both verbal and non-verbal cues which may possibly have enhanced the meaning of the participant's responses while simultaneously audio recording the interview using a tape recorder.

Cohen, Manion & Morrison (2011) notes that researchers must be aware of the manner in which questions are asked by refraining from a judgemental and forceful tone of questioning participants, instead resorting to sensitive attitudes towards responses, emotions and experiences expressed. I appealed to participants to be honest in their responses as they will not be judged, shamed or humiliated by public display of the data. Furthermore, participants were allowed time to reflect upon the questions asked, gather their thoughts and emotions and seek clarity on questions that were not easily understood. However, there was a possibility that participants might have refrained from divulging certain information to protect themselves and simply not wanting such personal information to be known by anyone at all. As a researcher requiring this vital information, I was vigilant and assigned the utmost attention and respect to the participant to maintain the seriousness of the interview.

3.9.2 Research challenges

Various challenges were experienced during the study which will be discussed here. Awaiting ethical clearance was challenging as interviews could not begin prior to obtaining ethical clearance which constrained this study in terms of time. Initially, identifying participants who were willing to participate was difficult as teenage mothers were wary of the purpose of this study and may have been concerned that information about their personal lives being divulged to others. Patience was exercised by refraining from forcing learners to participate because they would simply not accord the interviews their undivided attention and the data would be not be useful. Furthermore, if participants withdrew from the study, that would equate to a wastage of data and time. Prior to handing out consent forms I allowed participants the opportunity to read the interview questions. Four participants opted not to

participate after reading the questions; they were thanked for their time and not pursued any further.

As a result of agreeing to conduct interviews at places that participants felt comfortable at, I was also willing to travel to meet participants. However, all participants requested for interviews to be conducted at school during sporting activity times on Tuesdays and Thursdays or after school hours, which was carefully thought about as participants could have experienced transport challenges, the risks of walking home alone and inconveniencing participants whose responsibilities as mothers needed to be considered. Only participants who waited for transport for a long duration after school were interviewed after school hours.

Some participants requested for interviews to be conducted during school hours, which meant utilising my non-teaching periods to conduct the interviews, assuring educators to make concessions for learners to leave their classroom and that the work done during the lesson would be duly completed. Other participants who did not participate in sporting activities requested for interviews to be conducted during school activity times (generally used for sports coaching and inter-house field and track events).

Being a house mistress meant having duties of coaching athletes, leadership and administration of the house. Therefore, I could not utilise all activity periods for interviews and only arranged for an interview during activity period after pre-arranging with the house master to assist me by carrying out my sports duties during that activity. The principal was also briefed and permission was requested from him and the sports committee as all educators are expected to be on the field during activity and not classroom bound. Understanding the nature of my study and encouraging educators to develop professionally, the principal granted consent for interviews to be conducted during activity time provided that arrangements were made with the sports committee.

Owing to the fact that classrooms confirm particular power relations between teachers and learners, I had to redefine my role as a researcher instead of a teacher to the participant. Schools can be noisy and disruptive at times and I had to ensure that I could conduct the interviews in a quiet and private teaching block. Other learners and teachers were curious to know the purpose of my private discussions with these learners who were participating in my study. Therefore, confidentiality was strictly adhered to by the participant and I. Participants could have exercised their right to withdraw owing to the sensitive nature of the topic and I

would have had to gracefully and professionally accept their decisions. Participants were provided with an opportunity to read through the questions first before arriving at a decision to participate to ensure that participants were informed about the study. Four participants decided not to participate after reading the interview questions.

Further challenges experienced included keeping up with all the aspects relating to the interviews, maintaining records, collecting and filing and not becoming confused with the process of utilising pseudonyms for participants. Transcribing the interviews was time consuming but attempts were made to transcribe interview recordings on the same day the interview was conducted.

3.10 Data analysis

The data analysis process involved recording the data correctly by audio tape and capturing the data by accurate transcription of the information which was done on a computer using Microsoft Word. One reason for the rapid transcription of the interviews was to enhance my understanding of the data as it was being collected and to avoid a back log of work. Once the data was transcribed, it was printed and issued to participants for them to read thoroughly and correct if necessary.

The use of qualitative methods to collect textual data may sometimes result in a large volume of data to be analysed, therefore it is necessary for the researcher to select only the data that is required and that which relates to the research questions (Cohen, Manion & Morrison, 2011). This process is described by Cohen, Manion & Morrison (2011) as data reduction, and this process should be consistent throughout the research process. Post transcription of interviews, I carefully read and became familiar with the transcripts before I commenced with data reduction. Various colour highlighters were utilised on Microsoft Word to code and categorise the data into units. Once the coding and categorisation was completed I looked at each of the interview questions and reflected on which research question that unit would be classified under. Three separate documents were created for each of the three research questions. Interview questions were copied onto the appropriate research question document.

The responses of the 11 participants to each of the interview questions were copied from the interview transcript under the appropriate interview question in one of the three documents I created. The copy and paste function on Microsoft Word was utilised to copy, paste, categorise and label the data onto one of the three documents. This strategy made the task of identifying similarities and differences in participant's responses for each interview question

a more effective task. Furthermore, the process of monitoring and ensuring that the three research questions were answered by means of asking those interview questions was achieved. This enabled me to work more systematically in terms of the tentative order of the data in my analysis section. Using these steps to categorise and analyse the data assisted in determining which data was relevant to the study and in discarding data that was irrelevant, as participants sometimes tended to discuss issues that were insignificant or irrelevant.

On completing the process of categorising data under the appropriate research question document, I noticed that the three documents containing data addressing the respective research questions had a similar amount of data and would be sufficient for analysis. In addition, utilising this strategy for analysing data assisted in making the process of comparing the responses of participants a better organised task.

Data was analysed using thematic analysis. Guest, Macqueen & Namey (2011, p.8) explain that thematic analysis is a method that is commonly used in qualitative research as there is a:

“focus on identifying and describing both implicit and explicit ideas within the data, that is, themes, codes are then typically developed to represent the identified themes and applied or linked to raw data as summary markers for later analysis”.

Data was analysed by working with one research question at a time using each of the documents I created to do so. My intention was not to isolate data but rather to ensure that I have considered all relevant data for the analysis chapter. Furthermore, I attempted to avoid confusing myself, being disorganised and unintentionally omitting relevant data.

The order of the analysis chapter was tentative at that stage, therefore I preferred to utilise a strategy that I was comfortable with until I understood how the different parts of the analysis could fit together logically. Data was initially analysed according to the three research questions and the components of data under each research question were as follows:

3.10.1 Research question 1

- Teenage mother’s definitions of sexual risk.
- What do their definitions of sexual risk reveal about their level of knowledge?
- What do the participants know about risk factors such as alcohol, peer pressure, condom use, sexual pleasure, love, trust, coercion and the influence of money and gifts?

3.10.2 Research question 2

- How does knowledge influence behaviour positively or negatively?
- Nature of sexual relationships post pregnancy.
- How does culture shape choices and behaviours?
- Views and cautions about sex and boys post-pregnancy.

3.10.3 Research question 3:

- Why do repeat pregnancies occur, according to the participants in this study?
- None of the participants in this study have more than one child and claimed that they regret their decisions of becoming mothers at such tender ages. Therefore, they stated reasons from their observations of other teenage mothers engaging in risky behaviour.

These components were utilised to analyse data. Data analysis is described by Cohen, Manion & Morrison (2011) as an inductive process that organises the available data into categories which lend themselves to interpretation and examination of raw data. This process was followed by analysis of categories and emergent patterns to draw conclusions. Categories of data were compared and cross-examined to the point of identifying prominent themes emerging. Furthermore, Cohen, Manion & Morrison (2011) reveal that it is valuable to constantly reflect upon the research questions during data analysis as this will assist in organising, analysing and interpreting data competently and organising it logically. Taking this further, Cohen, Manion & Morrison (2011) state that categories of data must then be examined and emergent themes will be identified. From the process of initial analysis, I was able to tabulate this information to monitor the answering of the research questions by the initial analysis of data which assisted in identifying emergent themes:

No	Theme	Research Question
1	Pressure from peers, society and the media	1+3
2	Alcohol abuse and risky behaviour.	1+3
3	Unprotected pleasure	1+3
4	Nature of romantic relationships	1+2+3
5	Cultural rules and exceptions	2+3
6	Consistency in condom use	2
7	Warnings about sex	2
8	Mothers positioned as dependent and powerless	3
9	Love, trust and danger	1+3
10	Stage and age of risk	1+3
11	Materiality and risk	1+3

From formulating these themes it is evident that:

- The themes overlap and are not mutually exclusive.
- The themes, taken together, address the three research questions in some way.

3.11 Rigour of the research

Cohen, Manion & Morrison (2011) expounds that for research to be termed valid it should reveal similar results in replicating the research. However, this is not entirely possible in qualitative research as data that is of a sensitive nature is influenced by complex factors such as human emotions and various circumstances. Credibility and trustworthiness can be accomplished in qualitative research (Cohen, Manion & Morrison 2011).

According to Welman, Kruger & Mitchell (2005, p.145), in qualitative research, rigour “relates to the credibility of the findings”. During this study, aspects relating to credibility were sought in the following ways:

- The data collection instrument (individual interview schedule) was checked by the research supervisor for ambiguity and mock interviews were conducted with peers from the Masters cohort to ensure accuracy in interviewing techniques.
- Interviews were recorded electronically.
- Prior testing of electronic devices took place before the start of the interviews.
- Participants were advised to seek clarity regarding questions that they may have experienced difficulty in understanding and to feel confident enough to answer without fear of judgement or scrutiny.
- I acknowledged that the presence and position of a researcher had the potential to influence and affect participant's responses.
- Interview transcripts were timorously taken back to participants for review and reflection.
- I vowed to acknowledge and declare any biases that had the potential to affect the data.
- Data was shared with other students in the Masters cohort and the research supervisor to ensure that the data was analysed appropriately and accurately.
- Participants were informed that the findings of the research study and a copy of the dissertation will be available to them on request.
- Quotations were utilised from interviews to substantiate claims made in the report.
- An anonymous transcription of one of the interviews conducted is included in this report.

These measures were taken to achieve greater trustworthiness as Seale (1999, p.266) asserts that the “trustworthiness of a research report lies at the heart of issues conventionally discussed as validity and reliability”. Therefore, the findings of this study can be utilised by researchers who undertake similar studies as appropriate measures were adopted to ensure aspects of credibility and trustworthiness.

3.12 Limitations of the study

Due to time constraints, extensive data collection was not possible. The study was conducted in one school amongst 11 participants utilising one method of data collection. Conducting focus group interviews or other methods were not appropriate owing to the sensitive nature of this topic. Therefore, the findings generated cannot be generalised to a broader context due to sample size. In terms of scheduling interviews, the availability of some participants was problematic as they experienced transport challenges, had to attend to their responsibilities associated with motherhood or engaged in homework during the activity periods to compensate time lost to their duties of being mothers. As a teacher at the school, there were

possibilities of my identity negatively influencing my relationship with participants post interviews or influencing their responses as they could have chosen not to disclose certain aspects related to their sexual lives to avoid various undesirable consequences. However, there were also possibilities of my identity as a teacher increasing the trust and confidence of participants in that I was a familiar face at the school. No negative consequences associated with my relationship with participants have been observed as participants are confident in their encounters with me post interview sessions.

3.13 Conclusion

In this chapter, I have explored the research paradigm, approach, design, sampling, instrument and data collection method. In addition, the ethical considerations and issues related to credibility and trustworthiness were described. I have also provided a brief description of how the data was analysed after coding and organising into themes. The chapter that follows will focus on the presentation and analysis of data that was obtained during the research process of conducting interviews.

4 Chapter Four: Presentation of data and analysis of findings

4.1 Introduction

As stated in the first chapter, the purpose of this study is to explore the understandings of sexual risk amongst teenage mothers amidst the HIV/AIDS pandemic. Furthermore, it will add to insights about the ways in which the understandings of sexual risk amongst teenage mothers influence and shapes their sexual decision making post pregnancy. Having discussed in detail the research methodology employed in the previous chapter, in this chapter I will present and analyse the data that was generated through individual interviews with participants.

4.2 Presentation of data and analysis of findings.

The verbatim data collected from my interviews with participants, together with the literature and theoretical framework, were utilised in presenting and interpreting the findings of the study. As discussed in the previous chapter, interview transcripts were read a few times to enable myself to become familiar with the data. Thereafter, the data was coded and categorised into themes using thematic analysis. Guest, Macqueen and Namey (2011) emphasise that thematic analysis is regarded as the most useful tool used to capture the intricacies of meaning located within textual data.

Data has been organised by themes that are not necessarily independent of each other, but provide a coherent way of organising the data. Themes were formulated using general statements that emerged as prevalent from the data. General statements were utilised as themes instead of direct quotations which enabled me to discuss the variations within the themes. Research question one and two will be addressed simultaneously in the section below as there is considerable overlap of data addressing the understanding that teenage mothers have of sexual risk and the extent to which they engage in risky behaviours. This will be followed by a discussion addressing research question one and three which takes into account the reasons for teenage mothers engaging in safe or risky sexual behaviours in relation to their understanding of sexual risk.

4.3 The themes

Eleven themes emerged from the data and are as follows:

- Pressure from peers, society and the media
- Alcohol abuse and risky behaviour
- Unprotected pleasure
- Nature of romantic relationships
- Cultural rules and exceptions
- Consistency in condom use
- Warnings about sex
- Mothers positioned as dependent and powerless
- Love, trust and danger
- Materiality and risk
- Stage and age of risk

4.3.1 Pressure from peers, society and the media

This theme explores the understanding of participants regarding external pressure as a risk factor to demonstrate how teenage mothers feel driven to engage in risky behaviour owing to pressure from peers, ideas of love, domestic issues, influence of the media and social grants. When asked whether risky behaviour is a result of lack of knowledge about it, Bongeka said:

“Well, I think they do know and some of them are pressurised”

Bongeka suggests that teenage mothers are aware of sexual risks yet they engage in risky behaviours owing to pressures from peers to engage in sexual activities. This is consistent with findings attained by Hamid (2012), that teenage mothers indicated that it was difficult to remain a virgin owing to various factors, one of which being peer pressure.

Some participants stated that pressure within the home environment, coupled with financial pressures, contributed to teenage mothers’ engaging in risky sexual behaviour. For example:

Malondi:

“Problems at home, the way they are treated and abused. For grant some of them.”

According to Malondi, being faced with domestic issues and desperation for a social grant both contribute to teenage mothers’ engaging in risky sexual behaviour, a point similar to that

of Kanku and Mash (2010) whereby young women who experienced poor socioeconomic conditions in the home environment such as poverty and unemployment sometimes resorted to becoming pregnant to receive an income in the form of the child support grant.

Participants discussed further pressures which they experienced and negatively influenced them to engage in risky sexual behaviours such as pressure from peers and men:

Nosipho:

“Pressure mam....from guys, your friends. Almost everyone now is not virgins, only few like from grade 8 and 9 that’s all.”

Sharon:

“We deal with peer pressure coming from our friends in that way we try to fit in.”

Phumzile:

“Peer pressure and choosing wrong friends.”

These responses indicate that teenage mothers were faced with the challenges of pressure from peers to lose one’s virginity and attempt to “fit in” by reflecting a particular “sexual image”. Similar comments were made by the participants in the study of Hamid (2012) as difficulty was experienced by them in attempting to preserve their virginites owing to pressure from peers which contributed to risky sexual behaviour and resultant pregnancies. Participants claimed that influences from peers, trends and competitiveness to lose one’s virginity contributed to teenagers engaging in risky behaviour.

Along with pressure from peers, participants indicated that the characteristics mirrored by role models influenced them:

Joyce:

“It’s the new generation, some people have bad role models also poor role models who they want to be like.”

According to Joyce, the youth are faced with the consequences of risky sexual behaviour as they want to conform to images projected by role models who are considered as negative influences.

Participants listed various factors that contribute to teenage mothers feeling pressured to have unsafe sex, such as the media, internet and friends:

Bongeka:

“Now days there are a lot of things that are influencing people, the internet, the social networks, you know magazines.”

Londiwe:

“Hey mam, there are friends they are telling you how it is how it feels and you just want to do it. You want to experience. You don’t want to be teased by friends and on TV, it makes you do what they are doing, the blue movies where they are doing sex”

Some of the factors that contribute to engaging in unsafe sex as pointed out by Londiwe and Bongeka include the influence of media, social networks and environmental influences that play a role in promoting a culture of hyper sexualisation and in directing the youth towards instead of away from risky sexual behaviour. Londiwe’s comments suggest that curiosity amongst the youth, desiring to “fit in” and having access to erotic material contribute to risky sexual behaviour. These views support Brown and Witherspoon (2002) and Siebold (2011) who demonstrate that the media and social networks are contributors to unsafe sex as portrayals of unprotected sex, alcohol and drugs are glorified which serves as a negative influence to the youth. Burr (2003) argues that sexual behaviours are related to the prior experiences, social practices and circumstances of people – in this study it relates to how the sexual behaviours of teenage mothers prior and post pregnancy are influenced by social influences such as their peers, the media and society.

Having discussed how experiencing pressure from various sources such as peers, society and social media serve as risk factors in sexual encounters amongst teenage mothers, the theme that follows will explore how unprotected sex is influenced by alcohol abuse.

4.3.2 Alcohol abuse and sexual risk.

Most of the participants recognised that social influences play a role in decisions related to sexual behaviour. Alcohol abuse amongst teenage mothers is another factor that contributes to risky sexual behaviour, as indicated by the participants in this study. The participants’ understanding of how alcohol contributes to risky sexual behaviour will be discussed under this theme.

Phumzile linked alcohol and influence of peers with unprotected sex:

“Drinking alcohol, peer pressure and choosing wrong friends. Not having protection.”

Phumzile acknowledged that pressure from peers and consumption of alcohol was linked with possibilities for risky behaviour which is in line with research by Watt et al. (2012); Muhanguzi (2011); Eaton et al. (2012) who state that young women are not without agency as they were observed using sex to manipulate men in taverns for alcohol without any concern for risks.

Londiwe suggested that alcohol caused a lack of control:

“You don’t know what’s happening because your body is doing what the alcohol tells you.”

The understanding demonstrated by Londiwe that alcohol impairs the ability of a person to make rational decisions and contributed to unsafe sexual practices is similar to explorations by Watt et al. (2012); Muhanguzi (2011) and Eaton et al. (2012) who emphasise the heightened risks associated with alcohol consumption in sexual encounters such as coercion, lack of protection, violence and multiple partners.

Many participants suggested that the consumption of alcohol negatively influences the behaviours of teenage mothers. For example:

Andiswa:

“Some of them have children and they don’t take care of the children, they leave it with their mothers and the worst thing is that they don’t go to school, they go to taverns.”

Andiswa pointed out that some teenage mothers she is acquainted with demonstrated a “don’t care” attitude towards motherhood by resorting to passing on their responsibilities to their families and absconding from school to go to alcohol-serving outlets. Watt et al. (2012) maintain that taverns are places where alcohol is used as a commodity to transact sex from women, which heightens the risks of contracting HIV due to unequal partner dynamics and challenges experienced in negotiating safe sex.

Being an educator at the research site, I was accorded with the privilege of having inside information on the participants. Andiswa, in particular, despite her own judgemental and condescending attitude towards teenage mothers who consume alcohol, was reprimanded on numerous occasions for truancy, drinking alcohol, absconding classes and utilising the school toilets as a hideout. This illustrates that Andiswa continued to consume alcohol despite her considering it as a contributor to risky sexual behaviour. However, the impact of alcohol on her decisions relating to sex post pregnancy is unknown. Hence, this is evidence that participants exercised their abilities to paint themselves in a particular way that is favourable and to portray other teenage mothers with contempt. Similarly, Kidger (2005) and Singh & Hamid (2014) noted that teenage mothers were sometimes judgemental towards other teenage mothers which partially isolates themselves from being painted in a negative light, thereby attempting to create favourable identities for themselves by the shaming and “othering” of teenage mothers.

In this theme, alcohol as a factor for risky sexual behavior was discussed. Participants in this study acknowledged that alcohol coupled with sex led to unsafe sex and its associated consequences. The theme that follows explores how sexual pleasure influences boyfriends and teenage mothers to engage in unprotected sex despite the risks thereof.

4.3.3 Unprotected pleasure

Within this theme, attention will be drawn to how ideas of sexual pleasure inhibit the use of condoms amongst teenage mothers and their partners. While two participants argued that condom use does not reduce sexual pleasure or influence their choices to have unprotected sex, nine participants indicated that sexual pleasure did contribute to teenage mothers not being able to negotiate safe sex:

Andiswa:

“Some of them say it’s more better doing it (laugh). They say it’s more better without a condom and they trust their partners.”

Samkelisiwe:

“Some of them say condom use is not nice. They say skin to skin is the best thing.”

Andiswa and Samkelisiwe remarked that teenage mothers have unprotected sex owing to views shared about sexual pleasure, which heightens the risks of both pregnancy and HIV.

Similarly, Jewkes & Morrell (2010) and Wood, Maforah & Jewkes (1998) gathered that boyfriends coercively opposed ideas of protection owing to beliefs of condoms decreasing sexual pleasure which led to a continuation of unprotected sex, increasing possibilities for risks of HIV and pregnancy.

Most of the participants voiced that the opposition to condom use was expressed by the male in the relationship:

Nosipho:

“Because mam the guy refuses to use a condom.”

Nosipho indicates that boyfriends’ blatant refusal to use condoms is a factor that leads to couples engaging in unprotected sex. This limits the agency of teenage mothers to negotiate safe sex. Therefore, this illuminates findings by Currie et al. (2007) who highlight that the risks of HIV are heightened especially amongst 15 to 24 year olds owing to condom use being extremely low in this age group, while Kent (2004) and Bhana & Anderson (2013b) point out that risks are heightened as young women are powerless in negotiating safe sexual practices.

The powerlessness of teenage mothers in sexual relationships to negotiate safe sex was mentioned by participants as reasons for not engaging in safe sex despite being aware of the consequences:

Sharon:

“Uhm I think it goes with the heat of the moment. I think that most girls are afraid to approach their boyfriends to use condoms. Most of them are like if it happens once I won’t get pregnant but the once can get you pregnant.”

“Heat of the moment” as a comment by Sharon is a belief that was shared by many participants in this study about sex not being something one can control, discuss and plan for, which can be assimilated to the responses of participants in the study of Hamid (2012) who maintained that “it just happened”. This emphasises the general lack of power and agency of teenage mothers in sexual relationships to negotiate safe sex.

While Nosipho mentioned that men oppose condom use, other participants stated that men and women oppose condom use:

Andiswa:

“They say that they don’t feel anything if they use a condom. Both men and women say that. Some of them are saying that it’s not safe cos condoms get busted.”

Andiswa presented negative attitudes held about condom use as discussed by teenage mothers she is acquainted with, such as a lack of sexual pleasure which emphasise that teenage mothers are not without any sexual desires and are not always coerced into having unprotected sex. This is also a phenomenon reported by Muhanguzi (2011) and Bhana & Anderson (2013a) in which young females demonstrated attitudes of approval towards sexual pleasure which illustrate that one should not ignore the sexual agency of young women. In contrast, Hulton, Cullen & Khalokho (2000) found that young men shared views about sex being intended to meet the demands of male sexual pleasure, which points to the complex nature of views surrounding condom use. Andiswa’s response draws attention to the perceived futility of condom use owing to the shortfalls of protection such as condom breakages which is an under-researched area. However, this is not to suggest that instances of condom breakages can be accepted as justifications for pregnancy and HIV infection.

The opposition of male partners to condom use was not solely associated with sexual pleasure but also related to hegemonic masculinity:

Samkelisiwe:

“Like they say hey you must have sex without a condom. You must try it. Boys do that to show off.”

From Samkelisiwe’s response, it is evident that refusal to use condoms stems from characteristics of hegemonic masculinity. Participants who spoke about sexual pleasure influencing the refusal to use condoms indicated that mostly male partners insisted on experiencing sexual pleasure. While Holland et al. (1990) and Connell (1995) argue that such practices aim to emphasise characteristics of masculinity by being promiscuous and adopting irresponsible sexual practices, Muhanguzi (2011) and Bhana & Anderson (2013a) highlight that women are not without any ideas of sexual pleasure. Furthermore, participants in my study discussed that their peers spoke about sex “feeling good” without a condom.

Refusal to use condoms was also associated with the myths that influenced choices about condom use made by the youth:

Sbahle:

“Some of them they don’t want to use condoms they say it makes their stomach full of air. They say it’s nice to do sex without a condom.”

Sbahle’s comments about the myths associated with condom use such as bloating of the stomach illustrates that negative ideas shared about condom use plays a role in convincing sexual partners to have unprotected sex which is risky.

Andiswa’s response about condom breakages and Sbahle’s comment regarding condoms causing one to feel bloated reflect a view that condom use is futile and should not be practiced if it is associated with such drawbacks. Wood & Jewkes (2006) argue that myths shared about condoms were due to a lack of knowledge about condom use. Hence, such ideas about the weaknesses of condoms are utilised to propagate the strength of unprotected sex, that is, sexual pleasure.

In this theme, data is presented that shows how unprotected sex is viewed as pleasurable yet not risky by the participants. This is a cause for concern especially in terms of teenage mothers and their sexual partners who adopt such attitudes towards condoms. In the section that follows, the extent to which teenage mothers engage in risky sexual behaviour following their experiences of becoming pregnant will be explored, taking into account the nature of their romantic relationships and consistency in condom use.

Determining the extent to which teenage mothers in this study engage in risky sexual behaviour was not a simple task as matters of sexuality are private and sensitive to those concerned. Cohen, Manion and Morrison (2011) advised that when conducting research related to topics of a sensitive nature, participants must be treated thoughtfully. Hence, questions about sexual decision making were posed carefully, without judgement and not only about the participants but also about their peers who are mothers. The reason for this strategy was that participants may feel intruded upon when asked about their own sexual lives but may be eager to discuss the sexual decision making of their peers who are teenage mothers. In understanding the sexual nature of relationships, it is essential to firstly explore the romantic relationships post pregnancy which will be discussed in the theme that follows.

4.3.4 Nature of romantic relationships

Within this theme, the romantic relationships of the participants will be explored to understand how the dynamics of age and poverty in romantic relationships contribute to choices made about sex. Firstly, the ways in which age influences romantic relationships were interrogated, followed by an analysis of the romantic relationships of both teenage mothers in the communities of the participants and of the teenage mothers who participated in this study. All the participants in this study hail from underprivileged African township communities and Mkhwanazi (2010) notes that teenage pregnancy is rife in poverty stricken communities which can possibly be interpreted as a result of a lack of knowledge.

In terms of the influence of age on relationships, one of the participant's children is fathered by a younger man and she commented:

Nosipho:

“He’s younger than me. I usually make those decisions.”

The positioning of Nosipho in her relationship supports findings by Muhanguzi (2011) who argues that young women possess and exercise agency in romantic relationships.

Nine other participants reported that they have been in relationships with older men who fathered their children. Four out of the nine participants revealed that the age of the boyfriend did not influence the relationship and sexual decision making in any way:

Andiswa:

“Not really. Because he doesn’t force me for anything and we understand each other.”

Samkelisiwe –

“He respect me I respect him back. Haai nothing is different mam. We sit down and talk about sex.”

These participants' mention of the age of boyfriends as not being an influencing factor in relationships, their sense of mutual respect towards each other and making decisions collaboratively indicate that both partners in the relationship planned together and acknowledged each other. Such attitudes are contrary to the findings of Bhana & Anderson (2013b); Muhanguzi (2011); MacPhail & Campbell (2001) and Singh (2013) who found that

decision making in relationships was the task of the male partner which contributed to the submission of women, coercion and a lack of agency to negotiate safe sex.

On the other hand, five participants expressed that their boyfriends being older than them meant that they made decisions in the relationship and being the younger partner, participants had to comply with the boyfriend's demands or face the consequences:

Sharon:

“I think he was the one making decisions the most because he was the one who was experienced.”

Londiwe:

“Mam, sometimes if he asked me something I do it because I fear that he'll dump me.”

These participants claimed that their boyfriends, being older, made decisions in the relationships. Sharon was subject to male control in her relationship as she was younger and lacked experience on relationships and Londiwe experienced similar control due to fears of losing her boyfriend. This resonates with Gupta (2000) who associates the challenges faced by women in asserting their sexualities with unequal power dynamics in relationships which favour men.

Some participants viewed being in relationships with older men positively, on the grounds that the life experiences of older people enabled them to provide guidance in their lives:

Sbahle:

“He is more mature than me mam. Something that he teaches me that I don't know. Like how can I carry myself now that I am a mother.”

Bongeka:

“Well he can tell me when I am going wrong and he can teach me new things as in like this is what you can do in life to be successful.”

Sbahle paints herself as immature and unknowing, thereby requiring the assistance of a man to teach and guide her. Bongeka's comment positions her as submissive, helpless and dependent on a man to direct her. This demonstrates that these participants conformed to

traditional versions of femininity as opposed to regarding such processes as unequal power dynamics in relationships. Taking this further, participants did not view control negatively when taking into account control in sexual relationships but rather in ways that helped them to develop. In this way they are likely to be less agentic in their sexual decision making, leaving their sexual safety in the power of someone else which is articulated by Connell (2000) as colluding with traditional norms and constructions of women as passive and subordinate and men as dominant and authoritarian.

Aside from age as an influence on romantic relationships, other dynamics of relationships in the community of the participants were also explored under this theme.

Participants emphasised their disapproval of relationship dynamics concerning teenage mothers within their communities for various reasons:

Londiwe:

“Hey mam they dating too much of boyfriends and some of them having babies without knowing the fathers.”

The experience narrated by Londiwe is real, often observed by her and identified as risky. While society expects women to be passive, desire less and to be faithful, the participants' comments challenge such traditional norms as Londiwe indicates that teenage mothers in her community are observed having multiple sexual partners, hence giving birth to children from different partners. This can be related to the findings of Muhanguzi (2011) and Holland et al. (1990) that young women were not always passive in sexual relationships but possessed agency to dictate certain aspects related to sex.

From Londiwe's comments about girls having many boyfriends, it can be inferred that the sexual behaviour of teenage mothers are policed as opposed to males who are not blamed for such practices. This contributes to an internalisation of gendered messages about the conduct of young women in relationships. Likewise, Bhana & Anderson (2013b); Reddy & Dunne (2007); Bell (2009) reflected that it is not the sexual conduct of men that is policed, but rather that of young women which promotes gender inequalities in society.

In terms of the current romantic relationships of participants in this study, biographic details provided in Part A of the interview revealed that ten participants were in relationships. Sharon and Phumzile were in relationships with males that were not the father of their

children. Sbahle, Samkelisiwe and Malondi were engaged to marry as the father of their children had paid damages, traditionally termed by the young women as *Inhlawulo* and *Lobola*, commonly referred to as damages and bridal price respectively.

The findings of Hamid (2012) emphasise that being “paid for” by the father of their child created a sense of security and confidence amongst teenage mothers as a result of the promise of love and marriage. Bhana et al. (2010) argues that becoming emotionally and financially supported plays a role in the academic progression in the life of the teenage mother.

From the data relating to biographic details, it is evident that Sbahle’s boyfriend occasionally stays over while Samkelisiwe’s boyfriend has decided to move in with her family since the birth of their child which supports findings illustrated by Reddy & Dunne (2007) whereby desires of receiving love justified such decisions, even if this meant having unprotected sex.

Londiwe was the only participant who was not in a relationship as her boyfriend had ended the relationship after the birth of her child which is in keeping with Gevers et al. (2012) who maintains that the relationships of youth are fluid and ever changing. Generally though, the findings from this particular sample, indicate that after a teenage mother delivers the child, the fathers of the children have not resorted to breaking up with the young women but rather stood by the girl friend to render support and continue to pursue the relationship, even taking the relationship to the next stage in the cases of Sbahle and Malondi which can be related to the findings by Hamid (2012).

The meaning and nature of the romantic relationships the participants shared with their boyfriends varied:

Mandisa:

“He’s 23. Known him for more than a year. (Pauses). Don’t get to spend time with him. He doesn’t come often. It is hard because my brother doesn’t like him but we love each other.”

The status of Mandisa’s relationship illustrates her unhappiness about the uncertain status of her relationship as she is caught between her loyalty towards her family and her love for her boyfriend. Burr (2003) argues that people attach various meanings to relationships and the fluid, dynamic and volatile nature of social interactions amongst people must be acknowledged.

The complexities and problematic nature of tumultuous relationships were shared by more than one participant:

Sharon:

“My boyfriend is 18. Uhm it’s been like two months. It’s a bumpy ride so like uhm currently we having problems. It’s that relationship where there’s no trust, we fight all the time where we point fingers at each other but then it’s quite difficult for us to leave. I think we too attached cos he introduced me to his parents early so we too attached. Everything revolved around his family.”

In this instance, issues of trust and conflict with family members have caused tension in the relationship which the couple has difficulty in resolving. The case of Sharon being in a relationship with a man who is not the father of her child highlights assertions made by Burr (2003) that people who occupy the social world are products of social processes that occur therein which is regarded as fluid and ever-changing.

Issues of trust and the presence of multiple partners were discussed by participants and identified as creating issues within the relationships:

Nosipho:

“Now it’s not very good. Hey mam it’s not good he loves girls too much. To me he’s not like a boyfriend. He calls but I don’t answer his calls.”

Nosipho claimed that her boyfriend’s personality had changed and she was no longer interested in a relationship with him, hence she ignores his calls and avoids contact with him. These revelations provide insight into the dilemma that some of the participants are faced with in their relationships, bearing in mind the challenges such as cheating. Furthermore, the changing dynamics within these romantic relationships are described by Gevers et al. (2012) as the fluid nature of youth relationships.

Contrary to these negative statements about romantic relationships, seven participants made positive comments about their relationships:

Joyce:

“We love each other because he is the one who broke my virginity.”

It is evident that Joyce associates the love she shares with her boyfriend with the sentimental value of him having broken her virginity, which is problematic as young women are viewed as colluding with dominant discourses of femininity. Similarly, Burr (2003) argues that social interactions that occur within particular contexts are attached with meaning by people, in this instance, the act of Nosipho's boyfriend having broken her virginity.

Bongeka:

“Well he is quite old. He is around his late 20s. Well what can I say? He is like a friend to me, when I need something I talk to him, when I am in need of something he gets it. He is there to uplift me, even helps me out with school work.”

The positive comment made by Bongeka about her boyfriend stemmed from him being a good influence, providing direction in life, providing for her and being there as a friend and teacher. This correlates with Hamid (2012) whereby participants mentioned that despite their mistakes, they valued love, relationships and interactions with their partners and associated it with love.

Various comments about the value of boyfriends as positive influence in the lives of participants were made:

Andiswa:

“He plays a good role in my life, even if I'm influenced by bad friends he tells me not to do that. To take care of myself and without education you are nothing.”

Andiswa's statement about her boyfriend encouraging her to take her education seriously and stay clear of bad company contradicts my observations of her deviant behaviour at school mentioned earlier in this chapter. Nevertheless, her comments about her relationship with her boyfriend indicate that it is a serious one.

While the participants acknowledged that they valued love and relationships, they wish they had waited for the right time to start a family as they shared views on what they believed to be ideal relationships:

Mandisa:

“When you are grown up, you are married, have everything, have money, depend on yourself, not on anyone else.”

Mandisa's comment illustrates her sense of regret about becoming pregnant at a tender age and wished that she had waited until she was older, married, self-sufficient and independent. Such views reinforce findings by Kidger (2005) and Hamid (2012) who report that participants in their studies positioned teenage pregnancy in a negative light and regretted their lack of proper decision making which contributed to pregnancy. In contrast, Hanna (2001) argues that young women who came from poverty stricken backgrounds desired motherhood at younger ages to create love to replace the rejection they faced.

Nosipho:

“Its good communication, trust, honesty and spending time together, that is what I would like.”

Desires expressed by Nosipho for a relationship where trust, communication and regular natural interactions are prevalent is in direct conflict with what she experiences with her current boyfriend who, she commented earlier on, cheated on her. Firmin (2013) concurs that young women, despite being aware of “cheating boyfriends” continue to pursue such risky relationships.

Another characteristic highlighted by participants as their views of an ideal relationship included financial security:

Sbahle:

“Like if you have a child and the father of the child support the child and if you a virgin he pays for everything.”

From Sbahle's comment it can be inferred that she does not necessarily regret becoming pregnant during her teenage years. Furthermore, she believes that a positive relationship is one where the mother and the child are financially supported and that payments according to traditional norms are made to her family. Concerns about being financially supported arose from experiences of financial difficulty as expounded by Mollborn & Jacobs (2012); Shoveller and Johnson (2006); Singh & Hamid (2014).

For most participants, being in an ideal relationship meant being directed and cared for by the boyfriend:

Malondi:

“A person who shows you right from wrong. He takes good care of you. He doesn’t give you stress and all those things.”

Malondi’s statement reflects attitudes that teenage mothers are dependent on men for direction in life and financial support which emphasises their lack of a sense of agency, failure to be independent and provide direction to themselves.

From these responses it can be inferred that the participants valued the essentials of any relationship such as trust, communication, guidance and support. In addition, the participants valued independence, but also having a bridal price paid for and support for the child. These comments support findings by Hamid (2012) that *Lobola* (bridal price) increased the sense of security and confidence of teenage mothers in their relationships.

Eight participants acknowledged that their views of an ideal relationship have changed since the birth of their child, therefore slightly altering their expectations in relationships. One of the changes includes introspection into their actions and experiencing a sense of regret over such choices due to negative consequences experienced. This will be discussed subsequently to demonstrate how their choices in the past shape their current decisions:

Mandisa:

“I wished to have a baby when I was 27 not now.”

Sharon:

“Yes I think it’s different because I wasn’t planning on having a baby when I was 16 and I wasn’t thinking that when I was going to be in a serious relationship it’ll come with the burden that I’ve got a child so it changes my views and perspectives into what I imagined as a perfect relationship. Now it’s just a person who accepts me and my child.”

A sense of regret can be drawn from these responses of wishing that they had waited until they were older to start a family and that their futures are now hindered by the unplanned pregnancy. Similarly, Kidger (2005) reports that teenage mothers expressed regret over becoming mothers at their tender ages and emphasised that their decision making should have taken priority.

Prioritising motherhood was uttered by the participants as a reason for boyfriends holding secondary position in their lives:

Londiwe:

“Mam I’ll say even if I see him I’ll say I can’t cos of the baby and I can’t give him more time because I have to give my child more time.”

The presence of a child is viewed as an obstacle in not having opportunities to be in relationships like other teenagers who are not mothers. Findings from this study can also be related to the findings of Harrison et al. (2001) whereby participants indicated that they should have waited until they were older to have a child. Participants further added that it was imperative for their partners to consider the child in the relationship as a priority. Therefore, participants expressed regret at becoming mothers during their teenage years. Hamid (2012) finds that participants acknowledged their mistakes and wanted to focus on redeeming themselves by changing their behaviours, attitudes and decision making processes.

Ten participants indicated that they should not have decided to have sex. Participants regret over their decisions to have sex stemmed from difficulties of motherhood and ignorance of parent’s advice:

Andiswa:

“I would wait if I had the chance. Sometimes it is difficult if you are a teenager and you have a child while you are in school. Sometimes you cannot cope”

Sharon:

“I think I would have listened to my mum. I think it’s those little things every parent tells like she told me not to chase after guys, she’ll tell me not to stay out late, she told me not to hang out with my friends like she told me to study.”

While Andiswa wished that she had thought about the challenges of teenage motherhood before having sex, Sharon regretted her refusal to take heed of the advice provided by her mother about the importance of education and staying away from men. Such regret was also identified amongst the participants in the study conducted by Kidger (2005).

One of the reasons discussed by participants for regretting decisions to have sex owed to mistrust experienced in the relationship:

Phumzile:

“Not trust anyone, especially boys they can tell lies.”

Phumzile’s regret partially removes the accountability for the pregnancy from her and transposes it to mistrust of her boyfriend. Such caution as this expressed by Phumzile positions teenage mothers as trusting their boyfriends and then experiencing negative consequences such as being cheated on. Firmin (2013) writes about young women remaining in relationships despite the awareness that they were being cheated on.

Regret voiced by the participants focussed on the lack of decision making before engaging in unsafe sex:

Londiwe:

“Mmm mam I wouldn’t have a baby and made sure of using protection before sex”

Unlike Phumzile, Londiwe’s regret stems from her actions of engaging in unprotected sex. Participants’ regret at becoming mothers at such ages was also found amongst participants in research conducted by Bellis et al. (2008) and Hamid (2012), who find that teenage mothers express a sense of regret over their sexual decision making that contributed to pregnancy.

Contrastingly, Bongeka was the only participant who disclosed that the consequences of her actions were inevitable:

Bongeka:

“Well there’s not much I could have done.”

This emphasises that Bongeka believed that she had no control over the timing of sexual intercourse and as a whole, sexual decision making. She expresses views that differ from the findings of Muhanguzi (2011) and Bhana & Pattman (2011), who emphasise the agency that young women possess and are able to exercise in relationships. Bongeka’s statement can possibly be attributed to her being in a relationship with a partner that is older than her, as presented earlier in this chapter, and is therefore evidence that the boyfriend possibly exercised more control in the relationship due to his age which contributed to risky sexual practices.

In understanding how regret over previous experiences impact on later decisions, exploring the reflections of teenage mother's regret over their sexual decision making prior to becoming mothers and the changes in their social lives post pregnancy are both relevant.

Participants presented mixed responses about the first time they had sexual intercourse. Ten participants divulged that protection was not used as it was the choices of both partners:

Andiswa:

“Yes it was our choice because I thought that it's the first time there's no use using it, maybe the next time we'll use it.”

Andiswa's response stems from myths that people have about not becoming pregnant the first time one has sex. Making decisions on the basis of those myths were also identified by Kanku & Mash (2010) as based on a lack of correct and sufficient information relating to sexuality, hence promoting risky sexual behaviours.

Evidence of discussion prior to engaging in sex was identifiable in some of the responses of participants. However, decisions about safe sex were not taken, hence the resultant pregnancy:

Nosipho:

“I'll have to say it was by choice. It was spur of the moment but we would talk about that stuff if we chatting.”

Nosipho's comment about “spur of the moment” is an indication that there was no proper discussion about protection, responsibility and consequences. This is also identified by Hamid (2012) as participants maintained that they were aware of the consequences of HIV but “it just happened”, which raises questions about the agency of the young women and the reasons for engaging in risky sexual behaviour. Burns & Porter (2007) however describe their findings that teenagers sometimes intended to become pregnant as in the case of Mandisa which will be discussed later in this chapter.

Bongeka also revealed that there were discussions prior to engaging in sex and attempts to prevent negative consequences associated with unsafe sex:

Bongeka:

“It was both our choices because we both went to the clinic and doctor before we had sex.”

Bongeka and her partner’s visit to the doctor for testing and advice prior to sex reflect some degree of thoughtful sexual decision making. However, it can be inferred the knowledge she and her partner possessed was insufficient in preventing negative consequences associated with unsafe sex which supports findings by Kanku and Mash (2010).

It is interesting to take note of Malondi’s response as she became pregnant despite using protection:

Malondi:

“We used protection but it happens mam.”

This emphasises the heightened risk of protection not being entirely safe owing to the limitations of condoms that contribute to pregnancies and the transmission of HIV. Regrettably, at this current stage, there are conspicuous loopholes in research relating to issues of pregnancy and HIV infection resulting from condom breakages. However, those limitations should not be utilised to justify or promote unprotected sex.

Comparatively, Phumzile and Sbahle make reference to sexual intercourse in their situations not being a matter of mutual decision making between them and their partners:

Phumzile:

“Mam I was too young, I didn’t know anything. I was not forced but also not a choice I made. That day I was different around him. I was not telling him about what I didn’t want. I just kept quiet and allowed him to do it.”

Sbahle:

“He asked me to have sex and I didn’t say anything. It just happened.”

Such responses coincide with Mkhwanazi’s (2010) findings that boys possessed sufficient knowledge about sex and relationships as opposed to girls who did not have sufficient knowledge about sex which contributed to males using power and their knowledge to persuade and coerce girls into having sex. “It just happened” points to the passivity and

helplessness that the participant experienced in the relationship, as well as notions of sex not being within her control, which Singh & Hamid (2014) also reported from their study.

According to the participants in this study, culture played a role in determining how participants and their partners interpreted attitudes of adults towards pre-marital sex and teenage pregnancy. In the theme that follows, cultural rules and exceptions relating to sex, pregnancy and marriage will be discussed to understand the extent to which culture influences the nature of sexual behaviour prior and post pregnancy.

4.3.5 Cultural rules and exceptions

All participants in this study belong to the traditional African culture and many suggested that teenage pregnancy is discouraged in their culture. Should a pregnancy occur during teenage years, various cultural responses are expected which shows that in this study, culture plays a significant role in addressing issues related to teenage sex and teenage pregnancy. Within this theme, the role that cultural practices play in shaping the choices that young women in this study make will be explored.

Mandisa outlined some of the advice and direction provided by elders in the family to young women:

Mandisa:

“You know mam, when you go through menstruation they sit down with you. They tell you don’t have to sleep around with boys because you’ll get pregnant. They tell you everything, that you are a young lady you must look after yourself and when it happens they will chase you at home and disown you maybe for a month and then they will accept you. They give you advice; this must be the last time, must never do it again.”

According to Mandisa, older women in the family provide advice to teenage girls about reproductive health and on becoming pregnant, teenage mothers are reprimanded and advised to prevent repeat pregnancies. This demonstrates that within this cultural context, teenage pregnancy is not condoned, but exceptions are made to accommodate the teenage mother and to provide caution against repeat pregnancies. Contrastingly, Wood & Jewkes (2006) and Jewkes & Christofides (2008) assert that in some cases, teenage mothers became pregnant due to pressure from family members to assert their fertility and maternal competence.

When asked about the role of culture in matters related to sex and pregnancy, Sharon indicated that:

Sharon:

“Most of our cultures exposes and guides us because our culture says you must get married then have a baby. Others are like fine as long as you with the baby’s father. Culture treats us in different ways. I think it’s bad because you must wait until you are married and its bad cos if you have to be with the baby’s father. I think culture is just like what we learn in school that we should not make the same mistake twice. It’s like letting your body heal”

Sharon discusses her opposition to cultural beliefs such as waiting to engage in sexual activities until marriage and remaining in a relationship with the father of the child. However, she does believe that cultural rules about abstaining from sex are beneficial as it provides an opportunity for the body of the teenage mother to recover from pregnancy and childbirth. Taking this further, Sharon assimilates cultural norms with her knowledge gained from school. Similarly, Sigcau (2012) predicts that the efforts of the Life Orientation learning area would bear fruit in terms of being able to address issues related to teenage sex.

Bongeka iterates the negative attitudes of her cultural context towards teenage pregnancy:

Bongeka:

“My culture it used to say uhm we not allowed to have a baby until you are married. After becoming pregnant, there are things you need to do like cleanse yourself. Your family will be disappointed, but they accept it.”

Most participants mention the initial disapproval of their families towards teenage pregnancies but subsequently the families’ acceptance of it. Bongeka’s response regarding parents’ acceptance after punishment illustrates that teenage mothers were aware that should such an occurrence repeat itself, they will possibly be forgiven again, which may be utilised by teenage mothers to justify engaging in risky sexual behaviour post child birth.

Samkelisiwe and Malondi listed the course of action for teenage mothers post pregnancy:

Samkelisiwe:

“First they say you must get married then have children. After that they say how you get pregnant? (Laugh). How you do it because they never have a baby like that?”

Malondi:

“They say the boy must pay lobola for you, get married then have a baby. If you get pregnant the boy must come and pay inhlawulo (damages) for you. Some scould, some don’t even speak to you at all. They asked me who the boy was. They told me that I disappointed them.”

Samkelisiwe mentions that teenage mothers are questioned by the elders of the family regarding details leading to the pregnancy as teenage sex and teenage pregnancy are both prohibited. Malondi was also faced with negative comments when she became pregnant. The negative attitudes towards teenage mothers stemmed from their traditional beliefs which these young women were informed about prior pregnancy. Malondi proceeds to state that the family of the father of the child has to pay the family of the teenage mother for the “damage” of causing the young woman to become pregnant. This resonates with findings by Hamid (2012) that teenage mothers were “paid for” by the family of the father of the child which contributed to the teenage mother feeling a sense of security and confidence.

From these comments, it is evident that for these respondents, sex before marriage is prohibited and girls are warned and cautioned against having sex from menstruation onwards. Sex and pregnancy before marriage in this cultural context is termed *‘ihlazo’ or ‘ichilo*, which translates to mean disgrace (Bhana et al., 2010; Mncambi, 2010; Hamid, 2012).

According to the participants in this study, young women bore the brunt of anger and punishments accorded by members of the family for becoming pregnant before marriage (females are punished more than males) which echoes the findings by Kulkarni (2007) whereby teenage mothers were sometimes forced into demeaning processes such as providing apologies before the church congregation for their pregnancy outside the confines of marriage. Young men were required to pay damages commonly referred to as *Inhlawulo* and later on *Lobola*, bridal price for the young lady. The young mother is not allowed to have sex for a few months after the birth of her child depending on the sex of the child as a cleansing process and as punishment (no mention is made about the male sexual life). This

serves as a temporary measure to prevent teenage mothers from engaging in any sexual activity for that period of time. Thereafter, the teenage mother resumes sexual intercourse based on the choices and preferences of the couple.

Butler (1990) asserts that the characteristic of gender in a person is not fixed but is fluid and flexible, and fluctuates in different contexts. The findings in this study support this assertion by showing that gender roles, cultural norms and interactions in society, gave rise to the constructions of gender and sexual risks held by participants. From interviews with participants, it can be inferred that the constructions of gender and sexual risk contributed to changing identities of some participants as they had to exercise caution to avoid repeat pregnancies.

Having explored the opposition of cultural views and practices towards teenage sex and forgiveness in response to teenage pregnancies, a discussion of teenage mother's sexual activities post pregnancy will follow to understand the extent to which teenage mothers in this study engage in risky sexual behaviour.

4.3.6 Consistency in condom use

Engaging in risk taking behaviours after the unplanned birth of their child is an indication of whether the lessons learnt and knowledge gained has been put into practice. In this theme, the sexual practices of teenage mothers in this study after the birth of their children will be explored to understand whether they continued to be sexually active and if they engaged in safe sex practices.

Four participants have indicated that they have not had sexual intercourse since the birth of their children for various reasons:

Mandisa:

“My mother told me not to.”

In Mandisa's case, parental control and advice, coupled with the influence of culture, served as a protective measure to abstain from sex, while other participants remarked that after the period of abstinence stipulated by their family members, they engaged in sexual activities.

Comments about parental opposition to sex post pregnancy for specific periods of time depending on the sex of the child were spoken about by participants. Joyce and Bongeka were interviewed shortly after the birth of their children.

Joyce:

“Mam we haven’t had sex since the baby was born. Isn’t we not allowed to have sex for a certain time?”

Bongeka:

“For now I’m not allowed to commit myself into any sexual activities until the baby is four months.”

According to the responses of participants reported above, some of the reasons for not engaging in sexual intercourse include cautions from parents and cultural beliefs. In contrast, the findings of Kidger (2005) and Hamid (2012) were that teenage mothers’ decisions not to have sex stemmed from personal choices. This illustrates that these two participants have taken into consideration their cultural beliefs regarding cautions about sex and pregnancy which was explored in the previous theme.

Londiwe was the only participant in the study whose reasons for not engaging in sexual activities differed from other participants which is circumstantial as opposed to her personal choice:

Londiwe:

“I’m not having sex anymore because I don’t have a boyfriend.”

Questions can be raised about Londiwe’s remark about not having sex because she does not have a boyfriend. Would she have engaged in safe sex if she did have a boyfriend considering previous remarks about meeting her boyfriend’s demands due to fear?

In comparison, seven participants (being the majority) are in sexual relationships and their responses about their current sexual relationships are listed below:

Andiswa:

“Yes we are using a condom now actually because I don’t want another baby. I want to think about my future. We have sex maybe once in two weeks and he brings the condoms.”

Sharon:

“We use condoms all the time. My partner understands that I have small baby and we still in school, the same grade. We don’t want to push things. We don’t want to have to have a baby now cos we’ve known each other for such a small time cos there’s things I don’t know about him and he doesn’t know about me so I don’t want to make him the father of my child.”

Andiswa and Sharon engage in sexual activities but strongly asserted that they do not engage in unprotected sex due to risks of becoming pregnant again and ruining their future. Such views can be compared to the findings of Hamid (2012) that participants maintained that they abstained from sex to avoid repeat pregnancies which would disrupt their goals of becoming educated as opposed to participants in this study who continue to have sex. From the biographic details provided by participants, I identified that none of the teenage mothers in this study have more than one child. Malondi had become pregnant after her first pregnancy but experienced a miscarriage. All participants having one child only is possibly owing to them practicing safe sex post child birth and having learnt their lesson. The theme that follows draws upon the experiences of teenage mothers and how it shapes their views about sexual relationships in terms of advice about sex provided to teenage mothers and girls.

4.3.7 Warnings about sex

Within this theme, the participant’s knowledge about sexual risk and their cautions against risky sexual behaviour will be explored to understand how their past experiences of becoming mothers have shaped their knowledge. Participants were asked to describe their ideas of risky sexual behaviour.

Participant’s responses relating to their understandings of risky sexual behaviour varied:

Malondi:

“A person who is taking risks of having sex. It’s also playing with your life when you not using protection cos you can get diseases. Also forced sex.”

Malondi regarded risky behaviour as having unprotected sex and being coerced into sex which contributed to diseases. These responses are similar to that of the participants from the study of Hamid (2012) who voiced similar concepts of knowledge about risky sexual

behaviour and its consequences. Eight of the eleven participants in this study echoed Malondi's description of sexual risk such as having unprotected sex.

However, three participants indicated rather precarious responses of their ideas of risky sexual behaviour together with some misconceptions:

Bongeka:

“It can lead to diseases if you not tested. They might protect themselves but cheating is more risky. If you have unprotected sex with one partner it is not risky.”

Bongeka responded that HIV testing was a step forward in deciding whether to engage in sexual intercourse with a partner. Similarly, Muhanguzi (2011) finds that young women possess the agency to negotiate certain aspects relating to sexuality. Relying on HIV testing was viewed as a safety mechanism and as a reason for having unprotected sex which is highly risky especially because participants who spoke about testing were not able to respond to questions about the window period of HIV testing and other related questions.

Furthermore, Bongeka, who is in a serious relationship with her boyfriend, claims that having unprotected sex with one partner is not risky which suggests that she trusts that her partner is practicing fidelity in the relationship. This supports findings by Moyo et al. (2008) that youth in long term relationships trust their partners which led to inconsistent condom use.

Joyce:

“When you having sex sometimes you get STDs.”

Joyce's use of the word “sometimes” demonstrates a lack of urgency, consistency and seriousness about the risky nature of having unprotected sex and relying on one's discretion to distinguish between those who have diseases and those who do not have diseases, indicating a lack of consistency in practicing safe sex. This statement highlights a key theme identified by Marston & King (2006) that young people's sexual behaviour is based on an assessment of their potential sexual partners as ‘clean’ or ‘unclean’, leading to arbitrary use of protection.

Other instances of misconceptions about unprotected sex were expressed by participants:

Samkelisiwe:

“I think having HIV comes from sleeping with someone who has HIV or those having STDs.”

Samkelisiwe’s response points to myths about HIV such as beliefs about contracting HIV from sexual contact with only those whose HIV positive status is known by others, thereby failing to take into consideration the unknown statuses and sexual practices of other individuals. This complements the findings of Kanku & Mash (2010) that teenagers possess incorrect and insufficient information, and poor knowledge of reproductive health, which contribute to risky behaviour.

Joyce discussed the physical effects of unprotected sex:

Joyce:

“You can get pregnant, HIV, genital warts, your vagina will be damaged.”

Joyce’s response positions her as knowledgeable about sexual health as she later spoke about her and her partner visiting the clinic often for advice and information, reading about the consequences of risky behaviour in books and on the internet and becoming familiar on HIV prevention. Her choices and actions differs from the prevailing finding of Kanku & Mash (2010), who describe teenagers as lacking sufficient and correct knowledge relating to sexual health.

When asked about her understanding of the term “risky sexual behaviour”, Sbahle spoke as follows:

Sbahle:

“Do it but knowing it is wrong. Not listening to the parents and if they don’t listen to teacher or someone who gives you more knowledge.”

Sbahle remarked that teenage mothers do not always heed the advice provided to them or learn from their own experiences. Similarly, the Department of Education (2009); Meade & Ickovics (2005); Lisa, et al. (2005) associate repeat pregnancies with refusal to heed advice from various essential sources. Questions were asked about the differences between teenage mothers and other teenage girls in terms of understanding about sexual risk. Similar responses were reported, one of which was Bongeka’s comment:

Bongeka:

Well to those who don't have children, they might feel it's not that risky, but to those of us that have children and went through that experience you won't want to go back there. If we try to tell these ones, they wouldn't listen, they will be like you are a mother why do we have to listen to you?"

Bongeka's claims highlight that teenage mothers believe that they have enough knowledge about risky sexual behaviour to share with others and assist them in making sound decisions. Furthermore, she maintains that teenage mothers attempt to use their knowledge for the benefit of others which is not always welcomed. Kidger (2005) and Hamid (2012) illustrate similar findings where participants in their studies expressed having learnt their lesson and utilised their past experience to inform other teenagers about the importance of making sound decisions relating to their sexual lives.

It can be interpreted from Bongeka's view that teenage mothers in this study sometimes used their experiences as lessons to inform those who do not have children to carefully monitor their sexual behaviours or they would risk becoming pregnant. Furthermore, some participants provided advice that was sometimes ignored. This concurs with findings by Hamid (2012) that teenage mothers asserted that other teenagers were least likely to take advice from teenage mothers as they were regarded as failures.

Amongst the responses about the difficulties associated with motherhood, Nosipho drew attention to the challenges experienced by teenage mothers:

Nosipho:

"It's not easy to have a child. You have to go for injections so you can protect yourself."

Many other participants acknowledged the challenging nature of teenage motherhood. Such difficulties included regular precautionary measures against pregnancy such as contraceptive injections. These findings are similar to those of Leerlooijer et al. (2013); Kidger (2005); Hamid (2012) that teenage mothers acknowledged the importance of persevering post pregnancy by undertaking precautionary measures to prevent experiencing the negative consequences associated with their previous experiences.

Views were also shared about teenage mothers who did not learn from their experiences of becoming pregnant:

Phumzile:

“Mam if someone keeps doing something wrong despite what happened to her it means she didn’t learn from anything. Like my neighbour didn’t learn because she didn’t care about her son, she was always leaving him with her mother, partying all the time. The social worker took her son away. Some girls are having two or three children.”

The participant’s comment highlights that teenage mothers do possess knowledge about sexual behaviour but due to ignorance they do not always practice safe sex, which participants classified as risky. Most of the participants in this study acknowledged that they became pregnant despite possessing the knowledge to make appropriate decisions. This demonstrates that within this sample, possessing knowledge about sexual risk did not always translate to safe sexual practices. Similarly, MacPhail & Campbell (2001); Ehlers (2003); Moyo et al. (2008) state that repeat pregnancies are due partially to ignorance and partially to a lack of knowledge.

Many participants in this study viewed mothers who had repeat pregnancies and who were in relationships with multiple partners as having not learnt a lesson:

Nosipho:

“Some girls continue having babies and dating guy after a guy and having a child. I have seen it.”

Nosipho identified that teenage mothers who were in romantic relationships with multiple partners continued to become pregnant. This proves that it is not always possible for teenage mothers to become experts in making safe decisions regarding their sexuality from one experience of becoming pregnant. Taking into account that teenagers in this study claim to understand sexual risk following their experiences of becoming pregnant, participants were requested to provide advice to virgins and teenage mothers. This advice will now be presented:

Joyce:

“I will tell the one who is having sex that they must make sure they don’t fall pregnant. They won’t get support so be careful. A virgin – don’t let anyone touch you, keep your virginity until you married or else the people will talk, they will call you names such as bitch or whore but they don’t know you have one sexual partner.”

Joyce prioritised the advice she gives to the virgin and cautions that virgins should be aware of their actions because society resorts to name calling which demonstrates that the sexual conduct of women is policed by society. Bhana & Anderson (2013b); Reddy & Dunne (2007); Bell (2009) establish that the policing of the sexual conduct of young women as opposed to that of young men propagates gender inequalities. Joyce remarked that the one who is having sex should be careful not to become pregnant, yet there was no mention of HIV. This supports claims by Holland et al. (1990) that fears of becoming infected with HIV were secondary to fears of becoming pregnant.

Phumzile points to the rewards that are associated with abstaining from sex and awareness about the choice of sexual partners teenage mothers were in relationships with:

Phumzile:

“I will tell the virgin she must protect herself until 21 years old and ask her parent’s permission to do anything. In our culture if you turn 21 and you are still a virgin we have like an honour party for the girl. The one who is having sex I will tell her to choose her boyfriend and to use a condom because you don’t know how many girls he is sleeping with.”

Phumzile’s remark about honouring a young lady aged 21 is possibly a cultural attempt to motivate young women to preserve their virginites, self-respect and dignity. Phumzile stated that protection must be used as the faithfulness of men is doubted which reveals the lack of trust in such relationships. Muhanguzi (2011) classifies attitudes of young women maintaining relationships with men who were involved with multiple partners as perpetuating the characteristics of hegemonic masculinity.

Many of the participants provided advice based on waiting until they were mature and using protection:

Bongeka:

“Well to the one who is having sex I’ll tell them that firstly the couples need to know each other that both are clean as in the bodies, the HIV status and use protection because that’s the only thing that protects. The virgin I’ll tell her to wait until she is like older.”

Bongeka maintained that protection should be used which suggests that her perception is that contraceptives are completely safe in protecting against HIV and pregnancy and there would be no negative consequences to be faced despite the remarks by some participants and awareness about teenagers who became pregnant despite using protection, which creates a necessity for research surrounding condom breakages.

Londiwe’s advice cautioned those engaging in sexual activities about HIV testing and myths about breaking one’s virginity:

Londiwe:

“To the one who is having sex, make sure you use protection and know your partners status. To the virgin, she must not start having sex. They say you can’t use protection when you take a girl’s virginity you have to just do it. The boys say it.”

Londiwe’s comments reflect myths that exist about not using protection when having sex with a virgin, highlighting the risky position that virgins are placed in. According to Kanku & Mash (2010), myths arise from incorrect and insufficient knowledge about issues related to sex. Like many other participants, Londiwe suggested abstinence from sex as protection from risks. This resonates with findings by Hamid (2012) where participants advised teenagers to abstain from sex; in contrast, Reddy (2011) attributes the failure of HIV prevention programmes to propagating abstinence as opposed to safe sex practices.

It is evident that some of the participants provided quite learned advice. All participants provided in-depth advice for a virgin not to have sex before marriage to avoid being called names by society, being infected and becoming pregnant. The advice provided for virgins were provided with much thought to protect and hopefully to direct them onto the right path after having been through the experience of becoming teenage mothers. This strengthens the findings of Hamid (2012) who emphasises that participants provided advice to other teenagers, almost like the new teachers of sex, yet such attempts sometimes proved futile as young women supposedly did not want to listen to “failures”.

The advice provided to teenage mothers illustrates an assumption that the teenage mothers have already committed mistakes and their lives are now beyond saving which is in line with comments made by the Department of Education (2009) that is a lack of hope of a better future for teenage mothers. However, Leerlooijer et al. (2013) draw on the successful attempts of the TMP to provide support to teenage mothers to assist them in pursuing their education and increasing their agency. Furthermore, advice to teenage mothers who are having sex did not include abstinence as the teenage mothers understood that teenagers would not stop having sex because they are ordered to do so. It can be inferred that participants acknowledged that being in sexual relationships after pregnancy meant that teenage mothers viewed sexual intercourse as natural and could therefore not respond to the question with hypocrisy by providing advice about abstinence to other teenage mothers. Therefore advice was provided about HIV testing, using protection and having sound knowledge about one's sexual partner.

Participants were also requested to provide advice about sexual risks which could be given to their children when they are older in order to understand the lessons learnt from their own experiences which will be utilised to educate and inform their children about the consequences of risky sexual behaviour.

The participants were asked if they would provide different advice for their sons and daughters to understand issues of sexuality and gender in this sample:

Sbahle:

“Must have a child when he is working and he can support himself. He must not drink mam, must not have sex with a girl from taverns mam. He must use protection. No it wouldn't be different advice for a girl.”

Sbahle advises that financial stability and independence must take precedence above starting a family. Findings by Kidger (2005); Hamid (2012); Leerlooijer et al. (2013) also share that motherhood has a positive effect on young women as they demonstrated signs of planning for future stability. With regard to Sbahle warning her son against having sex with women from taverns, it is evident that stigmas are held against girls who are found in taverns but none about men who are found consuming alcohol in taverns. Such attitudes reflect a strong gender bias. Similarly, it was discovered by Watt et al. (2012) that young women who were found in taverns were undervalued and labelled.

In response to the question about advice to her daughter or son (if she had one), Phumzile guarded against various behaviours:

Phumzile:

“She can have a boyfriend but she must not visit him because boys can force you to sleep with him. She must look out for her school work. If I had a son I would tell him not to play with girls, he must not sleep around. Stay away from bad friends.”

Phumzile acknowledges peer pressure as a contributing factor to risky sexual behaviour and cautions against it. Such pressure was also voiced by participants in the study of Hamid (2012) as a factor that contributes to young women engaging in risky behaviour. Phumzile warns against coercion from men and Gevers et al. (2012) and Selikow & Mbulaheni (2013) express that young women contend with challenges relating to coercion in their sexual relationships which they struggle to avert.

There is priority associated with becoming educated which is similar to findings by Leerlooijer et al. (2013) that teenage mothers value education post pregnancy as a stepping stone to success. Phumzile’s advice to a boy child is partially gendered as she insinuates that men have sexual relationships with multiple partners and Connell (1995) argues that characteristics of hegemonic masculinity expect men to be promiscuous. Contrastingly, Potgieter et al. (2012) and Hulton, Cullen & Khalokho (2000) report disclosures made by young women about being in romantic relationships with multiple sexual partners which clarifies that they are not without agency.

Similar to Phumzile’s response, Malondi placed an emphasis on education and cautioned against teenage sex owing to negative consequences associated with it:

Malondi:

“Think carefully before you do something. First go to school to learn and get job and then he can decide about a girlfriend. They must go and pay lobola for her, get married then can have kids. He must not have sex before marriage. If I had a girl – she must her know her decisions. Yes I will give different advice because she is a girl. Because the boys are the ones who play with the girls and use them. She must ignore boys and make good choices, concentrate on school work. I will tell her sex is dangerous and she can get diseases.”

According to Malondi, decision making and goal setting should be prioritised in relationships which demonstrate that she has learnt her lesson and now realised that being educated is essential. Malondi's comments that the bridal price must be paid opens up possibilities for risky sexual behaviour as the girl becomes the property of the boyfriend, hence he may utilise such power to dictate the timing and nature of sexual encounters. Mentioning that boys "play" with girls, Malondi positions only young men as having sexual agency, while in contrast Bhana & Anderson (2013a) identify women as possessing sexual desires.

Eight participants indicated that different advice will be provided depending on the sex of the child which shows that majority of the advice provided here is gendered according to male and female sex roles and stereotypes, portraying males as promiscuous and in possession of power and females as lacking agency. Paechter (1998) and Trusscott (1994) write about gender roles and identities of men and women as shaped by societal influences which contribute to various enactments of gender performances.

The prevailing advice provided by participants was abstinence from sex until marriage, using protection when having sex, not having multiple partners and being cautious to avoid ruining their futures. From the advice provided, it is evident that participants regarded security, independence and stability as essential before becoming sexually active which mirrors aspirations that they wished to have fulfilled before becoming sexually active or mothers, such as being educated, having a job and financial stability

It is evident that majority of the teenage mothers in this study continue to engage in sexual activities. All participants who stated that they were engaging in sexual activities post pregnancy (most participants) claimed that sexual intercourse since their pregnancies are always protected to avoid the negative consequences associated with unprotected sex. The advice they provided to teenagers and to their children in the near future are well thought out in an attempt to prevent people from making the same mistakes they did.

In understanding the extent to which teenage mothers engage in risky sexual behaviour, it is vital to understand the reasons for their sexual decision making which will be explored in the next section. Participants in the study claimed that they no longer engaged in risky sexual behaviour but rather in protected sex. Therefore, they provided reasons for engaging in sexual activities after child birth and the reasons provided in this section also include those which are discussed by the participants and their peers who are teenage mothers.

4.3.8 Mothers positioned as dependent and powerless

Within this theme, the participants' positioning of teenage mothers as dependent on men for support and their lack of agency in sexual relationships prior and post pregnancy will be explored.

The participants in this study discussed their strong views against repeat pregnancies and emphasised that repeat pregnancies are the result of a lack of agency, planning, decision making and other reasons that will be discussed here:

Andiswa:

“Some of them don't learn from their mistakes. If you are having a child and you are not married it is a mistake. They think that if they have a child they are going to get married.”

Andiswa indicates that teenage mothers believe that becoming pregnant will secure their futures by marriage. This creates a need to depend on someone and Lisa et al. (2005) pointed out that teenage mothers being married contributed to risky behaviour and repeat pregnancies.

Responding to a question about factors that contribute to repeat pregnancies, Joyce casts the blame predominantly on females:

Joyce:

“They are careless, boys lie to them and they don't love themselves.”

According to Joyce, teenage mothers become pregnant because they do not weigh their options, lack self-confidence and are manipulated by boys. Her comments blame women for being powerless and dominated by males in sexual relationships. Similarly, Mkhwanazi (2010) explains that young women as opposed to men are blamed for teenage pregnancies and interrogated by families about their behaviours which highlight gender inequalities in society.

In keeping with Joyce's statement, Sharon also casts the blame of repeat pregnancies on female behaviours which entice men:

Sharon:

“I think the behaviour in which we tend to make guys think we want them. When you always talk to a certain guy, smile at a certain guy. Having to wear short things and do skanky things that make guys uncomfortable. We tend to say a lot of things that we don’t even think about. Like a girl can say I want this guy, not say she wants to sleep with the guy or anything. The guy would think that you sexually attracted to him when you not and when they approach you and you deny, the guy comes with a certain mind-set that I’m gona have sex with her and when you turn him down that’s when he gets angry and violent.”

Sharon’s comments position young women as manipulators, seducers and desiring sex yet powerless in sexual relationships that become coercive. This concurs with findings by Watt et al. (2012) who state that young women manipulate men which sometimes contribute to sexual violence against women. Furthermore, Sharon accords blame to women for the coercive behaviour of men. Mkhwanazi (2010) presents similar findings which demonstrate that young women are blamed for consequences relating to sexual encounters between men and women. This reveals gender inequalities that are prevalent in relationships between men and women.

Many participants shared views expressed by Londiwe about repeat pregnancies being the consequence of factors relating to the couple and family members:

Londiwe:

“Some of them say they enjoy sex without protection. I think some of them because they have someone to help them with the child. They wasn’t punished for having babies at that age.”

Londiwe acknowledges that unprotected sex owing to sexual pleasure results in repeat pregnancies. Jewkes & Morrell (2010) demonstrate that young women in their study also held ideas about condoms decreasing sexual pleasure and foregoing condom use, which again makes the point that women are not without agency in relationships. While Londiwe comments that teenage mothers are not being held accountable for the consequences of their actions due to their dependence on family members who assist in raising the child, Shoveller and Johnson (2006) contend that the disapproval of parents to teenage pregnancy contributes to heightened adverse experiences endured by teenage mothers. It is evident that the participants’ attitudes towards teenagers who have more than one pregnancy is one of

condescension which is justified by their status of having one child only – with the exception of Malondi who became pregnant soon after her first child was born and miscarried.

Sbahle's response about the reasons for repeat pregnancies amongst teenage mothers reflects her attitudes about lack of self-esteem coupled with powerlessness:

Sbahle:

“Some of them when they have the first one they were raped when they have a second one it was just a normal sex. They don't like themselves.”

Sbahle's view is similar to findings stated in Department of Education (2009) that teenage mothers are regarded as lacking in self-esteem which contributes to a continuation of unsafe sexual practices, hence repeat pregnancies. Sbahle provides one explanation for repeat pregnancies, that of rape, which was also found by Gauteng Department of Education (2013) and Mail and Guardian (2012) as rendering women powerless and contributing to HIV infection and pregnancy.

Participants were asked if teenage mothers became dependent on their partners after the birth of the child in an attempt to understand whether repeat pregnancies occur as a result of being supported and cared for by the father of the child.

Ten participants claimed that teenage mothers become dependent on their partners for various reasons:

Samkelisiwe:

“Some people are poor they say if I have sex maybe I will go stay in the boy's house. I think its cos our environment, how we stay, how we live, what we eat, what clothes someone is using, NIKE and UZZI. (Laugh). I think girls have sex with a boy for things.”

Sharon:

“Yes because most of the girls think you can trap a guy with a child to stay with you. Some even blackmail the baby daddy like if you leave me you never get to see your child again. I think they dependent on them for material things for money or basically anything a guy can provide.”

While Samkelisiwe mentions that teenage mothers resort to having sex to receive financial support in terms of money, food and branded clothing, Sharon notes that teenage mothers go to the extent of using the father's bond with the child to receive money and support. While support from fathers are important, the comment positions young women as dependent on men and using their agency to meet their demands and such dependence was demonstrated by the findings in the studies by Wamoyi et al. (2011); Jewkes et al. (2012); Selikow & Mbulaheni (2013); Potgieter et al. (2012).

Of the study sample, most participants understand repeat pregnancies amongst teenage mothers as being influenced by the prospect of money:

Sbahle:

“Yes they must mam because he is the one that made them pregnant. Support for the child.”

While Samkelisiwe and Sharon illustrate the ways in which teenage mothers manipulate men for financial support, Sbahle believes that men ought to provide support and assistance as they caused the pregnancy which removes the blame from the female in the relationship. Dependence on men for support, according to Firmin (2013), renders women powerless and is a contributor to violent abuse of women. Sbahle's view of being supported by the father of the child correlates with findings by Lisa et al. (2005) that repeat pregnancies are the result of dependence on the father of the child to offer support to the child and mother.

In response to questions about receiving money from boyfriends, Bongeka defensively clarified herself as not being dependent on men for support:

Bongeka:

“Well not for me but some girls. The baby to be taken care of, more attention and money.”

Bongeka's reply is an attempt to clarify herself as not being with the baby's father for sustenance which supports findings by Kidger (2005) that a common feature amongst teenage mothers is to refrain from painting themselves negatively.

Andiswa iterates comments made by most participants about teenage mothers having repeat pregnancies owing to securities of love and money:

Andiswa:

“Ya they do because they believe that once you have a child with a person no one else will ever love you. Maybe money. Because it’s not easy to see another person after you have a child.”

The participants in this study mention that teenage mothers are dependent on the father of the child for money, items for the baby, taking care of the mother’s needs, accommodation and a relationship as comments are made that teenage mothers hold onto the father of the child as they fear that no other man will be interested in them, as mentioned by Andiswa. Jewkes & Morrell (2010) argue that it is the dependence of women on men for financial support that contributes to women demonstrating passive, obedient and respectful attitudes, without which the women risk facing violence inflicted upon them. Campion (1995) cited in Singh & Hamid (2014, p.10) expounds that being financially dependent on men constructs women as “immature, irresponsible, single and benefit-dependent”.

Mandisa explored the ways in which money is utilised by teenage mothers to improve their images:

Mandisa:

“Girls like to compete with girls. They want to make themselves feel better. Because of the child support grant. Girls want to make themselves beautiful.”

Two participants commented that sex after pregnancy is about competition with other teenage mothers to demonstrate that maintaining a youthful image to keep up with the crowd was viewed as essential. In this study, teenage mother’s ever-changing behaviours to compete with other teenage mothers demonstrated various areas of change that supports the theory of Butler (1990) which takes into account the fluid nature of the identities of people not being that which is possessed by them but rather those performed in various social settings dictated by culture and societal expectations as in the case of mirroring the images that are expected by people.

Participant’s response about teenage mothers engaging in unprotected sex because of the benefit of receiving a social grant illustrates the dependence of those teenage mothers on a source of income. This phenomenon is identified by Kanku & Mash (2010) as a process in which teenage mothers opt to become pregnant to receive monetary gain. When prompted

further about the meagre amount of the grant to fully support a child, participants acknowledged that the grant was not sufficient to meet the financial demands of caring for a child but, as shown earlier in this chapter, Andiswa commented that mothers leave their babies with family members and continue to live as they did prior to becoming pregnant which contributes to risky behaviours and families left with the burden of caring for the children. This is contrary to the findings of Mkhwanazi (2010) that some families refuse to provide financial and emotional support to teenage mothers and their babies owing to the opposition and anger of families towards teenage pregnancy.

Having discussed teenage mothers having repeat pregnancies owing to dependence on family and boyfriends for support, the powerlessness demonstrated by teenage mothers in sexual relationships will be explored.

Participants were probed about how they arrived at a decision to have sex. Ten participants declared that the sexual encounter and the pregnancy were unplanned for, thereby demonstrating the lack of sexual decision making:

Samkelisiwe:

“I was just angry as I failed at school. I didn’t plan for the baby.”

Samkelisiwe’s response highlights drastic measures of turning to sex as a measure to “forget” or to be “comforted” as she felt overwhelmed by the pressure of having to deal with failure. This supports findings by Burns (2008) who recognised that teenage pregnancies sometimes resulted from attention-seeking behaviours owing to irrational decision making. Furthermore, Koffman (2012) claims that physical and psychological immaturity led to impulsive behaviour.

Commenting about arriving at a decision to engage in sexual activities, Sbahle illustrated her lack of knowledge about the negative consequences associated with teenage sex:

Sbahle:

“I was still young, I didn’t know if you sleep with boys you become pregnant. It just happened.”

Sbahle became pregnant at the age of approximately 15 and she claims that she did not have knowledge about the consequences of sex. This corresponds with findings made by Hulton,

Cullen & Khalokho (2000) that in African cultural contexts, discussing issues concerning sex with children was viewed as embarrassing. Sigcau (2012) discusses how Life Orientation was introduced to South African schools in the curriculum, partly to address issues relating to unprotected sex and teenage pregnancy. Despite such attempts, Sbahle's comment points to the paucity of knowledge provided to learners, which renders them powerless in sexual relationships, despite Life Orientation being a compulsory component in the school curriculum and other awareness campaigns that are presented in schools, communities and the media.

While Sbahle associated her sexual decision making with a lack of knowledge, Joyce drew attention to her boyfriend who had consumed drugs prior to sexual intercourse:

Joyce:

“I trusted the guy. It was him. He was high with drugs.”

The situation that Joyce was placed in is extremely risky as she found herself engaging in risky sexual behaviour with a person who was under the influence of drugs which she was aware of but failed to assertively remove herself from such an environment. This asserts findings by Hudgins, McCusker & Stoddard (1995); De Genna, Cornelius & Cook (2007); Bellis et al. (2008) who demonstrate that drug use is often associated with risk taking behaviours.

Responding to questions about her reasons for engaging in unprotected sex, Phumzile articulated that the age of her boyfriend accorded him with power and control in the relationship:

Phumzile:

“It was not planned. And he was too old, 26 and I was 17 years old, he took advantage.”

Phumzile's response illustrates her current opinions about the incident, that is, she was coerced into sex by an older man owing to her being sexually unknowing and her lack of agency. While Bhana & Anderson (2013a); Bhana & Nkani (2014); Bhana & Pattman (2011) found that young women do possess and exercise agency in sexual relationships, Muhanguzi (2011) claims that young women are sometimes not consistent in practicing sexual agency.

Similarly, Londiwe also commented that she engaged in sexual activities without her consent:

Londiwe:

“I don’t know, it wasn’t planned. He thought I accepted, it just happened I don’t know how. He didn’t ask me anything.”

Five participants mentioned that “it just happened” implying that people have no control over the decisions that they make regarding sex. This was also evident in the study of Hamid (2012) where participants indicated that they possessed knowledge about HIV but “it just happened” which raises questions about the agency and knowledge that participants possessed and whether sexual decision making post pregnancy is guided by the knowledge possessed. Bhana & Anderson (2013a); Bhana & Nkani (2014); Bhana & Pattman (2011) contend that young women in their studies possess and exercise sexual agency in their relationships.

In an attempt to discuss her views about the reasons for repeat pregnancies amongst teenage mothers, Bongeka drew attention to her views about pregnancy:

Bongeka:

“It happens, they say that when you have sex and become pregnant and deliver that baby it is easy to get another baby. There are injections you can take maybe they are avoiding taking it. Well there is this thing called an implant it last for three months and it’s guaranteed you can’t fall pregnant.”

Bongeka’s view of it being easier to become pregnant shortly after the birth of a child is shared by Meade and Ickovics (2005), who state that teenage mothers are at high risk of subsequent pregnancies and HIV infection especially within the first two years after child birth. However, this highlights the degree to which young women lack the agency to negotiate safe sex, and therefore risk becoming pregnant again. While Bongeka acknowledges the variety of contraceptive methods to preventing pregnancy, she fails to address the issue of HIV infection. Holland et al. (1990) acknowledge youth as being primarily concerned about pregnancy while HIV infection is a secondary concern.

From these responses, it is demonstrated that being dependent, powerless and lacking knowledge about safe sex served to limit the agency of teenage mothers in sexual encounters. According to responses by participants, coercion in relationships also served to limit the

agency of young women to make sound decisions relating to their sexual lives which contributed to various risky sexual practices.

All participants claimed that males coerce females into sex (and not vice versa) for various reasons:

Andiswa:

“Some of them are forced by their partners. Like the boyfriend will say I don’t want to use protection. They usually force the drunk girls.”

Andiswa mentions that the powerlessness of teenage mothers in relationships is evident as men force women into having unprotected sex with them. Similarly, Jewkes & Abrahams (2002); Hoffman et al. (2006); Molitor et al. (2000); Nasr et al. (2010) state that young women under the influence of alcohol experienced heightened risks of being raped.

When prompted about coercion in relationships, Sharon had detailed explanations to offer about her knowledge of such experiences:

Sharon:

“I think girls are forced by guys because guys have the mind-set that uhm if she’s my girlfriend I can have sex with her anytime but then they don’t understand that there comes a point where you don’t want and they don’t get the point when you say no and I think guys just violate women’s bodies. Even in school I got a friend that was raped and I feel women are being violated by guys the most. I feel that they know we’re powerless I’m not going to fight back or anything cos for us to fight back we need a lot of resources.”

Sharon highlights beliefs held by males of their entitlement to sex from women which results in rape as women appear powerless. This was also found by Jewkes et al. (2012) whereby men providing support to women resulted in them believing that they were entitled to sex, which rendered women powerless.

Andiswa revealed the ways in which men coerce young women into having sex, against their will at times:

Andiswa:

“Some of them break up with the girl and find someone who is interested. Take them in their rooms, kiss them or ask by forcing them.”

Andiswa further sets out her knowledge about the methods utilised by males to coerce teenage mothers into sex, that is, using emotional blackmail by threatening to break up with them or locking them in rooms which renders them powerless and susceptible to rape. Her account concurs with findings by Jewkes & Abrahams (2002) and Wood, Maforah & Jewkes (1998) that women are coerced into sex, which heightens the risks of HIV infection.

It was interesting to note how experiences of coercion, as shared by Samkelisiwe, were sometimes aligned with blackmail for sex in return for material items:

Samkelisiwe:

“They say they will give you money, do your hair, your nails.”

Malondi:

“They rape and throw money and they say the girls are selling their bodies. They tell you they love you and that stuff and they have sex with you and leave you like that.”

Samkelisiwe and Malondi maintained that teenage mothers are emotionally blackmailed by men with money to buy things they believe will please women (almost attempting to justify the rape), raping them and giving them cash to insinuate that she is a prostitute and that it should not be termed rape seeing that it was paid for. Similarly, Bhana & Anderson (2013b) report that in situations where young women hail from poverty stricken backgrounds, men utilise money and gifts to receive sex, thereby illustrating the problematic nature of interweaving love with materialism as it renders women vulnerable and highlights gender inequalities.

Participants also shared their knowledge of teenage mothers being coerced into sex by strangers:

Sharon:

“I think the first reaction that comes about is for you to beg, to scream and to cry because after you do all those three things and nothing happens, you just lie there and wait for them to finish. There are girls who report and those who don’t. Those who report it, they have resources and help.”

Bongeka:

“They be helpless, there is nothing to do because a girl doesn’t have that much power.”

Malondi:

“Some feel hurt and abused. Some go to the clinic to check their HIV status.”

Bongeka and Sharon’s responses position women as helpless during coercion. Similarly, the study by Singh & Hamid (2014) found that teenage mothers were painted as passive victims who lack agency and were therefore susceptible to male abuse. According to the participants in this study, such coercive practices result in powerlessness amongst teenage mothers as they attempt to fight and scream, but feel helpless, scared and withdrawn which are often futile responses and contribute to heightened risks of repeat pregnancies, HIV infection and physical injuries. Wood, Maforah & Jewkes (1998) and Soomar, Flisher & Mathews (2009) view these as coercive acts that physically, emotionally and psychologically affect young women.

From the responses of the young women in the study, it is evident that desperation for financial gain, a lack of knowledge about safe sex and coercion served to limit the agency of young women in this study in sexual encounters, thereby heightening the risks associated with engaging in risky sexual behaviour. While it is evident in this theme that women lack agency in sexual relationships owing to coercion and insufficient knowledge, young women in this study also demonstrated agency in aspects that concerned the receiving of money and gifts, as will be discussed later on in this chapter. This theme illustrated the gender inequalities in relationships, the lack of agency possessed by these teenage mothers in sexual relationships and succumbing to male power. In the theme that follows, issues relating to love and trust will be explored in an attempt to understand how youth interpretations of love and trust can prove to be dangerous and risky.

4.3.9 Love, trust and danger

Within this theme, the participants' different interpretations of love and trust will be explored to depict how meanings attached to love are utilised to make decisions relating to sex.

Mandisa:

“I love him and trust him but it’s uncomfortable when he passes time with other ladies.”

Mandisa admits that she loves her boyfriend despite her being aware of his relationships with other women that threaten her wellbeing and also portray her as powerless. Similar findings are also identified by Firmin (2013) who found that young women were aware of cheating partners but continued to pursue relationships with boyfriends.

Sharon responded to questions about how love influences relationships:

Sharon:

“I think it goes onto how the other person feels when the time goes on because eventually the person goes then loses interest. It does influence you to do certain things cos when you love someone you go all the way into proving that you love the person. I think you do things whatever the person asks you to do cos you love the person. Some friends say they in it for true love but I think most of them are in it for whatever you can give them, if you got a car then it’s transport, stuff like that.”

Majority of the participants claimed that they loved their boyfriends and that the love was based on positive characteristics such as trust, caring, honesty and spending time together. The exception was Sharon, who shared a pessimistic view about people losing interest in each other despite claiming to be in love and defined love as meeting the demands of one's partner. Such views correspond with the findings by Muhanguzi (2011); Bhana & Anderson (2013b); Holland et al. (1990); Firmin (2013); Reddy & Dunne (2007); Singh (2013); Hamid (2012) that love and care were strongly valued by teenage mothers and the youth in general which is a factor that contributes to teenagers' struggling to negotiate safe sex.

Sbahle and Bongeka compared their meanings of love with that of other teenage mothers:

Sbahle:

“To me love means caring, supporting always there for you in good times and bad but people think it’s all about money. Some of them think it’s all about sex and love is not all about sex.”

Bongeka:

“People misunderstand love and sex. They rush for sex instead of love. Love is when you wait for each other and when you are comfortable to express yourself not express yourself in taking of your clothes, no.”

Sbahle and Bongeka clarify that love should not be associated with sex or money but rather with feelings associated with caring and being there for each other. Participants in this study referred to the ways in which teenage mothers in their communities constructed love, that is, equating love to sex and the exchanging of money, transport and gifts for sex which demonstrate the risky nature of such relationships. Muhanguzi (2011), Bhana & Pattman (2011); Potgieter et al. (2012) recognise that referring to the transactional relationships of other teenage mothers is viewed as exhibiting condescending attitudes towards other teenage mothers and portraying them as materialistic.

A few participants echoed Londiwe’s response about sex being a symbol of love:

Londiwe:

“Some of us think that your boyfriend will love you if you have sex with him.”

Londiwe maintained that teenage mothers continue to have unprotected sex as they believe that their boyfriends love for them would increase if his sexual desires were fulfilled thereby emphasising how sex is associated with love. This relates to findings by Gauteng Department of Education (2013); Lisa et al. (2005); Hamid (2012) that the presence of a boyfriend contributes to young women feeling pressured to have sex to keep their boyfriends, which results in young women not being able to assert themselves and negotiate safe sex. Love being closely associated with trust will be discussed in the next section.

An attempt was made to understand whether teenage mothers experienced trust issues with their boyfriends, if so, did they continue to engage in risky sexual behaviour with them? Eight participants did not trust their partners, two trusted their partners and Londiwe, not

being in a relationship, stated that she did not trust the father of her child when she dated him. The trust issues experienced with their boyfriends are explored next, together with the reasons for their peers (teenage mothers) mistrusting their boyfriends:

Sharon:

“Honestly I think the trust had been slightly like broken cos ya there was a lot of lies and secret and stuff. When I dated him he told me that he’s not dating anyone, an older girl came and she works in Spar and I heard she’s pregnant and it’s his baby. I accepted it, his mum asked me to accept it. A second girl came like she’s turning 22, she’s pregnant. I think every girl trusts a guy easily. We tend to have this mind-set that guys will always do what they say and I think it’s because that if girls don’t trust anyone they won’t have anyone to date.”

Owing to Sharon’s experiences of her cheating boyfriend, she expressed concern over the fact that teenage mothers trusted their partners easily, believing that their boyfriends would honour their promises. Furthermore, Sharon’s expression of teenage mothers’ staying in relationships and contending with cheating boyfriends to avoid being alone points to a rather risky practice that disempowers young women from making safe choices related to sex. This supports findings attained by Firmin (2013) where teenagers sometimes remained in relationships with boyfriends, despite being aware of cheating, in order to avert one’s loneliness which resulted in heightened risks associated with multiple partners as young women succumbed to the demands of their boyfriends in issues related to sex.

Nosipho narrated her personal experiences of her cheating boyfriend while Sbahle indicated her lack of trust towards men owing to experiences of others she has awareness of:

Nosipho:

“No, the relationship has changed a lot since I had the baby. He started cheating on me when we had to wait those four months. It’s not the same even if he says he loves me and all that, I don’t believe it. I don’t trust him about other girls. I have heard about and seen on his phone. He tells me it’s over with them, it’s not true, like he lies mam to cover it up. Girls they do trust easily. Mam if the guy puts your picture on a profile pic the girl thinks she’s the only one and she trusts the guy completely.”

Sbahle:

“I can’t trust a person. Hey mam you can’t trust someone else. Because mam he may seem nice to you especially when you are not staying with him you don’t know where he goes, he takes some other girlfriend, put her in the room and do sex. Mam girls trust easily because we are not mature enough to understand.”

Nosipho can be described as lacking agency in her relationship as she states that she mistrusts her boyfriend for various reasons but is unable to fully take serious action by ending the relationship. Furthermore, she mentions that boyfriends displaying on social networks profile pictures of their girlfriends sometimes led young women to trust their boyfriends easily. Sbahle commented that young women trusted men easily due to their own lack of maturity to distinguish between men who can be trusted and those who cannot be trusted which is casting blame on young women for their boyfriends cheating on them. The mistrust experienced by young women in this study were also identified in the study by Firmin (2013) and Gevers et al. (2012) as mostly owing to the history of boyfriends and the insecurities of girlfriends.

Despite mistrusting their boyfriends, the participants remained in relationships with these boyfriends and continued to have sexual relationships with them, while claiming that they would not have sex with men they mistrusted but their peers who are teenage mothers did:

Sharon:

“I am sexually active with my boyfriend. If I don’t trust him, I won’t sleep with him. I only sleep with them if I trust them. But there are girls who sleep with guys to keep them.”

I presented earlier data which demonstrated that Sharon did not completely trust her boyfriend, considering issues of cheating but later during the same interview remarked that she did have sexual relations with her boyfriend (and protected sex as mentioned earlier in the chapter) which shows that issues of cheating did not necessarily result in young women within this sample ending those relationships. Firmin (2013) identified that young women sometimes continued to pursue relationships with boyfriends who cheated on them.

Nosipho compared her change in behaviour on discovering her boyfriend’s cheating with the unchanging behaviour of other teenage mothers who had knowledge about their partner’s infidelity:

Nosipho:

“I don’t trust him so I’m not sleeping with him anymore but some girls they don’t trust them but they do it cos they want that guy to love them more”

Nosipho exercised agency as she indicated that she did not engage in sexual intercourse with her boyfriend as she mistrusted him which demonstrates that Firmin’s (2013) findings about young women who continued to pursue their relationships with cheating boyfriends do not always apply. Furthermore, Nosipho’s actions illustrate Butler’s (1990) statement about the identities of people and performances of gender varying according to different contexts and times.

A scenario about multiple partners was posed to participants to understand their attitudes towards multiple partners: **How would you feel and react to a man who has many girlfriends and wants to pursue a relationship with you?**

Eight participants displayed disapproval of dating men who have multiple partners:

Nosipho:

“I don’t see a point of having many partners when you can have one. Those guys are not serious about you, don’t spend enough time with you and mam a relationship with someone like that doesn’t go anywhere. It opens up possibilities for diseases and pregnancy because they have children everywhere.”

Malondi:

“I feel sorry for him. Won’t know which one will give him diseases. Won’t know about his life, maybe his life is finished, maybe he is the one who has got it and spreading diseases.”

The overall attitude of the participants towards males who have multiple partners is one of condemnation and repulsion owing to the dangers that are associated with someone who is not only dating multiple partners but possibly having sexual relationships with them. While two participants previously stated that they remained in relationships with cheating boyfriends, the opinions presented above oppose these views and the findings of Firmin (2013) that young women remained in relationships despite evidence of mistrust. While teenage mothers in this study opposed the idea of multiple partners, Harrison (2008) states

that males were encouraged by older relatives and friends to be in relationships with multiple partners, which elevates the risks of contracting HIV, especially in situations where females are unaware of the cheating. This confirms the double standards in society and the gendered nature of such relationships.

Comparatively, two participants shared mixed responses about their attitudes towards someone who is in relationships with multiple partners:

Sharon:

“I understand cos I think that guys and girls do get attracted to people who are still in relationships with other people but I think what we should understand is that you can never satisfy a man like and the person will be like 100% satisfied it’s always going to be a possibility of 99.9% so they bound to cheat.”

According to Sharon, cheating in a relationship is driven by male sexual agenda and women are blamed for not sexually satisfying the male partner. Owing to such agendas, amongst other reasons, Harrison (2008) identifies that young men are encouraged to be in sexual relationships with multiple partners which legitimises the practice of cheating amongst males.

While Sharon associated cheating with a lack of male sexual pleasure, Samkelisiwe associated it with traditional norms and characteristics of hegemonic masculinity:

Samkelisiwe:

“I don’t think anything cos in our culture some have two wives or more like Zuma, [laughs].”

Samkelisiwe suggests that having multiple partners is acceptable in traditional African culture and is accentuated by people in leadership in S.A which serves as justification for cheating. Such views are consistent with the judgement by Morrell, Jewkes & Lindegger (2012) that nationally, hegemonic masculinities are a reality which is represented by the president of our country (Mr Jacob Zuma) who demonstrates traditional heterosexuality, patriarchy, prominent polygamy and evident sexual success with women.

The responses of Sharon and Samkelisiwe demonstrate that they condone ideas of relationships with multiple partners by justifying it as a lack of sexual satisfaction, matters of

attraction and polygamous beliefs in the African culture. This strengthens arguments by Wamoyi et al. (2011) and Wood, Maforah & Jewkes (1998) who demonstrate the view that men being in relationships with multiple partners was acceptable despite it being regarded as an unacceptable and undesirable trait amongst women, thereby emphasising specific gender roles and greater sexual risks. Furthermore, the views aired by Sharon and Samkelisiwe are consistent with findings by Muhanguzi (2011) that portray young women as compliant and complicit within sexual relationships which limit their sexual agency.

Within this theme, I have explored the ways in which love and trust are entwined with granting or withholding sex. The meanings that participants and their peers attached to love and trust became crucial in decisions relating to sex. None of the participants in this study completely trusted their boyfriends for various reasons, yet most of the participants continued to engage in sexual activities with them. In the theme that follows, the ways in which money and materialism serves as risk factors in romantic relationships will be explored.

4.3.10 Materiality and risk

Within this theme, the ways in which money and gifts influence relationships and are associated with risk will be discussed. A scenario was presented to participants to respond to: **If you meet a boy/man who has a lot of money and is willing to take care of you and your child if you have unprotected sex with him, what would you do?**

Eight participants strongly opposed the idea of having a wealthy sexual partner for various reasons:

Mandisa:

“The boys with money they are not good, they like to play with girls. They know that you are after their money. If you want my money sleep with me. You’ll get HIV if you sleep with them.”

Phumzile:

“Why is he giving me money if he wants me? There is no need for a man to give you money. It means he is doing it to other girls around.”

Mandisa and Phumzile oppose the idea of being in a relationship with such men as they express that men who have money use it as a tool to get sex. They make an association between such men and HIV, owing to the boyfriends utilising money to receive sex from

multiple partners. This view contrasts with the findings presented by Muhanguzi (2011) and Jewkes & Morrell (2010) that young women themselves perpetuated characteristics of hegemonic masculinity by preferring to date men who spent on them and “bad boys” who are viewed as having multiple partners.

Similar to the views shared by Phumzile and Mandisa, Nosipho and Malondi also expressed their reluctance to date men who attempted to utilise money to receive acceptance from teenage mothers:

Nosipho:

“Haaai I wouldn’t agree. I don’t believe money is everything. I would say no. I don’t think he’ll love me the way I deserve. He’s just not the right guy for me. He’s trying to buy me off.”

Malondi:

“Hey no, he’s buying me, no. He doesn’t love you that one. He’s trying to use you”

Nosipho and Malondi voice the attitude that a man who has money does not love a woman but utilises his wealth to receive sex from women. The negative responses made by the participants towards men who have money demonstrate that they have identified attempts to set up transactional relationships which the young women oppose, ridicule and treat with disdain. Such attempts are rejected by participants due to the consequences associated with such relationships, that is, fear of contracting HIV, lack of love in such relationships, being in committed relationships that they value, awareness of possibilities that the men are forging such relationships with other women and not wanting to be “bought off”. In contrast, Muhanguzi (2011) states that participants in the study conducted prioritised the role of money, especially in instances where young women hailed from poverty stricken backgrounds. Bhana & Anderson (2013b) regard the weaving of love and materialism as increasing women’s vulnerability to risks.

Three participants however, commented in ways which demonstrated their lack of association of money and materialism with sexual risk:

Sharon:

“Uhm I think I’ll want to first find out more about him. I’ll want to have an HIV test. I’ll want to know him well, know his background, his family so if anything happens I’ll know that I’m secure.”

Londiwe:

“First of all I will want to go to a clinic and check the HIV status, how will I be sure if he will take care of us? It depends if I love him. Will he love my child?”

These remarks emphasise that these participants believe that issues of security, love and care are interwoven with money. Londiwe’s response can possibly be linked to the domestic challenges prevalent in her home, such as the family being dependent on her sister for income, owing to her parents being unemployed which she described during Part A of the interview relating to biographic details of participants. These views can be related to the findings of Wamoyi et al. (2011); Jewkes et al. (2012); Selikow & Mbulaheni (2013); Potgieter et al. (2012) who find that young women receive money, gifts and alcohol in exchange for sex, which highlights their enhanced agency in exercising power to satisfy their material desires but their lack of agency in negotiating the timing and frequency of sex and the use of protection in sexual encounters.

Participants explored how teenage mothers acceded to transactional relationships owing to various benefits that they believed they would reap:

Andiswa:

“Just like if I come from a poor home I will date a sugar daddy cos I will want airtime, food, to get money, clothes, and hairstyles.”

Nosipho:

“Ya for money and for fame. So they will come to school with beautiful cars.”

While Andiswa’s illustrates how being poverty stricken leads teenage mothers to accede to relationships with men who are wealthy, Nosipho points out that teenage mothers are materialistic and want to be admired by their peers for coming to school driven by men who own flashy vehicles. Similarly, Wamoyi et al. (2011); Jewkes et al. (2012); Selikow

& Mbulaheni (2013); Potgieter et al. (2012) maintain that young women prefer to date men who are wealthy and provide material items for them.

In her response to a question about money and materialism, Malondi stereotyped younger men as being unworthy of providing for women:

Malondi:

“[Laughs] The small one doesn’t know about life like the older man does know. The older one will give money the younger man will buy apple munch, cos he’s poor and not strong enough.”

Malondi’s view contradicts previous statements made by her about rejecting ideas of being in relationships with men who have money owing to issues of trust and “being bought off” which illustrates that she has high regard for men who provide money and gifts. Malondi’s use of the term “apple munch” (a popsicle that costs no more than R2) exemplifies her condescending attitude towards younger men who are unable to provide for women. Therefore, the positioning of women in such instances are actually not without agency as men who do not have resources to provide for women are scorned. This supports the findings of Wamoyi et al. (2011); Jewkes et al. (2012); Selikow & Mbulaheni (2013); Potgieter et al. (2012) as young women acknowledged that their desires of material gain can be fulfilled by an older partner, especially one with the resources and willingness to provide for them. In addition, these views enhance descriptions by Bhana & Pattman (2011) of men who used their money and resources to impress young women from underprivileged backgrounds as “provider masculinity”.

With regard to relationships with older men, all participants acknowledged that such relationships are in exchange for money and goods. The participants claimed that “sugar daddies” are in relationships with girls for sex:

Mandisa:

“They want your body only”

Four participants admitted to having dated older men but claimed it was for reasons other than monetary gain:

Malondi:

“Because of his brains, he’s working, he knows what he wants in life”

Malondi iterates comments she made earlier about her preferences of an older partner with positive characteristics such as being mature and successful. However, according to Mail and Guardian (2012) and Wood, Maforah & Jewkes (1998), teenagers that were in relationships with older men were more likely to be coerced into having sex during early stages of relationships which is a cause for concern in terms of unplanned pregnancies, repeat pregnancies, STDs and HIV.

It was evident from Londiwe’s response that she associated love and care with receiving money and gifts:

Londiwe:

“I thought he loves me. He showed me care by always giving me what I needed like money.”

Londiwe acknowledged that receiving gifts and money from her boyfriend was on the basis of what she believed to be love, care and selflessness. Similarly, Jewkes et al. (2012), Wamoyi et al. (2011) report that young women in their studies associated the provision of money and gifts as symbols of love and care but also portrayed men as dominant and meeting the needs of women which sometimes had the ability to either render women powerless or with potential agency to withhold sex in cases where men had nothing to offer them.

All participants except Nosipho remarked that their boyfriends treated them to various items which they fondly associated with love, care and kindness:

Andiswa:

“He buys things to spoil me even if it’s not my birthday, to spoil me to show me that I’m special.”

Malondi:

“He encourages me. He takes good care of me. He buys presents, birthday presents, shoes, clothes.”

Bongeka:

“Well as his partner he makes sure that I am also taken care of because I’m taking care of his child. He buys me things cos I need to keep in shape. He makes sure I don’t lose weight. He makes sure I look good in front of people because people talk. When I am sick he takes me to the doctor. I don’t allow him to buy me clothes cos it doesn’t feel right. He buys things that I can eat.”

These declarations emphasise that young women associated the giving of gifts and money with love. This aspect was explored by Wamoyi et al. (2011); Jewkes et al. (2012); Selikow & Mbulaheni (2013); Potgieter et al. (2012) who found that young women accede to handing decision making to boyfriends in such transactional relationships. Bongeka portrayed receiving things to eat as acceptable but receiving clothes as unacceptable, as if denying that the relationship is one where goods are being provided for the girlfriend. Comments made by participants about the significance of receiving money and gifts in relationships differ in the case of Sharon:

Sharon:

“It wasn’t for money or material things, it was because I just fell in love with him.”

Sharon mentioned that her relationship with an older man was not based on his ability to provide for her, but rather due to love. This brings into question comments made by participants which were discussed earlier in this chapter about how other teenage mothers viewed materialism as an integral part of their romantic relationships. Therefore, such comments further illuminate the different standards that the young women in this study held for themselves compared to other teenage mothers in society. This pattern is identified by Singh & Hamid (2014) as the “othering” phenomenon whereby other teenage mothers are positioned as naïve, cheap and materialistic while favourable images of themselves as mature and sophisticated young women are created in collusion with traditional discourses of femininity.

Under this theme, I presented the comments of participants on how they believe that young women get into romantic relationships with especially older men due to promises of receiving money and gifts. It is evident from the responses provided by participants that they received various provisions from their boyfriends but associated it with love and care as opposed to

risk. The theme that follows explores how the phase of adolescence is utilised to condone and promote sexual experimentation of the youth.

4.3.11 Stage and Age of risk

This theme addresses the ways in which age and the youthful phase of life are utilised to remove responsibility from individuals for their behaviours, especially in sexual encounters.

In sharing their understandings of sexual risk, participants shared various opinions about the complexities of youth relationships:

Londiwe:

“It’s the stage mam. When you at a certain age you start to do those things. Sleeping with a guy, not using contraceptives.”

Londiwe associates engaging in risky behaviours as part of “growing up” which removes accountability for one’s actions from individuals. Similar findings were attained by Reddy (2008) as she identified from her study that the youth regarded sexual experimentation during their teenage years as a natural phase in their lives owing to biological changes and pressures from peers.

While Londiwe colludes with such dominant discourses by considering risky sexual behaviour as a natural phase of life, Nosipho disapproves of such notions:

Nosipho:

“It’s games mam, that’s why I don’t like going out. It’s games. Girls love boys too much. They date this one after this one. Ya mam boys are boys (laughs.) They chase girls everyday they date whoever they want. Hey I don’t like living there, it’s too much, it’s corrupted. They date one brother to the other, like my cousin. They date one cousin they go to the oldest one, then come to you. I just get confused. How can you date all the people from one family? They sleep with them all. Girls don’t get ashamed and the boys talk.”

Nosipho indicates that “boys are boys” which translates to mean that promiscuity amongst boys is justified as natural. Comparatively, from Nosipho’s comments, the sexual conduct of girls are often policed which highlights the double standards that prevail in society. Likewise, Reddy (2008) reports that boys in her study confidently discussed ideas of engaging in sexual

activities owing to trends in society and their needs, while girls spoke about love and were cautious to refrain from openly discussing their sexual behaviours due to their behaviours being under surveillance. Burr (2003) reports how theories related to biological essentialism are problematic because they hold people hostage within their current identities and interactions and serve to attribute the personality traits of people to genetic and biological processes that affirm attitudes of entitlement without accountability.

4.4 Conclusion

The data presented contributes to our understanding of sexual risk amongst teenage mothers. The themes explored highlight relevant aspects evident in teenage mother's responses regarding influences over their previous, current and future sexual encounters. Within this chapter, I have presented and analysed data which plays a role in enhancing our understanding of sexual risk amongst teenage mothers. I have done so by drawing attention to significant issues and factors that contribute to the ways in which teenage mothers understand sexual risk and impact on their sexual decision making within a context of HIV/AIDS such as knowledge, alcohol, peer pressure, sexual pleasure, culture, money, gifts, love and trust. The chapter that follows is a consolidation of this research study conducted which will be concluded by providing a summary of key features and the implications of this study for education and future researchers.

5 Chapter Five: Summary, Implications and Conclusions

5.1 Introduction

This research study aimed to explore the understandings that teenage mothers have of sexual risk within a context of HIV/AIDS. In previous chapters of this study, a discussion of the rationale underpinning this study, the research processes followed, the literature explored, theoretical framework utilised and the main findings generated were presented. Within this chapter, the main findings will be recapitulated to address the three research questions which steered this study. Firstly, a summary of the key findings will be presented. Secondly, implications for education and future researchers will be proposed. Thirdly, the limitations of this study will be highlighted, bringing the chapter to its conclusion.

5.2 Summary of key research findings

The responses of participants (teenage mothers) are captured to address the three research questions that framed this study, namely:

1. How do teenage mothers understand sexual risk?
2. To what extent do teenage mothers engage in risky sexual behaviour?
3. Why do some teenage mothers engage in risky sexual behaviour?

The responses that emerged to address the research questions mentioned will be presented thematically. The first two research questions were addressed simultaneously owing to the fact that the same data presents evidence on both these research questions, followed by a discussion relating to research question one and three where further evidence of overlap of data was identified. Here are the findings that emerged from the eleven themes:

5.3.1 Pressure from peers, society and the media

Participants stated that pressure from peers, society at large and the media influenced decisions to engage in risky sexual behaviour. Socioeconomic conditions within the home environment such as financial challenges and abuse contributed to teenage mothers resorting to unsafe sex in an attempt to escape the abuse.

5.3.2 Alcohol abuse and risky behaviour

According to participants in the study, alcohol was viewed as contributing to risky sexual behaviours as it impaired one's ability to make rational decisions. Participants expressed observances about teenage mothers' consumption of alcohol.

5.3.3 Unprotected pleasure

It was revealed by participants that refusal to use condoms owing to ideas of sexual pleasure was mostly dictated by boyfriends. Participants presented their expressions about ideas of sexual pleasure which demonstrate that teenage mothers are not without agency or sexual desires.

5.3.4 Nature of romantic relationships

Participants claimed that while they valued romantic relationships with their boyfriends, motherhood was their primary responsibility and relationships were now of secondary importance. Furthermore, all participants, despite being in relationships, expressed their regret at becoming mothers at such tender ages. The romantic relationships of participants can be described as fluid as they termed the status of their current romantic relationships in various ways such as being serious, complicated, or stable depending on the *Inhlawulo* (damages) and *Lobola* (bridal price) being paid.

5.3.5 Cultural rules and exceptions

All participants in the study follow the traditional African cultural norms and disclosed that during teenage years, girls are cautioned against having teenage sex because it is immoral and could result in teenage pregnancies which are regarded as a disgrace. However, participants in this study reported that while the occurrence of teenage pregnancies infuriated families, negative attitudes and punishments were accorded to teenage mothers but eventually the pregnancy was accepted especially after *Inhlawulo* (damages) were paid for by the father of the child.

Participants in this study explained that girls were prohibited from engaging in sexual activities for specified periods of time as a cleansing process and as punishment. Thus, temporary abstinence from sex was propagated, which is indeed evidence of gender inequalities as none of the participants discussed punishment that was accorded to those that fathered children. Changes in the sexual behaviour of participants post pregnancy is evident, owing to sexual identities being shaped by cultural principles.

5.3.6 Consistency in condom use

Four participants in the study disclosed that they have not engaged in sexual activities since their pregnancies owing to cultural dictates, not having a boyfriend and cautions from their family members. Seven participants in this study engage in sexual activities and claim that it is always protected and with one sexual partner as they want to avoid repeat pregnancies and to prevent their educational goals being interrupted. All participants in the study have given birth to one child only which is a possible indication that they have learnt their lesson and now resort to safe sexual practices. However, none of the participants in my study disclosed HIV infection as a reason for engaging in safe sex which highlights their fears of pregnancy being greater than concerns about HIV infection.

5.3.7 Warnings about sex

Participants claimed that they possessed a better understanding of sexual risk post pregnancy. The understandings of the concept of risky sexual behaviour shared by the participants in my study included having unprotected sex, being in sexual relationships with multiple partners, being coerced into sex and not establishing HIV statuses. Despite demonstrating their knowledge about sexual risks, misconceptions were evident as some participants advised that HIV testing can prevent HIV, yet lacked knowledge about the window period. In terms of advice provided to virgins and teenage mothers, participants advised virgins to abstain from sex until they are ready, more mature, well acquainted with their partners, have discussed condom use and have attained security. Comparatively, participants advised those who were having sex to learn from the challenges experienced by teenage mothers, to use protection and focus on becoming educated and financially secure.

5.3.8 Mothers positioned as dependent and powerless

In this study, participants maintained that teenage mothers were not always powerless in romantic relationships as they manipulated partners for money, accommodation, clothing and other material items. This illustrates the ability of teenage mothers in this study to exercise their agency. Participants in the study associated powerlessness and dependence of women in relationships with socioeconomic challenges, coercion and a lack of trust of partners. While the sexual behaviours of some participants shifted after becoming mothers, for example: making choices to engage in safe sex, some continued to be caught in a cycle of subordination and male power.

5.3.9 Love, trust and danger

Love was valued by participants in this study; while some associated love with being caring and faithful, some participants mentioned that they remained in relationships with their boyfriends despite being aware of the boyfriends' cheating. All participants strongly opposed the idea of multiple partners, yet, despite some disclosing that they did not trust their boyfriends following evidence of cheating in the relationship, they continued to have sex with them which positions these teenage mothers as being compliant and complicit within sexual relationships which is limiting in terms of their sexual agency.

5.3.10 Materiality and risk

Most of the participants opposed the idea of dating partners who were wealthy and served as "providers" which they associated with being transactional in nature and risky due to relationships with multiple partners. However, participants viewed being in relationships with older boyfriends positively as they were portrayed as loving, mature and goal-driven. Despite participants being recipients of gifts and money from boyfriends, they demonstrated condescending attitudes towards other teenage mothers who dated older men and were recipients of clothes, airtime, gifts, money and transport to school in flashy vehicles. Such comments depict how some of the participants in this study position other teenage mothers as materialistic but do not hold similar views for themselves.

5.3.11 Stage and Age of risk

Within this study, participants held onto notions of sexual experimentation being directly related to a passing phase in their lives which is problematic as it removes the accountability and agency of people in their relationships by casting blame to genetics. The participants colluded with prevailing gender stereotypical attitudes amongst youth that portray boys as promiscuous and promote the policing of the sexual behaviour of girls. In light of the findings presented, the implications of this study for education and future researchers will be explored.

5.4 Implications

It is evident that teenage mothers contended with challenges relating to their sexual relationships. In addition to the challenges experienced by teenage mothers, societal influences contributed to them constructing, negotiating and presenting their sexualities in ways which are problematic. Bearing in mind such dynamics, the implications of this research study will now be presented.

5.4.1 Implications for future researchers

This study explored sexual risks amongst teenage mothers which appears to be an under researched area. Despite there being a wealth of research relating to the youth and the HIV pandemic, research about the complexities of sexual risk amongst teenage parents is sparse. Therefore, it is recommended that further research in this area is necessary. While further research about sexual risk amongst teenage mothers is required, teenage fatherhood is a neglected arena which must be addressed to understand how the understandings of sexual risks influence choices amongst teenage parents. In conducting this study, it was identified that contraceptives as a barrier to safe sex is another area that requires attention to address the paucity of literature surrounding condom breakages.

5.4.2 Implications for education

The nature and content of sex education in the school curriculum must take into account factors such as poverty, peers, media, alcohol, sexual pleasure, nature of romantic relationships, love, trust, and dynamics relating to age and gender. The school curriculum should include not only elements of sex education for teenagers in general, but also incorporate teenage parents who speak of their experiences and what they have learnt from it. This would serve to eliminate discrimination that stigmatises, blames and labels especially teenage mothers as problematic.

5.5 Limitations of this study

Owing to time constraints contended with in completing this research project, collecting data extensively was not possible. This study was conducted in one institution amongst 11 participants using one method of data collection. This approach was owing to the sensitive nature of this topic, which made it impossible to conduct focus group interviews and other methods did not lend itself to generating data required for this topic. Therefore, it is necessary to declare that the findings generated cannot be generalised to other teenage mothers. Further research could be conducted utilising a larger sample of participants. The period over which the study was carried out was short, due to being part of a Masters study; hence it presents a snapshot of the participants' experiences. A study over a longer period of time will be useful in exploring how the experiences of teenage mothers change over time and how their experiences have shaped their lives.

5.6 Conclusion

In this chapter, key research findings were presented to address the three research questions. Implications in light of the findings attained from the study for education and future researchers were accounted for. The findings of this study illustrate that there is diversity in the sexual experiences of participants and the manner in which they understand sexual risk. Therefore, it can be noted that the teenage mothers in this study share many experiences, anxieties and pleasures that other teenage mothers experience as well as some that are unique to them which illustrate their understanding of sexual risk within a context of HIV/AIDS.

6 References

- Abdool Karim, Q., Humphries, H. & Stein, Z. (2012). Empowering women in human immunodeficiency virus Prevention. *Best Practice & Research Clinical Obstetrics and Gynaecology*, (1), 1-7.
- Abe, J. S. & Zane, N. W. S. (1990). Psychological maladjustment among Asian and White American college students: Controlling for confounds. *Journal of Counselling Psychology*, 37(1), 437-444.
- Anderson, E. (1999). *Code of the Streets: Decency, Violence, and the Moral Life of the Inner City*. New York: W.W. Norton & Company.
- Arnfred, S. 2004. *Re-thinking sexualities in Africa*. Uppsala, Sweden: The Nordic Africa Institute.
- Barlow, J. (2005). Young mothers: Contraception choices and other concerns. *Practice Nurse*, 29(10), 24-27.
- Bell, J. (2009). Why embarrassment inhibits the acquisition and use of condoms: A qualitative approach to understanding risky sexual behaviour. *Journal of Adolescence*, 32, 379-391.
- Bellis, M.A., Hughes, K., Calafat, A., Juan, M., Ramon, A., Rodriguez, J.A., Mendes, F., Schnitzer, S. & Philips-Howard, P. (2008). Sexual uses of alcohol and drugs and the associated health risks: A cross sectional study of young people in nine European cities. *BMC Public Health*, 8(155), 1-11.
- Bertram, C (2010). *Understanding Research*. (3rd Edition). Scottsville, South Africa: University of KwaZulu-Natal Press.
- Bhana, D. & Anderson, B. (2013a). Desire and constraint in the construction of South African teenage women's sexualities. *Sexualities*, 16(5), 548-564.
- Bhana, D. & Anderson, B. (2013b). Gender, relationship dynamics and South African girls' vulnerability to sexual risk. *African Journal of AIDS Research*, 12(1), 25-31.
- Bhana, D., Clowes, L., Morrell, R. & Shefer, T. (2008). Pregnant girls and young parents in South African schools. *Agenda: Empowering women for gender equity*, 22(76), 78-90.

- Bhana, D. & Mncambi, S.J. (2013). When schoolgirls become mothers: Reflections from a selected group of teenage girls in Durban. *Perspectives in Education*, 31(1), 11-19.
- Bhana, D., Morrell, R., Shefer, T. & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health and Sexuality*, 1-13.
- Bhana, D. & Nkani, N. (2014). When African teenagers become fathers: Culture, materiality and masculinity. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 1-14.
- Bhana, D. & Pattman, R. (2011). Girls want money, boys want virgins: The materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health & Sexuality*, 13(8), 961–972.
- Breheny, M. & Stephens, C. (2007). Individual Responsibility and Social Constraint: The Construction of Adolescent Motherhood in Social Scientific Research. *Culture, Health & Sexuality*, 9(4), 333-346.
- Brook, D.W., Morojele, N.K. Zhang, C. & Brook, J.S. (2006). A decade later: Follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1), pp. 18-31.
- Brown, J. D. & Witherspoon, E. M. (2002). The mass media and American adolescents' health. *Journal of Adolescent Health*, 31(6), 153–170.
- Burns, V.E. (2008). Living without a strong father figure: A context for teen mothers' experience of having become sexually active. *Issues in Mental Health Nursing*, 29(1) 279–297.
- Burns, E.V. & Porter, E.J. (2007). The Experience of Having Become Sexually Active For Teen Mothers. *Journal of Community Health Nursing*, 24(4), 215–236.
- Burr, V. (2003). *Social constructionism*. Sussex: Routledge.
- Butler, J. (1990). *Gender trouble*. London: Routledge.
- Campion, M. (1995). *Who's fit to be a parent?* London: Routledge.

- Castro-Vasque, G. (2007). *In the shadows: Sexuality, pedagogy and gender among Japanese teenagers*. Lanham: Lexington Books.
- Christiansen, I (2010). *Understanding Research*. (3rd ed.). Scottsville, South Africa: University of KwaZulu-Natal Press.
- Cohen, L., Manion, C. & Morrison, K. (2000). *Research methods in education* (5th Ed.). London and New York: Routledge Falmer.
- Cohen, L., Manion, L. and Morrison, K. (2007). *Research methods in education*. (6th Ed.). London: Routledge.
- Cohen, L., Manion, L. and Morrison, K. (2011). *Research methods in education*. (7th Ed.). London: Routledge.
- Connell, R.W. (1987) *Gender and Power: Society, the Person, and Sexual Politics*. Stanford, CA: Stanford University Press.
- Connell RW. (1995). *Masculinities*. Cambridge: Polity Press.
- Connell, R.W. (2000). *Gender*. Cambridge: Polity Press
- Currie, J., Mason, L., Southgate, E. & Squire, Y. (2007). AIDS gender prevention. Retrieved, 15 May 2013, from <http://www.thelancetstudent.com>.
- Dawson, C. (2007). *A practical guide to research methods, a user-friendly manual for mastering research techniques and projects* (3rd ed.). United Kingdom: Oxford.
- De Genna, N.M., Cornelius, M.D. & Cook, R.L. (2007). Marijuana use and sexually transmitted infections in young women who were teenage mothers. *Women's Health Issues, 17* (2007), 300–309.
- Denzin, N. & Lincoln, Y. (2003). *Introduction: the discipline and the practice of qualitative research in the land scape of qualitative research: theories and issues*. Thousand Oaks: Sage Publications.
- Department of Education. (1996). *South African Schools Act No. 84*. Pretoria: Department of Education.

- Department of Education. (2009). *Teenage Pregnancy in South Africa: With a specific focus on school going learners*. Retrieved, 26 July, 2012, from <http://www.lovelife.org.za/research/Teenage%20Pregnancy.pdf>
- Duncan, S. (2007). What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27, 307-337.
- Eaton, L., Flisher, A.J. & Aaro, L.E. (2003). Unsafe sexual behaviour in South African youth. *Social Science & Medicine*, 56 (2003), 149–165.
- Eaton, L.A., Kalichman, S.C., Sikkema, K.J., Skinner, D., Watt, M.H., Pieterse, D. & Pitpitpan, E.V. (2012). Pregnancy, alcohol intake, and intimate partner violence among men and women attending drinking establishments in a Cape Town, South Africa township. *Community Health*, 37 (1), 208–216.
- Ehlers, V.J. (2003). Adolescent mothers' utilization of contraceptive services in South Africa. *International Nursing Review*, 50(1), 229–241.
- Epstein, D., Elwood, J., Hey, V. & Maw, J. (1998). *Failing Boys? Issues in gender and achievement*. Buckingham: Open University Press.
- Epstein, D. & Johnson, R. (1998). *Schooling Sexualities*. Buckingham: Open University Press.
- Esbaugh, E.M. (2008). Sexuality-Related Outcomes of Adolescent Children of Teen Mothers. *Journal of family and Social work*, 11(4), 373-388.
- Firmin, C. (2013) Love hurts: Cheating and violence in teenage women's talk of Boyfriends. *Agenda: Empowering women for gender equity*, 27(2), 47-55.
- Froyum, M.C. (2007). 'At Least I'm Not Gay': Heterosexual Identity Making among Poor Black Teens. *Sexualities*, 10(5), 603-623.
- Gauteng Department of Education (2013). The role schools and stakeholders can play in reducing teenage pregnancy. Keynote address by Gauteng Education MEC: Barbara Creecy. Retrieved, 20 June 2013, from, <http://www.education.gpg.gov.za/Media/Speeches/Documents/MEC%20Address%20-%20Teenage%20Pregnancy%20Colloquium.pdf>

- Gay, L.R., Mills, G.E. & Airasian, P. (2009). *Educational Research: Competencies for Analysis and Application*. (9th ed.) New Jersey: Pearson.
- Gevers, A., Jewkes, A., Mathews, C. & Flisher, A. (2012) 'I think it's about experiencing, like, life': A qualitative exploration of contemporary adolescent intimate relationships in South Africa. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 14(10), 1125-1137.
- Global Report. (2010). UNAIDS report on the global AIDS epidemic 2010.
- Grant, M.J. & 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.
- Guest, G., MacQueen, K.M., Namey, E.E. (2011). *Applied Thematic Analysis*. Thousand Oaks, CA: Sage.
- Gupta, G.R. (2000). Gender, sexuality and HIV/AIDS: *The what, the why, and the how*. International Centre for Research on Women (ICRW). Washington, D.C. USA: Plenary.
- Hamid, A. (2012). *Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic*. A research study submitted as the dissertation component in the partial fulfilment of the requirements for the Master of Education Degree in the Faculty of Education: Unpublished Master's Thesis. University of KwaZulu-Natal.
- Hanna, B. (2001). A Costly Mistake or a Search for Love? *Reproductive Health Matters*, 9(17), 101-107.
- Harrison, A. (2008). Hidden Love: Sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. *Culture, Health & Sexuality*, 10 (2), 175–189.
- Harrison, A., Xaba, N., Kunene, P., & Ntuli, N. (2001). Understanding young women's risk for HIV & AIDS: Adolescent sexuality and vulnerability in rural KwaZulu-Natal. *Society in transition*, 32 (1), 69-78.

- Henning, E., Gravett, S. & van Rensburg, W. (2005). *Finding your way in academic writing* (2nd ed.). Pretoria: Van Schaik.
- Heywood, M. (2013, January 24). Let's talk about sex. *The Mercury*. Retrieved, 5 May 2013, from, <http://www.iol.co.za/mercury/let-s-talk-about-sex-1.1457885#.VGoRyhtO6sc>
- Hoffman, S., O'Sullivan, L.S., Harrison, A, DOLEZAL, C. & Monroe-wise, A. (2006). HIV Risk Behaviors and the Context of Sexual Coercion in Young Adults' Sexual Interactions: Results From a Diary Study in Rural South Africa. *Sexually Transmitted Diseases*, 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*, 12(3), 336-350.
- Hudgins, R., McCusker, J. & Stoddard, A. (1995). Cocaine use and risky injection and sexual behaviors. *Drug and Alcohol Dependence*, (1995), 7-14.
- Hulton, L.A., Cullen, R. & Khalokho, S.W. (2000). Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents. *Studies in family planning*, 31(1), 35-46.
- Jewkes, R. & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science & Medicine*, 55 (2002), 1231–1244.
- Jewkes, R. & Christofides, N. (2008). Teenage pregnancy: Rethinking prevention. Keynote address, 5th Youth Policy Initiative Roundtable: Teenage pregnancy. Pretoria: Human Sciences Research Council.
- Jewkes, R. & Morrell, R. (2010). Gender and sexuality: Emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13(6), 1-11.
- Jewkes, R., Morrell, R., Sikweyiya, Y., Dunkle, K. & Penn-Kekana, L. (2012). Transactional relationships and sex with a woman in prostitution: Prevalence and patterns in a representative sample of South African men. *BMC Public Health*, 12(325), 1-19.

- Kanku, T & Mash, R. (2010). Attitudes, perceptions and understanding amongst teenagers regarding teenage pregnancy, sexuality and contraception in Taung. *SA Fam Pract*, 52(6), 563-572.
- Kent, A.A. (2004). Living life on the edge: Examining space and sexualities within a township high school in greater Durban, in the context of the HIV epidemic. *Critical Perspectives on Southern Africa*, 54(1), 59-75.
- Kidger, J. (2005). Stories of redemption? Teenage mothers as the New Sex Educators. *Sexualities*, 8(4), 481-496.
- Kimmel, M.S. (2000). *The gendered society*. New York: Oxford University Press.
- Koffman, O. (2012. forthcoming). Children Having Children? *Religion, Psychology and Birth of the Teenage Pregnancy Problem*, 1-23.
- Kulkarni, S. (2007). Romance Narrative, Feminine Ideals, and Developmental Detours for Young Mothers. *Affilia: Journal of Women and Social Work*, 22(1), 9-22.
- Leaman, S.C & Gee, C.B. (2008). Intimate Partner Violence Among Adolescent and Young Adult Mothers. *J Fam Viol*, 23(2008), 519–528.
- Leerlooijer, J.N., Bos, A.E.R., Ruiter, R.A.C., Van Reeuwijk, A.J., Rijdsdijk, L.E., Nshakira, N., & Kok, G. (2013). Uganda: a community-based empowerment intervention for unmarried teenage mothers. *BMC Public Health*, 13(816), 1-15.
- Levy, A. (2005). *Female chauvinist pigs: Women and the rise of raunch culture*. Melbourne: Schwartz.
- Lisa S., Kelly, P., Sheeder, J. & Stevens-Simon, C. (2005). Why Lightning Strikes Twice: Postpartum Resumption of Sexual Activity during Adolescence. *J Pediatr Adolesc Gynecol*, 18(1), 327–335.
- Love Life Report. (2007). *A National survey of South African teenagers*. Johannesburg: Department of Education.
- Macleod, C.I. & Tracey, T. (2010). A decade later: A follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1), 18-37.

- MacPhail, C. & Campbell, C. (2001). 'I think condoms are good but, aai, I hate those things': Condom use among adolescents and young people in a Southern African township. *Social Science & Medicine*, 52 (2001), 1613–1627.
- Mail & Guardian. (2012, Feb 3). Teenage moms face a litany of ills. *Mail & Guardian*. Retrieved, 4 February 2012, from <http://mg.co.za/print/2012-02-03-teenage-moms-face-a-litany-of-ills>
- Manlove, J., Mariner, C. & Papillo, A.R. (2000). Subsequent Fertility Among Teen Mothers: Longitudinal Analyses of Recent National Data. *Journal of Marriage and Family*, 67(2), 430-448.
- Mann, J.M. (1989). 'AIDS: A worldwide pandemic', in M.S. Gottlieb, D.J. Jeffries, D. Mildva, A.J. Pinching & T.C. Quinn (Eds.), *Current topics in AIDS*. John Wiley and Sons.
- Maree, K. (Ed). (2007). *First steps in research*. Pretoria: Van Schaik.
- Marston, C. & King, E. (2006). Factors that shape young people's sexual behaviour: A systematic review. *Lancet*, 368, 1581-1586.
- Meade, C.S., and Ickovics, J.R. (2005). Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. *Social Science & Medicine*, 60 (2005), 661–678.
- Miller, R. S. (1995). Embarrassment and social behaviour. In J. P. Tangney, & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 322-339). New York: Guilford Press.
- Mkhize, V. & Sege, E. (2011, April 9). Teen pregnancy soars. *The Star*. Retrieved, 5 May 2013, from <http://www.iol.co.za/the-star/soweto/teen-pregnancy-soars-1.1058850#.VGoWYRtO6sc>
- Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township'. *Culture, Health and Sexuality*, 12 (4), 347-358.
- Mngoma, S. (2010, May 26). The teen pregnancy epidemic. *The Witness*. Retrieved, 27 June 2013, from <http://www.witness.co.za>

- Mollborn, S. & Jacobs, J. (2012). "We'll figure a Way"; Teenage mother's experiences in Shifting social and economic contexts. *Qual Social*, 35(2012), 23-46.
- Molitor, F., Ruiz, J.D., Klausner, J.D. & McFarland, W. (2000). History of Forced Sex in Association With Drug Use and Sexual HIV Risk Behaviors, Infection With STDs, and Diagnostic Medical Care: Results From the Young Women Survey. *Journal of Interpersonal Violence*, 15(3), 262-278.
- Morrell, R., Jewkes, R. & Lindegger, G. (2012). Hegemonic Masculinity/Masculinities in South Africa: Culture, Power, and Gender Politics. *Men and Masculinities*, 15(11), 11-30.
- Moyo, W., Brooke A. Levandowski, B.A., MacPhail, C., Rees, H. & Pettifor, A. (2008). Consistent Condom Use in South African Youth's Most Recent Sexual Relationships. *AIDS Behav*, 14, 431-440.
- Mpanza, N.D. & Nzima, D.R. (2010). Attitudes of educators towards teenage pregnancy, *ELSEVIER*, 5(1), 431-439.
- Mpofu, M. (2012). Teenage pregnancies on the rise. *Feminism and Psychology*, 11, 493-510.
- Muhanguzi, F.K. (2011). Gender and sexual vulnerability of young women in Africa: Experiences of young girls in secondary schools in Uganda. *Culture, Health & Sexuality*, 13(6), 713-725.
- Mutangadura, D. (2005). Gender, HIV/AIDS and rural livelihoods in Southern Africa: Addressing the challenges. *JENDA: A Journal of Culture and African Women Studies*, 7(2005), 1-19.
- Naong, M.N. (2011). Learner pregnancy: Perceptions on its prevalence and the Child Support Grant (CSG) being the possible cause in South African secondary schools. *Journal of Youth Studies*, 14(8) 901-920.
- Nasr, I., Sivarajasingam, V., Jones, S. & Shepherd, J. (2010). Gender inequality in the risk of violence: Material deprivation is linked to higher risk for adolescent girls. *Emerge Med J*, 1(1). 1- 4.

- Ndlovu, S (2008, May 8). Pregnant pupils expelled. *The Mercury*. Retrieved, 12 August 2012, from, <http://www.iol.co.za/news/south-africa/pregnant-pupils-expelled-1.399405#.VGoZfBtO6sc>
- Oppenheim, A. N. (1992). *Questionnaire Design, Interviewing and Attitude Measurement*. London: Pinter.
- Paechter, C. (1998). *Gender, power and schooling: Educating the other*. London: Falmer Press.
- Paechter, C., Edwards, R., Harrison, and Twinning, P. (eds) (2001) *Learning, Space and Identity*. London: Paul Chapman.
- Panday, S., Makiwane, M., Ranchod, C., and Letsoalo, T. (2009). *Teenage pregnancy in South Africa with a specific focus on school-going learners*. Pretoria: Department of Basic Education.
- Patton, M. Q. (1980) *Qualitative Evaluation Methods*. Beverly Hills, C.A: Sage.
- Pettifor, A.E., Levandowski, B.A., Macphail, C., Miller, C.W., Tabor, J., Ford, C., Stein, C.R., Rees, H., & Cohen, M. (2011). A Tale of Two Countries: Rethinking Sexual Risk for HIV Among Young People in South Africa and the United States. *Journal of Adolescent Health, 49* (2011), 237–243.
- Pettifor, A.E., Rees, H.V., Kleinschmidt, I., Steffenson, A.E., MacPhail, C., Hlongwa-Madikizela, L., Vermaak, K. & Padian, N.S. (2005). Young people’s sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *AIDS, 19*(1), 1525–1534.
- Ponsford, R. (2011). Consumption, resilience and respectability amongst young mothers in Bristol. *Journal of Youth Studies, 14*(5), 541-560.
- Potgieter, C., Strebel, A., Shefer, T. & Wagner, C. (2012) Taxi ‘sugar daddies’ and taxi queens: Male taxi driver attitudes regarding transactional relationships in the Western Cape, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS, 9*(4), 192-199.
- Reddy, S. (2008). (Teen) age is More than a Number: Generational Identity within the Context of HIV and AIDS. *Journal of Psychology in Africa, 18*(3) 379-384.

- Reddy, S. (2011). Choosing to be unsafe: Young adults' sexual decision-making within the context of HIV and AIDS. *Journal of Educational Studies, 10* (1), 203-218.
- Reddy, S & Dunne, M. (2007). Risking It: Young Heterosexual Femininities in South African Context of HIV/AIDS. *Sexualities, 10*(2), 157-170.
- Rubin, V., & East, P. (1999). Adolescents' pregnancy intentions: Relations to life situations and caretaking behaviors prenatally and 2 years postpartum. *Journal of Adolescent Health, 24*, 313–320.
- Schwartz, P. & Rutter, V. (1998). *The Gender of Sexuality*. Thousand Oaks, CA: Pine Forge Press.
- Seale, C. (1999). Quality in qualitative research. *Qualitative Inquiry, 5*(4), 465-478.
- Selikow, T.A., Ahmed, N., Flisher, A.J., Mathews, C., & Mukoma, W. (2009). I am not "umqwayito": A qualitative study of peer pressure and sexual risk behaviour among young adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health, 37*(2), 107-112.
- Selikow, T. & Mbulaheni, T. (2013) "I do love him but at the same time I can't eat love": Sugar daddy relationships for conspicuous consumption amongst urban university students in South Africa. *Agenda: Empowering women for gender equity, 27*(2), 86-98.
- Shoveller, J.A & Johnson, J.L. (2006). Risky groups, risky behaviour, and risky persons: Dominating discourses on youth sexual health. *Critical Public Health, 16*(1) 47–60.
- Sieber, J.V. (1993). *The Ethics and Politics of Sensitive Research*. London: Sage.
- Siebold, C. (2011). Factors influencing young women's sexual and reproductive health. *Contemporary Nurse, 37*(2), 124–136.
- Sigcau, K. (2012, Nov 2). Equip our youth for the future. *The Star*. Retrieved, 5 November 2013, from, http://www.iol.co.za/the-star/equip-our-youth-for-the-future/1.1416357#.U8O2sBsU_g8

- Singh, S. (2013) Women want love, men want wives: The discourse of romantic love in young adults' future marriage goals. *Agenda: Empowering women for gender equity*, 27(2), 22-29.
- Singh, S. & Hamid, A. (2014). Reflections of South African teenage mothers: Sexual Health Implications: Unpublished article.
- Soomar, J.N., Flisher, A.J., & Mathews, C. (2009). Sexual coercion and adolescent risk behaviour: A systematic literature review. *Journal of Child and Adolescent Mental Health* 2009, 21(2) 103–126.
- South African Law Commission. (1999). *Project 107. Sexual offences: The substantive law. Discussion Paper 85*, South African Law Commission.
- Talbot K. & Quayle M. (2010). The perils of being a nice guy: Contextual variation in five young women's constructions of acceptable hegemonic and alternative masculinities. *Men and Masculinities*, 13(2), 255–278.
- Terre Blanche, M. & Durrheim, K. (1999). *Histories of the present: Social science research in context*. Cape Town: UCT Press.
- Truscott, K. (1994). *Gender in education in South Africa*, Johannesburg: EPU. 11-20.
- Tucker-Ladd, L. & Clayton, E. (2003). Psychological Self-Help – Society that Establishes Gender Roles for Men and Women. Retrieved, April 20, 2012, from <http://mentalhelp.net/psyhelp/chap9/chap9p.htm>
- UNAIDS. (2011). World AIDS Day report. Geneva: UNAIDS
- UNAIDS. (2014). Fact Sheet 2014. Geneva: UNAIDS
- Varga, C.A. (1997). Sexual decision-making and negotiation in the midst of AIDS: Youth in KwaZulu-Natal, South Africa. *Health Transition Review*, 7(3), 45-67.
- Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B. & Stones, W. (2011). ‘‘Women’s Bodies are Shops’’: Beliefs About Transactional Sex and Implications for Understanding Gender Power and HIV Prevention in Tanzania. *Arch Sex Behav*, 2011(40), 5-15.
- Wamoyi, J. & Wight, D. (2014). ‘Mum never loved me.’ How structural factors influences adolescent sexual and reproductive health through parent–child connectedness: A

- qualitative study in rural Tanzania. *African Journal of AIDS Research*, 13(2), 169-178.
- Watt, M.H., Aunon, F.M., Skinner, D., Sikkema, K.J, Kalichman, S.C. & Pieterse, D. (2012). "Because he has bought for her, he wants to sleep with her": Alcohol as a currency for sexual exchange in South African drinking venues." *Social Science & Medicine*, 74(2012), 1005- 1012.
- Welman, Kruger & Mitchell. (2005). *Research Methodology* (3rd ed.) Cape Town: Oxford University Press Southern Africa.
- Widman, L., Choukas-Bradley, S., Helms, S.W., Golin, C.E. & Prinstein, M.J. (2013). Sexual Communication Between Early Adolescents and Their Dating Partners, Parents, and Best Friends. *The Journal of Sex Research*, 51(7), 731-741.
- Wiersma, W. & Jurs, S. (2009). *Research Methods in Education: An Introduction*. (9th ed.). London: Pearson.
- Wilson, E.K., Samandari, G., Koo, H.P & Tucker, C. (2011). Adolescent Mothers' Postpartum Contraceptive Use: A Qualitative Study. *Perspectives on Sexual and Reproductive Health*, 43(4), 230–237.
- Wood, K., & Jewkes, R. (2006). Blood Blockages and Scolding Nurses: Barriers to Adolescent Contraceptive Use in South Africa. *Reproductive Health Matters*, 14(27), 109–118.
- Wood, K., Maforah, F. & Jewkes, R. (1998). "He forced me to love him": Putting violence on adolescent sexual health agendas. *Elsevier Science*, 47(2), 233-242.
- World Health Organisation. (1999). *Putting women's safety first: Ethical and safety recommendations for research on domestic violence against women*. Geneva: World Health Organisation.
- World Health Organisation. (2008). *MPS notes – Adolescent Pregnancy*. Retrieved, 13 August, 2012, from http://www.who.int/maternal_child_adolescent/documents/mpsnnotes_2_lr.pdf

7 Appendix A: Ethical clearance



17 December 2013

Ms P Naicker 208510657
School of Education
Edgewood Campus

Protocol reference number: HSS/0676/013M

Project title: Understanding sexual risk amongst teenage mothers within a context of HIV & AIDS – a qualitative study of teenage mothers in a peri-urban secondary on the South Coast of KwaZulu-Natal.

Dear Ms Naicker

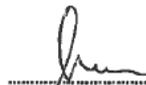
FULL APPROVAL NOTIFICATION – COMMITTEE REVIEWED PROTOCOL

This letter serves to notify you that your application in connection with the above was reviewed by the Humanities & Social Sciences Research Ethics Committee, has now been granted **Full Approval**.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

Best wishes for the successful completion of your research protocol

Yours faithfully



Dr S Singh (Chair)

/ms

Supervisor: Dr Shakila Singh
Academic Leader Research: Dr MN Davids
School Administrators: Ms B Bhengu & Mr T Mthembu

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Acting Chair)

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8. Appendix B: Information letter to school principal

My name is PREENISHA NAICKER and I am reading for my Master's Degree in Education at the University of Kwa-Zulu Natal. My study focusses on **Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS**. Dr Shakila Singh (UKZN) is my supervisor and she can be contacted on 031 2607326.

Aims of the Research

This research aims to understand how teenage mothers' construct sexual risk amidst the HIV/AIDS pandemic.

Significance of the Research Project

It will help provide an insight into how teenage mothers understand sexual risk amidst the HIV/AIDS pandemic.

Research Plan and Method

Data will be obtained by conducting face to face interviews. I will conduct two interviews with each participant which will be conducted at school or a mutually agreed upon venue. The interviews will be recorded. Permission will be sought from the participants and their parents prior to their participation in the research. Only those who consent and whose parents consent will participate. All information collected will be in strict confidence and neither the school nor individual learners will be identifiable in any reports that are written. Participants may withdraw from the study at any time without penalty. The principal may decide to withdraw the school's participation at any time without penalty.

School Involvement

Once I have obtained your consent to approach learners to participate in the study, I will

- Arrange for informed consent to be obtained from participants', their parents and the School Governing Body.
- Arrange a time for data collection to take place. The operation of the school will not be disrupted or compromised by this study.

Thank you for taking the time to read this information.

P NAICKER (079 543 8141)

SIGNATURE OF PRINCIPAL

DATE

9. Appendix C: Information letter to School Governing Body chairperson

My name is PREENISHA NAICKER and I am reading for my Master's Degree in Education at the University of KwaZulu-Natal. My study focusses on **Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS**. Dr Shakila Singh (UKZN) is my supervisor and she can be contacted on 031 2607326.

Aims of the Research

This research aims to understand how teenage mothers' construct sexual risk amidst the HIV/AIDS pandemic.

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School Involvement

Once I have obtained your consent to approach learners to participate in the study, I will

- Arrange for informed consent to be obtained from participants and their parents.
- Arrange a time for data collection to take place. The operation of the school will not be disrupted or compromised by this study.

Thank you for taking the time to read this information. **P NAICKER (079 543 8141)**

SIGNATURE OF SGB CHAIRPERSON

DATE

10. Appendix D: Information letter to school counsellor

My name is Preenisha Naicker and I am a student at the University of KwaZulu-Natal, currently pursuing a Master's degree in Education, which includes a dissertation. Dr Shakila Singh (UKZN) is my supervisor and she can be contacted on 031 2607326.

My study focusses on sexual risk amongst teenage mothers within a context of HIV/AIDS. It will help provide an insight into the meanings that teenage mothers give to sexual risk in the context of HIV/AIDS.

Your Involvement

Your assistance will be required in cases whereby participants may require counselling sessions resulting from sensitive issues that arose during interviews. Counselling sessions with participants must remain confidential to protect their identities. Your remuneration will be based on a mutually agreed upon fee.

The operation of the school will not be disrupted or compromised by this study.

Thank you for taking the time to read this information.

PREENISHA NAICKER (0795438141)

SIGNATURE OF COUNSELLOR

DATE

11. Appendix E: Information letter to parent

Dear Parent

PROJECT TITLE: Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS.

My name is **PREENISHA NAICKER** and I am currently studying towards a Master's Degree in Education at the University of KwaZulu-Natal (UKZN). As part of the requirements of the degree, I am required to complete a research dissertation.

Participants were selected on the basis of being teenage mothers and being willing to participate voluntarily. In order for the study to be a success, I require school-going teenage mothers to participate in the research. I would be grateful if you would consent to your daughter participating in my study. If you choose to allow your daughter to participate in this research, she will be invited to respond to questions (which may be of a sensitive nature) in 2 interviews aimed at gaining an understanding of how teenage mothers understand sexual risk amidst the HIV/AIDS pandemic. The completion of the process will comprise of 2 private interviews (1 hour maximum per interview) and will be done at school or a mutually agreed upon venue. Interviews will be audio recorded, stored in a safe by UKZN and will be destroyed after 5 years.

Participation is completely voluntary. No payments (money) will be made to participants but participation will contribute to research that will be beneficial to society. Your daughter has the right to withdraw from participating at any time that will not disadvantage her in any way. Confidentiality and anonymity will be maintained at all times in the analysis of the data. A summary report of the findings will be made available to the participants. If you would like any further information or are unclear about anything, please feel free to contact me via e-mail (preenishanaicker75@gmail.com) or telephonically on 0795438141. My supervisor, Dr Shakila Singh can be contacted on 031 2607326.

Your co-operation and your daughter's participation is valued and appreciated.

Thank you

SIGNATURE OF PARENT

DATE

12. Appendix F: Information letter to learner

Dear Learner

DATE: _____

PROJECT TITLE: Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS.

Explanation of study

This study aims to understand teenage mothers understanding of sexual risk in a context of HIV/AIDS. The interviews will be private and conducted at school or a mutually agreed upon venue. With your permission, I will record the interviews and this will only be used by me for my research and then destroyed.

Confidentiality

Your identity will be confidential as your name will not be used. I will make up names to use. Even the school's name will not be used. If anyone reads the study, they will not know who I am talking about. I will show you a summary of the study should you require it.

Compensation for participation

There is no compensation for participating in the study.

Contact information

If you need more information about the study you can contact me (P NAICKER – 0795438141) or my supervisor (Dr S Singh – 031 260 7326).

Voluntary participation

You are not forced to participate and can withdraw from participating at any time. You will not be penalised or victimised in any way if you choose not to participate or to withdraw from the study.

Do you understand this study and are you willing to participate? Tick the appropriate box below.

YES

NO

SIGNATURE OF PARTICIPANT

DATE

13. Appendix G: Consent forms to School Principal, School Governing Body Chairperson, school Counsellor, parent and learner

PARENT

I,parent/
guardian ofin grade hereby grant
permission/do not grant permission for her to participate in the above mentioned study. I do
understand that the only way we may benefit is through the impact of this research on making
schooling better and more sensitive to the plight of teenage mothers.

Signature Date

.....

PARTICIPANT

I, a gradelearner at Umkomaas
Secondary school hereby agree/do not agree to participate in the above mentioned study and
that the only way I may benefit is through the impact of this research on making schooling
better and more sensitive to the plight of teenage mothers. I am aware that the participation is
voluntary and that I may withdraw at any time or refuse to answer any questions that I may
not wish to respond to.

Signature Date

.....

PRINCIPAL

I, the principal of Umkomaas Secondary school
hereby grant permission to Miss P Naicker to interview the teenage mothers at our school.

Signature Date

.....

SGB CHAIRPERSON

I, the Chairperson of the SGB of Umkomaas Secondary school hereby grant permission to Miss P Naicker to interview the teenage mothers at our school.

Signature Date

.....

SCHOOL COUNSELLOR

I, the School Counsellor at Umkomaas Secondary school hereby pledge that counselling sessions conducted with teenage mothers who participate in the study conducted by Miss P Naicker and require my support will remain confidential.

Signature Date

14. Appendix H: Semi-structured Individual interview schedule

Title: Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS.

RESEARCH QUESTIONS

- 1. How do the teenage mothers understand sexual risk?**
 - 2. To what extent do teenage mothers engage in risky sexual behaviour?**
 - 3. Why do some teenage mothers engage in risky sexual behaviour?**
-

Section A: Biographic Details

Pseudonym : _____

Grade : ____

Race : _____

Age : ____

Place of Residence: _____

Living in a rented or own house: _____

Who works at home? _____

What jobs do your parents/guardians do?

No of siblings: ____

How many children do you have? _____

What are their ages?

Who helps you to take care of them?

How do you cope with motherhood and schoolwork?

When did you become pregnant?

After what period of time after the birth of your child did you return to school?

Describe your home situation

Section B: How do teenage mothers understand sexual risk? The extent to which they engage in risky sexual behaviour. Reasons for engaging in risky sexual behaviour.

1. Do you have a boyfriend/s or are you married?
2. How old is he? Describe your relationship with him.
3. Is he the father of the child?
4. What involvement does the father of the child have in the baby's life?
5. What involvement does the father of the child have in your life?
6. Do you receive any financial help from the father of your child or any other guy? Tell me more
7. Do you have any time for socialising? (spending time with friends, a boyfriend)
8. Describe the things that you and your friends do for fun?
9. Do you have friends who also had a child while at school?
10. What do you talk about when you get together?
11. Are teenage mothers isolated from others? Tell me more about this.
12. Do you think boys treat teenage mothers differently from the way they treat other girls?
13. Tell me about your view of an ideal relationship.
14. Do you think that this has changed from what you wanted in a relationship before you became a mother?
15. What made you decide to have sex for the first time? Was your pregnancy planned?
Explain
16. If you had to turn back the clock to before you fell pregnant what would you do differently?
17. Were you using protection? Explain. Was it by choice or force?
18. And after the baby? Tell me about your present sex life. The baby's father?
19. Why, do you think, despite being aware of the dangers of unprotected sex, teenage mothers still engage in unprotected sex?
20. Does sexual pleasure influence whether people have sex protected or unprotected? How so?
21. What ideas of sexual pleasure do you believe teenage mothers and young men have?
22. Have you been forced into having sex? How did you respond?
23. Do you think that teenage mothers are forced by boys into having sex (or vice versa)?
What makes you say so?

24. What methods of force are used to force teenage mothers into having sex?
25. How do teenage mothers react when forced?
26. What do you understand by the term “risky sexual behaviour”?
27. Do you believe that the youth of today know about sexual risks? Tell me more
28. Do teenage mothers know about sexual risk? Why or why not?
29. What are the kinds of behaviour that put teenage mothers at risk?
30. Are the ideas of sexual risk same or different between teenagers who have children and those who do not? How do you know that?
31. What influence does culture have on sexual behaviours, before pregnancy and after?
32. Do you believe that you have knowledge about risky sexual behaviour now? How does having this knowledge/ not having knowledge influence your decisions?
33. What about other teenage mothers? How does the knowledge or lack of it influence their decisions? How do you know that?
34. What do you know about the dangers of having unprotected sex?
35. What do your friends say about engaging in unprotected sex?
36. What advice will you give to your girl friends that are having sex and to a girl who is a virgin?
37. Why do you think that it is impossible to remain a virgin until marriage in today’s world?
38. How do you feel about a boy/man who has many girl friends?
39. If you meet a boy/man who has a lot of money and is willing to take care of you and your child if you have unprotected sex with him, what would you do?
40. Can you describe in general the relationships between boys and girls in your community?
41. Why do you think some teenage mothers have more than one unplanned pregnancy?
42. How can teenage mothers prevent repeat pregnancies?
43. Would you say that after a pregnancy teenage mothers become more dependent on their partners? Explain
44. Are teenage mothers in relationships with older men? Why/ why not?
45. Have you been or currently in a relationship with an older guy? Why/why not?
46. Is the father of your child older than you? How does that influence the relationship and sexual decision-making?
47. What do you understand by the term “love”?
48. How does “love” influence your relationship?
49. What kind of meaning do teenage mothers attach to the term love?
50. What do you understand by the term trust?

51. Do you trust the person you are dating and the father of the child? Why or why not?
52. What kind of trust issues do you and your boyfriend experience if there are any issues of trust?
53. Do teenage mothers your age trust guys easily? How do you know this?
54. What are the reasons for trust or mistrust?
55. Does trust or mistrust influence whether teenage mothers have sex with their boyfriends?
What makes you say that?
56. What advice would you give to your child regarding sexual risk? Would the advice be different for a son and a daughter?

15. Appendix I: Individual interview transcript.

Participant: 10

SECTION A : BIOGRAPHIC DETAILS

Pseudonym : **Londiwe**

Grade : **10**

Race : **African**

Age : **16**

Place of Residence: **V-Section. Umkomaas.**

Living in a rented or own house: **Rented.**

Who works at home? **Sister only.**

What jobs do your parents/guardians do?

Mother is unemployed

No of siblings : **1 sister**

PREENISHA: How many children do you have and what are their ages?
PARTICIPANT: 1 GIRL. 2 YEARS OLD
Who helps you to take care of the child/children?
MY MOTHER AND THE CHILD'S FATHER
How do you cope with motherhood and schoolwork?
IT'S NOT EASY, VERY DIFFICULT. MY MOTHER GUIDES MY CHILD. I DO MANAGE.
When did you become pregnant and when did you return to school after the birth of the child?
PREGNANT IN 2011 NOVEMBER I GAVE BIRTH IN JULY 2012 AND CAME BACK IN NOVEMBER 2012
Describe your home situation
IT'S A GOOD HOME. WE DON'T HAVE PROBLEMS EXCEPT THAT MY MOTHER CANT FIND A JOB

SECTION: B**HOW DO TEENAGE MOTHERS UNDERSTAND SEXUAL RISK? THE EXTENT TO WHICH THEY ENGAGE IN RISKY SEXUAL BEHAVIOUR. REASONS FOR ENGAGING IN RISKY SEXUAL BEHAVIOUR.**

SPEAKER	QUESTION/RESPONSE
RESEARCHER PREENISHA	Do you have a boyfriend/s or are you married?
PARTICIPANT LONDIWE	NOT MARRIED AND DON'T HAVE A BOYFRIEND
PREENISHA	How old is the father of your child? Describe your relationship with him.
LONDIWE	THE FATHER OF THE CHILD IS ABOUT 29. NOT DATING BUT
PREENISHA	What involvement does the father of the child have in the baby's life?
LONDIWE	HE TAKES CARE OF THE CHILD. HE WORKS AND BUYS THINGS FOR THE CHILD
PREENISHA	What involvement does the father of the child have in your life?
LONDIWE	NOTHING
PREENISHA	Do you receive any financial help from the father of your child or any other guy? Tell me more
LONDIWE	THE FATHER OF THE CHILD ONLY AND MY MOTHER
PREENISHA	Do you have any time for socialising? (spending time with friends, a boyfriend)
LONDIWE	NO
PREENISHA	Describe the things that you and your friends do for fun?
LONDIWE	NOTHING BESIDES GOING TO CHURCH
PREENISHA	Do you have friends who also had a child while at school?
LONDIWE	YES
PREENISHA	What do you talk about when you get together?
LONDIWE	UHM SOMETIMES WE TALK ABOUT WHAT'S HAPPENING AND SOMETIMES WE TALK ABOUT HAVING A BABY AND I ADVISE THEM NOT TO. SCHOOL WORK
PREENISHA	Are teenage mothers isolated from others? Tell me more about this.
	NO MAM THERE IS NOTHING DIFFERENT. ONLY I HAVE A BABY THEY DON'T HAVE A BABY.
PREENISHA	Do you think boys treat teenage mothers differently from the way they treat other girls?
LONDIWE	YA. THEY SAY WE ARE THE MOTHER OF A CHILD, THE TEASE US WHAT WILL WE DO WITH YOU BECAUSE YOU HAVE A CHILD.
PREENISHA	Tell me about your view of an ideal relationship.
LONDIWE	MAM I THINK ITS WHEN YOU BE HONEST TO EACH OTHER AND CARE FOR EACH OTHER AND MAKE SURE THERE ARE NO SECRETS

PREENISHA	Do you think that this has changed from what you wanted in a relationship before you became a mother?
LONDIWE	YA. THE FATHER STARTS NOT TO CARE. MAM I'LL SAY EVEN IF I SEE HIM I'LL SAY I CANT COS OF THE BABY AND I CANT GIVE HIM MORE TIME BECAUSE I HAVE TO GIVE MY CHILD MORE TIME
PREENISHA	What made you decide to have sex for the first time? Was your pregnancy planned? Explain
LONDIWE	I DON'T KNOW IT WASN'T PLANNED. HE THOUGHT I ACCEPTED IT JUST HAPPENED I DON'T KNOW HOW. HE DIDN'T ASK ME ANYTHING.
PREENISHA	If you had to turn back the clock to before you fell pregnant what would you do differently?
LONDIWE	MMM MAM I WOULDN'T HAVE A BABY. MAKE SURE THAT YOU USING PROTECTION BEFORE YOU HAVE SEX
PREENISHA	Were you using protection? Explain. Was it by choice or force?
LONDIWE	WE WERE NOT USING PROTECTION. IT WAS A CHOICE.
PREENISHA	And after the baby? Tell me about your present sex life. The baby's father?
LONDIWE	MY BABY WAS LIKE 1 YEAR OLD. I HAD SEX WITH MY BOYFRIEND NOT THE FATHER OF THE CHILD. WE USED PROTECTION. I'M NOT HAVING SEX ANYMORE BECAUSE I'M A CHRISTIAN AND I DON'T HAVE A BOYFRIEND.
PREENISHA	Why, do you think, despite being aware of the dangers of unprotected sex, teenage mothers still engage in unprotected sex?
LONDIWE	SOMETIMES MAM YOU DON'T THINK THAT THING WILL HAPPEN TO YOU AND SOME OF US THINK THAT YOUR BOYFRIEND WILL LOVE YOU IF YOU HAVE SEX WITH HIM.
PREENISHA	Does sexual pleasure influence whether people have sex protected or unprotected? How so?
LONDIWE	YA IT'S THE SAME IT DOES NOT INFLUENCE.
PREENISHA	What ideas of sexual pleasure do you believe teenage mothers and young men have?
LONDIWE	I DON'T KNOW
PREENISHA	Have you been forced into having sex? How did you respond?
LONDIWE	NO.
PREENISHA	Do you think that teenage mothers are forced by boys into having sex (or vice versa)? What makes you say so?
LONDIWE	YES. EVEN OUR BROTHER'S DO RAPE THEIR DAUGHTERS. AWW YOU SEE IN NEWSPAPERS
PREENISHA	What methods of force are used to force teenage mothers into having sex?
LONDIWE	MAYBE BY THREATENING THEM. IF YOU DON'T DO THIS I WILL DO BAD THINGS TO YOU.
PREENISHA	How do teenage mothers react when forced?
LONDIWE	THEY GET SCARED. SOME TRY TO FIGHT BACK.
PREENISHA	What do you understand by the term "risky sexual behaviour"?
LONDIWE	I THINK SOME OF THEM ARE TRYING TO EXPERIENCE SEX. YOU CAN GET

	DISEASES. NOT USING PROTECTION. SLEEPING WITH ALL THE PEOPLE
PREENISHA	Do you believe that the youth of today know about sexual risks? Tell me more
LONDIWE	YA THEY DO. EVEN HERE IN SCHOOL THE TEACHERS TEACH US. OUR PARENTS TELL US.
PREENISHA	Do teenage mothers know about sexual risk? Why or why not?
LONDIWE	YES – BECAUSE MAM (LAUGH) THEY KNOW IT BECAUSE THEY DID IT.
PREENISHA	What are the kinds of behaviour that put young mothers at risk?
LONDIWE	IT'S THE STAGE MAM. WHEN YOU AT A CERTAIN AGE YOU START TO DO THOSE THINGS. SLEEPING WITH A GUY. NOT USING CONTRACEPTIVES. EVEN SOME PEOPLE GET PREGNANT WHEN THEY WERE USING CONTRACEPTIVES. EVEN ALCOHOL, YOU DON'T KNOW WHATS HAPPENING BECAUSE YOUR BODY IS DOING WHAT THE ALCOHOL TELL YOU.
PREENISHA	Are the ideas of sexual risk same or different between teenagers who have children and those who do not? How do you know that?
LONDIWE	YES. MAM I KNOW THAT IF YOU HAVE SEX WITHOUT PROTECTION YOU CAN GET DISEASES YOU CAN GET PREGNANT AND LOT OF THINGS MAM BUT THOSE WHO DON'T HAVE A BABY YOU DON'T EVEN THINK ABOUT ALL THOSE THINGS.
PREENISHA	What influence does culture have on sexual behaviours, before pregnancy and after?
LONDIWE	IN OUR CULTURE WE NOT ALLOWED TO HAVE SEX BEFORE MARRIAGE BUT IF IT HAPPENS OUR PARENTS GIVE US A CHANCE. WE DON'T HAVE SEX FOR FEW MONTHS AFTER THE BABY IS BORN.
PREENISHA	Do you believe that you have knowledge about risky sexual behaviour now? How does having this knowledge/ not having knowledge influence your decisions?
LONDIWE	YES. IT DOES MAM IF I AM MAKING A DECISION NOW THERE'S CERTAIN THINGS I HAVE TO THINK OF AND I HAVE TO NOT ONLY THINK ABOUT MYSELF BUT ALSO MY CHILD.
PREENISHA	What about other teenage mothers? How does the knowledge or lack of it influence their decisions? How do you know that?
LONDIWE	SOME OF THEM DON'T KNOW BECAUSE THEY DON'T HAVE A CHILD THAT'S WHY THEY HAVE UNPROTECTED SEX.
PREENISHA	What do you know about the dangers of having unprotected sex?
LONDIWE	YOU CAN GET STIS.....HIV..... PREGNANT.
PREENISHA	What do your friends say about engaging in unprotected sex?
LONDIWE	WE DON'T REALLY TALK ABOUT SEX.
PREENISHA	What advice will you give to your girl friends that are having sex or to a girl who is a virgin?
LONDIWE	FRIENDS – MAKE SURE YOU USE PROTECTION AND KNOW YOUR PARTNER'S STATUS. TO A VIRGIN – NOT TO START HAVING SEX. THEY SAY YOU CAN'T USE PROTECTION WHEN YOU TAKE A GIRL'S VIRGINITY YOU HAVE TO JUST DO IT. THE BOYS SAY IT.

PREENISHA	Why do you think that it is impossible to remain a virgin until marriage in today's world?
LONDIWE	HEY MAM THERE ARE FRIENDS THEY ARE TELLING YOU HOW IT IS HOW IT FEELS AND YOU JUST WANT TO DO IT. YOU WANT TO EXPERIENCE. YOU DON'T WANT TO BE TEASED BY FRIENDS AND ON TV IT MAKES YOU DO WHAT THEY ARE DOING, THE BLUE MOVIES WHERE THEY ARE DOING SEX.
PREENISHA	How do you feel about a boy/man who has many girl friends?
LONDIWE	HE CAN HAVE DISEASES. THEY WANT TO BE POPULAR. I DO FEEL ANGRY AT THAT GUY BECAUSE I DON'T THINK HE LOVES THEM ALL BUT HE'S JUST PLAYING THEM, RUINING THEIR REPUTATION.
PREENISHA	If you meet a boy/man who has a lot of money and is willing to take of you and your child if you have unprotected sex with him, what would you do?
LONDIWE	FIRST OF ALL I WILL WANT TO GO TO A CLINIC AND CHECK THE HIV STATUS, HOW WILL I BE SURE IF HE WILL TAKE CARE OF US? IT DEPENDS IF I LOVE HIM. WILL HE LOVE MY CHILD?
PREENISHA	Can you describe in general the relationships between boys and girls in your community?
LONDIWE	HEY MAM THEY DATING TOO MUCH OF BOYFRIENDS AND SOME OF THEM HAVING BABIES WITHOUT KNOWING THE FATHERS. THE GIRLS ARE HAVING LOTS OF BOYFRIENDS.
PREENISHA	Why do you think some teenage mothers have more than one unplanned pregnancy?
LONDIWE	THEY HAVE UNPROTECTED SEX. SOME OF THEM SAY THEY ENJOY SEX WITHOUT PROTECTION. I THINK SOME OF THEM BECAUSE THEY HAVE SOMEONE TO HELP THEM WITH THE CHILD. THEY WASN'T PUNISHED FOR HAVING BABIES AT THAT AGE.
PREENISHA	How can teenage mothers prevent repeat pregnancies?
LONDIWE	USE PROTECTION.THEY MUST NOT HAVE SEX UNTIL THEY GET MARRIED
PREENISHA	Would you say that after a pregnancy teenage mothers become more dependent on their partners? Explain
LONDIWE	YA SOME OF THEM. FOR LOVE, HONESTY, MONEY.
PREENISHA	Are teenagers in relationships with older men? Why/ why not?
LONDIWE	YES – I THINK THEY THINK THEY CARE FOR THEM, LIKE GIVING YOU MONEY, BUYING THINGS.
PREENISHA	Have you been or currently in a relationship with an older guy? Why/why not?
LONDIWE	YES – BECAUSE I THOUGHT HE LOVES ME. HE SHOWED ME CARE BY ALWAYS GIVING ME WHAT I NEEDED LIKE MONEY.
PREENISHA	Is the father of your child older that you? How did that influence the relationship and sexual decision-making?
LONDIWE	MAM SOMETIMES IF HE ASKED ME SOMETHING I DO IT BECAUSE I FEAR THAT HE'LL DUMP ME.
PREENISHA	What do you understand by the term “love”?

LONDIWE	IT'S A FEELING THAT YOU FEEL FOR SOMEONE. THE WAY HE IS WHEN HE IS DIFFERENT FROM OTHER BOYS.
PREENISHA	How did "love" influence your relationship?
LONDIWE	IT MADE ME TO SLEEP WITH HIM
PREENISHA	What kind of meaning do other teenage mothers attach to the term love?
LONDIWE	JUST LOVING SOMEONE. LOVE THEM FOR THE WAY THEY ARE. THE CLOTHES THEY WEAR (LAUGH). THEY LOVE THE POPULAR ONES. THE PERSON THAT EVERYONE KNOWS IN SCHOOL.
PREENISHA	What do you understand by the term trust?
LONDIWE	NOT HAVING SECRETS. HONESTY.
PREENISHA	Do you trust the person you are dating and the father of the child? Why or why not?
LONDIWE	I DIDN'T TRUST THE FATHER OF MY CHILD WHEN I WAS DATING HIM BECAUSE YOU CANT TRUST A GUY BECAUSE THEY CAN PROMISE YOU THINGS AND NOT GIVE YOU ANYTHING.
PREENISHA	What kind of trust issues do you and your boyfriend experience if there are any issues of trust?
LONDIWE	HE CHEATED ON ME.
PREENISHA	Do teenage mothers your age trust guys easily? How do you know this?
	YES. BECAUSE OF THE PROMISES, FALSE PROMISES MAM.
PREENISHA	What are the reasons for trust or mistrust?
LONDIWE	TRUST – BECAUSE OF THE WAY THE BOYS SPEAK. THEY TELL YOU HOW THEY GOING TO TREAT YOU, HOW THEY LOVE YOU MISTRUST – BECAUSE THEY PROMISE SOMETHING AND NOT GIVE IT. THEY SEE A BOY CAN PROMISE TO PAY LOBOLA FOR YOU.
PREENISHA	Does trust or mistrust influence whether young people sleep with their boyfriends? What makes you say that?
LONDIWE	THEY SAY THEY TRUST HIM AND THEY THINK THEY ARE LOVED AND THEY ARE THE BETTER PERSON TO SLEEP WITH BECAUSE OF THE WAY THE BOYS ARE. SOME ARE NOT LIKE OTHER BOYS WHO HAVE MANY GIRLFRIENDS.
PREENISHA	What advice would you give to your child regarding sexual risk? Would the advice be different for a son or a daughter?
LONDIWE	I WILL TELL HER THAT HAVING SEX EARLY IS NOT GOOD YOU CAN GET PREGNANT AND THE FATHER CAN DUMP YOU. SHE MUST NOT DO IT AT ALL AND WAIT FOR MARRIAGE. SON – NOT HAVE TO HAVE TOO MANY GIRLFRIENDS AND HE MUST USE PROTECTION. NOT TO START HAVING SEX EARLY.

PREENISHA	Thank you for participating in this interview and for taking the time to speak to me.
LONDIWE	YOU ARE WELCOME MAM. THANK YOU FOR INVITING ME.

16. Appendix J: Turn-it-in certificate

Dissertation			
ORIGINALITY REPORT			
5%	3%	2%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Submitted to University of KwaZulu-Natal Student Paper		1%
2	bib.convdocs.org Internet Source		<1%
3	www.nspreview.org Internet Source		<1%
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17. Appendix K: Editing certificate

Crispin Hemson

15 Morris Place

Glenwood

Durban

South Africa 4001

hemson@ukzn.ac.za

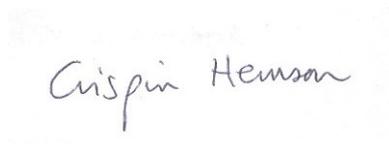
C: 082 926 5333

H: 031 206 1738

25th November 2014

TO WHOM IT MAY CONCERN

This is to record that I have carried out a language editing on the dissertation by Preenisha Naicker, **Sexual risk amongst teenage mothers in a selected KwaZulu-Natal secondary school within a context of HIV/AIDS.**

A handwritten signature in cursive script that reads "Crispin Hemson". The signature is written in dark ink on a light-colored, slightly textured background.

Crispin Hemson

18. Appendix L: List of abbreviations and phrases utilised in this study.

ABC	: Abstain Be Faithful and Condomise
AIDS	: Acquired Immune Deficiency Syndrome.
CEDAW	: Convention on the Elimination of All Forms of Discrimination against Women
DOE	: Department of Education
DOP SYSTEM	: Consuming alcohol that has been given in lieu of wages
FAS	: Foetal Alcohol Syndrome
IPV	: Intimate Partner Violence
HIV	: Human Immunodeficiency Virus
HSRC	: Human Science Research Council.
ICILO /IHLAZO	: Disgrace
INHLOWULO	: Payment for damages to the family of a young woman who has become pregnant
KZN	: KwaZulu-Natal
LOBOLA	: Bridal price
LOTE	: Living on the Edge
MDG's	: Millennium Developmental Goals.
MEC	: Member of the Executive Council
MRC	: Medical Research Council

SA	: South Africa
STDs	: Sexually Transmitted Diseases
STIs	: Sexually Transmitted Infections
TMP	: Teenage Mothers Project
TPU	: Teenage Pregnancy Unit
UK	: United Kingdom
UKTPU	: United Kingdom Government's Teenage Pregnancy Unit
USA	: United States of America
WHO	: World Health Organisation