The social construction of relationships, HIV risk behaviours and the management of risk among young people in a rural community in the Eastern Cape Province

By

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Declaration of originality

I, Patience Lunga, hereby declare that this thesis, entitled: "The social construction of relationships, HIV risk behaviours and the management of risk among young people in a rural context in the Eastern Cape Province" is my own work and that all sources I have used or quoted have been indicated and acknowledged by means complete referencing.

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Abstract

Young people in rural contexts in South Africa continue to bear a significant burden of HIV/AIDS despite awareness and knowledge about HIV transmission. The aim of this study was to investigate the social constructions of relationships and HIV risk behaviours among young people in a rural community which may assist in understanding how they manage HIV risk within their social context. Data sampled from a broader project consisted of six focus groups and nine interviews conducted with approximately 60 participants in the 10–25 year age group. Using thematic content analysis and thematic decomposition, the findings highlighted that relationships were significant for the development of young people.Local terms "*ukudyola*" or "*bayathandana*" were used to refer to relationships and these were constructed to illustrate different relationship expectations and practices. Monogamy was valued despite reports of some young people engaging in age-discrepant relationships and multiple concurrent relationships. Parental advice on relationships was in tension with young people's relationship views thus contributing less in effecting behaviour change. The participants'constructions of risk behaviours served to reinforce risk taking and the underlying problems associated with condom use and HCT reinforced risk behaviours. Overall the participantsdid not actively challenge dominant discourses that contributed to their risk thus they could not adequalty address risk when in relationships.

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Chapter 1: Introduction

1.1 Introduction

Contemporary research in South Africa indicates that young people experience high levels of sexual risk when in relationships greatly increasing their vulnerability to HIV infection (Shisana et al., 2014). HIV prevention interventions have sought to increase knowledge and awareness of how HIV is transmitted through unprotected sex. Overall, the HIV incidence in young people aged between 15-24 years has steadily declined since the 2008 and more condom use has been reported in this age group than any other age group (Shisana et al., 2014). This shows that young people have been engaging in health related behaviours that reduce the risk of infection. However, young women continue to be more infected compared to young men. This dynamic highlights the need to investigate why young people, especially young women, continue to be at increased risk of HIV infection. Another interesting question to explore is how young people in relationships manage the risk of HIV infection.

Together, this body of research draws attention to the need for research on young people's construction of relationships and HIV risk behaviours within their social context. Research into young people's relationships has indicated that relationships play a significant role in their development and psychosocial functioning (Biehl, & Ge, 2009; Collins, 2003; Zimmer-Gembeck, Siebenbruner& Collins, 2001). In the South African context, intimate relationships are considered to be very important and young people are invested in them (Gevers, Jewkes, Mathews & Flisher, 2012). Relationships serve as a means to social recognition and attaining respect from peers (Gevers et al., 2012). Even though relationships are important, young people sometimes find it challenging to deal with the problems associated with them (Grover & Nangle, 2003).

Young people in South Africa explore both relationships and sex thus increasing their risk of HIV infection (Gevers et al., 2012). Most importantly, relationships are characterized by unequal power and gender relations that continue to increase young women's vulnerability to HIV infection. Within this construction of relationships, women lack the power to negotiate with whom they have sex, when and whether to adopt safe sex practices (Harrison, Xaba & Kunene, 2001, cited in Harrison, 2008). Other factors that contribute to young people's vulnerability, especially young women to HIV, include early sexual debut, non-condom use, and multiple and age discrepant partnerships as well as sexual coercion. This highlights the

need for research which draws attention to the social construction of relationships and HIV risk behaviours among young people which may assist understanding how they manage HIV risk within their social context. Understanding the nuances and complexities of relationships among young people could contribute significantly to informing intervention programmes seeking to address HIV risk behaviours and influence behaviour change to reduce young people's risk of getting infected.

However, there has been little research on how young people, particularly in rural contexts, construct relationships and HIV risk behaviours, and how this relates to how they manage the risk of HIV infection. Most importantly, studies on young people's relationships focused on observable characteristics of relationships and resorted to quantifying relationships using predefined constructs (Collins, Welsh & Furman, 2009). This study uses qualitative data to investigate how young people construct relationships and HIV risk behaviours within their social context. Social constructionism was used as the study's theoretical framework as it draws attention to the historical and culture specific ways of interpreting, experiencing and making sense of the world (Burr, 1995). Social constructionism argues that knowledge and ideas about what qualifies as truth arise out of the social interactions between people in a specific cultural and historical context and not from the essential nature of our world (Burr, 1995). Social constructionism pays special attention to the role of language in the way people create and experience themselves and their reality (Burr, 1995). Language is viewed not as a means of expressing ideas but as providing us with concepts and structure through which we come to understand ourselves and our world (Burr, 1995). This perspective allows us to better understand the link between how people perceive their world and interact with others within the broader social context (Burr, 1995).

Hence, in conducting the study, it was important to be constantly aware that young people in South Africa are exposed to diverse experiences of relationships that increase their exposure to HIV (Bhana, Morrell, Hearn& Moletsane, 2007; Gibson & Hardon 2005,). For that reason, this study reflected how young people in the research context constructed relationships based on their normative understanding of relationships and early experiences of relationships in their context. These constructions of relationships may have been influenced and shaped by the socio-cultural factors that defined what behaviours are appropriate and thus informed relationship expectations (Collins et al., 2009; Milbruth, Ohlson & Eyre, 2009). Based on these assumptions, the constructions of relationships were considered to be embedded within the

social context of the young people (Bhana & Pillay, 2011). Another assumption in this study was that knowledge about HIV risk behaviours was socially constructed and historically bound. This was influenced by social constructionism which argues that "knowledge is not something people possess somewhere in their heads, but rather, something people do together" (Gergen, 1985, p. 270). The knowledge of HIV risk behaviours that the participants discussed was learned and internalised through the process of socialisation such that this knowledge they shared had gradually becomes a part of their own worldview.

Over the past two decades young people have received increased knowledge on sexual health and a number of approaches of risk reduction have been implemented although with limited impact on the epidemic. Currently, there is limited understanding of what young people perceive to be appropriate self-protective measures which they can adequately adopt in order to reduce their risk of HIV infection.The study thus investigated how young people in the research context manage risk of HIV/AIDS infection within their settings. It was assumed that the keystep towards developing effectiveHIV risk reduction interventions was gaining a better understanding of how young people choose to manage their risk given that they were exposed to a combination of risk factors. Overall, the study argues that gaining insight into young people's constructions of relationships and HIV risk behaviours could assist in getting greater knowledge of the factors driving the epidemic. This in turn would allow for a better understanding of the factors influencing or hindering adequate management of HIV risk.

1.2 Outline of the thesis

Chapter 1 includes the introduction, description of the nature of the research project and research context. Chapter 2 of this thesis includes a review of literature that is relevant to the area of interest. This includes an overview on the HIV/AIDS pandemic, a discussion about relationships, risk factors for infection, and different ways of managing the risk of HIVtransmission. The review includes a section on social constructionism which is the theoretical framework for the study. Chapter 3 provides a description of the research aims rationale and the research questions. Chapter 4 describes and discusses the methodology employed in conducting this research. This section of the thesis covers the theory behind the methodology, the sampling and sampling technique and the methods of data collection. This section outlines how athematic decomposition approach was used to analyze the data sampled. Lastly, the chapter discusses how rigour was established and maintained throughout the

research. Chapter 5 presents the results generated from the analysis of the focus groups and individual interviews. The results are presented in a manner that addresses the research questions. Chapter 6 presents a discussion on the results of the study in relation to the literature and theoretical framework of the study.Chapter 7 concludes the study giving a summary of the findings and outcomes of the analysis. It also addresses the limitations of the study and its implications, and recommendations for further study.

Chapter 2: Review of literature

2.1 Introduction

A review of contemporary research on HIV in South Africa indicates that the problem of sustained numbers of HIV infections remains critical although a number of prevention efforts have aimed to reduce the behaviours that contribute to the vulnerability of young people to becoming infected or infecting others with HIV. Accounting for the continued high HIV prevalence among young people in South Africa is still critical. Hence an aim at the core of this study is to investigate the social constructions of relationships and HIV risk behaviours among young people in a rural community which may assist in understanding how they manage HIV risk within their social context. In this chapter, I present an overview of HIV and AIDS generally, in South Africa and the Eastern Cape Province. The chapter also includes literature that focuses on relationships among young people, HIV transmission risk and management of HIV transmission risk.

2.2 An overview of HIV and AIDS

According to the UNAIDS (2012) an estimated 34 million [31.4 million people -35.9 million] were living with HIV worldwide. An estimated 2.5 million people became newly infected with HIV and approximately 1.7 million died of AIDS related illnesses in 2011 (UNAIDS, 2012). Globally, sub-Saharan Africa remains the most affected with 69% of the people iving with HIV living in this region. However, there has been a decline in the HIV incidence in the region and the life expectancy has prolonged as a result of the availability of antiretroviral drugs therapy (UNAIDS, 2012). The number of AIDS related deaths decreased by nearly 32% in sub-Saharan Africa between 2005 and 2011 (UNAIDS, 2012).

In the year 2011, the HIV prevalence rate among young people aged between 15–24 years in sub-Saharan Africa was 3.1% [2.6–3.9] for young women and 1.3% [1.1–1.7] among young men (UNAIDS, 2012). Young people between the ages of 15-24 years accounted for 40% of all new infections among the adult (15+) population (UNAIDS 2012). An estimated 890 000 young people were newly infected with HIV and 2 400 young people were infected with HIV every day in 2011 (UNAIDS, 2012). This indicates that young people in the 15 to 24 years age group are increasingly at risk of infection and this is even more so for young women. This dynamic necessitates increased efforts to understand how social constructions of relationships

and HIV risk behaviours could act as main drivers of the epidemic among young people in this age group. Developing effective interventions to prevent and reduce the risk of HIV infection in young people in sub-Saharan Africa is dependent on understanding and exploring the driving factors that contribute to this increase in HIV prevalence in young people.

South Africa has a high prevalence of HIV/AIDS with 12.2% of the population (6.4 million persons) living with HIV in the year 2012 (Shisana et al., 2014). In the year 2011 an estimated 1.43% of the population became newly infected with HIV (Department of Health, 2012). According to a survey done by Shisana et al. (2014) the national prevalence rate for the population aged 15-24 years was estimated at 7.1% which was lower compared to the 8.7% in 2008. Despite this the prevalence rate in this age group remains a concern as there has been increased awareness through prevention campaigns about the HIV/AIDS epidemic. The HIV incidence rates indicate that there were 469 000 new HIV infections in the population of 2 years and older in 2012. The number of new infections was 1.7 times higher in females than in males aged 15–49 years. The HIV-incidence rate was over four times higher in females (2.5%) than the incidence rate found in males (0.6%) aged 15–24 years which shows that young women are at increased risk of HIV infection.

The AIDS epidemic is mainly driven by heterosexual transmission through unprotected sexual intercourse. The epidemic tends to show a gendered trend where young women are at increased risk and more vulnerable (Parker & Colvin, 2007, in Van der Riet, 2009). The estimated HIV prevalence among females between the ages of 15-19 years was eight times that of their male counterparts (Shisana et al., 2014). This suggests that young women in this age group are at increased risk compared to their male counterparts. Young women were also more likely to have sex with older sex partners and not with their peers (Shisana et al., 2014). Parker, Colvinand Birdsall (2006, cited in Van der Riet, 2009) argued that women's vulnerability to HIV infection was linked to physiological factors, as well as gender roles, including social, cultural and economic factors. Inequality and lack of control over sexual relationships heightens women's vulnerability to HIV and AIDS. Socio-economic factors also drive a racial and geographic variation in the epidemic (Parker et al., 2006, in Van der Riet, 2009). The majority of HIV-infections are occurring in the population group between 15 and 49 years of age (Shisana et al., 2014). Overall, Africans and residents in rural informal areas had a significantly higher HIV prevalence (Shisana et al., 2014). Shisana et al. (2014) defined rural informal areas as areas under traditional authority and commercial farming areas. Based on

these statistics, it is important to understand the dynamics that increase the vulnerability of young people in rural communities to HIV transmission so as to reduce the number of new HIV infections.

In the year 2012, the Eastern Cape Province had a HIV/AIDS prevalence rate of 11.6 %. In 2011, the 20-29 and 20-24 age cohorts had the highest incidence of HIV infected individuals with 171474 and 140540, respectively (Eastern Cape AIDS Council, 2011). In the province, Africans and females comprised the majority of HIV infected individuals (Eastern Cape Socio Economic Consultative Council, 2012). This shows the need for research that will facilitate better understanding of the factors that contributed to this increase in HIV/AIDS incidence in the Eastern Cape Province.

In the National Antenatal Sentinel HIV and Syphilis Prevalence Survey of 2012, it was reported that the national HIV prevalence rate among teenage women between the ages of 15-19 years old attending antenatal clinic was at 20.5 percent (Department of Health, 2012). In the year 2011, approximately 11.2% of 992 women in the 15-19 years age group and 28.8% of the 1170 women in the 20-24 age groups attending antenatal clinic in the Eastern Cape Province were living with HIV. These statistics show that the HIV prevalence rate among young women attending antenatal clinic seems to increase during adolescence and early adulthood. This indicates that young people, especially young women, carry a significant burden of the HIV pandemic. This dynamic requires further research that will put relationships and HIV risk behaviours at the core of HIV research and interventions. Hence, examining how young people negotiate, shape, invest in and understand relationships and what the implications are for HIV prevention programmes is essential.

2.3 Defining relationships among young people

Relationships can be defined as a "dyadic interactions that focus on participation in mutually rewarding activities that may increase the likelihood of future interaction, emotional commitment, and sexual intimacy" (Sugarman & Hotaling, 1991, p.103). Relationships can be referred to as dating which is defined as "planned social activity with the opposite sex" or "a romantic relationship between unmarried couples" (Jackson, 1999, p.234). They are also associated with romantic activities which become important experiences in verifying masculinity or femininity (Feiring, 1999). Brown (1999) argues that the definition changes

substantially over the adolescent stage of development and may also have different connotations depending on the social contexts of individuals. This affects the meaning and significance attached to the relationship by young people of different ages. In this study, the term 'relationship' was used to refer to any form of social interaction between members of the opposite sex which mainly involved romance, intimacy and sexual relations. This definition was not limited to long term relationships but also included casual and once-off relationships among people who were not married.

2.3.1 Construction of relationships

Relationships are considered to involve romantic activity which is a social psychological phenomenon (Giordano 2003; Simons, Eder & Evans 1992). Cavaganh (2007) argues that romantic love reflects widely held ideological beliefs, structural, cultural, and proximate contexts in which we live in. These ideological beliefs "guide thoughts and actions, shape emotional experiences, influence romantic expectations, feelings, and behaviours, and help to identify appropriate objects of these feelings and behaviours (Cavanagh, 2007, p.572). This argument presumes that relationships are socially constructed reflecting the widely adopted and shared beliefs informed by society and culture (Cavanagh, 2007; Collins & Madsen, 2006). In their study, Lesch and Furphy (2013) found that participants constructed intimacy in relationships by reproducing dominant romantic and gender discourses within their community. Based on this, relationships are presumed to be socially constructed as they develop in social contexts which in turn shape and define them.

From the onset of adolescence, relationships become the central activity of socialization and the experience tends to shape and clarify individual's identities (Paul & White, 1990). Adolescents enter into relationships with expectations of love, friendship, happiness and romance which are characterized by intimacy. Love plays a significant role in relationships in general (Hendrick & Hendrick, 1997, in Tofts, 2012). Within relationships partners become significant references for sexual cues with regards to safe sex practices and they become active participants in the process of sexual discovery (Morgan & Zurbriggen, 2007).

Peer networks play an important role in the development of romantic relationships (Cavanagh, 2007; Simon, Bouchey, & Furman, 1998). Through interaction with peers young people "define which romantic feelings and behaviours are appropriate and to select appropriate

partners for each other" (Cavanagh, 2007, p.572). These relationship expectations are internalized as norms and they become standards for romantic activity (Cavanagh, 2007).

Relationships are highly gendered influencing relationship expectations, understanding and practices.When establishing a new relationship, boys are expected to be the ones to propose love to the girls whilst proposals by girls are rare and are mostly viewed with suspicion (Wood & Jewkes, 1998). Generally, young men have more power as they take the leadership roles more frequently than the girls, who are ascribed more passive roles. Boys are socialized to be more assertive and confrontational (Maccoby, 1998) and to be sexual actors and initiators who raise their status through sexual activity (Thorne & Luria 1986 cited in Maccoby, 1998). This inequality contributes to young women's confidence in deciding how they want their relationship to be and in some cases young women become vulnerable to abuse (Jewkes, 2002). However, some young men report feelings of vulnerability and rejection as well.

2.3.2 Relationships in the South African context

In the South African context young people have different experiences of relationships which are dependent on their social context. Wood and Jewkes (2001) argue that South African society is characterised by poverty, boredom, lack of opportunities and prospects for advancement. They further argue that young people growing up in these situations tend to invest substantial personal energy in their sexual relationships where entertainment and success are most likely achievable. Relationships are also an important platform for gaining respect among peers as well as material gain (Wood & Jewkes, 2001).

Recent studies conducted in South Africa have shown that young people distinguish between "regular", "main" or "primary" and "non-primary" partners, who may or may not be casual partners (Harrison, Cleland & Frohlich, 2008). Main partnerships are generally recognized and open, with a shared understanding of a boyfriend's or girlfriend's role, and often with some expectation of a future together (Hunter 2002, in Harrison et al., 2008). However, both main and non-primary relationships are often hidden and meetings with partners are kept secret because of the fear of family disapproval (Harrison et al., 2008). Although in relationships partnersare generally categorized as either 'main' or 'non-primary', there exist other forms of partnerships that contribute to increased risk of HIV infection among young people. These

include multiple and concurrent partnerships, age-disparate partnerships and transactional partnerships.

2.3.2.1 Multiple and concurrent partnerships

Research has shown that multiple and concurrent sexual partnerships with insufficient consistent condom use increase the risk of HIV infection (Parker, Makhubele, Ntlabati & Connolly, 2007). Leclerc-Madlala (2009, p. 103) argues that the term "concurrent partnerships is used to define a situation where sexual partners overlap in time, either where two or more partnerships continue over the same time period or where one partnership begins before the other ends". Young people in South Africa engage in these partnerships where there is an overlap and occasional contact between partners whether concurrently or sequentially (Harrison et al., 2008).

In the survey done by Shisana et al. (2014) they found that 12.6% of the respondents aged 15 years and older reported that they had had more than one sexual partner in the last 12 months. They argued that 22.4% of the respondents aged 15–24 years reported that they had multiple partners and 20.1%of the male participants were five times more likely to have multiple partners compared to females. A study was conducted by Kenyon, Boulle, Badri and Asselman (2010) with 3 324 young South Africans aged 14-25 to investigate the frequency and correlates of sexual partner concurrency among young people. They found that of the 2 468 individuals who were sexually active, 21% had engaged in concurrent sexual partnerships and this was more common with male Africans. In the National Communication Survey of 2009 young people who took part in the survey reported to have had more than one sex partner in the past year (Johnson, Kincaid, Laurence, Chikwava, Delate, & Mahlasela, 2010). This was more pronounced among young men with approximately one-third of men aged 16-24 years having had more than one partner in one year, compared with 6-9% of women aged 16-24 (Johnson et al., 2010). Concurrent partnerships are associated with the belief that men have a biological need to have sexual relations regularly with more than one woman (Kenyon et al., 2010). Among young men, having multiple partners is highly valued as it is perceived to be as a sign of potency and manhood (loveLife, 2010).

In many contexts the existence of multiple and concurrent partnerships is illustrated through local and context specific terms used to describe these relationships. For example, the terms

"roll on" and "*makhwapheni*" are often used to define secret concurrent sexual partner who is often hidden from the primary partner (Jewkes, Nduna, Jama, Dunkle, & Levin, 2002). Other terms used are "once-off" or "thank you" referring to someone who is a non-primary concurrent sexual partner with whom one has sex only once or sometimes with the hope of an on-going relationship which never materialises (Dunkle, Jewkes, Brown, Gray, McIntryre, & Harlow, 2004).

2.3.2.2 Age-disparate partnerships

The term 'age-disparate partnerships' is often used to refer to relationships with partners who have an age gap of 5 years or more (Leclerc-Madlala, 2008). Research has shown that age disparate partnerships increased young people's vulnerability to HIV (Leclerc-Madlala, 2008). Studies on HIV infection patterns among young women indicate that young women are often infected by older men since young men in the same age categories as the young women have much lower levels of HIV infection (Harrison, O'Sullivan, Hoffman, Dolezal & Morrell, 2006; Kelly, Mkhwanazi, Nkhwashu, Rapiti & Mashale, 2012; Shisana et al., 2014). In a survey conducted by Shisana et al. (2014) they found 19.9% of the respondents aged 15–19 years old were involved in age-disparate partnerships with sexual partners who were more than five years older than they were. Among respondents aged 15–19 years old, 33.7% of the females reported having had a partner who was more than five years their senior, compared to only 4.1% of their male peers. A study conducted by Harrison et al. (2008) with young people aged 15–24 in KwaZulu-Natal found that the majority of the participants had partners who were between two and five years older than they were.

Harrison et al. (2008) argues that young women entered into age disparate partnerships because older boyfriends are generally viewed as socially desirable. Older male partners were associated with a greater ability to provide for their material needs as they were more advanced in their social, material, and educational attainments (Harrison et al., 2008). However, these age disparate partnerships are often characterized by pronounced differences in sexual experience between partners (Kaufman & Stavrou, 2004). Young women in these partnerships are also less likely to succeed in negotiating safe sexual practices like using condoms with every sexual encounter as they involve differentials in economic status and social position (Kelly et al., 2012). Young people engaged in this kind of partnership are at significantly increased risk of HIV infection.

2.3.2.3 Transactional partnerships

Studies have shown that young women engage in transactional partnerships due to their economic vulnerability and dependency which further puts them at increased risk of HIV infection (Dunkle et al., 2007). Transactional partnerships can be defined as those relationships where exchange of gifts was a key motivating factor underlying the existence of the relationship (Dunkle et al., 2007). Young women in transactional partnerships were more likely to end up in relationships with wealthier older men for financial support (Jewkes, Levin, & Penn-Kekana, 2003). Transactional sexual relationships happen both in primary and casual relationships. Young women in these partnerships reported that money was the driving force for sex and relationship formation (Pettifor, Maesham, Rees & Padian, 2004). Within transactional relationships receiving gifts from sexual partners is often considered as an incentive to have sexual intercourse and not use condoms (Dunkle et al., 2004).

Research conducted in sub-Saharan Africa has shown that exchange of sex for material things is a common practice mainly motivated by the need for basic survival and subsistence (Dunkleet al., 2004). Campbell (2000, cited in Jewkes et al., 2003) argues that in many cultural settings in South Africa, women's social worth is proven through their ability to sustain a relationship with their partner and gain possible economic benefits from the relationship. The inequalities that exist in transactional sexual relationships compromises a woman's sexual negotiating power thereby increasing their risk for HIV infection.

The discussion above provides a descriptive context of relationships among young people in South Africa. It illustrates that growing up in such a context where these types of partnerships are common increases young people's vulnerability to the risk of HIV infection. The following section includes as discussion on the behavioural factors that contribute to young people's risk of HIV infection.

2.4 Behavioural risk factors associated with HIV infection

In South Africa young people are at high risk of HIV infection in spite of increased public awareness of HIV/AIDS through prevention campaigns. In order for young people to engage in safe sexual relationships they need to be aware and correctly identify the risky behaviours that may contribute to their vulnerability to HIV in the context in which they are growing up (loveLife, 2012). Thus, if young people are to develop adequate measures to manage the risk,

they should accurately identify the behavioural risk factors that may increase their chances of acquiring HIV. The subsections below discuss behavioural risk factors that research has shown to increase young people's vulnerability to HIV when in relationships.

2.4.1 Early sexual debut

Sexual activity is most likely to occur in adolescence where relationships are likely to first develop. Jewkes, Vundule, Maforah and Jordaan (2001) argued that in South Africa the onset of first relationships in adolescence was followed by sexual debut. In the survey conducted by Shisana et al. (2014) they found that 10.7% of respondents aged 15–24 years reported having had sex for the first time before the age of 15 years. The percentages were higher for males (16.7%) and black Africans (11.1%) when compared with other races. Another study conducted by Zuma, Setwe, Ketye, Mzolo, Rehle and Mbele (2010) on the effects of sexual debut on sexual behaviour among youth in South Africa, reported that among a sample of 2875 participants 39% had had their sexual debut by the average age of 16. In this study, young males (44.6%) were significantly more likely than females (35.1%) to report early sexual debut. Research conducted in a rural area in the Eastern Cape Province similar to that of the research site showed that the age of sexual experimentation and intercourse debut was 12years (Kelly, Ntlabati, Oyosi, Van der Riet, & Parker, 2002).

The beginning of relationships is associated with exploring a variety of sexual behaviours and practices (Morgan & Zurbriggen, 2007). These sexual behaviours and practices in relationships are associated with immediate and subsequent exposure to HIV among young people thus placing those engaging in sexual intercourse early at increased risk (Kelly, 2012). With this realisation, HIV prevention campaigns have focused on delaying the age of sexual debut by encouraging sexual abstinence among young people as a means of reducing the prevalence of HIV. Some of the reasons for early sexual debut are peer pressure to engage in early and unprotected sexual intercourse, coercion, low perceptions about personal risk and low perceived self-efficacy (Hartell, 2005).

2.4.2 Non-condom use or inconsistent condom use

Non-condom use and inconsistent condom use have been shown to be a contributing factor in increasing the risk of HIV infection among young people in relationships. Initiating condom use in relationships has been deemed difficult by young people although they view condoms favourably in reducing the risk of HIV (Harrison, Xaba & Kunene, 2001). Condoms are widely

available in clinics and public places but there are still some young people who use them inconsistently when engaging in sexual intercourse. In the survey done by Shisana et al. (2014) 36.2% of the respondents aged 15 years and older were sexually active during the previous 12 months. These respondents indicated that they had used a condom at last sex act with the most recent sexual partner (Shisana et al., 2014). More male respondents (38.6%) compared to the female respondent (33.6%) reported that they used condoms during sexual intercourse (Shisana et al., 2014). Young people aged 15–24 years had a significantly higher percentage (58.4%) of condom use compared to the other age groups (Shisana et al., 2014). Overall, condom use decreased in 2012 for both men and women in the 15-49 years age groups (Shisana et al., 2014). The statistics also indicate that condoms were not being used consistently to effectively reduce the risk of HIV infection. Condom use has been shown to be dependent on the relationship partnership. Misovich, Fisher and Fisher (1997) argued that people in relationships were more likely to engage in unprotected sex with their main partners compared with their perceived casual partners.

Common reasons for non-use of condoms are the dominant masculinities that promote risk-taking and pleasure at all cost (Hunter, 2010). Often, men argue that flesh-to-flesh intercourse is better since "you can't eat a sweetie with its wrapper on" (Hunter, 2010, p.197). Non-condom use is not only related to men as some women sometimes advocate for not using condoms. Hunter (2010) argued that women were likely to oppose condom use because they were in love and they trusted their partners. Initiating or suggesting safe sex practices raises issues of lack of trust in the relationship partner which is often a threat to the stability of the relationship (Misovich et al., 1997). Suggesting condom use may be seen as implying or admitting infidelity as condoms are associated with prostitution, promiscuity and an implicit challenge to a male 'right' to have many women (Wood, 2000, cited in Jewkes et al., 2003). Condom use is a cause for concern in relationships as the main aim is to maintain trust between partners for the relationship to work (Misovich et al., 1997).

2.4.3 Gender, age and power imbalances

Unequal social power held by men and women within relationships has emerged as the most important risk factor that renders young people more vulnerable to HIV infection. Langen, (2005) argue that gender power imbalances are translated into power imbalances in sexual relationships. Young women in relationships have been reported to lack decision-making

power and autonomy within relationships (Harrison et al., 2001). The unequal power relationship between men and women contributes to the women's disproportionate risk of HIV infection. Women's social status and their relative disempowerment constrain the young women's ability to practice safer sex (Harrison et al., 2001). Therefore, women's inequality and lack of control over sexual relationships heightens their vulnerability to HIV and AIDS.

Relationships among young people are characterized by pronounced gender imbalances which are enhanced by differences in age and experience between partners (Kaufman & Stavrou, 2004). Factors such as gender, age, biological susceptibility and inexperience in relationships amplify women's vulnerability to HIV infection (Harrison et al., 2006). Age differences between partners are a form of power imbalance in relationships as seniority is important in social life (Langen, 2005). Many women enter into a relationship with the understanding that people senior to themselves in age or rank should always be treated with deference or respect (Langen, 2005). Therefore, in relationships where one partner is relatively older than the other, the younger partner is bound to honor, obey and submit to the authority of the older partner (Langen, 2005). These inequalities in relationships make it difficult for women to discuss sexual matters with their much older sexually experienced partners. This further curtails their ability to successfully negotiate safe sexual practices on an equal footing with their partners. Unequal partners are not in a position to negotiate when they have sex, how often and how they can protect themselves from HIV (Langen, 2005).

In most cultures, male domination and control over gender relations is ensured locally (Harrison et al., 2006). An existing patriarchal idea asserts hierarchy in sexual relationships and male entitlement to women (Wood & Jewkes, 2001). Other reinforced patriarchal ideas included emphasis on virility and manhood which encourages pursuit of multiple, risky partnerships and tolerance of sexual coercion put young people at risk of HIV infection (Harrison et al., 2006). These ideas of masculinity increase young men's risk of HIV thus they become routes for transmission of HIV to their partners.

2.4.4 Intimate partner violence

Violence against women in relationships has been reported to increase their risk for HIV infection. Research has shown that South Africa has the highest rates of violence in the world (Jewkes, Sikweyiya, Morrell &Dunkle, 2009a). They further reported that over 40% of men

had been physically violent towards their partners and 28% reported having perpetrated rape. Further Jewkes et al. (2009b) showed that 40-50% of women reported having been subjected to violence and more than a third of girls reported being victims of sexual violence before the age of 18. Intimate partner violence can be in the form of emotional, economic, physical and sexual violence like sexual coercion and forced sex. Violence in intimate relationships mostly results from sexual refusal which may be seen as a challenge to the norm of male sexual entitlement and female sexual availability to their partners thus becoming a medium for coercion and force (Wood & Jewkes, 1998). This suggests that relationships characterized by violence often perpetrated by male partners can limit young women's capacity to protect themselves against HIV infection.

Research studies have shown that intimate partner violence has been linked to greater vulnerability to HIV infection. Forced sex that occurs in violent relationships can lead to genital injuries which facilitate the transmission of HIV (Liebschutz, Feinman, Sullivan, Stein, & Samet, 2000). Lichtenstein (2005, cited in Campbell et al., 2008) argues that abusive partners are more likely to deliberately infect their intimate partners with HIV if they are already infected without disclosing their status. Men who rape or who are physically violent towards their partners are likely to be engaged in sexual risk-taking practices therefore they are more likely to be HIV positive (Kelly et al., 2012). In communities where sexual violence is more prevalent young people are significantly more likely to have experienced teenage pregnancy or be HIV positive in comparison to communities with low levels of sexual violence (Kelly et al., 2012). Adoption of safe sex practices like consistent condom use is negatively impacted by increased levels of violence in relationships (Kelly et al., 2012). Hoffman, O'Sullivan, Harrison, Dolezal, and Monroe-Wise (2006) in their study in rural South Africa found that condoms were more likely to be used inconsistently where male youth had used threats or forced sexual engagement. Based on the research conducted intimate partner violence and threats of violence in relationships are impediments to HIV-prevention practices there by increasing the vulnerability of infection for women. The risk factors discussed above contribute significantly to the vulnerability of young people to HIV. In order to reduce risk of infection young people need to be able to evaluate their own risk and adequately manage HIV risk in their relationships.

2.5 HIV risk management among young people in relationships

Research has shown that heterosexual transmission of HIV in South Africa has been fuelled by the complex intersections of social, behavioural and economic factors which compromise young people's ability to adequately adopt safer sexual practices in heterosexual relationships (Hunter, 2007). These factors intersect with the socio-cultural norms that emphasise women's submission to male authority and that sanction men having multiple sexual partners (Hunter, 2007). Currently it is less well understood how relationships shape young people's efforts to manage these risks.

HIV prevention has focused on reducing chances of HIV transmission through sexual intercourse. Most of the risk management strategies have focused on increasing people's risk awareness and encouraged acquiring self-protective skills in sexual behaviour when in relationships. Hence, interventions like the ABC approach and HIV counselling and testing have aimed to encourage individuals to be responsible by modifying their sexual behaviour and relationships. These strategies are discussed in more detail in the sections below.

2.5.1 The ABC approach to HIV risk management

The ABC approach is one of the prevention strategies that many young people refer to when managing the risk of HIV. The acronym ABC stands for abstain, be faithful and condom use. Abstinence aims to encourage people to delay onset of sexual activity and allow them to determine why and how people have sexual intercourse (Barnett & Parkhurst, 2005). Faithfulness encourages people to stick to one sexual partner and encourages fidelity by decreasing the number of sexual partners (Barnett & Parkhurst, 2005). Condom use is also encouraged withevery sexual encounter to reduce the risk of transmission (Barnett & Parkhurst, 2005).

However, this ABC approach has been critiqued for assuming abstinence was the best option compared to being faithful and condom use being the poor third option (Barnett & Parkhurst, 2005). Condom use is not only determined by individual choice but is dependent on the extent to which social conditions enable the behaviour (Campbell & Mzaidume, 2002). Despite extensive educational campaigns on the ABC approach there are still people engaged in high risk sexual practices (Campbell & Mzaidume, 2002). This approach assumes that decision making at an individual level is the key strategy to minimize the risk (Dworkin & Ehrhardt,

2007). It ignores the gendered context in which individuals' attempt to enact behaviour change (Dworkin & Ehrhardt, 2007). For example, women's relationship power levels play a vital role in facilitating or hindering protected sexual intercourse (Dworkin & Ehrhardt, 2007). Multiple sexual partnerships are still a common phenomenon in societies where economic migration is prevalent thus enabling the transfer of infection from high sero-prevalence to lower ones (Dworkin & Ehrhardt, 2007).

Based on the lack of success with the ABC approach in effecting behaviour change more emphasis has been placed on the provision of HIV counselling and testing services. The intent is that individuals need to know their HIV status so that they gain information on prevention, support and medical care. The following section discusses HIV counselling and testing which studies have documented ascontributing to a significant reduction in risk behaviour and lower HIV incidence rates (Fylkesnes, et al., 1999).

2.5.2 HIV counselling and testing (HCT)

HIV testing is another strategy cited by young people as a means to manage the risk of HIV in relationships. Engaging in risky sexual practices with a partner who has not tested for HIV has been reported to be a major and unrecognized source of the risk of HIV infection (Harrison et al., 2001). Not testing or being aware of one's status is problematic as it increases an individual's vulnerability to HIV. Therefore testing for HIV and knowing your status is a critical part of managing to the risk of HIV/AIDS (Van Dyk & Van Dyk, 2003).

Literature on HIV testing indicates that HIV counselling and testing (HCT) reduces the incidence of sexually transmitted infections and it increases condom use thereby contributing to the reduction of HIV infections (Sherr, Hackman, Mfenyana, Chania & Yogeswaran, 2007). HIV testing has been shown to be a factor in the reduction of sexual risk behaviours among sexually active individuals and has helped reduce the number of new infections (Pronyk, Kim, Makhubele, Hargreaves, Mohlala & Hausler, 2002). Therefore, HCT is one of the key prevention strategies that sexually active young people use to manage the risk of HIV.

2.5.3 Relationships and HIV risk management

Current research indicates that HIV risk reduction strategies have been somewhat successful in effecting behaviour change to reduce the HIV incidence rates among young people. Factors

such as the socio-economic realities of people's lives that shape their sexual behaviour and possibilities of choice should be taken into account (Barnett & Parkhurst, 2005). Research has also documented slow changes in the context of 'primary' sexual relationships as most evidence points to reduction in condom use (Shisana et al., 2014).

Additionally, the meanings attached to relationships may influence the ways of managing risk when in relationships (Barnett & Parkhurst, 2005). Local understandings and circumstances of relationships should be taken into account if these strategies are to prove effective (Barnett & Parkhurst, 2005). Some studies have shown that feelings of love or intimacy in relationships have been used as reasons for unprotected sex, while feeling of distance in the relationship have been associated with protected sex (Rhodes & Cussick, 2000). Rhodes and Cusick (2000) argue that a key tension exists between 'relationships safety' and 'viral danger' whereby risk management threatens the security of the relationships. They further argue that individuals make considerable efforts in protecting the intimate relationship even in instances where there risk is known. In most contexts love and trust are viewed as alternative solutions to risk or uncertainty in social relationships (Giddens, 1992, cited in Rhodes & Cussick, 2000). In relationship contexts, trust gives individuals a sense of security and safety even though the individuals are faced with risks (Rhodes & Cusick, 2000). Scott and Freeman (1995, cited in Rhodes & Cusick, 2000 p.163) argue that

> in the context of intimate relations, trust has become a symbolic solution to the risk of HIV infection; trust implies not the rational assessment of risk, but an engagement with fatalism. One of the reasons why it is so difficult to translate anxiety about HIV and AIDS into rational dialogue is precisely because it calls trust and intimacy, the insecure bases of fragile sexual identities, into question.

This points to the importance of taking into account the significance of relationships characterised by love, intimacy and trust when determining how young people manage HIV risk in their relationships.

2.6 Theoretical framework: Social constructionism

A lot of the existing literature reviewed provides descriptive accounts ofrelationships, behavioural risk factors and strategies used to manage risk. However, in order to add value to the existing knowledge on relationships and HIV risk behaviours there was a need for a more qualitative understanding of the nuances and complexities of the dynamics that render young people in rural contexts areas vulnerable to HIV. Hence, social constructionism was used in

the study as it adopts a critical stance towards taken for granted ways in which we understand the world and ourselves (Burr, 1995). The study drew on social constructionism which assumes that people construct meanings of their social realities through interactions with others within a specific context. Within the social constructionism framework emphasis is placed on interactions between individuals and how language is used to construct reality (Andrews, 2012).

Social constructionism argues that knowledge, meaning and the nature of reality is generated within human relationships (Gergen & Gergen, 2008). This assumes that knowledge of the world and meaning originates in social interactions among individuals as opposed to the individual mind. Social constructionism argues that what knowledge, meaning and the nature of reality is brought into being through historically and culturally situated social processes (Gergen & Gergen, 2008). As such culture and society provide frameworks to understand objects and experiences (Sarantakos, 2005). This study assumed that relationships and HIV risk behaviours were socially constructed in many ways as an influence of the social and cultural context that individuals are in. In this study it was assumed that the participants would draw on existing knowledge in their social context as wells as cultural viewpoints when interacting with the others in the focus groups and interviews. Hence, the narrative accounts provided in this social interaction would have drawn on the dominant discourses. The study was conducted with the assumption that the narrative accounts provided by the research participant did not reflect what was true about relationships and HIV risk behaviours as well as HIV risk management among young people in the research context.

Social constructionism critiques and challenges the presumption of truth and the possibility of research providing objective accounts of social reality (Gergen & Gergen, 2008). Based on this understanding it was assumed that there is no one account of relationships and HIV risk factorsthat could provide an objective or accurate depiction of the world than any other. Any account of the social world is considered to be a product of a given community in a particular context and time (Gergen & Gergen, 2008).

Social constructionism focuses on how language is used to provide accounts of the social origins of knowledge (Gergen & Gergen, 2008). Hence, emphasis is on what language does as an active entity in the construction of reality (Terre Blanche, Kelly & Durrheim, 2006). Within this framework, meaning is understood as a derivative of language and accounts of the world

are governed in significant degree by conventions of language use (Gergen & Gergen, 2008). Therefore social constructionism also provided a framework on how data analysis for the study was conducted. In this study, the analysis of language was used as a tool to deconstruct participants' realities of their relationship and HIV riskbehaviours.

Social constructionism focuses on talk as a social practice and a resource that is drawn upon to enable the construction of reality (Potter, 2000). Further, social constructionism argues knowledge generated from research cannot be the only possible truth which derives from the researcher's own expertise. The assumption is that knowledge, meaning and the nature of reality is produced through a process of reflexivity. This means that for people to understand the meaning of an action, instead of representing an accurate picture of what it is, they reflect on combinations from within a frame of reference and discourse that allows them to interpret their world (Durrheim, 1997; Richardson, 2012; Terre Blanche et al., 2006). Reflexivity also refers to the fact that, when someone gives an account of an event, that account is not just a description of the event but also part of the event because of the constitutive nature of talk (Durrheim, 1997). In interpreting the findings for this study, focus was on the multiple ways in which talk about relationships and HIV risk factors contributed to understanding HIV risk among young people. Furthermore, analyses focused on the text of the interaction of the researcher and the participants in the research process. On the other hand, the outcomes and conclusions included the voices of the research participants and my own interpretation as opposed to only providing the descriptive accounts of relationships, HIV risk factors and management of risk.

2.7 Summation

Research has shown that young people in rural contexts in South Africa continue to bear a significant burden of the HIV/AIDS epidemic. This is more-so for young people in heterosexual relationships which are considered to be an important part of the socialization process that facilitates the transition from adolescent stage into adulthood. Other social influences like culture have an impact on these relationships as they determine the expectations and normative practices for young people in relationships. Peers play a significant role in the development of the relationships whereas partners influence sexual practices.

Research conducted with young people in South Africa has shown that relationships among young people are characterised by gender imbalances, early sexual debut, intimate partner violence and risky sexual practices such as non-condom use. Young people also report that they engage in age-disparate, multiple and concurrent partnerships as well as in transactional partnerships. These relationship practices increase young people's risk of HIV infection. Hence, this study's assumption is that the construction of relationships and HIV risk behaviours might act as drivers of the epidemic among young people in rural contexts who remain vulnerableto HIV infection despite increased knowledge and risk awareness

Strategies such as the ABC approach and HCT have contributed to the reduction of HIV infection among young people. However, factors such as love, trust and intimacy have been found to compromise the individual's ability to adequately adopt safer sexual practices in relationships. Hence, in a context where constructions of relationships and HIV risk behaviours are envisaged as contributing to young people's vulnerability to HIV risk, determining the extent to which couples protect themselves may be important in reducing HIV risk in relationships.

For this study social constructionism was used as the theoretical framework which informed the manner in which this study was approached, conducted and interpreted. Within this social constructionism framework, the objective view of reality was challenged and the focus was not whether the participants' reports accurately reflected true accounts of reality in their context. Rather, this framework opened up an opportunity to explore the influence of the social and cultural context of the research participants as well as their own perceptions and experiences of the phenomena under the study focus. The interaction between the interviewers and the research participants, and the meanings attached to their narrative accounts was the focus of this enquiry. Social constructionism allowed for the exploration of the influence with which dominant discourses in the larger society could dominate the participant's narratives as well as the interpretation of those narratives by the researcher. The next chapter outlines the aims and rationale, and the research questions for this study.

Chapter 3: Aim and Rationale

3.1 Aims and rationale

The aim of this research study was to explore how young people in *Ematyholweni* construct relationships within their social and cultural context. Current research indicates that there relatively little in-depth and qualitative information on relationships among young people in rural contexts.Most research on relationships and the risk of HIV infection in South Africa has been conducted on young people in urban areas where participants are relatively easy to access. The majority of studies on also relationships use standardized instruments to measure various predefined relationship constructs (Lesch & Furphy, 2013), and observable characteristics of relationships are often investigated (Collins et al., 2009).

Further, the study aimed to investigate the construction of HIV risk behaviours among young people within their cultural contexts. Research has shown that young people in South Africa, particularly women, are at greatest risk of acquiring HIV and the predominant mode of HIV transmission is between heterosexual couples (Shisana et al., 2014). People residing in informal rural areas such as this research context are significantly at increased risk of HIV infection (Shisana et al. 2014). This investigation was conducted was under the premise that increased knowledge of how young people view HIV risk behaviours could contribute in developing effective HIV risk reduction interventions that could consequently change behaviour.

The study thus aimed at finding out how young people in relationships managed the risk of HIV infection when in relationships. Many HIV risk management awareness programmes have aimed to increase people's risk awareness by encouraging people to acquire new skills in sexual behaviours and relationship management (Scott & Freeman, 1995, cited in Rhodes & Cusick, 2000). Less emphasis has been placed on the influence of relationships in adopting risk management strategies. Young people who have been exposed to these HIV prevention programmes continue to report reduction in self-protective sexual behaviours such as condom use. In contexts where a lot of significance is placed in the relationship itself, is important to explore how young people either succeed or fail to manage their HIV risk.Social constructionism was considered the most appropriate theoretical framework for this study because it acknowledges that accounts of reality and forms of understanding of the world are not dependent on objectively validating those accounts but they are influenced by history, society and culture (Potter, 1996).

The research process sought to answer three main questions which are outlined below

3.2 Research questions

1. How do young people in *Ematyholweni* constructrelationships in their context?
2. How do young people construct the HIV behavioural risk behaviours that contribute to their increased vulnerability to HIV?
3. How do the young people in *Ematyholweni* manage the risk of HIV when in relationships?

In the next chapter, I outline the design and methodology of this study. The qualitative research approach as well as the research methods and processes to investigate how young people construct relationships and behavioural risk which then influence and shape the way they managed risk are delineated accordingly.

Chapter 4: Methodology

4.1 Research Design

A qualitative research design for this study was used to 'make sense of' and 'understand', the participants' constructions of relationships, risk of HIV and the management of the risk (Denzin & Lincoln, 1994). A qualitative approach was used to generate in-depth, open and detailed categories of information as it emerged from the data (Durrheim, 1999). Denzin and Lincoln (1994) state that what is to be studied in qualitative research is not defined as distinctly and the outcomes of the research are not foreseen. Qualitative research is concerned about explaining and understanding patterns in human behaviour rather than describing those (Babbie & Mouton, 2005). This assumption fits this study which was concerned with investigating young people's constructions of relationships and HIV risk behaviours as well as how they manage HIV risk when in relationships.Using this approach allowed for deeper understanding of the phenomenon that was being studied rather than simply providing a descriptive account. A qualitative approach uses open-ended and probing questions that evoke responses that are meaningful and culturally salient to the participant, unanticipated by the researcher, and are rich and explanatory in nature (Mack, Woodsong, MacQueen, Guest & Namey, 2005).

4.2 Research context

This study was part of a broader NRF Thuthuka funded research project entitled *Activity theory and behaviour change* (TLRG6: Protocol reference number: HSS/0035/012) that was being conducted in a rural area given the pseudonym *Ematyholweni* in the Eastern Cape Province. In *Ematyholweni* there are fourteen villages with the homesteads spread around with a few small liquor outlets, village shops and taverns. The area consists mostly of black, *isiXhosa*-speaking people. The area is under both a traditional leadership structure with a chief, headman and representatives of the chief, and a democratically elected leadership structure with a local government councillor. Each village has a Residents Association and an appointed chairperson who also acts as one of the gatekeepers in the community. The area is also characterised by unemployment, migrant labour practices, and underdevelopment. Studies in settings similar to that of the research site revealed a context characterized by a number of risky sexual practices namely early sexual debut, multiple partnerships and unprotected sexual intercourse (Kelly, 2000; Kelly & Parker, 2000).

The following subsection describes the recruitment and data collection for the broader project. This part of the ressearch process was facilitated by *isiXhosa* speaking research team members. This means that as a non-*IsiXhosa* speaking person, I did not take part in the recruitment, data collection and data processing for the broader study. This study used secondary data from the broader project data pool. The sections below give a detailed account of the research process for the broader project and this study.

4.3 Recruitment of research participants for the broader study

In order to conduct the project in the community permission was granted by the gatekeepers in the area. A letter was sent to the Chief requesting permission to conduct the study and a formal meeting was arranged to discuss the purpose of the research study (see Appendix 1a &1b for the Letter to Gatekeepers). A meeting with the chief was held, the study purpose and objectives were explained to him and he agreed that the study could take place. The NRF research team gained access to participants through the Residents' Association chairpersons in each village. The NRF research team met with the chairperson of the Residents Association to discuss the purpose of the project, and give any relevant information. Any questions raised by the chairperson were addressed. Together with the chairperson, the research team and a key informant who was familiar with the community visited the villages, identified and approached community men and women in the 10-70 years age group to participate in the study. When the potential participants had been identified, the research team went to their homes, and informed them about the study. The researchers then asked potential participants if they would like to participate in the study.

To recruit participants between 10-17 years of age the research team visited the parents and guardians of the potential participants in their homestead to explain the purpose of the research. The parent or guardian present in the homestead was asked whether a particular child could participate in the research. The parents were given an information sheet with details about the project and were asked whether their child could participate in the study. If they agreed they signed the consent form for guardians to allow their children to be part of the study (see Appendix 2a & 2b for the Information sheet and Appendix 3a & 3b for the Parents/Guardian Consent Form). The research team then gained verbal consent from the children themselves and explained the purpose of the study. If they were interested in participating in the study, the research assistant then arranged a location and time for the focus group discussions. Other

recruitment strategies used included the research team approaching potential participants in community gatherings such as a soccer tournament or choir practice sessions. Potential participants who were identified were informed about the study and if they were interested in participating, their contact details were gathered and arrangements made for data collection.

4.4 Sampling for the broader study

Sampling ensures the selection of research participants so that the data is representative of the population on which conclusions will be drawn (Durrheim & Painter, 2006). Non-probability sampling was used for the broader project as the sample was chosen non-randomly. Durrheim and Painter (2006, p.139) suggest that "non-probability sampling refers to any kind of sampling where the selection of elements are not determined by the statistical principle of randomness". There was no specific statistical procedure used to select the sample from the population. Convenience sampling strategies were used to select the research participants. The participants were selected depending on their availability and willingness to participate in the study.

Purposive sampling was also used to select participants for the project. This sampling strategy groups participants according to a preselected criterion that is related to the study objectives (Palys, 2008). The participants selected were between the ages of 10 and 70 who had grown up in and were residents in the area. For purposes of data collection these were grouped according to age groups of 10-13 years of age, 14-17 years of age, 18-25 years of age; 26-34 years of age, 35-45 years of age, 46-70 years of age, and above. Like age participants were grouped so that they felt more comfortable in group discussions. Young people between the ages of 10 and 17, were only sampled for focus group discussions, as individual interviews would be too intimidating given the age difference between the participants and the researchers.The reason for including participants from a wide age range was considered important as this would provide diverse perspectives on relationships, HIV risk and practices to manage risk in the research context. The aim was to have an equal number of the male and female participants within each age category for the interviews but this was not always possible.

Overall, a total of 64 individual interviews and 20 focus group discussions were conducted. The focus group discussions consisted of 5 to 10 participants depending on the availability of the participants.

4.5 Data collection for the broader study

For the broader study, focus groups and interviews were techniques used for data collection. The combination of these two data collection processes provided slightly different perspectives on the research issues. Focus groups are research interviews conducted with a group of people who share similar experiences (Kelly, 1999). Focus groups enable a process of dialogic discussion and interaction between respondents as well as researchers. They are an established method of social inquiry (Krueger, 1994) and they are also a potential stimulus for exploration of issues where individual interviews prove too isolating or inhibiting (Preece & Mosweunyane, 2006). The focus groups mimic the real life group dynamics amongst the participants (Stewart & Shamdasani, 1990 cited in Van der Riet, 2009) allowing for more discussions.Interviews are a more natural form of interaction to access individuals' personal experiences (Kelly, 2006). Interviews also enable participants to "describe their situation and interpret the issues investigated in their own terms" (Stringer, 2004 p. 64).

4.5.1 Conducting focus groups

Focus groups were conducted to provide additional information to the in depth interview data. As a broad guide the focus groups were conducted with male and female participants separated to allow for easy discussion among members of the same sex. Separate focus groups for male and female participants were also conducted to limit the likelihood of censoring of information in front of members of the opposite sex. The participants were grouped according to age categories of 10-13 years of age, 15-17 years of age, 18-25 years of age, 26-34 years of age, 35-45 years of age, 46-70 years of age, and above. Grouping participants by age reduced the influence of power differences between adult participants and child participants becoming a factor limiting the children to converse with each other (Van der Riet, Hough & Killian, 2005).

Overall, a total of 20 focus groups were conducted and each focus group consisted of five to ten participants for easy administration and facilitation of the discussions. The number of participants in each focus group was dependent on the availability of those participants. The focus groups were conducted in a location that ensured maximum degree of privacy to the participants. As described above, prior to conducting the focus group discussions with young participant below the age of 18 years, consent was obtained from the parents and guardians of the participants prior to the scheduled meeting.

To gain assent from the participants, the research assistants gave and read out the information sheet (see appendix 2a & 2b for the Information sheet) which explained what the study was about in a clear and simple manner for easy understanding. The participants were informed of the length of time required to conduct the focus group and given a scope of the issues to be addressed in the discussions. In addition participants signed the consent form to indicate their willingness to participate without being compelled as well as recognizing their autonomy with regard to participating in the study (see Appendix 4a & 4b for the Focus group Consent Form for younger participants and Appendix 5a & 5b for the Focus group Consent form for Adult participants). The participants were reminded that their participation was voluntary and they could withdraw from the study at any time without penalty. The importance of participating in research was stressed and the participants were thanked for volunteering their time to participate in the study. Participants were given time to ask the researcher any questions they had about the research or their participation in it.

After gaining consent the research assistants asked the participants to choose pseudonyms to identify themselves and for transcription purposes. They were given nametags to display their names for the researcher to recall them. The research assistants explained that the discussions would be recorded, transcribed and the purpose for this was explained. Issues pertaining to data storage and the process of removing all identifying information in the process of transcription were explained.

There are limits to confidentiality in focus groups as some of the participants can discuss information from the group with other people outside. For participants to indicate that they were willing to keep information confidential, they were asked to sign a confidentiality pledge in the consent forms (see Appendix 4a & 4b for the Focus group Consent Form for younger participants and Appendix 5a & 5b for the Focus group Consent form for Adult participants). The confidentiality pledge was meant to indicate that the participants understood they had the responsibility not discuss anything from the focus groups with others who were not part of the group. Confidentiality is important as it ensures that the autonomy of the research participants is maintained by both the researcher and other participants taking part in the focus group. The participants were informed that the research team could not guarantee that all participants would not disclose some of the information discussed after the study was concluded. Due to the limits to confidentiality in focus groups, the participants were encouraged not to discuss any personal experiences in the group. After making sure the participants understood what the

confidentiality pledge entailed, written consent to record the discussion was obtained by asking participants to sign the recording consent section in the consent form (see Appendix 4a & 4b for the Focus group Consent Form for younger participants and Appendix 5a & 5b for the Focus group Consent form for Adult participants). Lastly, all signed pages of these forms were kept by the researcher as proof of consent to participate in the study.

After this the research assistants facilitated and led the discussions by asking the participants to respond to questions in the focus group schedule. The Focus group schedule was used as a guide to steer the direction of the focus group and interview discussions. Open ended and probing questions were used to explore issues raised. The focus group questions were developed in relation to the focus of the project and this study research questions (see Appendix 6a & 6b for the 10-17 years Focus Group schedule, Appendix 7a & 7b for the 18+ years Focus Group schedule). The focus group questions for the younger participants were phrased in simple terms that could be understood by them compared to the schedule for older participants. The questions focused on the relationships, risk factors, management of the risk of HIV and some questions addressing issues pertaining to stigma. The focus group questions were designed to elicit general responses and opinions on the study topics compared to interview questions that required personal responses from the participants.

The English focus group schedules were translated into *isiXhosa* by one *isiXhosa* speaking member of the research team. To check on the validity of the translations the *isiXhosa* questions were back translated (Brislin, 1970) into English by another *isiXhos*a speaking member of the research team. The research team then compared the back translations to the original schedules to check if consistency in the questions was maintained, and modifications were made The translations were considered appropriate by the research team after making the modifications that were required.

The focus group discussions were conducted and facilitated in *isiXhosa* by the *isiXhosa* speaking research team members. The focus groups were conducted in *isiXhosa* because all the participants in the study were *isiXhosa* speaking. The discussions were in *isiXhosa* the language of the participants to allow for easy discussion among participants. If the focus group discussions were interrupted by people outside the group the discussions were stopped temporarily to protect the confidentiality of participants. The average time for conducting each focus group was around two hours therefore refreshments were provided for the participants.

At the end of the focus group the participants were reimbursed for their time and participation in the study.

These group discussions played an important role in encouraging discussions on sensitive topics like relationships and HIV risk factors, management of HIV risk and stigma. Focus group discussions were an effective method to use in order to explore the social norms of the community and they allowed for a range of perspectives that exist within the community to be explored. Therefore, the conclusions drawn from focus groups were assumed to illustrate group opinions on the study topics.

4.5.2 Conducting interviews

Interviews were conducted as they elicit a vivid picture and gain more in depth accounts of the participant's perspectives on the research topics. The purpose of conducting the depth interviews was motivated by the need to allow the participants to share their experiences and opinions on the research topic.The interviews were conducted with participants in the age categories of 18-25 years age, 26-34 years of age, 35-45 years of age, 46-70 years of age, and above. The interviews were not conducted with participants in the 10 to 17 age groups as they would be intimidated to discuss personal experiences with researchers older than them.The interview process proceeded with the research assistants handing and reading out the purpose and objectives of the study as specified in the information sheet (see Appendix 2a &2b for Information sheet). The research assistants specifically ensured that the participants understood that participation in the study was voluntary, and explained the anticipated risks and benefits to participating in the study. Following this procedure the researchers obtained consent from the participants who had to sign the consent form to indicate their willingness to participate in the interviews (see Appendix 8a &8b for the Interview Consent form). The research assistants explained the importance of maintaining confidentiality in interviews and assured them that the transcripts of the discussions would be kept in a secure place by the researcher for the study. The research assistants asked the participants for consent for the interviews to be recorded and they explained that the interviews will be transcribed for use in the project. After making sure the participants understood by asking if they had any questions or queries about the recording of discussions, written consent was obtained by asking participants to sign the recording consent section in the interview consent form (see Appendix 8a & 8b for the Interview Consent form).

The research assistants facilitated the interviews using an interview schedule as a guide for the discussions (see Appendix 9a & 9b for the Interview schedule). The interviews were semi-structured with a set of broad questions that guided the interview, but allow one to expand upon and probe deeper into unique issues that contain useful information that individuals raise during the discussion (Kvale, 1996). The interviews were conducted in *isiXhosa* by the *isiXhosa* speaking members of the research team. The schedule was subjected to the same validity checks of back translation as the focus group schedule (Brislin, 1970).

The interviews were useful in learning about individual's perspective about relationships, HIV risk factors, management of HIV risk and stigma. The interviews focused on getting participants to talk about their personal experiences and opinions on the study topics rather than focusing on group norms. The interviews were also a platform to gain insight into how young people construct relationships within their social context. The individual interviews addressed some personal and sensitive information on the study topics. The interviews lasted approximately an hour and the participants were reimbursed for their time and participation in the study.

4.5.3. Data processing

The interviews and focus group discussions were transcribed and translated from *isiXhosa* into English by *isiXhosa* speaking members of the research team. Transcribing was done using a simplified version of the Jeffersonian transcription system to allow for thorough analysis (see Appendix 10 for the guide of the Jeffersonian transcription symbols). This method was chosen to provide a very detailed transcript that allowed analysis to address latent content such as silences and pauses. To avert any other transcription problems, the quality of the transcriptions was examined by using an annotation system, and flagging ambiguity in the interview or focus group discussion (Poland, 2001). However, the notational system for transcribing was not used consistenly across the transcriptions by all the transcribers. This could have created inconsistencies between the transcripts and within the data collected as a whole.

To conduct validity checks, parts of the English transcriptions were back-translated (Brislin, 1970) into *isiXhosa* by the research team to ensure that consistency was maintained in the translation process.The back-translation process involved having one translator translating the

isiXhosa transcript into English and the second translator translated the transcribed English version into *isiXhosa*. This process was done to address discrepancies and ensure that all data was precisely captured (Brislin, 1970; Chen & Boore, 2009).

4.6 Using secondary data for this study

As mentioned above, the data collection and processing for the broader project was conducted *isiXhosa* by the research team members who were *isiXhosa* speaking. This meant that the author of this study was not involved in the recruitment, data collection and data processing for the broader project. Therefore, secondary analysis was done on a selected sample of data from the broader project data set. According to Notz (2005) secondary analysis involves using a pool of data to carry out a research interest which is different from the original project. The data was sampled because this thesis had a different analytical focus. It involved prioritising the analysis of young people's practices, which was different from the broader project. However, using secondary data has it own disadvantages. Within qualitative research the process of data production cannot be separated from the contexts in which it took place (Irwin & Winterton, 2011). Furthermore, direct involvement in the data collection and processing offers unique insights into the context of the research (Irwin & Winterton, 2011). This meant that for this study the original context of the research process was not necessarily adequaltey captured to further substantiate the findings. In order to address this gap, the research assistants who were fully engaged in the research provided details notes on the research context and were involved in and assisted with interpretation of the findings.

The subsection below is a detailed description of how the data used for this study was sampled from the larger dataset for the broader project.

4.6.1 Sampling data for this study

For this study, a purposive sampling strategy was used to select the data from the broader dataset. The data sample was chosen according to preselected criteria of age group and gender of the participants as influenced by my research focus on young people. Data collected with participants in the 10-25 years of age was sampled. This was in line with the need for research which aimed to determine the drivers of the epidemic among young people in relationships and examining how they can reduce their risk of HIV infection. Young people in the 13-25 years age category were included in the study as they were deemed to be most likely to engage in relationships with members of the opposite sex. According to a cross-sectional study conducted

in Cape Town with young people in Grades 8 and 11, 87% of respondents had been in or were currently in relationships (Flisher et al., 2007). This age group has also been reported to be most likely at risk and more vulnerable to HIV infection (Shisana et al., 2014). Studies conducted in South Africa indicates that the incidence of HIV peaks in young people aged between 15 and 24 despite increased knowledge about how to avoid infection with the virus (Shisana et al., 2014). Participants aged between 10 and 12 years were included in the study so that the study provided a broader understanding of relationships and HIV risk behaviours from a diverse group of young people with different opinions. This meant that I had access to the transcipts of the focus groups and interviews that met my study's inclusion criteria.

Due to the nature of the data that was available to me, the data collected in 2012 was used in this study. In the end the data sampled included interviews conducted with male and female participants in the 18-25 years age group and focus groups conducted with participants in the 10-25 years age group. Out of the broader data set six focus groups and eight interviews conducted with participant between 10-25 years of ages were sampled for analysis. Below in Table 3 is a breakdown of the data sampled.

Table 3: Breakdown of the data sampled for this study

	Age group			
	10-13 years	14-17 years	18-25 years	Total
Interviews	0	0	8	8
Focus groups	2	2	2	6

4.7 Data Analysis

For this study, thematic content analysis and thematic decomposition were used as data analysis tools. In this section, I provide a detailed discussion of how these methods were utilized to conduct the data analysis.

According to Braun and Clarke (2006, p.79) "thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within the data. It minimally organizes and describes your data set in (rich) details". Thematic analysis is an important method in reporting participants' perspectives, experiences and meanings on the phenomenon (Braun & Clarke, 2006). Thematic analysis is beyond summarising content; it is classifying and unfolding both

implicit and explicit concepts within the data (Terre Blanche, Durrheim, & Kelly, 2006).The process of thematic analysis involves six steps which are discussed in detail below.

The first step is of familiarisation with the data which involves the researcher immersing themselves in, and become intimately familiar with the databy reading and re-reading, and noting any initial analytic observations (Braun & Clark, 2006). In this data analysis process I read and reread the transcripts of focus group and interviews from the data set to familiarize myself with the discussions and made brief notes to enable easy understanding of the emerging issues.

The second step of coding involves generating labels for important features of the data of relevant to the research questions guidingthe analysis (Braun & Clark, 2006). For example, in this process I identified instances where participants mentioned the terms such as '*ukudyola*', '*bayathandana*', 'dating', 'girlfriend' and 'boyfriend'. These were coded as 'construction of relationships'. After coding all the data, I then organized all the codes and linked them to the relevant data extracts.

The next step of searching for themes involved constructing themes by sorting the codes to identify similarity in the data (Braun & Clark, 2006). Braun and Clark (2006) define themes as a coherent and meaningful pattern in the data relevant to the research question. For example, the initial codes were grouped under the themes 'adolescence as pre-cursor', 'proposing love' and 'consequences for deviating from the norm'.This process ended by gathering all the coded data relevant to each theme.

The next step involved reviewing themes which involved checking that the themes worked in relation to both thecoded extracts and the full data-set (Braun & Clark, 2006). In this process I reviewed the themes and the coded extracts under each theme checking for logic and their relevance to the data. This process was repeated a number of times with some initial themes being merged together and some split before defining the final themes.

The step of defining and naming themes involved conducting and writing a detailed analysis of each theme (Braun & Clark, 2006). Throughout this process I constantly checked on the relevance, commonality, and the function and effects of specific themes throughout the data.

Data was compared and gaps identified to ensure that they were addressing the identified themes. It also involved constructing concise and informative names foreach final theme.

NVivo 9 which is a qualitative data software programme (QRS, 2010) was used in conducting analysis from step one to step five. NVivo was used to organize and analyse content from interviews and focus groups. NVivo assists with conducting textual analysis and coding of the data as it allows one to search and retrieve data linked to the codes identified and it displays conceptual hierarchies.

The sixth step of writing up involved merging the analytic narrative and data extracts to tell a coherent and persuasive story about the data (Braun & Clark, 2006). As a further step towards understanding how the participants socially constructed relationships and HIV risk behaviours as well as managed HIV risk thematic decomposition was conducted. Thematic decomposition is a form of analysis which involves "close reading which attempts to separate a given text into coherent themes or stories" (Braun & Clarke, 2006, p. 81). This method assumes that discourses do not only reflect meanings, and it focuses on how meanings are constructed through discourse (Stenner, 1993). It further illustrates how "these constructions are useful and have 'cultural currency' in as much as they are social and enable a shared understanding" (Stenner, 1993, p. 94). These constructed meanings are based on "trans-individual, historically localized, culturally specific formations of language-in-use" (Stenner, 1993).

During this process, I re-read the data under each specific themes, for example 'adolescence as a precursor' and 'consequences for deviating from the norm'. This helped to identify overlaps and the linkages between all the themes that had been identified earlier. These related themes were grouped to form part of the broader themes such as 'constructing relationships in *Ematyholweni*'. Within the broader themes I conceptually identified extracts from the transcripts that illustrated how the participants engaged interactively in the discussions to construct meaning and how language was utilized in meaning construction. For example, the term "*ukudyola*' was used differently by the participants to refer to relationships.Through interacting with the interviewer the participants constructed different meanings for the term with some using it to refer to a relationship in general and some using it to distinguish between long term and casual relationships. This method of analysis was important as this study was focusing on how the participants constructed relationships, HIV risk and management of risk. The study assumed that the narratives of these topics were inseparable from the social and

cultural context of the participants. Further, the participants' narratives would have been influenced by the interactive nature of the discussions and generated by culturally available knowledge on these issues.

4.8 Establishing rigour

Qualitative research should be subjected to procedures that ensure that the methods used are reliable and the conclusions drawn are valid. Failure to do so can result in what Silverman (2005) refers to as anecdotalism. Anecdotalism is a big threat to the credibility of qualitative research findings which occurs when the analysis of the data and presentation of the findings depend on only a few well-chosen examples that support the argument that the researcher aims to make (Silverman, 2005). The problem of anecdotalism calls into question the validity of the study if not addressed. The methods used to maintain rigour in this study included prolonged engagement in the field, triangulation, using disconfirming evidence, researcher reflexivity, and providing thick, rich description. These methods are described below.

4.8.1 Prolonged engagement in the field

This procedure requires the researchers to stay in the research site for a prolonged period of time (Creswell & Miller, 2000). The research assistants from the NRF study stayed in the research context while doing data collection where they established rapport with the participants and some of the community members. The principal investigator for the broader project had previously conducted research in the site and had already established good relations with the communities. These prior engagements in the research site enabled the research assistants to compare the data collected and the findings with their observations while they were in the field. Within the social constructionism approach an understanding of the context and the participant's views is important. However, since I did not have the opportunity to stay in the research site, I discussed some of my findings with the research assistants who had engaged with the participants in the field to get their insight on the analysis. This helped with interpretation of the data as well as data collection.

4.8.2 Triangulation

Triangulation is a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study (Creswell & Miller, 2000). In this study data was collected with a wide sample of participants between the ages of

10-25years using focus group discussions. Interviews were also conducted with participants in the range of 18-25 years of age. It was assumed that, given their age, some of these participants would have had relationship experience been in a relationship prior to participating in the study. The conclusions drawn from the study were thus based on data collected from multiple sources rather than relying on single incidents. This increases the credibility of the study.

4.8.3 Disconfirming evidence

This procedure involves first establishing preliminary themes in the study and searching through the data for evidence that is consistent with or disconfirms these themes (Creswell & Miller, 2000). Therefore the themes need to apply to every piece of data that has been collected. All the conclusions made in this study apply to the cases within the data sampled for this study. Lastly, all cases of data were incorporated in the analysis including the deviant cases which refuted the initial findings. The focus groups and interviews selected for this study were analyzed and extracts from these were included in the results. Special care was taken to ensure that cases that had initially seemed to go against the direction of the rest of the evidence were also included and discussed in the results.

4.8.4 Researcher reflexivity

This validity procedure requires researchers to disclose their assumptions, beliefs and biases (Creswell & Miller, 2000). Due to an extensive review of literature and engagement with the data this could have influenced my interpretation of the narratives provided by the participants. However, this study uses social constructionism and thematic decomposition which allows the researcher to incorporate their interpretations in the narrative account of the themes identified. The discussion of the findings includes my own interpretive commentary as well as literature relevant to the findings.

4.8.5 Thick, rich description

Denzin (1989, cited in Creswell & Miller, 2000) argues that ‘thick descriptions’ are deep, dense and detailed accounts of phenomenon. This procedure involves describing the setting, the participants, and the themes of the study in rich detail (Creswell & Miller, 2000). These descriptions allow the reader access to how the study was conducted and provides a clear narrative account of the research setting. In this thesis, I provide a detailed account of the theoretical framework that guided the research project. A detailed description of *Ematyholweni*

and the research procedures, the broader project, and the data sampled for this study were included in the methodology chapter.

4.9 Ethical considerations

It is mandatory that research is reviewed by a research ethics committee as the interactions between researchers and participants raise ethical issues. Therefore, adhering to the ethical research principles is an on-going process from the start to the completion of the study. The proposals of both the NRF project and this study were reviewed by the UKZN Humanities and Social Sciences Research Ethics Committee and were approved. The protocol number for the NRF project is HSS/0695/011 and for this study is HSS/0331/012M (see appendix 11a &11b the Ethics approval letters). Below I outline how the ethical principles of autonomy and respect for the dignity of persons, non-maleficence, beneficence and justice were adhered to throughout the research process.

4.9.1 Autonomy and respect for persons

The principle of autonomy and respect for persons ensures the protection of individuals by gaining voluntary informed consent and non-disclosure of the identity of the research participants and community (Wassenaar, 2006). In this study, the research assistants informed the participants about the study procedures prior to conducting the focus group and interview discussions and sought consent. The second component of respect of persons requires the researcher to ensure the participants' privacy is maintained throughout the research process. The participants who took part in the focus groups signed a confendetiality pledge to ensure that the private information discussed in the group was protected. The participants were reminded about the limitations to the confidentiality of the information provided by the participants in the group and they were encouraged to be personally responsible to protect the privacy of others and not discuss personal information in the group.

The individual identity of the research participants was known to the research assistants who conducted the interviews and focus groups. The names of the participants recorded and retained for the research project purposes, but I did not have access to these names. I had no access to any personal identifying information about the participant. The participants used pseudonyms during the interviews and focus groups. In the extracts included in the results sections participants are identified by pseudonyms, age group and sex only. For each transcript, a code

was developed to differentiate the participants. No other identifying information such as the names of people, and places were used to ensure that the participants could not be identified. These pseudonyms and coded extracts will be used in publications and presentations to protect the confidentiality of the communities and participants. The audio recordings and hard copies of the interview and focus group transcripts were stored in a locked cabinet in the principal investigator's office. Data collected in the course of this study was kept for research purposes and only the authorized members of the team had access to the data. As part of the requirement for the broader project, I signed a contract to indicate that all the data in my possession would be deleted from my personal storage facilities on the completion of this thesis.

4.9.2 Nonmaleficence

The principle of nonmaleficence means "that no harm befalls research participant as a direct or indirect consequence of the research" (Wassenaar, 2006, p. 67). It was acknowledged that discussions around relationships, HIV/AIDS and other related issues could be a difficult topic for young people. The research assistants were aware at the outset that it might be difficult for participants to talk about their experiences. Given this, the research assistants obtained assent from all participants and clearly indicated to all participants that their participation in the research was entirely voluntary, they had the right not to discuss anything that they did not want to and that all information would remain confidential. The risk of causing any harm in this research was low although some risk of psychological or emotional stress was possible because of the nature of the study topic. For this reason the research assistants were encouraged to establish rapport with the participants in the research process. To establish rapport, the research assistants started the discussions by asking participants if they had any questions or concerns about the research before commencing with the focus group and interviews. The discussions also started with non-directive and probing questions. Attention was paid to non-verbal messages such as body language that might indicate that the participants were experiencing excessive discomfort in the focus groups and interviews. To minimise discomfort the research assistants avoided asking questions which may have triggered emotions or caused distress. Referral arrangements were made with local professionals who could provide psychosocial services for participants who may have experienced distress due to their participation in the project.

4.9.3 Beneficence

The principle of beneficence requires that the researcher maximises the benefits of the research for the participants (Wassenaar, 2006). Participation in the research did not incur any cost for the participants and they were not paid for participating. Instead the participants were reimbursed with a small monetary incentive to compensate them for the time that they had given to the research process (Koen, Slack, Barsdorf & Essack, 2008). Focus group participants were also offered refreshments although this was not an inducement to participate in the study. Participation in this study was entirely voluntary. On the other hand, the participants were given an opportunity to ask questions and discuss their perspectives on relationships and HIV/AIDS. The overall research project also provided the participants with an opportunity to gain additional information about HIV/AIDS.

4.9.4 Justice

The principle of justice requires that the researcher treat participants in a fair and equitable manner throughout the research process (Wassenaar, 2006). It also requires that those who carry the burden of the research should benefit from the research process (Wassenaar, 2006). However, in most research studies the researchers benefit either by obtaining a degree, promotion or publications, and the life circumstances of the research participants remain the same (Wassenaar, 2006). This study was part of a broader NRF funded project which has value for society especially in helping address the problem of HIV/AIDS among young people and the communities most affected. The project will contribute to the field of HIV/AIDS in terms of potentially affecting behaviour change among young people. The NRF project was conducted as a Change Laboratory intervention which involves workshops where research participants are given an opportunity to discuss the data and allows them to critique aspects of normative practices and existing knowledge within their context. However, I was not directly involved in this work or the process and my analysis and findings were not processed in time to be used in the change laboratory process.

This chapter presented the methodology used for the broader NRF Thuthuka funded project and for this study. It also outlined the research process for the broader project and explained how this study fits within the broader project. It also provided a detailed description of the data collection and data analysis process. It also included a description of how ethical issues and

rigour were addressed in both the broader project and in this study. The next chapter presents the results of this study.

Chapter 5: Results

5.1 Introduction

This chapter presents the results of the study conducted to establish how young people construct relationships and HIV risk in their social context. The study explored how young peoples' constructions of relationships and risk of HIV shape how they manage their risk when in relationships. The data analyzed was gathered from the focus groups and individual interviews with the participants. A number of extracts were selected to illustrate the different results that address the research questions.

This section draws on social constructionism which assumes that individuals construct their reality through interaction and language can be used as a tool to deconstruct participants' realities of their world. A thematic decomposition approach was used when analyzing the data as it involves close reading which attempts to separate a given text into coherent themes or stories. Further, analysis focused on the subject positions set up by the participants' narratives about the study issues as a result of a collaborative process where both the participants and the interviewer interactively constructed narratives. These constructions of relationships and HIV risk behaviours were presumed to influence the manner in which young people managed the risk of HIV within their relationships. The following sections present results that seek to address the research questions. The questions that this study aimed to answer included asking how young people construct relationships and HIV risk in their context, and how young people manage the risk of HIV in relationships.

It is important to note that the focus groups with participants between the ages of 10-17 years generated more talk about relationships than the participants in the 18-25 years age group. Both focus group and interview discussions for participants above the age of 18 years focused on issues of HIV risk behaviours and management of HIV risk in more depth. The participants older than 18 years were less forthcoming when discussing their relationship issues in both the focus groups and interviews. This dynamic was probably influenced by the fact that people often do not easily discuss their personal relationships with people with whom they are not familiar.The participants set the pace and focus of thefocus groups which canbe expectedin qualitative research where the discussions are open-ended and participants are often given room to initiate the discussion with the interviewer as the facilitator. The different discussions elicited different responses as an influence of which age and gender group the participants

belonged to. Young people of different ages and gender had different accounts of relationships and HIV risk behaviours. However, the discussions in the focus groups did illustrate the constructions of relationships and HIV risk behaviours, and how young people in relationshipsmanaged the risk of HIV infection. The interview discussions focused more on the construction of HIV risk behaviours within the participants' context

In the results section, the extracts are labeled according to the age group, gender and the type of data collection process which generated the extract. The extracts also have line numbers from the original version of the transcripts to indicate for reference purposes where exactly in the transcripts they were extracted from (see Appendix 12 for the List of extracts). The focus groups participants were identified with pseudonyms and the interviewers were identified with the letter I. The interview participants were identified for example as P1 to refer to participant 1. A simplified version of the Jeffersonian transcription notations was used to illustrate changes in tone, paces, pauses and other language conventions (See Appendix 10for the guide for the Jeffersonian transcription symbols).

The main findings are presented in this chapter, which is divided into sections relating to the major themes. When the analaysis was conducted, five major themes were identified. These were (1) constructing relationships in *Ematyholweni*, (2) relationships among young people in *Ematyholweni*, (3) dynamics of relationship partnerships, (4) parental advice on relationships, (5) constructing HIV risk behaviours and (6) management of HIV risk in relationships. These themes are presented in the sections below.

5.2 Constructing relationships in *Ematyholweni*

A number of topical issues emerged from the research discussions about how young people construct relationships. Based on analysis of the overall discussions with different participants the extracts used in this section best reflect the normative narratives about relationships among young people in the research context. These narratives about relationships discussed in the subsections below illustrate that relationships progressively develop and they go through phases as influenced by age, gender and social expectations. Relationships often begin at the adolescent stage of development whereby proposing love was most likely to occur for the first time. In the following sections, I will discuss how the participants constructed a relationship as

being a socially approved practice that begins during adolescence and is initiated by proposing love to a prospective partner.

5.2.1 Adolescence as a precursor

In the discussions with the participants it emerged that initiating a relationship was influenced by socially approved practices that were shared among peers. Relationships were a socially expected activity that began at the onset of adolescence. In the discussions, it emerged that young people started engaging in relationships by 13 or 14 years of age although there was no specific age that was set as acceptable.

Extract 1: 14-17years Female Focus Group

I: Okay. Okay. Okay. <Uhm>So now when do you say people should start dating?
Amazo: 15
Khanyi: 16
Mazet: They start when they are 14 years. Cos there was someone who was saying that (.) that, that, and you know there is ado mos, they say there is ado mos and that it starts when a person is 13 years, with others it starts when they are 12. So that's why it must start when they are 13 because you will never be able to stop someone who has entered into ado who is 14 and say that they must love someone who is 15

In extract 1 above the participants engaged in a discussion of the significance of "ado" which is a reference to the adolescent stage [Line 215]. The participants mentioned that the adolescence stage was the time it was acceptable to start having a relationship. The second part of the explanation given by the Mazet alludes to the assumption that during adolescence "you will never be able to stop someone" to "love someone" [Lines 214-218]. Here she positions adolescence as being important as it provides them with an opportunity to love even at a young age. When asked about why adolescence was significant in relationship development the participants argued as follows

Extract 2: 14-17years Female Focus Group

Mazet: he says that the time you feel that, when you feel that you can be able to have a boyfriend when you are 12 years so are not going to be able to say that a person must not have a boyfriend and say that they must have a boyfriend when they are 15 or 14 you don't know when they entered into ado maybe when they were 12 years
I: okay, okay. So what role do feelings play there then because it sounds as if you are saying that ado puts you at risk?
Mazet: it forces the person that they must have a boyfriend
I: mm
Mazet: they will feel better when they have a boyfriend
I: mm, okay
Beyonce: you think about sex easily

The participants in the extract argued that the reasons for engaging in relationships varied but influence came mainly from the strong feelings associated with the onset of adolescence. Mazet argued that these feelings could start even at an early age making it difficult to stop a person from having "a boyfriend" [Lines 236-239]. The interviewer probed further and Mazet substantiates this assumption by indicating that the strong feelings that come with being an adolescent "forces the person" into a relationship so that "they will feel better" [Lines 240-245]. In this statement adolescence is seen as comprised of risk since adolescents are driven by feelings that make it difficult for an individual to delay engaging in relationships.In addition, Beyonce argues that adolescence allows for the expression of sexual feelings because at this stage of development an individual starts to "think about sex easily" [Line 246]. Here the participant justifies early sexual debut among young people by positioning adolescence as a hindrance to abstinence. The sexual feelings hinder their ability to delay sexual debut.

These sentiments were also espoused by the young male participants.In their discussions on relationships they made reference to the need to be sexually active as the main drive to engage in relationships at an early age.

Extract 3: 10-13years Male Focus Group

I: huh, you don't have. *Hayike* guys you are the only two who have girlfriends. You guys are not relaxing hey, why.What makes you guys have them?
Fisherman: eish, another thing is because it's winter
Lil Wayne: yes the thing is that its winter and these girls are driving us crazy
Fisherman: uh
I: driving you crazy?
Lil Wayne: uh huh
I: what do they do in winter?
Lil Wayne: *tshyini*! (unclear)
Maqondana: ((giggling))
I: huh?
Fisherman: you need to sleep with them ((giggling))
Lil Wayne: mm
Maqondana: ((giggling))
Fisherman: then you become warm

In extract 3 the interviewer probes why two participants have "girlfriends" putting under scrutiny the personal relationships of two participants who indicated they had girlfriends creating a situation where they have to come up with a justifiable reason to account for their actions [Line 27-28]. Fisherman and Lil Wayne argued that they are in relationships because of the seasonal effect of "winter" and on the same note suggested that "these girls are driving [them] crazy" [Line 29-33]. Here the participant affirmed the assumption that engaging in

relationships at an early age was influenced by factors beyond their own control therefore it was justifiable reason. When the interviewer asks why "winter" is a factor in relationship development Fisherman further argues that during this season "you need to sleep with them" and "then you become warm" [Line 34-41]. This participant implies that sexual activity is expected in relationship as a response to the physiological need for warmth in winter. The participant's giggling when responding to the questions could have been a sign of discomfort as their behaviour had been put under scrutiny in front of the group. This response to the interviewer's probing might not necessarily reflect real practice but there was no other way of confirming their relationship status and they could have been joking and boasting.

The older participants also indicated that they had their first relationship experience when they were adolescents. Contrary to this positionnot all the young participants between the ages 10-17 years reported that they were in any relationships. The reasons they stated is that they were still young, focusing on school and their parents would not approve of them being in relationships at their age. This was expected considering that older people in the research context do not approve of relationships and sexual activity among young people. In such situations young people are likely to respond in a socially desirable manner with an interviewer who they may view as an authority figure.Once in adolescence, young people had to initiate the relationships by proposing love to a prospective partner. This process is discussed in the section below.

5.2.2 Proposing love

The process among young people in the study context of initiating the relationship followed a particular pattern. In the study young men were seen as the initiators of relationships and were responsible for proposing love. Through the focus group discussions it emerged that young men had the responsibility of showing interest in women and initiating the relationship. Proposing love was viewed as the domain of boys, where the boys were expected to make the declaration of love to someone. The proposing process began by interacting and becoming friends with a prospective partner and this was followed by the young man expressing his attraction and intention towards the female companion. In this study the young men portrayed themselves as the initiators of relationships whereas the young women argued that they preferred to be pursued by men. In the extract below, the male participants vividly described how the proposal process was initiated.

Extract 4: 10-13years Male Focus Group

I: now when a person wants a girlfriend what do they do, can you just explain to me say now here I am I want a girlfriend, I've seen this girl, and what must I do?
Lil Wayne: no man you must go to her and then there is this word that is in you that you must say
I: what is this word?
Lil Wayne: you must say no man, girl you know you make me blind,
Participants: ((giggling))
Lil Wayne: you break my knees and dig in my heart,
Participants: ((snickering))
I: yes
Lil Wayne: I love you man
Participants: ((giggling))
Lil Wayne: and maybe she will answer and say ((breaks out giggling))
I: and maybe she says what
Lil Wayne: and maybe she says that she also loves you
I: uh
Lil Wayne: and then you say no man then show me where your love is, then *tjo* then she shows you
I: and maybe she says where her love is maybe, what is she going to do after that
Lil Wayne: no man then maybe she is going to want to, maybe then she will kiss you
I: uh. That is her way of showing you that she loves you?
Lil Wayne: um

In the extract Lil Wayne used clichéd expressions such as "you make me blind", "you break my knees and dig my heart" and "I love you" when giving an account of the process of initiating a relationship [Lines 30-38]. He further, provides a distinct image of how he would propose and makes references to being overcome with intense emotions such as love thus effectively communicating his intent towards his prospective partner. To seal their love his partner would have to "kiss" him as a symbol of the strong feelings they are experiencing [Lines 42-47]. Here Lil Wayne presents relationships as being associated with emotions thus positioning himself as being a romantic individual who knows more about relationships. This provides him with a particularly positive identity among his peers as an experienced and romantic individual with knowledge about proposing. Lil Wayne positions himself as a man by taking on the role of the initiator andhe argues that the woman takes a passive role in the initial stages of the relationships. This dynamic emerged in the focus group and interview discussions where the participants argued that men take the initiative to declare an interest in a woman and the women would passively wait for the prospective suitor.

Ideally relationships are initiated by young men however, the proposal process is a two way interaction. Women often take on a passive role in initiating relationships but they have to

consent to the relationship before the relationship is considered to have begun. The participants indicated that women waited for some time before they communicated their interests and accepted the proposals. They suggested that the relationship only started when the woman accepted the proposal and if this did not happen, the relationshipwas non-existent even if the man had proposed. The extract below illustrates this

Extract 5: P3, Female 18-25 years Interview

P3: > so I then spent some time single, I was alone until I was seen by a man from (-------) or around that area he said that he would like to speak with me and he asked for my cell phone numbers which I gave him
Interviewer: mm
P3: so he then kept calling me to wish me a goodnight and to tell me that he loved me
interviewer: mm ok
P3: >I kept rejecting that because we did not really know each other, I did not know him yet, and I had not actually accepted him< well one day he called me and told me to please come outside the house
Interviewer: wait this all happened while you were in xxx?
P3: I was in xxx; yes... anyway I stepped outside the house where he then explained to me that he was in love with me it was during... Ma:rch 20:09 – 2010
Interviewer: 2010 last of last year?
P3: YES he said that he was in love with me and well I was being difficult you see?
Interviewer: Ya
P3: but in the end I agreed to it and that was how we ended up in a relationship

In the extract above, the female participant describes how her current partner proposed to her after she stayed without a partner for a while [Lines 28-30]. Here the participant highlights her ability to stay single until a prospective partner whom she liked approached her. The participant gives specific details about how her partner proposed to her to illustrate how significant this process was for her [Lines 32-39]. Her narrative positions her as a person who is capable of rationally deciding what sort of direction the proposal, from a person who did not know her very well, had to go. The participant finds it necessary to mention the fact that she "kept rejecting" the proposal so as to delay her response and referred to herself as "being difficult" to account for the long proposal process [Lines 34-43]. Here the participant is positioned by her narrative as conforming to the norm that women should delay responding to proposals so that they do not seem eager to be in a relationship. The participant's stance shows how the relationship can only begin when the woman agrees to the proposal even if the courtship period is long.

However, some of the participants gave accounts that showed that the courtship period was not usually longeven though the norm was that women delay responding to the proposal.

Extract 6: P7, Male 18-25 years Interview

P7: hmm... I met her in town and we started talking and we got along, you see?
Interviewer: mm
P7: and then we started a relationship, in the sense that... you know what it is like when people are getting into a relationship, we started a relationship also
Interviewer: mm ok, ok so what did you do; did you ask her for her cell phone number, >there are different ways you see? <
P7: OK, OK, OK YA my bra I first saw her and I told her my story, ((clears his throat)) that I was crazy about her but she made me wait a few "moments" and well I waited because there was really a possibility that she likes me too. The days passed and well she told that it was fine and so we began

In the extract the participant describes how he met his partner in "town" and they "started talking" then he realized that they "got along" [Lines 20-23]. The participant considered the relationship to have started when he made his intentions known when he "first saw her" [Line 26]. However, he had to "wait a few moments" which he did patiently as he knew there "was really a possibility" that she liked him too [Lines 27-30]. Here the participant highlights that although the courtship period was not long after the first meeting as per the norm the relationship only began when the woman agreed to the proposal.

The majority of the participants argued that face-to-face proposals were the social norm among young people in their context. However technology in the form of cellular phones and social networking was playing a significant part in facilitating the process of proposing love to a prospective partner. These platforms were used by some young men and women especially if they stayed far away, were shy, or were embarrassed to approach someone directly to propose love. The participants in the focus group mention "Mixit" which is a mobile social networking application that offer instant messaging platform free of charge.

Extract 7: 14-17 years Male Focus Group

I: doesn't it happen that you ask someone who you don't know?
Nkosi: no it happens
Lutho: there are, like you love someone from X and you are from here. Maybe you meet her in town and you see that no this one is suited for me all these others ((laughing))
Participants: ((laughter))
I: ((laughing))
Nkosi: and you take her number
I: <oh> and you take her number when it's like that
Participant: and you add her to mixit
Lutho: to mixi(h)t? ((laughing))
Participants: ((laughter))
Nkosi: yes he telling the truth
I: ((laughing)) what happens in mixit?
Mtoti: you talk there in mixit

154 Nkosi: talk there
155 Lutho: you talk and you tell a person that I love you and she tells you maybe that I don't love
156 you
157 Participants: ((laughter))
158 Nkosi: but most of the time she usually says that she loves you over mixit she doesn't give
159 you any difficulty in mixit just because she is not in front of you
160 I: <oh> so there is a difference when she is in front of you and when she is not in front of
161 you?
162 Nkosi: yes when she is in front of you-
163 Mpumelelo: there is
164 Nkosi: yes there is, when she is in front of you there is, just because she is going to be afraid
165 of you
166 Mpumelelo: she will be afraid

In the extract the participants mention how some young men were able to propose to a prospective partner residing in other places using the social networking application "mixit" [Lines 140-152]. Nkosi states his preference for the social networking application because they were less likely to be embarrassed about being rejected over the phone. The participant further reported that chances of being rejected were lower when they propose over "mixit" compared to doing it face to face [Lines 158-165]. Here the participant illustrates that the discreet platform offered by the social network and cellular phones during the proposal process eliminates the anxiety that young people may experience when initiating relationships. For these participants, cellular phones and social networking minimized the chances of rejection by prospective partners who would have been afraid when approached directly.

5.2.3 Consequences for deviating from the norm

In the focus group and interviews it was a norm for men to court and propose love to women. In the 14-17 year old female focus group, the idea of women initiating a relationship was considered as deviating from the norm and the participants had negative attitudes towards young women who took the initiative. The other focus group and interview discussions did not generate any discussions on the likelihood of women proposing to men. The extract below expands on how young women who approached men were considered by their peers.

Extract 8: 14-17 years Female Focus Group

420 I: ohh. Okay okay. So you wait for the guy to come to you?
421 Participants: yes
422 Beyonce: yes we wait for the guy to come to us not for the girl to go to the guy. But there are
423 those that do go to a guy
424 Khanyi: ↓but there are those who do go to a guy
425 Participants: yes there are those that do go to a guy
426 Khanyi: those are desperate

The extract above illustrates that there are some young women who deviate from the norms and conventions about proposing love to a prospective partner. Beyonce contends that the socially acceptable and expected behaviour was for the young women to "wait for the guy to come" and "not for a girl to go to the guy" [Lines 422-423]. The participant conforms to the social norm so she is viewed positively by her peers. However, Khanyi and all the other participants point out that "there are those that do go to the guy" [Line 424]. By referring to the young women who go against the norm as "those" the participants distinctly juxtapose and distance themselves from this group of young women. Khanyi further denounced the idea of girls approaching boys by labeling such girls as "those that are desperate" [Line 426]. The word "desperate" carries negative connotations within the domain of relationships as it labels the girl as emotionally needy. Apart from being labeled as desperate this group of young womenwere isolated and rejected by their peers as illustrated in the extract below.

Extract 9: 14-17 years Female Focus Group

435 I: okay okay, and so what do you say about people like that
436 Beyonce: we desert them
437 Khanyi: we desert them

In this extract, Beyonce and Khanyi reiterate that they "desert" the girls who approach boys as they would have deviated from the norm [Line 436-437]. Here the participants allude to the fact that young women who deviate from the norm would be isolated by their own peers and considered as social outcasts who they would not want to associate with. This standpoint was informed by the belief that men are responsible for proposing love and initiating relationships and the boundaries set in terms of these roles could not be deviated from.

Extract 10: 14-17 years Female Focus Group

442 Khanyi: she doesn't respect herself
443 Mazet: we don't say anything there is nothing we can say but the fact remains [(unclear)
444 Khanyi: [she does not respect herself]
445 I: she does not respect herself?
446 Beyonce: she doesn't like herself?
447 Amazo: she doesn't like herself (.)
448 Mazet: it's inappropriate for a girl to tell a guy that she likes him (unclear)

The participants argued that any young woman who proposed to men "doesn't respect herself", "doesn't like herself" and this act was "inappropriate" [Line 442-448]. In the

extract the participants associate the behaviour of the young women who propose with lacking self-respect and disliking oneself. This stance positions this group of young women as not conforming to the 'traditional' relationship expectation that men take the lead and having failed to live up to the ideal of self-respect that is socially valued. In the extract below the participants further argued that

Extract 11: 14-17 years Female Focus Group

463 Lolly: that is a funny (strange) thing
464 Khanyi: yhu No that is something funny (strange)
465 I: if no boy ever comes and maybe you really feel like hey I want, [you know you were
466 saying that-]
467 Beyonce: [you gonna wait]
468 Participants: [you just wait]
469 Lolly: [you gonna wait, you will have to wait for him]
470 Mazet: there is no=I will never risk my life-
471 I: if you have seen the right guy that you like?
472 Mazet: I will never tell him though
473 Khanyi: he is the one that needs to come to you not for me to go to him
474 Lolly: he must come to me

In the extract, Lolly and Khanyi reject outright the idea of proposing as a "funny" and "strange thing" to do further highlighting their unwavering stand to conform to the social conventions in the context [Lines 463-464]. When probed on how they would prefer to be approached, the participants suggested that they would rather "wait" for the men than fail to live up to their societal ideals that emphasize the passive role for women in relationships [Line 465-469]. In Line 470-472 Mazet positions herself as someone who would be hurt and upset if she were to compromise her principle of self-respect by approaching men to propose love.She alludes to the fact that going against the norm would mean social death for her as her identity or reputation would be compromised. The participants were significantly opposed to approaching young men they liked and they considered it a necessary compromise to lose someone they liked rather than to engage in an act that would jeopardize their social standing and reputation [Line 470]. The practice of girls proposing was not socially sanctioned and any instances of differing from the social norm resulted in severe consequences for the actor.

The discussion illustrates the importance adhering to certain socially accepted roles when engaging in relationships.More on this dynamic will be discussed in the discussion chapter. The section below provides a narrative of the context of relationships in *Ematyholweni*.

5.3 Relationships among young people in *Ematyholweni*

Relationships were the norm from the onset of adolescence and the young men had the responsibility of initiating the relationship. In the focus group and interview discussions it emerged that people in relationships were likely to meet in different places andthese relationships took different dynamics. The findings show that there was no single account that could adequately describe what relationships among young people constitute. The extract below illustrates that relationships do not fit into one description.

Extract 12: 14-17 years Male Focus Groups

I: So can you please tell me about girlfriends and boyfriends, like what does that mean to you guys, what do you know about that? If a person has a girlfriend what does that mean?
Nkosi: mm, it means that uh its love, it has there is a relationship between you and her, its somebody that you have feelings that you love with all your heart
I: okay, nice one. Alright. Like cou=how does it happen that a person gets to have a girl, a girlfriend?
Nkosi: o=o=okay, like maybe others, a person dreams of her, like he dreams of her at night, or one who you have gone to school with when you were small
I: mm
Nkosi: and then you grew up with her and then you had a relationship with her and then in their relationship mos you know love is broad it has different categories
I: ja
Nkosi: there is one of friendship and there is one like for older people that are serious.

In the extract above, the interviewer questions the participants on what it means to have a "girlfriend" [Line 27]. Nkosi suggested that a relationship was about "love" and having "feelings" between two people who "love with all [their] heart" [Lines 29-30]. In this context these feelings of love were portrayed as different from the physical feelings experienced in adolescence as they were embedded deep within hence the reference to the heart. Nkosi demonstrates that those feelings of loving someone were significant as the "person dreams" about the person they are attracted to and the feelings would have lasted for a long time [Lines 33-36]. Nkosi points out that not all relationships involved the same feelings because "love is broad" and has "different categories"one of "friendship" and the other was for "older people that are serious" [Lines 37-39]. Here the participant highlight the complexity and the nuances of relationships although they are referred to with one term. This categorization of relationships into two distinct types was evident in the focus group and interview discussions.

5.3.1 "*Ukudyola*" and "*bayathandana*"

The study participants used the local term "*ukudyola*" when referring to relationships among young people. The terms "*ukudyola*" is an*isiXhosa* word derived from an Afrikaans word 'jol',

meaning 'to have a good time' (Harrison et al., 2008). This term is also used in some contexts to refer to relationships that are for fun with no expectation of commitment (Harrison et al., 2008). In the study, all the participants used the term "*ukudyola*" when referring to any relationships between unmarried couples. The term was used to refer to any encounter that would likely lead to a relationship developing.

Extract 13: 18-25 years Male Focus Group

I: opportunities like how maybe?
Sirtozi: you see chances to *ukudyola*
I: uh huh
Sirtozi: maybe there is a girl from that village that I want ne
I: ja
Sirtozi: I just go to that village and maybe I go and wait near that tavern and when I see that she is going to the shop I get to meet her at that time that's when I get the chance to meet her at that time, that's when I get the chance to *ukudyola*, when we get to meet or maybe when we go to soccer tournaments when we see each other there, you see

In the extract "*ukudyola*" was associated with new relationships that resulted from planned or unexpected encounters with the prospective partners. Sirtozi describes how "chances to *ukudyola*" maybe with someone he met "from the village", "tavern", "shop" or "soccer tournaments" [Lines 41-48]. Here the participant illustrates the chances or sites where he will get a chance to see a girl he likes outside her home. Although the term "*ukudyola*" was used to refer to a whole range of relationship in the all the other focus groups, the female participant between 18-25 years of age - chose to use the term "*bayathandana*". This is discussed in the sub section below.

5.3.2 The companionship and friendship construction of relationships

The need for companionship and friendship were constructed as being primary factors that contributed to young people engaging in relationships. This narrative was used by young women to justify their reasons for engaging in relationships. For these young women relationships should focus more on love, being faithful, commitment and having a future together by getting married. Being monogamous in relationships was considered important and it formed the basis for most relationships. These participants preferred to describe relationships using the term "*bayathandana*". The extract below illustrates this

Extract 14: 18-25 years Female Focus Group

I: ok ke, girls, just like I have explained I would like you to just answer freely and no one must have a problem. We are going to speak first about relationships (.) hm. So my first question is are young people in relationships here or do they do *ukudyola*

Participant: yes they are in relationships
I: and, uh they are in relationships, they have boyfriends and girlfriends
Participant: yes
I: h...ok, what is that called
Portia: when they are in relationships?
I: yes like when I said *ukudyola*, what do you say?
Participants: they are in a relationship (*bayathandana*)

In the extract above the female participants they indicate that they preferred the term "*bayathandana*" when referring to being in a relationship [Lines 1-10]. "*Bayathandana*" is an *isiXhosa* term that means to love or we love. This word "*bayathandana*" was used to describe relationships where love, commitment and maintaining the relationship for a long time. The participants further explained what it meant to be in a relationship which they referred to as "*bayathandana*". The extract below expands on this

Extract 15: 18-25 years Female Focus Group

I: ((laughs)), things like what maybe can you please explain to me, or just tell me about those ways
Portia: firstly you can be in a relationship with a person ne
I: mm
Portia: and this person is not serious, you see. They tell themselves that they will be with me, and Vovo, and Victoria. And then there is this one that he really loves, and he tells himself that I will be in a relationship with from 2000 and grow up with her and grow up with her and 2015 I will make her my wife

In the extract, Portia mentions two relationship scenarios where a "person is not serious" hence they chose to be with other women on the side and the other type of relationships where one's partner "really loves" and has long term goals of making someone their "wife"[Lines 21-26]. Portia juxtaposes two types of relationships where one is not serious with the expectation of having multiple partners and the other one where love is central for the relationship to be successful with the prospect of marriage.

Unlike the male participants, the female participants in the study discussed more relationships where commitment to one's partner was important. In these relationships companionship and friendship with the partner was considered as essential to sustain the relationship for a long time. Maintaining a sense of closeness and intimacy was also more pronounced for young women in the 14- 17 years of age focus group. The extract below illustrates what these relationships entail and what is expected from partners.

Extract 16: 14-17 years Female Focus Group

Mazet: it means that (.) ((chuckling)) h(h)ey don't look at me, I commit myself to being with him and everything that he says that I must do (.) ((phone rings)) I do because I love him
I: okay, okay. So it's someone that you love
Mazet: ja it's someone that I love and someone that I feel
I: okay, okay, okay. So she is saying that she feels him, it's to have someone that you feel. Do you agree with that?
Beyonce: yes
I: mm
Beyonce: you are able to share secrets
I: oh okay okay, so do you share secrets then?
Beyonce: ja
Mazet: yes
I: what do you usually speak about maybe?
Mazet: about love
Khanyi: we speak about all sorts of things; we speak [about love]
Mazet: [about love]
Khanyi: things like that, speak about things that happen here outside, hey no I don't like something like this
Mazet: and things that we don't like,
Khanyi: mm
Mazet: and things we like
I: mm
Mazet: and things that happen to you cos you know if I tell him won't he take it out on another person; he won't tell another person (unclear)

In the extract above, the participants argue that relationships are about commitment, love, communication and the ability to confide in your partner [Line 40-63]. The participants consider these as important factors that are required in a relationship. The participants talk focused on companionship and friendship to construct relationships as the product of their own self development and maturation. Sharing secrets with one's partner served to signify commitment, intimacy and feelings of closeness for the young women. The male participants in this study, made no reference to the importance of sharing intimate secrets with their partners. Overall, being in a committed and loving relationship was valued mostly by the female participants.

5.3.3 Emphasis on sexual activity in relationships

The construction of relationships did not only involve the enunciation of monogamy but it was extended to incorporate sex as a necessity. Female participants in the 18-25 years focus group mainly focused on relationships with sexual activity and they indicated that abstinence was not expected. The extract below expands on this.

Extract 17: 18-25 years Female Focus Group

I: mm what are some of the things that they do ((laughing)
Portia: people that are in a relationship they make themselves happy ne, happy in any way. You stay together, you watch TV and then after some time you kiss each other, and then you massage each other and its nice and >then after that ((claps hands)) you go to bed and have sex<
I: ((laughs))
Portia: those are the things that lovers do
Vuvu: ((laughing))
I: ok besides that what are some of the things that they do also
Vuvu: it's to advise each other, let's say that one of them has a problem. They will advise each other
I: so Portia said that they stay together, but do all people in relationships have sex, like does it happen that you date a person and you don't sleep with them?
Portia: no its not common

In the above extract the female participants argued that sexual intercourse and intimacy were a means of demonstrating love and commitment to a relationship. These notions were clearly embodied in the words of Portia who argues that in relationships partners "make themselves happy" as they "stay together", "watch TV", "kiss each other", "massage each other" after which they will "go to bed and have sex" because "those are things that lovers do" [Line 51-56]. The participant stresses the companionship and the necessity of sex in relationships. Portia positions companionship and sex as inseparable, and this extends to portraying herself as secure with her sexuality and being sexually active. On the other hand Vuvu stresses companionship and friendship when she argues that relationships are there "to advise each other" when having problems [Lines 59-60]. When the interviewer inquired if young people were able to abstain from sexual intercourse Portia remained adamant that sex must take place in relationships [Line 61-63]. This concurs with the previous accepting attitude towards sexual activity by the participants found in the data sampled. The participants agreed that young people in their community were engaging in sexual intercourse at an early age and they did not emphasize abstinence. However, the participants in the 10-17 years focus groups did not discuss sexual activity among young people in detail as they reported that they were not sexually active at the time the research was conducted. Within these sexual relationships, a number of partnerships were discussed by the research participants. The section below expands on these partnerships.

5.4 Dynamics of relationship partnerships

Despite the female participants emphasising committed, sexual and monogamous relationships which may be what they desire, age-disparate partnerships and multiple and concurrent partnerships were discussed in much detail in both focus groups compared to the interviews.

All of the focus group participants mentioned the existence of these partnerships except for the female participant in the 18-25 years focus group who argued that these partnerships were not common in rural areas. However, there was no way of verifying these claims. These partnerships will be discussed in the sections below.

5.4.1 Age-disparate partnerships

The participants argued that young women were more likely to be involved in relationships with older partners compared to young men. Many of the discussions focused more on how young women were engaging in relationships with an older man. The extract below illustrates how common age-disparate relationships are in the study context.

Extract 18: 14-17 years Female Focus Group

675 I: mm. So does it happen that younger girls date older guys?
676 Participant: mm
677 Khanyi: it happens and it's widespread
678 I: okay
679 Mazet: it's the one thing that is most popular
680 I: oka (.) okay okay. What are the age gaps for example?
681 Beyonce: maybe five or six
682 Khanyi: seven
683 Amazo: seven, some of them
684 I: mm mm
685 Lolly: a person dates a girl who is 17 but he is 30

In the extract above, the participants reported that engaging in relationships with older partners was a known phenomenon among young people. Khanyi and Mazet argued that "it's widespread" and "popular" [Lines 676-679]. The use of these words could have been an exaggeration or meant to magnify the extent with which these partnerships were common in their community. In this group discussion the participants were asked to give a rough estimation of the age gap between partners and they suggested that the age differences were between "five", "six" and "seven" years [Lines 68-683]. Lolly agreed to what the other participants said by giving an example that "a person dates a girl who is 17 but he is 30" [Line 685]. These examples are based on their own opinion and could have been used to construct these partnerships as being immoral and inappropriate.

5.4.1.1 Reasons for age-disparate partnerships

The male participants in the 14-17 years of age focus group assumed that women went into these relationships because they were sexually and physically unsatisfied by theirpartners their own age. The extract below provides a clear example.

Extract 19: 14-17 years Male Focus Group

I: or maybe what is it that they get from these older guys
Lutho: they say they are used to big things
Participants: ((laughter))
Nkosi: they say they are used to extra larges so when we ask them what extra larges are they say you guys don't know it its these things that you guys have. So what are these things that we have now? They don't answer us. So now, mos we know, when we think about these extra larges there are many things that we have so we don't know what they mean when they talk about extra larges, but we do know what girls want in a guy
I: mm
Menza: they say that they do not want to ride slow buses they want to ride fast buses
Participants: ((laughter))
I: what do they mean when they say they don't ride slow buses?
Mtoti: (unclear)
Participants: ((laughter))
Nkosi: they want people with hot things
Participants: ((laughter))
Luxolo: there's many hot things even (unclear) is hot

In extract the participants argued that young women preferred older men because they want "big things", "extra larges", "do not want to ride slow buses" but "they want to ride fast buses", and they "want people with hot things" [Lines 763-779]. Here the participants' use of these metaphors positions the women as having preferences for sexually experienced men who were capable of performing well sexually. However, Nkosi feigns ignorance and questions what young women want that the young men do not have [Lines 766-767]. The rest of the participants were laughing which could indicate that they did not agree with this idea and, or, they were embarrassed by the explicit talk about sex. It is important to note that the young men did not specifically state that women in age disparate relationships were sexually dissatisfied when in relationships with young men their age.

Some of the participants argued that poverty led young women to engage in relationships with older men for financial support. In the extract below poverty was mentioned as a contributing factor to age-disparate partnerships.

Extract 20: 18-25 years Male Focus Group

I: so there people on pension who are in relationships with these children?

434 Participants: they are there
435 I: ((whistling))
436 Rasta: they do *ukudyola* with these children
437 Smithi: these sugar daddies
438 Sirtozi: others when they call each other, if it's an older man he will say that it's my child
439 Smithi: others ke it's because of poverty in their homes
440 I: so she wants
441 Smithi: so she wants money so that she can eat at school to buy lunch she's hungry you see

In the extract above, the interviewer makes references to "people on pension" being "in relationships with these children" to emphasize the age gap between the men and womenin age disparate partnerships [Line 433]. The interviewer here was talking in reference to his prior knowledge and subtly problematizes these relationships by referring to two distinct groups of individuals being in partnerships. The participants agree with the interviewer affirming his sentiments. Rasta and Smithi indicated that "sugar daddies" were getting into relationships with "children" [Lines 436-437]. The term "sugar daddies" is often used to refer to older men involved in relationships with younger partners. Here the participantsportray young women as the people getting into relationships with older men. The participants argued that young women went into relationships with older men "because of poverty" and they "want money" [Lines 439-441]. According to this argument, economic vulnerability and dependence on men for financial support drove young women into relationships with older men. However, there was no way to confirm the frequency of age disparate partnerships or that these partnerships are common in the research context. The participant could have been referring to a few incidences and were drawing on existing knowledge about age disparate partnerships.

However, in another focus group of younger female participants they argued that no circumstance could justify why young people are in these partnerships as they were abusive and increased their risk of HIV. The female participants were more vocal and freely voiced their opinions arguing that they were aware that such relationships were risky. The extract below shows the indignation with which some of the young people in the study viewed these partnerships.

Extract 21: 14-17 years Female Focus Group

725 Participants: that's rape
726 Amazo: no man he is just bluffing her with his money
727 Masindi: yes he bluffs her and he tells her that here is some money, *hayi suka*
728 Mazet: he's going to say that he loves her
729 Amazo: mm
730 I: he is going to say that he loves her, doesn't that happen?

731 Khanyi: it does happen why are you saying yes?
732 Mazet: he is going to say that he loves you mos but he doesn't he is just bluffing you with his
733 money he just wants to sleep with you

In lines 725-733, these partnerships are defined as "rape" because in some cases these partners would be "bluffing" the young girls with "money" and telling them they love them when all they want "is to sleep" with them. The participants' statements are a condemnation of these partnerships. The participants highlight the manipulative and unequal nature of these partnerships thereby constructing relationships with older men as being exploitative of young women. The participants drew on the dominant messaging from HIV/AIDS campaigns that discourage and in some cases even stigmatize age-different partnerships.

When talking about the transactional dynamic of these partnerships, some participants argued that individuals in relationships with older men were not only being exploited but they exposed themselves to HIV. The male participants in the 14-17 years focus group portrayed transactional relationships as being a risk factor for HIV. In the extract below the young men expand on this.

Extract 22: 14-17 years Male Focus Group

298 I: what do you make of that?
299 Lutho: we don't like that
300 Nkosi: it's not nice just because he is a teacher he is abusing that child in that way
301 I: mm
302 Nkosi: maybe he has HIV he is not only doing that here at school maybe even in town he goes
303 collecting phone numbers and he phones them and he buys them gifts, I mean a school child
304 mos he is giving her money and gifts every day and maybe she is suffering at home

In the extract above, the participants expressed their dislike for the behaviours of teachers who engage in relationships with learners. Nkosi and Lutho argued that they "don't like that" and "it's not nice just because he is a teacher, he is abusing that child" [Lines 299-300]. Here the participants equated the act of these teachers to abuse. Nkosi mentioned that these older men could be infected with "HIV" and may have had other partners in other places from whom they will be "collecting phone numbers and phone[ing]" and "buy[ing] them gifts" [Lines 302-304]. The participant was able to some extent assess the risk involved in transactional relationships with older men.

The other participants in the same group suggested that engaging in these relationships often had negative consequences. In addition to the inequality that exists and the risk of getting HIV in these relationships, the female participants in the 18-25 years focus group reported that if a

young woman was found to be in a relationship with an older man they risked being disowned by their families. This disapproval suggests that it would be hard to engage in these partnerships and therefore they may not be common. In the extract below the young women were more concerned with being chased away from home.

Extract 23: 18-25 years Female Focus Group

I: why are you saying that it's a problem, what's the problem?
Participant: to be dating a sugar daddy
Participant: to be dating your father
Portia: let one person talk so that we can hear
Participant: like maybe he has got children my age and I go and date him
I: mm, mm, mm I see ok=but if you love him, he is checking you and he is phoning you
Vuvu: my father?
Participant: ((laughs))
Participant: you would get chased away from home by your parents
Vuvu: I would get chased away by my mother, if my mother had to hear about that she would say no my child just leave my house

From the extract above it is evident that the participants were against age disparate relationships. They highlighted that being in a relationship with an older man was the same as "dating your father" as "maybe he has got children" who are the same age as his younger partner [Lines 259-263]. Here the participants alluded to the immorality and the inequality of age disparate relationships by equating it to a father and child relationships. The participants further suggested that if it was found out that you were "dating a sugar daddy" they "would get chased away from home by parents" [Lines 265-269]. This demonstrates that the young women saw partnerships with older men as deviating from the expectations of parents which could result in them being disowned.

5.4.2 Multiple and concurrent partnerships

The participants reported that having multiple partner and concurrent partners was common among young people in their community. However, in the data sampled, concurrent and multiple partnerships were not discussed in detail to provide a description of the dynamics of these partnerships. The participants in these focus group emphasized that having more than one partner was not acceptable. In the extract below the meanings of terms used for multiple and concurrent partnerships are discussed. A number of local terms were mentioned by the participants to refer to individuals who were involved in these partnerships.

Extract 24: 14-17 years Male Focus Group

I: what is *izibeth=isibethi*
Participants: it's someone who has many girlfriends

Nkosi: girlfriends, many partners
I: oh okay
Nkosi: he is not with one person only
I: is that something good to be *isibethi* or what, I don't know
Participants: huh uh it's something bad
Lutho: he is going to die mos of AIDS that's for certain

In the extract above, the participants argue that the term "*isibethi*", is used to refer to a man "who has many girlfriends"[Lines 405-409]. The word "*isibethi*" is an *isiXhosa* word that means womanizer or player. The interviewer enquired about what the risks were involved with being "*isibethi*" and the participants agreed that it was "something bad" and for Lutho the risk involved was that you can "die" from "AIDS" [Lines 410-412]. Here the participants are able to associate having many partners with the risk of HIV/AIDS. However, this realization of the risk in having multiple and concurrent partners did not translate into behaviour change since the participants argued that having many partners was common and encouraged for young men in the research context. Other participants used the term "*udlalane*" (which is an *isiXhosa* word that means 'playboy') to refer to young men with many partners at the same time.

The participants also used negative and discriminatory terms to refer to women with many partners. The extract below illustrates this.

Extract 25: 18-25 years Female Focus Group

I: and what do you usually call that, what words do you use to describe those different ways of having a relationship
Participant: (unclear) when she is dating two guys
I: *ja*, or?
Participants: she is called *isifebe*
Participant: ((laughs))

In the extract above,the term "*isifebe*" is an isiXhosa word that means'bitch'which implies that the woman is promiscous.Other terms "casanova", "*umakhwapheni*" or "*shield*" were used to refer to women in relationships with men who have more than two girlfriends. The term "*umakhwapheni*" is an *isiXhosa* word when translated means in the arm pit or a bit on the side. This term is used to define a secret partner that is hidden from regular partner. The term "shield" replaces "*umakhwapheni*" and is a colloquial word derived from a roll-on deodorant brand by the same name often used to refer to a secret lover. This term implies that this partner is hidden like the roll-on in the arm pit. The term "Casanova" was also used and it is a Spanish word that is associated with being charming, promiscuous and a master of seduction.

5.4.2.1 Reasons for multiple and concurrent partnerships

The participants talked about the need for different options and variety in their sexual partners. Men were constructed as ruled by their drive for sex and female desire was directed towards pleasing men. However, these discourses of having many sexual partners were also challenged by a few participants.

The reasons provided to account for the existence of multiple and concurrent partnerships ranged from sex being a basic necessity for men, a person being unsatisfied sexually unsatisfied by the main partner and people having sexual encounters for fun. Another factor that contributed to these partnerships was staying in a different place from one's main partner. The participants in the over 18 years of age focus groups stressed that having multiple and concurrent partners was a justifiable behaviour for young people. Their statements demonstrated that having many partners was understandable and acceptable especially if one was dissatisfied with the sexual performance of your main partner. This was such a powerful belief that these participants relied on it as a justification for being in relationships with many partners despite the knowledge of the risk of HIV in such relationships. The extract below is a discussion about the reasons for having many partners.

Extract 26: 18-25 years Male Focus Group

868 Rasta: huh uh you, you you will never look to one side like you're an axe man
869 Manqoba: you can't eat samp all the time, all these years you're eating the same thing
870 Rasta: no, you have to eat people (.2)
871 I: you're saying that-
872 Rasta: you need to have many girlfriends you must not have one girlfriend
873 I: what does that mean if you have mean girlfriends-?
874 Rasta: it means that you are '*udlalane*', you are '*isibethi*'
875 Participants: ((laughing))

In the extract above, Rasta and Manqoba openly talk about how monogamy is not expected as they argue that one "will never look to one side like you're an axe" and "eat samp all the time" [Lines 868-869]. Here the use of the metaphor of an axe which faces one direction emphasizes the assumption that people fail to live a monogamous life. The metaphor of 'eating samp' (a staple diet in the research context) was used to construct sex with a main partner as being a routine that is dull and boring. He further uses another metaphor that "you have to eat people" [Line 870] which refers to the male imperative to engage in sexual intercourse. This account constructs having multiple partners as being necessary for satisfying one's need for sex. Rasta declares that being in the partnerships indicated that one is "*udlalane*" and "*isibethi*" and this

conforms tothe views expressed by the other participants [Line 874]. Rasta in his narratives depicts people being unable to resist the need for variety in sexual relationships. The laughter by the other participants could be interpreted as an agreement with what he was saying or they just found his reasons to be a joke to amuse them.

However, some of the participants' accounts partially challenged the prioritization of male over female sexual need. Female participants in the 18-25 years focus group stressed that some women were looking for new partners because they were not sexually satisfied by their main partner. However, the participants went on to argue that being sexually inept as a woman lead to infidelity in the relationship. The clearest example of this is in the following extracts.

Extract 27: 18-25 years Female Focus Group

638 I: what makes a girl go out with many guys?
639 Participants: (unclear overlapping talking)
640 Participant: being unsatisfied
641 Portia: they are the same right, but they differ in terms of (shape)
642 Participant: or sizes
643 Portia: you see, so I don't see the difference. Or maybe some don't know how to use their
644 hips=that's what they say hey
645 Participants: ((agreement))
646 Portia: they say that her hips don't move
647 Participant: it's not flexible

In the extract above, the female participants argued that young people had multiple and concurrent partners because they were "unsatisfied" with some men since they "differ in terms of shape" and "sizes" [Lines 638-642]. Here the participant portray women with many partners as unhappy with their partner's physical build or penis size which contributed to them not being sexually satisfied. There is a turn in the discussion from blaming men to blaming women from not knowing how to get pleasure. The participants further suggested that maybe some men complained that their partners "don't know how to use their hips ", "their hips don't move" and they are "not flexible" [Lines 643-647]. The participants associated infidelity with inadequate sexual ability on the part of women.

These participants also emphasized how men had a need for variety in relationships where sexual activity was expected.

Extract 28: 18-25yrs Female Focus Group

674 Participant: we are the same, maybe a guy say yhu no so and so is cold let me not even go there
675 let me go to someone else

676 Portia: no, we are not cold us. But the thing is he's had enough of you. Like me because I was
677 dumped I wasn't cold me just that he had had enough of this sqa-rice, X you see,
678 I: mm
679 Portia: that he was having every day and he reckoned that he must have samp. I also realized
680 then that ok maybe really he has had enough of this sqa-rice that he is eating. It's like that you
681 see, otherwise we are not cold, I don't want to lie, we are not cold at all
682 I: alright. You were saying, I didn't hear you
683 Participant: no I'm saying that a guy can just look at a girl and say that no I would like to just
684 taste her, not for us to be in a relationship

In the extract, one participant suggested that some men would complain that their partner "is cold" and they preferred to "go to someone else" [Lines 674-675]. The reference to being "cold" in this discussion could be interpreted as meaning that one was sexually frigid. Portia quickly denounced this sentiment by saying "no, we are not cold" rather the men would have "had had enough of this sqa rice" [Lines 676-677]. She used her relationship experience on how she "was dumped" yet she "wasn't cold" to support her claim that men are against monogamy even when they are sexually satisfied by their partners [Lines 679-681]. Her account she reaffirms her sexuality and sexual desire and highlights the view that men have an uncontrollable sexual desire. She justifies her partner's actions as being related to the male need for sex. Portia makes reference to the metaphor of food and argue that her partner left her because he decided he "must have samp" and "had had enough of this *sqa-rice*". *Sqa-rice* is a common Xhosa dish of potatoes and rice mashed mixed together. In her statement, the participant was suggesting that men need variety when it comes to sexual partners as they easily get bored with the same partner resulting in them seeking other partners elsewhere. One participant pointed out that sometimes "a guy can just look at a girl" and "would like to just taste her" [Lines 683-684]. Here the participant portrays men as being incapable of controlling their desire. This participant alludes to the likelihood of once-off sexual encounters with no future contact between the partners as characteristic of these partnerships.

The male participants in the 18-25 years focus group challenged monogamy and they viewed sexuality as a natural need that could not be repressed. In the extract below the participants depicted men as being unable to handle the idea of a monogamous relationship. Their accounts focused more on gendered reasons for having multiple partners.

Extract 29: 18-25 years Male Focus Group

879 Manqoba: there are no relationships now, we just want to taste, and we are never satisfied
880 I: (unclear)
881 Manqoba: when you see that girl you're like you just want to get a piece of her, you see. You
882 don't wanna=you just wanna get a piece of her. There needs to be one that you stick to

I: so there is no such thing as love, like a person will say I love you and things like that
Participants: no
Rasta: no you are lying to her when you say that you love her
Manqoba: there is no such thing now, we no longer do that. Because you can leave here and go to East London and meet a girl there and you see that she is nice, I am lusting for her that's what we are looking at, she is fit, it's your first time seeing her and you tell her that you love her you see. That is not love that anymore, you just saw her and felt lust for her. You just doing it for that moment

In the extract, Manqoba problematizes relationships by stating that "there are no relationships now" and argues that men "just want to taste" because they "are never satisfied" [Line 879]. Here he emphasizes that commitment is no longer significant in relationships and constructs men as driven by sexual desire and women as objects to fulfil men's desires. Manqoba elaborates upon his anti-monogamy and anti-relationship stance by arguing that men "want to get a piece" of women although "there needs to be one you stick to" [Lines 881-882]. The interviewer probes whether love exists in relationships but Rasta and Manqoba reject the idea of love [Lines 885-886]. Manqoba argues that if one meets a "nice" and "fit" woman for the first time "it is not love anymore" but rather they would be "lusting" for the person. Here the participants highlight that sex and emotions are separate [Lines 886-890].

In the data it emerged that young men who did not have any girlfriends were considered inadequate men and were often ridiculed for it. The participants mentioned local terms that had negative connotations to refer to young men who were not in relationships.

Extract 30: 14-17 years Male Focus Group

I: okay what happens when you don't have a girlfriend or you don't like to date? What do people say about that?
Nkosi: they say you are weak
Luxolo: they say you are *isishumane*. Maybe if your brother was *isibethi* then you are not like him
Lutho: they say that you don't have a line
I: okay, and that is seen as something bad mos.
Luxolo: that is something bad like we don't even know who you have taken after because your father was not like this
I: tjo it's something bad then if even your fathers are involved
Luxolo: they even involve your father
I: okay, who exactly is it that says these things
Participants: our friends

In the extract above, the young participants argued that their peers and older men considered young men with no partners as "weak" and they "don't have a line" [Lines 882-885]. Here the participants reflect on how young men in these situations are considered inadequate since they

do not have the courage to approach women and propose to them. The participants used the term "*isishumane*" to refer to young men who had no partner or had one girlfriend [Line 883]. The word "*isishumane*" is an *isiXhosa* word used to refer to a young man who does not have a girlfriend or a man who cannot get a girlfriend. The participants indicated that being called "*isishumane*" was considered "something bad". Loxolo argues that this was bad especially "if your brother was *isibethi*" and his peers would even question whom he has "taken after" since his "father was not like this" [Lines 887-890]. Here Luxolo's narrative highlights the magnitude of the embarrassment he would have to endure when men he looks up to question his manhood and look down upon him for having failed to live up to their standards. Overall in the data sampled, the participants constructedit as insulting and derogatory for young men to be associated with the label of "*isishumane*". Based on the discussions with the young men, it emerged that they experienced pressure to become sexually active at an early age while the older male youth were encouraged to be very sexually active. This discussion illustrated the influence of parental advice on relationship development. The section below provides a detailed discussion on parental advice that emerged in the data.

5.5 Parental advice on relationships

In the data sampled participants provided contrasting constructions of parents'opinions on relationships. In the data it emerged that there was general acceptance that relationships among young people were normative within their context. However, parents were influential in determining what appropriate and not appropriate behaviour was for young people. It was in this context that the participants provided contradictory narratives of parental involvement in their relationships. These narratives were in tension with each other resulting in two subject positions. The positions were one of parents being disapproving and opposed to relationships and one of male parents supporting their male offspring being in relationships.

The participants indicated that some parents preferred young people to delay getting into any relationships until they were mature enough to handle relationships. Most parents did not approve of their children engaging in relationships while they were still in school. In the extract below the young female participants indicated that their parents did not approve of them being in relationships for various reasons. The female participants in the focus groups discussion of 14-17 years indicated that any communication about relationships with their parents was meant to discourage sexual activity. The extract below expands on their anxieties when seeking advice from parents about relationships.

Extract 31: 14-17 years Female focus group

I: okay. So do your parents speak about boyfriends with you?
Mazet: ja
Participants: yes they do speak about them
I: uh huh uh huh what do they say about them?
Mazet*: hayi ke phofu* my=my grandmother she tells me she says you see now when you have a girlfr=if you have a-
Khanyi: boyfriend
Mazet: a boyfriend,
Khanyi: contraception
Mazet: you must know that, when you have a boyfriend, you must go to the clinic because if you don't go to the clinic once you get pregnant, you will stay for two years here
Masindi: ((chuckling))
Mazet: here at my house, and not go to school because if you have a boyfriend one and you don't take the injectable contraceptive you become pregnant. And if you become, once you become pregnant boys don't care anymore he just goes to other girls who are better than you

In the extract above, the interviewer probed whether parents talk about relationship issues with their children. This question generated a lot of discussion among the participants and the focus was on how parents highlighted the negative aspects of being in sexual relationships. In this discussion the participants argued that once her grandmother found out that they were having "boyfriends" they quickly encouraged them to initiate "contraception" [Lines 351-358]. Mazet argues that the advice from parents concentrated on avoiding getting pregnant so that they do not miss out on school because of "boys" who do not "care anymore" and desert them for "girls who are better" [Lines 359-364]. Parents are portrayed as being against relationships and their advice highlight that young girls carried a significant burden when they got pregnant as they would lose educational opportunities and risked being abandoned by their male partners.

Parental advice mostly stressed delaying sexual debut and questioned the loyalty and responsibility of men towards their partners. The advice given to young women negatively portrays men as immature, dishonest and only after sex. The extract below expands on this.

Extract 32: 14-17 years Female focus group

Beyonce: because she is saying that guys from today are not honest enough for you to be dating them when you are still young so it's better that you start dating when you are older so that you can find out how honest a guy really is
I: okay. Sindi?
Masindi: no my parents say that I must not date that I must date when I am 21 because there is also this disease and I will also get pregnant
I: okay
Masindi: that's what they say
Participant: all of them say that
I: Khanyi?

391 Khanyi: at home they say I must not date because guys from today are rude and they have no
392 respect. If a guy wants to sleep with you he wants to sleep with you right now and he doesn't
393 care about anything else
394 I: okay, okay
395 Khanyi: (unclear) .hh you must not have a boyfriend now because he is going to want to sleep
396 with you right now so it's not right to have a boyfriend because I am still young mos I am
397 still not yet properly grown up
398 I: mm. So she wants you to, what is she trying to avoid for example when boys sleep with
399 you
400 Khanyi: they only want to sleep with you then maybe they make you pregnant and just leave
401 you like that
402 I: okay okay so she is trying to avoid pregnancy. Lolly?
403 Lolly: my aunt says that I must not get pregnant because if I get pregnant she will chase me
404 away from her house
405 I: ((laughs))
406 Participants: ((laughter))

In the extract, the participants reported that they were advised to delay having sex until they were mature and able to sensibly identify honest partners [Lines 381-390]. Parents construct relationships as requiring self-development and maturation. Parental advice also focused on how there was "this disease", young men "are not honest enough", "are rude and have no respect" and all they wanted was "to sleep with you right now" and "make you pregnant" [Lines 391-401]. The participants indicate how parents highlight the irresponsible nature of young men and the risks of being in sexual relationships especially for them as young women. Lolly pointed out that for her the major risk of getting pregnant at an early age was that she would be "chased away from home" [Lines 403-406]. However, the participants chuckled and laughed about this issue. This could have been a sign of the awkwardness of the discussion or they were trying to make light of the parent's advice.

The male participants in the 14-17years focus group had the same narrative of parental disapproval of relationships.

Extract 33: 14-17 years Male Focus Group

170 I: so do your parents talk to you then about dating
171 Nkosi: well yes they try t=t=to
172 Lutho: <they try to stop it>
173 Mpumelelo: they try to stop it
174 Nkosi: they stop it, because it's wrong to date while you are still young because you still need
175 to grow physically and mentally, because here in life mos you can suffer so you need to know
176 the things that you were taught by your parents, when they say don't date they are protecting
177 you from many things you that if you start dating at this age then at some point you will have
178 AIDS, that AIDS I will end up dying from it

The participants indicated that the discussions they have with their parents about relationships are usually meant to discourage young people from engaging in relationships. Three participants argued that parents "try to stop it" which indicates that there is some resistance to what the parents want [Lines 170-174]. For Nkosi, parents would say "it's wrong to date" especially when they "still need to grow physically and mentally" [Line 174-175]. This sentiment fits with the construction of relationships as being for mature and experienced individuals. Nkosi further indicated that parents argued that this was meant to protect them especially from contracting "AIDS" because they would "end up dying from it" [Line 175-178]. The parents' advice positions relationships as a risk factor of HIV. This advice was also meant to discourage young people from getting into relationships.

However, these participants went on to argue that older men encouraged and supported young men in relationships. In the extract below, the participant demonstrate that parental advice was marred with contradictions. This contributed to the tension young people experienced when having to decide which position to take on relationships.

Extract 34: 14-17 years Male Focus Group

182 Luxolo: no but the men they put pressure on you
183 Nkosi: th(h)ey put pr(h)essure on you
184 Mpumelelo: they give you freedom
185 Luxolo: even the women-
186 I: what do the men say?
187 Mpumelelo: they say it's a good thing maybe he sees you with that girl and he says no man
188 *laaitjie* you just like me

The participants argued that some elders in their context "put pressure" on and gave "freedom" to young men to engage in relationships [Line 182-185]. The interviewer probed on what advice they got from older men and Lutho argued that fathers would be proudly saying "laaitjie you are just like me" [Line 186-188].The term "*laaitjie*" is an Afrikaans term that refers to a son. This comparison of young men to their fathers could serve to reinforce and encourage them to engage in relationships. The participant's narratives portrayed fathers as being tolerant and understanding towards young men engaging in relationships thus reinforcing the masculine ideology predominant in the context.

The participants suggested that the advice they got from their fathers allowed a certain amount of sexual activity and that they also highlighted the risks involved in relationships. Some of the young men in the focus group preferred advice they were getting from their fathers. When

asked about their opinions on the likelihood of fathers giving advice to the participants, the following discussion occurred.

Extract 35: 14-17 years Male Focus Group

Nkosi: ehh with what he is saying, others they are lucky I mean other fathers yes they do allow that maybe he was lucky and he got someone who is right someone who is clean maybe his son is going to go to someone who is HIV positive and he will be afraid to come out in the public and say he has HIV and then end up taking pills and maybe he doesn't even follow those pill and what ends up happening? He ((clicks tongue)) dies because he is shy of taking his treatment

Mpumelelo: <no man> when my father gives me advice where is that going to be coming from? My father is going to be advising me that if I want to have this girl I must use a condom. Just like him, he advised me if he had not advised me I was going to have sex without a condom but because he has advised me I will use a condom and I will not get infected

Nkosi comments that young men who get advice are "lucky" but he provided an alternative view that such advice could put boys at risk of HIV [Lines 235-240]. However, Mpumelelo argued that getting the advice would be better since young men would be encouraged to "use a condom" and "will not get infected" [Lines 241-245]. This narrative portrays men in the community as encouraging young men to be sexually active and at the same time be responsible. The male parents often advised young men to ensure that they protected themselves thus preparing them for risk. This discussion shows the tensions that exist when young men have to choose between being sexually active by doing what their fathers expect and following the moral expectation that discourages sexual intercourse at an early age.

In the data sampled, it emerged that young people often relied on their peers and older siblings for guidance on relationships because parents did not talk openly about how to manage the pressure of needing to be sexually active as a young people. The risk of pregnancy was emphasized and was managed by admonishing young people's involvement in relationships rather than developing young people's skills to manage and negotiate the pressure from peers to engage in sexual intercourse at an early age. HIV risk was also the main subject of the advice given by the parents. Further narratives on HIV risk behaviours are discussed in the section below.

5.6 Constructing HIV risk behaviours

In the data sampled it emerged that intimate partner violence in the form of forced sexual intercourse and inconsistent and non-condom use put young people at risk was. However, this study did not seek to provide a descriptive account of HIV risk behaviours in the research

context but to investigate how these wereconstructed. The following sections attempt to illustrate how these risk behaviours are constructed and how these constructions continue to drive these behaviours.

5.6.1 Forced sexual intercourse

In the data, participants did not discuss conflict in relationships and they tended to minimize the existence of partner violence in their relationships. The reasons for this could have been that it was difficult or shameful to talk publiclyabout conflict in relationships. Violent behaviour in relationships was only mentioned by two focus groups with young women below the age of 18 years. The young women in the 14-17 years focus group reported that some young women could be subjected to unwanted sexual interactions without their full consent. These participants, when asked about sexual relations in relationships, indicated that some partners insisted on having sexual intercourse even if they did not want to. As a result of this force they gave in to the demands of their partners. The extract below illustrates this.

Extract 36: 14-17 years Female Focus Group

I: okay okay. Okay so I was saying that does it happen that sometimes you find yourself in a situation where you are forced to have sex with your boyfriend? Forced where for example you see yourself doing it?
Lolly: yes, some of them are forced by their boyfriend
Beyonce: yes their boyfriends maybe, your boyfriend forces you
I: uh huh. Forced, maybe could you just explain to me what happens when you are in that situation?
Beyonce: maybe your boyfriend says no man you know what today, can we please just go to my place and just chill ne
I: mm
Beyonce: she goes with him=you don't know what's going to happen once you get there mos right. Maybe he says when we get there we will just watch TV and it will be nice when you get there he says no what I wanted us to come here for was this and this only
I: what is he saying you must do?
Beyonce: maybe he says that no man, we have been dating for a long time now.
I: mm
Beyonce: so can we please have sex, to get to know each other
I: mm mm
Beyonce: and maybe you say no man and he say no man there is nothing difficult about this thing and he pleads nicely with you and you end up doing it, mos you know that boyfriends they plead nicely with you mos, so you also end up doing it
I: so he pleads with you
Beyonce: he pleads and pleads with you. If you don't eventually consent he ends up forcing you then
I: okay, okay Khanyi
Khanyi: another one says if you really really love me you will do this thing but if you don't love me then don't do it. And you think no man I love so and so so let me do it

673 Mazet: yho I'd rather not lose so and so so let me do it

In the extract above the participants reported that some young women were forced to have sexual intercourse and lured toothier partner's place under false pretenses [Lines 646-654]. Beyonce further explained that the young men would want to "have sex" because they "have been dating for a long time" and this act would allow them "to get to know each other" [Lines 656-662]. Emotional blackmail was also used to break down the woman's defenses until she gave in to the demands of her partner. Beyoncé reported that the man would "plead nicely" and "if you don't eventually consent he ends up forcing" [Lines 664-669]. The participant highlights how young women are usually coerced into having sexual intercourse against their will. Khanyi suggested that some young men insist that in order to prove that the woman "really really love[s]" him she would give in to his demand to prove their love [Lines 671-672]. This implied that although being forced into having sex would be considered unacceptable behaviour, the fact that love was important, meant that this behaviour would appear to be less risky and considered quite normal. In line 673 Mazet argued that some women conceded to the demands of their male partners for fear of losing them by saying they would "rather not lose so and so" hence they end up doing what they would have not wanted. Here the participant constructs the relationship as being more valuable than self-protection.

In the focus group discussion with the 10-13 years females, they reported that physical violence occurred in relationships as a result of insisting on condom use. In the extract below the participants argue this.

Extract 37: 10-13 years Female Focus Group

154 Rebecca: like maybe he is going to call you and say you must go home with him and sleep
155 with him and you don't want to
156 Hlengiwe: and you say that he must use a condom.
157 Rebecca: and then he hits you
158 I: he hits you because you didn't want to use a condom
159 Hlengiwe: no he doesn't want to use a condom

In the extract above, the participants reported that women risked being physically abused especially when they wanted to use condoms with their partners. They argued that if they woman insisted on "us[ing] a condom" her male partner "hits" her "because he doesn't want to use a condom" [Lines 154-159]. However, the participants did not engage in much discussion on intimate partner violence in relationships.

As noted above, maintaining the relationship was importance than adopting protective behaviours. From the discussions it also emerged that violence inhibits the introduction of safer sex practices in these high risk relationships. The section below includes narratives about non-condom and inconsistent condom use.

5.6.2 Non-condom and inconsistent condom use

In the focus groups, the participants reported that there were low levels of condom use among young people in the community and this happened in spite of the high level of knowledge about sexual transmission of HIV. The extract below gives insight as to why young people did not use condoms and it also shed light on the inconsistent patterns of condom use.

Extract 38: 18-25 years Male Focus Group

134 I: mm. Does it happen that maybe girls or their boyfriends do not want condoms?
135 Rasta: condom? Yes
136 Amelca: they say that it causes rash
137 I: causes rash?
138 Rasta: they are there
139 Amelca: yes that it causes rash
140 Rasta: even with us people who are men there are some of us who do not want to use it, and
141 says *hayi suka*, I have never used this thing I will never throw my children into the toilets,
142 *kanti* that's not children those, he is welcoming death by doing that you see
143 I: uh
144 Rasta: ja
145 Patric: and these Choice condoms are even worse
146 Rasta: these Choice condoms are even worse they even burst, these Choice condoms
147 Amelca: they burst, these Choice condoms

The interviewer probed for the reasons why young people were not using condoms consistently and in some instances resorted to having unprotected sexual intercourse [Line 134]. In Lines 136-139 Amelca and Rasta argued that condoms "causes rash". These participants highlight the issue of condoms being associated with causing allergic reactions when used during sexual intercourse thus affecting men physically. Rasta further argues that "people who are men" do not want to use condoms by arguing that they "will never throw my children into the toilets" [Lines 140-142]. Here the participant calls into question the contraceptive use of condoms and constructs its use as being meant to inhibit men's ability to procreate. However, Rasta highlights the consequence of non-condom use would be "death" [Line 142]. He implies that this position on condoms could put them at risk of infection. The participants argue that the "Choice condoms" were considered unreliable as "they burst" [Lines 145-147]. Choice is a brand name for free condoms that are distributed by the government and are available in public

places like clinics, taverns and shops. Here the participants were questioning the reliability of these condoms to justify not using condoms although they are freely available. In the extract below the same group of participants further argued that

Extract 39: 18-25 years Male Focus Group

156 Patrick: cos you will find that even these condoms mos is not something that people worry
157 about a lot of the time, because there are pregnancies now even though it is there. So it's not
158 something that we worry about too much. If she is here and it is not here, then you don't
159 worry about that.
160 Rasta: no if its not there you go even with your head, you swim there, you'll find out then
161 when they say it's entered. That's what happens here, it doesn't surprise us because that's
162 where it was put in the wrong place
163 I: when you say that you go in with your head what do you mean
164 Rasta: you will go in with '*iskwarara*' ((breaks out in laugher))
165 Sirtozi: you will
166 Rasta: you will go skin to skin
167 Sirtozi: you will go skin to skin

These participants suggested that condoms were aware "not something that [they] worry about too much" and the fact that "pregnancies" were still prevalent confirmed this [Line 156-159]. Patrick argues that if your girlfriend is with you and you have no condom you do not worry and this was confirmed by Rasta [Lines 156-162].These participants argue that they do not care is they "go in with *iskwarara*" or "go skin to skin" if the opportunities for sex arise [Line 164-167]. The word "*isikwarara*" is an *isiXhosa* word meant to refer to unprotected sex. The participants argued that some young men preferred unprotected sex and this did not worry them a lot.

Condom use was not only a problematic issue for young men, young women also indicated that condom use was relatively low and there were some who used condoms inconsistently for other reasons. The female participants in the 18-25 years focus group argued aboutthe reasons for non-condom use below.

Extract 40: 18-25 years Female Focus Group

543 I: ((laughs)) o(h)k so is using a condom not nice then
544 Participants: mhmm huh uh, it's not nice at all
545 Participant: and it's painful
546 Portia: it's very small pleasure, it's not a lot
547 Participant: ↓but it's necessary that it must be used
548 I: oh it's little. It's the man who is, the condom doesn't bruise the man mos ne
549 Participants: no it also bruises him, that rubber mos
550 Participants: ((laughter))
551 I: ok so the condom also is uncomfortable for him

552 Participants: <yes>
553 I: ok so it's really quite a problem using a condom
554 Participants: mm
555 Portia: but then we also say that it is safe
556 Participant: it's safe, its protection
557 Participant: (unclear)
558 I: oh the condom also has infections
559 Participants: yes
560 I: mm
561 Participant: that oil (lubricant)
562 Participant: and that oil
563 I: ((laughs)) what about the condom lubricant ((laughs)) what about the condom lubricant?
564 Participant: yo huh uh
565 Vuvu: it has the infection
566 Portia: it's that lubricant that makes you seem like you're gonna have this certain odor now,
567 huh uh, eish
568 Participants: ((laughter))

In the extract above, the participants argue that they do not prefer using condoms because "it's not nice at all", "it's painful" and they experience reduced "pleasure" when having sex [Lines 543-546]. However, one participant highlights that "it's necessary that (condoms) must be used" signifying their awareness that condoms are an important method of protecting themselves [Line 547]. The other participants focus on the negative aspects of condom use for men arguing that condoms caused "bruises"and it was uncomfortable for the men thus proving that condom use was problematic [Lines 548-553]. The participants argue that the "odor" of "oil lubricant" on the condoms discourages them from using them [Line 558-569]. The laughter by the participants could be acting as a reinforcement of their views or it may reflect their unease with discussing such issues given the context of HIV. These narratives against condom use could highlight how young people continued to engage in risky unprotected sex due to their dislike of condoms.

However, these participants also indicated that condoms were their best option for protection from diseases. The extract below expands on this

Extract 41: 18-25 years Female Focus Group

572 I: then why are you still having sex with a condom if you are uncomfortable-
573 Participants: the problem is these diseases
574 Participant: because we are afraid of these diseases
575 Participant: otherwise if they weren't there, we were going to go skin
576 Participants: ((laughing))
577 Participant: I would tell him I will not eat a sweet in its wrapper
578 Participant: cos when I trust a sweet I don't eat it while it's still in its paper

579 I: you eat it like that
580 Participant: I throw away the paper, I throw away the paper

In the extract above the participants indicated that they were aware that condoms could safely protect them from diseases although they were problematic. Despite condoms being "uncomfortable" the participants argued that they used them because they were "afraid of these diseases" [Lines 572-574]. However, if these diseases were not there they would "go to skin". Here they participants were indicating their preference for unprotected sexual intercourse. They argued that they would actually discourage their partners from using condoms by telling them they "will not eat a sweet in its wrapper" and one participant argued that when she "trust[s] a sweet" she will "throw away the paper" [Lines 575-580]. This participant was implying that condom use was least likely to happen in a relationship where "trust" [Line 578] was believed to have been established between the partners to allow them to have unprotected sexual intercourse. Here the participants equated trust with not using a condom within relationships.

These constructions of not using condoms put young people at risk of exposure to HIV infection. The preference for unprotected sex despite their awareness of risk and the desire to leave these constructions unchallenged could inhibit the introduction of safer sex practices such as condom use. This leaves a question of how these young people are managing risk in these high risk relationships. Risk reduction interventions have emphasized monogamy and consistent condom use but the narratives on HIV risk behaviours portray a different reality for these young people at high risk of infection. The section below includes detailed narratives on how young people in the research context manage the risk of HIV risk.

5.7 Management of risk in relationships

Some participants' narratives of managing risk were contradictory to the constructions of risk behaviours discussed earlier. The participants in the focus groups argued that condoms were often discarded by young people in relationship and some young women preferred not to insist on continuous condom-use in their relationships as they construed unprotected sex as more pleasurable and a sign of trust. Some participants indicated that insisting on condoms could result in abuse. The participants' constructions of relationships indicated that relationships in their context were complicated by gender inequalities which could compromise their agency in negotiating safe sexual practices and adequately managing risk. While these arguments by many participants showed that some young people were resistant to condom-use and there was increased frequency of risky sexual practices in relationships, some participants argued that

they had nevertheless managed to successfully introduce condoms into their relationships and they regularly went for HIV counselling and testing (HCT).

5.7.1 Using condoms

In the data from the interviews, it emerged that young people in relationships were using condoms to protect themselves. The interview participants' claims to condom use were different from the focus group discussion where participants argued that condoms were not being used consistently for a number of reasons. This discrepancy in the findings from the two data collection methods may highlight the interviewer and the participant dynamic where the interview participants responded in a socially desirable manner in a one on one discussion with the researchers.

The interview participants in the data sampled considered themselves monogamous and they argued that they were able to consistently use condoms with their primary partners. For these participants using condoms as a barrier for protection against diseases in their relationships was important. They reported that they were aware of the risk of HIV and they viewed condoms positively as they wanted to protect themselves. In the extract below a female participant indicated that she and her partner spoke about the risks of sex hence she insisted on condom use.

Extract 42: P1, Female 18-25 years Interview

I: Okay (.) Okay (.) so now in: your relationship do you talk about the risks of having sex?
P1: Yes
I: Do you talk about them?
P1: Yes
I: Mm, what do you say? When you talk what do you say?
P1: Okay about having sex, [laughs] okay I tell him that if he wants to sleep with me he must please use a condom
I: Okay and what does he say about that?
P1: No he is not difficult

In the extract above, the participant reported that she was able to communicate with her partner about the risk and she was able to insist that "he must please use a condom" [Lines 49-55]. Here the participant portrays herself as a person who is able to communicate openly with her partner about risks and therefore she can insist on condom use. She further argues that her partner "is not difficult" portraying him as understanding about and agreeable to adopting safe sex practices [Line 57]. The participant constructs condom use as being the product of her ability to effectively communicate with her partner about condoms.

This participant further associated condom use with her ability to exercise good judgment in determining the risk and making a rational choice.

Extract 43: Participant 1, Female 18-25 years Interview

P2: Okay I would tell him that we must use a condom. He would ask me why and I would say that I do not know you because you stay away from me, and maybe you might meet a girl that you do not know in a tavern.
I: Mm
P2: You do not know what that girl has, so you will take whatever dirt you get there and bring it to me

In the extract, the participant insisted on condom use because her partner was "staying away" where he could "meet a girl" "in a tavern" and "take whatever dirt" which would end up affecting her [Line 89-94]. Here the participant was able to perceive the risks involved with being in a relationship with a partner who lived away from her. She indicated that in such relationships infidelity was likely to occur hence there was a need to protect oneself. This argument could show that increased awareness of the risk of HIV and calculating one's risk accordingly can be translated into greater diligence in sexual practices and increased use of condoms. However, it is important to note that the participant could be portraying herself in a positive light to the interviewer which does not prove that her assertions reflect the reality of her relationships.

However, the male participants in the interviews reported that they did not like using condoms and they had to be persuaded to use them by their partners. The extract below expands on this.

Extract 44: Participant 8, Male 18-25 years Interview

I: Mm mm. So when you discuss sex it is it's about condoms?
P8: Yes most of the times[yes
I: Mm] and why condoms?
P8: Because maybe she does not want to get pregnant
I: [Oh
P8: There] STIs maybe and things like that [you see
I: Okay] okay. Yes they are important
P8: Yes
I: She is trying to prevent falling pregnant?
P8: Yes
I: Okay okay. So who raises the issue of condoms?
P8: Most of the times it is her
I: Mm
P8: Most of the times it is her
I: How do you respond?
P8: I mean there are days where I would feel like I do not want to use a condom, then (unclear) I would end up using it in that way

98 I: Ok(h)ay [laughs] okay. Why is it you do not want to use a condom?
99 P8: (I do not know man) ey I usually do not feel grand when I am using it
100 I: Serious?
101 P8: Yes I would realize that I do not really feel what I am doing
102 I: Okay

In the extract above, the male participant indicated that they used condoms because his partner "does not want to get pregnant" and there is also "STIs" [Lines 82-86]. The acronym STI stands for sexually transmitted infections. Here the participant argues that the risk of pregnancy and sexually transmitted infections forms the axis of his willingness to use condoms. The participant portrays himself as an extremely understanding partner who is aware of the risk involved in unprotected sex. Despite all this, he however argued that there were times he was reluctant and felt like he did "not want to use a condom" but he "would end up using it" [Lines 96-97]. Here the participant is illustrating that his needs are secondary in the relationship because his partner insists on condom use. He constructed condom use as being based on compromising and doing what is best to keep the other partner happy. When the interviewer probed why he did not want to use condoms he reported that when he used condoms he does not "feel grand" and did "not really feel" what he was doing [Lines 99-101]. Here the participant rationalized his dislike of condoms by highlighting that condoms alter sensation and reduce pleasure.

However, one male participant in an18-25 interview indicated that he was using protection when having sexual intercourse because he was not sure of his partner's HIV status since they had not gone for testing together. The extract below illustrates this

Extract 45: Participant 7, Male 18-25 years Interview

74 I: Ok, ok, ok so (.3) ok do you use condoms when you, when you have sex?
75 P7: yes we use them.
76 I: O:k, ok how often perhaps, all the time when you sleep together or some of the time?
77 P7: (.2) Ya let me say *hayi* all the time we use it just because we have not yet gone to get
78 tested together
79 I: you have not yet gone to get tested?
80 P7: No (.2) I go alone, you see
81 I: and does she go?
82 P8: on that part I do not know which is why I say I cannot be sure and so that's why I use a
83 condom

In the extract above, the participant argued that he was using condoms "all the time" only because they had not "gone to get tested" together [Line 74-80]. He reported to have gone for testing alone and he is not aware of his partner's HIV status that is why he uses condoms [Line 82-83]. Here the participant implies that he will consider using condoms only until he has tested

with his partner and is aware of her status. This argument shows that young people may choose to go for testing rather than use condoms to manage the risk of infection. For some of the participants HIV counselling and testing is constructed as an alternative to condom use in managing risk when in relationships. The section below expands on this.

5.7.2 HIV counselling and testing (HCT)

In the data sampled, participants indicated that they were testing often because they wanted to ensure that they know their status to protect themselves. The participants' responses to HCT might suggest an increase in HCT uptake among young people in the community. The interview participants were asked if they had gone for testing since they were in relationships and they all reported that they had at least tested once. They also indicated that they were willing to get an HIV test with their partners. Only two of the participants indicated that they had gone with their partners for HCT and the rest had not gone with their partners. Three participants indicated that their partners had not tested and they were not aware of their partners' HIV status at the time the interviews were conducted.

However, the female participants in the 18-25 focus groups argued that their partners encouraged them to test alone and if they were negative this was used as an indicator of their HIV status as well. This was used as an excuse for them not to go for testing with their partners or on their own.

Extract 46: 18-25 years Female Focus Group

1668 I: and do couples ever both go for testing
1669 Victoria: it's not common but it does happen to others
1670 I: why doesn't it happen to others?
1671 Victoria: because I am going to tell my partner lets go and test and he is going to say look
1672 here if you want to go to the clinic go me I have nothing to do with the clinic. I go there and I
1673 test and I come back and tell him that I have nothing and he says no then if you have nothing
1674 then I have nothing
1675 Participant: or he says go I will hear from you
1676 Victoria: yes when I come back I say I have nothing he says *yhu* no then I also have nothing
1677 and he won't go.

In the extract above, the participants were asked if they went for HCT as couples and Victoria agreed that it was "not common" [Line 1668]. This proclamation by the participant demonstrated the vulnerability of young people to HIV infection. These participants were not aware of their partner's HIV status which contributed to the vulnerability. Victoria gave an example of how her partner would often make excuses for not going to test at the local clinic

by arguing that he has "nothing to with the clinic" [Lines 1671-1674]. Here the participant could be alluding to the passivity of men with regards to health matters. She further reported that if she told her partner she was HIV negative he would assume that this had confirmed that he has "nothing and he won't go" to the clinic to test [Line 1676-1677]. The participant's comment highlights how men seldom access health services such as HCT to find out and confirm their status.

Failure to access HCT services was justified by some of the male participants who indicated that going for HCT was stressful and they feared finding out their HIV status. The prospect of knowing their status contributed to their anxiety which resulted in them not going for testing. The extract below illustrates this.

Extract 47: 18-25 years Male Focus Group

765 Nyanga: this thing of testing really gets you in a particular way man, have you ever seen if
766 you don't know that you have that thing, you don't think that hey I have this thing that has
767 happened to me what will I do. But if you go and test there and you find out that you have it
768 you will always be thinking hey when will I die, you see
769 I: mmm. It becomes stress
770 Nyanga: ja you see, so you become that thing that doesn't even care that just does things
771 (unclear)
772 Manqoba: these cars that test do come, they come and test, and you see that there is nothing
773 wrong with it, testing people all the people. No we run away us as guys (.)
774 Nyanga: but I mean even if you have tested and you found out that true you have this thing
775 even people will not really love you they will not accept you
776 Manqoba: it's only these grannies and these grandpas, these women, that go there and test not
777 the youth. Nothing. You see. That's fear. A person wants to sit and not know their status,
778 that's better
779 Nyanga: and not see that they are dying, let them just die if they are dying
780 Manqoba: ((laughing)) yes. And they will be seen getting thin overtime and we will see that
781 no, we should have guessed (.6). It's difficult but it's really important to know your status
782 Rasta: ja it's important to know
783 Manqoba: but ja we become really lazy

In the extract above, the male participants were engaged in a discussion about the factors that contribute to their anxiety when they need to go for testing. Nyanga relates how the prospect of finding out his HIV status, especially if it was not what he expected, was difficult to comprehend and accept [Lines 765-770]. His biggest concern about testing was the stress and how to handle being found to be HIV positive. This participant describes how difficult it would be to accept that he was infected with HIV and in spite of his fear he still did not want to go for HCT. Manqoba argues that older people go for

HCT and young men "run away" even though HCT services are easily accessible and available [Lines 772-778]. Nyanga argues what becomes stressful would be that "people will not really love you" and "not accept you" [Lines 774-775]. Here he highlights the stigma that is associated with testing HIV positive which also contributed to failure to access HCT services. Manqoba further reported that this "fear" was so crippling that people would rather "sit and not know their status" [Lines 780-781]. Manqoba and Rasta agreed that it was important to know one's HIV status because they has seen the effects of HIV but this realization did not translate into action because some were "really lazy" to go for HCT [Lines 782-783].

In the data, it emerged that lack of confidentiality at the local clinic discouraged young people from going there for HIV testing. The participants indicated that they preferred testing at places other than the local clinic where there were people who knew them. In the extract below the participants discuss why they had not gone for testing at the local clinic even though the services were free.

Extract 48: 18-25 years Female Focus Group

1636 I: but people say they don't like to test here at the clinic
1637 Vovo: yes others don't like to because like maybe I am gonna test and I find that I have
1638 AIDS. Then I am gonna hear people talking about it in the village, people who were not there
1639 when I was testing. Then I reckon that it must be one of the nurses
1640 Portia: yes and the nurses from X are like that
1641 Participant: there are women who live in the village and they have those books. They have
1642 children and that child is gonna page and see that oh so and so is like this and then that's how
1643 other people get to hear about it
1644 I: ok wait those women are the
1645 Participant: the volunteers who live here in the village
1646 I: are the community health workers
1647 Participant: yes
1648 I: and they live here
1649 Portia: yes

In the extract above, the participants reported that confidentiality was a serious issue that young people had to contend with at their local clinic. The participants argued that if they went for testing at the local clinic they would "hear people talking about it in the village", meaning people who were not there at the clinic [Lines 1637-1643]. The participants indicated that the clinic staff took confidential documents (books) from the clinic home where other people could have access to them [Lines 1640-1649]. This raised concerns for young people and the lack of confidentiality and privacy at the local clinic contributed to them not going for HCT. These

barriers contribute young people's vulnerability as they are not able to manage their HIV risk adequately.

5.8 Summation

In this chapter, the construction of relationships through the analysis of the narratives provided by the participants showed the practices governing relationships in the research context. The findings showed that relationships were constructed as significant for the development of young people during adolescence. The normative process was for the men to take the responsibility of proposing and the women had a passive role of either accepting or declining the proposal. Young women who proposed to men were considered as deviating from the norm and this resulted in them being given derogatory labels. The findings showed a significant shift in the proposal process to young people proposing using cellphones and social networking sites rather than face-to-face proposals.

Local terms such as "*ukudyola*" or "*bayathandana*" were used when referring to any relationships between unmarried couples. The female participants constructed relationships as being about companionship, friendship and intimacy in the form of sex while the male participants constructed relationships as being about reinforcing their masculinity hence sexual desire was the main reason for initiating relationship. The findings also indicated that monogamy was valued but multiple concurrent partnerships were also socially accepted. This made it difficult for the young people to engage with safer sexual practices when engaged in these partnerships. With the exception of some fathers, advice from the majority of the parents mostly focused on discouraging relationships, delaying sexual activity and reducing the risk of pregnancy at an early age. This advice was in tension with the constructions of relationships which portrayed relationships as significant for young people's development.

Sexual activity in relationships was portrayed as a normative behaviour that is expected in early relationship development. They further constructed sexual desire as powerful and uncontrollable that it rendered young people incapacitated even if they wanted to adopt protective behaviours to reduce their risk of infection. A more detailed analysis of the narratives of HIV risk behaviours showed that young people adopted discourses that encourage risky behavioural practices. Sexual coercion as a form of intimate partner violence was constructed as an expected practice in relationships among young people.This contributed to young people

not addressing or reporting cases of coercion in their relationships. Non-condom use as a risk factor was constructed as an expected sexual practice because condoms were considered a barrier to sexual pleasure, caused pain and infections such as rashes. Condom use in relationship was construed as lack of trust in one's partner. Using such discourses to account for non-condom use in relationships served to reinforce this risky sexual practice. The young people in this research context continued to be at increased risk of HIV infection not because of their lack of knowledge or awareness of HIV risk behaviours but rather the discourses they adhered to consequently contributed to their lack of behaviour change.

Although some young people had the agency and desire to protect each other from infection, the underlying problems associated with condom use and HCT contributed to young people's vulnerability to HIV risk. The narratives indicated that increasing young people's risk awareness and encouraging then to manage risk in relationships was not enough to reduce HIV risk in relationships. Few young people in the study were adopting risk management strategies such as consistent condom use and HCT. Despite having access to condoms and HCT young people continued to reported not to adopt in self-protective sexual behaviours in relationship. Barriers such as lack of confidentiality when accessing HCT services and their inability as couples to go for testing meant that young people were failing to manage their HIV risk adequately.

The next chapter includes the discussion of the main findings of this study. This chapter provides a detailed argument on the findings to address the research questions for this study.

Chapter 6: Discussion

6.1 Introduction

The current chapter discusses the findings in relation to the current literature on relationships, HIV risk and management of risk among young people. The study aimed to explore how young people between the ages of 10 to 25 years old socially constructed relationships and HIV risk behaviours within their social context. Further, the study investigated how young people in the research context managed the risk of HIV when in relationships. The sections below expand on these study findings.

6.2 Constructing relationships among young people in *Ematyholweni*

Similar to previous research conducted on young people in South Africa (Harrison et al., 2001), the narratives provided by the participants in this study indicated that relationships were very important and significant in young people's development. The detailed narratives could also be interpreted to indicate the prevalence of young people's involvement in relationships (Flisher et al., 2007). In this study, few participants indicated their relationships status at the time the study was conducted but they reported having knowledge of relationships. Given this, it is important to note that the constructions of relationships could have been influenced by idealized assumptions held by the participants. The findings showed that young people's constructions of relationships were dependent on the participant's ages, developmental stage and relationship experience. Williams and Hickle (2010, cited in Lesch & Furphy, 2013) argue that there is an association between romantic relationship inexperience and idealized constructions of romantic relationships. Therefore, the constructions of relationships were dependent on available narratives on relationships rather than on relationship experience. Young people in the study had diverse experiences and conceptions of relationships which provided insight into the gendered relationship practices. The cultural and social factors in the research context defined appropriate behaviours and circumstances in which relationships could develop. The subsections below expand on this.

6.2.1 Adolescent stage as a significant precursor

The participants portrayed reaching adolescence as significant and an important indicator that a young person was ready to initiate a relationship. To support their claim the participants argued that young people started engaging in relationships by the ages of 13 or 14 years. Their argument fits with the dominant assumption that intimate relationships are an important developmental marker in adolescence with most young people having their first intimate

relationship between the ages of 13 and 18 (Collins, 2003; Furman et al., 1999; Zimmer-Gembeck & Gallaty, 2006; Zimmer-Gembeck, 2002). The male participants indicated that in their context young girls started engaging in relationships at a younger age compared to young boys. This constructed young women as being developmentally ahead and not acting within the confines of society which views adolescence as an appropriate stage to start having relationships. However, these claims could not be verified as most of the participants indicated that they were not in relationships. Overall, relationships were constructed as being the centre of socialization for most young people.

Another finding was that sexual activity during adolescence was considered normative behaviour influenced by physiological changes. This portrayal of the adolescent stage served to justify the fact that young people were becoming sexually active at an earlier age. The participants problematized the physiological changes by arguing that these changes increased their sexual drives thus accounting for why more young people were sexually active and exposed to HIV risk. Sexual activity at an early age was portrayed as an expected normative behaviour to mark the transition from childhood to being an adult. Relationships were constructed as being about initiating sexual relations and embracing their sexuality.

6.2.2 Proposing love to a prospective partner

Although relationships among young people were common in adolescence, the process of initiating the relationship mainly followed the same format. The participants' narratives showed that the proposal process began by gaining rapport with the prospective partner and establishing a mutual friendship over a period of time before eventually declaring love. This portrayed how much young people invested their time and energy in ensuring they get partners. Love was used to appeal to the emotions of the prospective partner and if this was found acceptable the relationship commenced. The proposal process was a two-way interaction and the other partner had to reciprocate to the advances of the other. This stage approach to initiating relationships was used by most of the participants to describe ways of initiating relationships. Participants indicated that young people were increasingly using cellphones and social networking applications to propose. These platforms served two purposes, they allowed young people to interact with people from other places and they minimized the anxieties experienced in face to face proposals.

However, the initiation process was gendered with young men being seen as the initiators and responsible for proposing to women. This was consistent with the findings from a study conducted by Pattman (2005) with 6–18 year olds from the southern and eastern African region who argued that proposing love was the domain of boys and relationships began by the boy declaring his interest and intent. Young women were portrayed as often taking on a passive role in initiating relationships although they had to consent to the relationship before it began. This finding was congruent with previous research which shows that relationship development is highly gendered where young men seem to have more power than the girls thus assuming leadership-type roles whereas girls often take a passive role (Gever et al., 2012).

In most societies relationships are a powerful force bound by rules that inscribe messages into people's expectation and behaviour of partners (Zeidner & Kaluda, 2008). The proposal process was constructed as a platform to maintain male power and domination by some of the participants. For these participants, young women could not propose to young men since this act was considered as a deviation from the norm. The young women conformed to and upheld the view that men had the responsibility to initiate relationships while young women were not allowed to communicate their desires or act on them even if they felt differently. For young women to go against the norm was considered highly undesirable and unattractive by their peers. Breaking this unwritten rule was considered incompatible with the social expectations that young woman should be less forthcoming with their feelings and desires. This construction of the proposal process as being a male domain could curtail young women's ability to make decisions with regards to choosing a partner. In terms of exposure to HIV risk such relationship dynamics may contribute to young women's inability to be assertive and develop negotiation skillswith regards to sex practices. In a contexts where there is a sense of male dominance and an absence of negotiation of terms of the relationship, results in a situation where the woman is without space to assert her relationship preferences. This often means that the woman accepts her partners'relationship terms which may include engaging in risky sexual practices.

6.2.3 "*Ukudyola*" and "*Bayathandana*"

Relationships were constructed in two parts as either "*ukudyola*" or "*bayathandana*" with partners being intimate and each form with its own practices. Relationships referred to as "*ukudyola*" began between people who had just met or between acquaintances. This relationship was constructed as being for fun with no expectation of commitment which was similar to Harrison et al.'s(2008) description of 'jol'. In the study, the construction of

"*ukudyola*" by the participants was gendered. The young men, constructed "*ukudyola*" as being a platform to experiment with sex which contributed to the general acceptance of early sexual debut for young men mostly. The young women emphasized on maintaining the relationship for a long time and they considered "*ukudyola*" as the basis for marriage. They argued that these relationships were about companionship and friendship which involved spending time, sharing secrets and spending time together in private with one's partner. This fits with the view that relationships are about opening up to each other, enjoy each other's unique qualities and sustain trust through mutual understanding (Evans, 2004). Thus, the female participants above the ages of 18 years preferred to use the term "*bayathandana*" instead of "*ukudyola*" to highlight the two parts of relationships. The term "*bayathandana*" is an *isiXhosa* term that means to 'be in love' or 'they are in a relationship'. This type of relationship was constructed as being serious and emphasized on love, intimacy, and commitment. The need for companionship and friendship was portrayed as being a primary factor that contributed to young people engaging in relationships. Companionship in a relationship was viewed as being close, intimate and having an emotional attachment with your partner.

The reason for this gendered construction of relationships could highlight that the participants were relying on dominant relationship discourses rather than their own experiences, values and beliefs about relationships. This highlights that individuals that are romantically inexperienced lack more personalized constructions of relationships and hence use available discourses to make sense of their own relationship experiences (Lesch & Furphy, 2013). The constructions of relationships could have been the participants' desires which did not reflect the reality of relationships in the community. Idealized discourses could have been used especially in a context where engaging in a relationship at an early age was discouraged and the community discourses of relationships generally involve negative constructions of relationships. The section below includes a discussion on the dynamics of relations in the community.

6.3 Dynamics of relationships

Another theme that emerged was that of age-disparate partnerships. The participants reported some young women were in age-disparate partnerships, similar to previous research conducted with young people (Lerclec-Madlala, 2008; Shisana et al., 2014). The term "sugar daddies" was used to refer to older men involved in relationships with younger partners. These men are usually more financially stable so they had concurrent partners who were younger women whom they offered monetary and material support. Social factors such as poverty and lack of

employment opportunities in the community lead young women to engage in relationships with older men. Some of the male participants offered more cynical explanations for why women seek older men. Their arguments condemned the young women who were in relationships with older men for sexual reasons. However, the existence of these relationships in the research context could not be verified.

Current research in South Africa has shown that age disparate partnerships have been closely associated with risk of exposure to HIV (Shisana et al., 2014).The participants articulated that the exploitative and manipulative nature of age-disparate relationships was a contributing factor which increased young people's vulnerability to HIV infection. Ssome of the young women argued they had the agency to avoid engaging in these relationships and they claimed that they actively avoided exposing themselves to abuse. Age disparate relationships were considered incompatible with their social expectations since families could even disown individuals in such relationships.The stigma associated with participating in these partnerships may have influenced the participants to respond in a socially desirable manner.

Another theme in the participants' narratives, similar to the finding of Harrison's (2002) work, is that of multiple concurrent partners.The participants described scenarios where an individual could have a sexual encounter with another person whilst already in a relationship. There was agreement in the participants' reports that boys were more likely to engage in multiple concurrent partnerships.Earlier research conducted with young people has reported similar gendered patterns of multiple concurrent partnerships (Harrison, Xaba& Kunene 2001). Local terms were used to describe young men who engaged in these partnerships. A young man with many girlfriends was called "*isibethi*" or "*udlalane*" in *isiXhosa* which meant womanizer and playboy respectively. These terms were used to compliment and celebrate young men who had multiple partners. For the young men being referred to in such terms meant they had status and could boast about it. Generally, for young men to gain popularity and prestige in the community they had to be associated with multiple girlfriends.

The general expectation among young people was that men are unfaithful and unable to be loyal to one woman. The participants' narratives emphasized that men were ruled by their drive for sex therefore is was inevitable that they would be unfaithful. Although women were against this idea, they viewed female desire as meant for pleasing men hence it required tolerance for infidelity. Other studies in South Africa have shown similar accepting attitudes towards men's

unfaithfulness (Harrison et al.2001; Wood et al., 1998). The entitlement of men to sex has often been identified as a factor contributing to women's heightened sexual risk to HIV infection (Wood &Jewkes 2001). The participants viewed male sexuality as being natural hence it could not be repressed. Young men who did not conform to this idea risked to be considered failures hence they were stigmatized, demoralized and experienced diminishing self-esteem. An *isiXhosa* term "*isishumane*" was used to refer to young men who practiced monogamy or had no partners. Within the study context being called "*isishumane*" was considered to be insulting and a derogatorylabel. It contains a reference to a 'shoemaker', arguably an unmanly and impotent figure. This normalization and acceptance of multiple concurrent partnerships among young men increased their vulnerability to HIV infection.

Although multiple concurrent partnerships were associated with young men, the participants reported that young women also engaged in these partnerships resonating with Jewkes and Morrells's (2012) work with adolescent girls in the Eastern Cape Province. However, young women, engaging in these partnerships were condemned. Although the term "Casanova"(a Spanish word that is associated with being charming, promiscuous and master of seduction) was used to describe these women, this was accompanied by a much more negative reference, the word"*isifebe*" an *isiXhosa* word that means 'bitch'. These young women were viewed as only motivated by money instead of pursing a relationship with one partner which was considered similar to prostitution. Young women viewed as '*isifebe'* had sexual encounters with multiple men primarily for material gain. When comparing the meanings attached to the terms used to describe young men and women in multiple concurrent relationships it highlights the ambivalence towards women's sexuality. For example, a woman who is not in a monogamous relationship is viewed as promiscuous whereas a man is considered virile.

The terms "*umakhwapheni*" or "shield" were used to refer to men or women in multiple and concurrent partnerships.The term "*umakhwapheni*" is an *isiXhosa* word which means under the arm and "shield" is a colloquial word derived from a roll-on deodorant brand by the same name. These terms were used interchangeably to refer to a secret lover that is hidden from the primary partner.In this context "*umakhwapheni*" or "shield" meant an individual who conducts their relationship activities in secret or undercover. The need to maintain a relationship with more than one partnerunder the pretext of being monogamous in the eyes of the community or current partnerresulted in these secret relationships. This exposed individuals in these secret relationships to higher risk of HIV infection as they had reduced ability to negotiate

relationship practices and were unable to decide the terms and conditions of their sexual relationships. A few participants viewed these relationships negatively and voiced a desire for monogamy. For the young women multiple concurrent partnerships were justified in cases where one was unsatisfied sexually by their primary partner. However, they indicated that these relationships were a significant source of stress in a context where they have to deal with HIV. Overall, constructions of multiple concurrent relationships served to perpetuate and drive risky sexual practiceswhich further contributed to the vulnerability of young people to HIV infection.

Overall, the young people were aware that these partnerships exposed them to the risk of HIV infection. However, young men freely spoke about how multiple concurrent partnerships were acceptable for them and this behaviour was reinforced by the use of local terms that celebrated young women in such partnerships. Most of the participants claimed to be in monogamous relationships with partners their own age.

6.4 Parental advice on relationships

In a context where navigating and managing relationships proved to be difficult parents should create more opportunities for young people to talk privately and seek advice on relationships. However, the participants in the study argued that they seldom talked privately about relationships with their parents. The few opportunities for young people to get advice on relationships were from their peers and siblings. Parents who were open to relationships supervised and advised their children to delay sexual activity which increased the risk of pregnancies and HIV infection. Parents assumed that young people get involved in sexual relationships at an early stage before they are mature enough to manage their own sexual behaviour. This is similar to Lesch and Furphy's (2013) assertion that young people are considered as unable to manage their own sexual behaviour and if left alone they will likely engage in sex.

Interestingly advice on sexual relationships was gendered as young women were discouraged from engaging in sex before marriage whilst there was general acceptance of sexual activity for young men, especially by fathers, even at an early age. These findings are consistent with previous research with young people (Lesch & Furphy, 2013; Marx, 2006) which argued that parental advice on sexual initiation was centered primarily on age, and the normative expectation of the age to initiate sex was within the bounds of marriage. In a context where young people are sexually active at an early age, this gendered dimension of the sex advice

tends to leave young people without adequate knowledge and realistic guidelines that would enable them to manage their own sexual health (Lesch & Anthony, 2007; Lesch & Kruger, 2005). According to Bruckner and Bearman (2005, cited in Lesch & Furphy, 2013) advice that emphasises abstinence fails to provide young people with comprehensive sexual health information such as using condoms to reduce the risk of HIV. This put young people at risk of HIV infection because if they are sexually active they would not have adequate skills to deal with the risk.

6.5 Construction of risk behaviours among young people *Ematyholweni*

Previous South African studies have showed that intimate partner violence was likely to occur in relationships (Jewkes et al., 2009a; Jewkes et al., 2009b; Wood & Jewkes, 1998). In this study intimate partner violence was mentioned in only two focus group discussion with female participants below the age of 17 years. The narratives provided by some of the female participants indicated that intimate partner violence in the form of forced sex and coercion does occur in relationships in the research site. These participants provided accounts where young women were coerced into having sex without their consent indicating that men were more likely to control sexual interactions. This was similar to research findings arguing that young women who refused to engage in sex with their partners could be physically assaulted or forced into it without their consent (Wood & Jewkes, 1998).

The young men in the study did not indicate whether physical force to engage in sex was used in their own relationships. Women older than 18 years provided narratives of relationships where the use of physical force was not used by men against women. For them sexual activity in relationships was negotiated on an equal footing and respect for the other person's desire was important. However, these narratives of equality and no sexual coercion in relationships should be treated with caution. Research conducted with young people in South Africa has reported high rates of coercion in sexual interactions (Harrison 2002; Jewkes et al., 2003). It is important to note that it is very difficult to assess the nature of coercion and violence because of the socially sensitive nature of the topic of intimate partner violence (O'Sullivan et al., 2006).

Literature has shown that young people know that HIV is sexually transmitted and having unprotected sexual intercourse increased an individual's chances of getting HIV/AIDS (Dias, Matos & Goncalves, 2005).In the study, the participants had knowledge that condoms were a

preventive method for HIV. However, this knowledge did not match the practice of consistent and correct condom use.

Consistent condom use was constructed as problematic in relationships with few female participants indicating that they were more likely to initiate condom use. Condom usewas constructed as a barrier to pleasure when having sexual intercourse since condoms did not allow for greater sensitivity. The participants graphically described how condoms reduced sexual pleasure by comparing it to 'eating a sweet in a wrapper'. Condoms were also considered to cause a lot of discomfort with some participants arguing that they had rash which was an allergic reaction to condoms. The participants had knowledge about where condoms could be obtained and they knew that they were available free of charge at the local clinic, shops and taverns. Accessing condoms free of charge was considered to be easy and they were not embarrassed to get them. However, there were accounts of the free condoms bursting and causing a lot of discomfort. The participants commented that there were opportunities when sexual encounters were unplanned nature and no condoms were available. This was considered a barrier to consistent condom use as it was not possible to resist sex because a condom was not available. Some of the young womenviewed unprotected sexual intercourse as a sign of trust. These findings are similar to other research which showed that the introduction of condoms in the relationship raised issues of trust, sexual pleasure and the reliability of condoms (Abdool Karim, Abdool Karim, Preston-Whyte & Sankar, 1992: Hunter, 2010; Misovich et al., 1997).

These narratives of inconsistent condom use could highlight that the participants probably considered themselves at low risk of acquiring HIV from their partners. These findings indicate how important personal risk perceptions are in determining condom use in relationships among young people. The likelihood of condom use was diminished by these constructions thus indicating that the risk of HIV was not well managed in relationships and there was disinclination to use condoms. Overall, condoms were an unpopular option although abstinence and faithfulness within relationships was not expected.

Previous research has shown that feelings of personal vulnerability to HIV infection may translate knowledge of risk into behaviour change (McPhail & Campbell, 2001). Contrary to this assertion, the participants' constructions of HIV risk behaviours may not facilitate behaviour change. The narratives reduced the seriousness of their HIV risk behaviours and the

participants did not fully acknowledge that these behaviours were a source of HIV infection. Engaging in these types of behaviours was not considered a threat hence their constructions of HIV risk behaviours made it difficult for these participants to perceive of themselves as at risk. The constructions of the risk behavioursmay be interpreted to show that the participants felt protected from HIV infection. This had implications for how the young people in the research context managed HIV risk when in relationships.

6.6 Management of HIV risk

In the context of HIV/AIDS, the management of risk of HIV is crucial especially in sexual relationships. In the study, relationships were found to be significant for the development of young people yet there was a need to find a balance between maintaining a relationship and the threat of HIV infection. In young people's relationships, sexual activity is a key feature and at the same time it exposes them to HIV risk. Hence it is important to address how young people manage the risk of HIV in their sexual relationships.

Currently research on HIV prevention (Shisana et al., 2014) indicates that condoms are the most effective protective measure that young people can use to reduce the risk of HIV infection. In the study, some participant reported that condom use was not rare and they were viewed them as an effective means of inhibiting the spread of HIV. For these participants condom use was partially viewed as the most effective strategy to reduce the risk of HIV in relationships. However, this awareness by the participant did not mean that condoms were used consistently or adopted in all relationships. Some participants in the interviews argued that they insisted on using condoms because they were aware of the risks involved in unprotected sex. There was also a general sense that condom use could be requested by either partner, and if requested they would be used. However, condom use during sexual intercourse was not simply a physical act but it was associated with many meanings. Condoms were used in instances when there was suspicion of infidelity in the relationship and if partners were not both aware of their serostatus. For some participants condom use was primarily for contraception as the risk of pregnancy was mostly seen as more important. Generally condom use was dependent on the characteristics of the relationship and the serological status of the couple. This dynamic shows that prevention strategies should not associate condom use exclusively with HIV and AIDS prevention but they should also promote condoms as a contraceptive and a part of sexual intimacyregardless of the serological status of the couple.

Research has indicated that HCT is important as another strategy for both prevention and access to treatment, care and support services (Shisana et al., 2014). In the study participants recognized the value of HIV testing as a means to manage risk in relationships. Some of the participants claimed HIV and AIDS related stigma created barriers to seeking HCT services. These findings are consistent with previous research which showed that fear of stigmatization may be one of the most important barriers to HCT uptake (Meiberg, Bos, Onya & Schaalma, 2008). Furthermore, participants indicated that the health care workers in the local clinic gossip about HIV-positive people. Another problem was the lack of trust in health care workers who were considered to breach client confidentiality. Some participants argued that they were scared of positive results and they feared how they would deal with the disease. These results are consistent with research conducted with young people which showed that fear of knowing one's status and stigma were an important determinant of the uptake of HCT (Meiberg et al., 2008). However, the narratives provided by the participant may indicate low uptake of HIV testing services offered in the local primary health care clinic. In light of the discussion above, there is a critical need to develop appropriate interventions to increase HCT uptake among young people in high risk relationships. In a context of high HIV/AIDS incidence, risk reduction should address the fear associated with HCT and deal with issues of stigma related to being HIV positive. Addressing these issues will enable young people to adopt a range of healthy behaviours and contribute to lifestyle change.

6.7 Summation

Relationships were constructed as being very important and significant in young people's development. The detailed narratives indicate that young people in the research settings had diverse experiences and conceptions of relationships. Further, the findings showed that relationship practices were gendered as an influence of the cultural and social factors in their context. The participants portrayed the adolescent stage as a significant indicator that an individual was ready to engage in a relationship. The findings indicate that with the onset of adolescence, sexually activity was expected and this was associated with physiological changes. This argument was used by the participants to justify early sexual debut among young people.

The proposal process was described as a two-ways interaction although it was gendered with young men being seen as the initiators and responsible for proposing to women. Failure to confirm to this gendered process by some young women could result in them being considered

as social deviants. Relationships were referred to as either "u*kudyola*" or "*bayathandana*" although the latter term was used mostly by the female participants to distinguish between different levels of commitment in the relationship. Other relationships partnerships discussed included multiple concurrent partnerships and age disparate partnerships for transactional purposes. A number of local terms were used to describe young people who engaged in these partnerships. Peers and siblings were viewed as the people to approach if a one need advice on relationships. Parental advice was the least preferred as it focused on preventing young people from engaging in relationships so that they delay having sex, avoid the risk of pregnancy and focus on education for a better life. However, this advice was gendered as some young men were encouraged to initiate sex even at an early age.

The findings also showed that awareness of risk did not lead to behaviour changes because the participants constructed early sexual debut as being an indicator of intimacy and an affirmation of the bond between relationship partners. Condom use in sexual relationships was also constructed as problematic because condoms were uncomfortable, a barrier to pleasurable sex and unnecessary in trusting relationships. These construction of risk behaviorsreinforced risk taking behaviour among sexually active young people in relationships thus further increasing their risk of HIV infection. The findings also showed that intimate partner violence was likely to occur in relationships although this was mentioned in only two focus group discussions with female participants below the age of 17 years. Generally, the constructions of risk behaviours reinforced risk taking thus contributing to the participants'vulnerability to HIV infection.

In the study it emerged that condoms and HCT were the preferred measures adopted by young people to manage the risk of HIV when in relationships. However, condom use was viewed as the most effective strategy by the interview participants. This claim by the participants could not be verified hence it cannot be assumed that condoms were consistently used or adopted in all relationships. Further, HCT was preferred by young people despite the barriers such as stigma and lack of confidentiality affecting their willingness to seek HCT services in the local clinic. The mention of these barriers could indicate low uptake of HIV testing services offered in the local primary health care clinic by young people in the community.

Overall, the findings indicate that the constructions of relationships and HIV risk behaviours reinforced risk taking among young people in relationships in the research context. Further,

these constructions reinforced a false sense of protection from HIV and the barriers associated with their preferred strategies for managing risk meant that young people in relationships continued to be vulnerable and at increased risk of HIV infection.

The following chapter concludes this study and provides a detailed description of the limitations, strengths and recommendations of this study.

Chapter 7: Conclusion

7.1 Summary of findings

From the findings it can be assumed that young people's relationship experiences obviously exert a significant influence on their development. Peers influenced young people's relationship expectations through their impact on general views of relationships. The participants also reported they seldom had opportunities where they could talk privately about relationships with their parents. For example, parents' advice emphasised delaying or abstaining from sex until marriage, because sex will lead to pregnancy and ruin one's chances for a better life. Although this was the general discourse, this type of advice was mostly directed to young women while young men were encouraged to initiate sex. In addition broader social influences, such as cultural practices in relationship development influenced how the participants constructed relationships. The findings provided in-depth insight into varied constructions of relationships from the perspectives of young people in a rural community. The nature of relationships was complex indicating that a single model of what constitutes relationships may not fit different social contexts.

Further, the study showed that young people had a tendency to under-report the risk factors to which they were exposed in their social contest. The participants' narratives contained misconceptions and erroneous views about HIV risk behaviours. For example condom use was viewed as an optional strategy to adopt to reduce the risk of HIV and safety was traded for sexual pleasure provided by unprotected sex. Such constructions of HIV risk behaviour could make young people interpret the actual odds of becoming infected wrongly. Further, adhering to this view may indicate that the participants did not know how to assess their risk and they were not able to apply their knowledge of HIV transmission to assess their risk level when engaging in sexual activity. The findings also highlighted a lack of understanding regarding the consequences of risky sexual behaviours. Therefore, in constructing HIV risk behaviours, it could be assumed that young people lacked understanding of what risk entailed in their relationships. In a context of HIV, adhering to these constructions did not provide young people with opportunities for positive support to adequately engage with protective behaviours to reduce risk. Some of the participants reproduced discourses and narratives that continued to put them at increased risk of infection. Overall, young people did not counter the dominant discourses so as to adequately address their risk when in relationships.

Lastly, the findings also indicated that condom use was partially accepted by some participants althoughconsistent condom use at every sexual interaction was still a challenge. The participants also reported that young people had access to HCT services in their community. However, couple testing and uptake of HCT among sexually active young people proved to be a challenge due to stigma associated with HIV/AIDS and lack of confidentially at the local clinic. Overall, the findings suggest that risk management in relationships needs to strike a balance between relationship survival and self-protection as well as taking responsibility for the partner's safety. Protecting both oneself and your partner was not prioritized. Based on the findings from this study, it is essential to incorporate young people's constructions of relationships and risk behaviours in relationships in order to have an impact on their behaviours. The way forward would be to engage young people about relationships issues and practices for them to be able to build adequate risk reduction skills that are practical within their complex relationship contexts. Addressing the challenges young people face with the adoption of condoms and access to HCT services would assist young people in adequately manage their risk.

7.2 Limitations and strengths of this study

Lincoln and Guba (1985, cited in Shenton, 2004) proposed four criteria for judging the soundness of qualitative research. These are namely credibility, transferability, dependability and confirmability. Credibility ensures that the research findings are congruent with reality (Shenton, 2004). To ensure that that this study was credible and trustworthy, well established qualitative research methods such as focus groups and interviews were used. These methods of data gathering allowed the participants to discuss in more depth their relationships experiences and share their opinion on HIV risk behaviours and management of risk within their social context. The research assistants involved in the data collection process stayed in the community so as to become familiar with the culture of the participants and the community. This allowed them to understand and establish trust between the parties involved in the project before the first data collection discussions took place. The participants were from a wide range of age groups and they were randomly selected. This could be interpreted to mean that those selected were a representative sample of the larger group of young people in the community. Additionally the participants were willing and volunteered to participate in the project which could have encouraged them to frankly discuss.

However, the limitation was that some of the participants who took part in the study were inarticulate and in some instances not forthcoming with their responses. The focus group discussions conducted yielded richer data on relationships compared to the individual interviews. Based on this the interviews did not facilitate an observation of the dynamics of relationships in the same way as the focus group discussions. The interview participants did not elaborate much on their relationship dynamics and risk of HIV. The difference in the direction of the discussions across the two forms of data collection could have been influenced by the gender, status and the age of the interviewers. For example, the participants could have constructed their narrative in response to university researchers who were assumed to be more knowledgeable about HIV/AIDS. Male and female participants might also have described their experiences in relation to the gender of the interviewers. Both older and younger research participants could have been less forthcoming in expressing their views to interviewers who were either older or younger than them. Despite these limitations this study provides a unique contribution to qualitative research on the topic of relationships, HIV risk behaviours and risk management among young people in the research context.

Transferability refers to the extent to which the findings of the study can be applied to other situations (Shenton, 2004). In this study, the participants drew upon cultural resources which could be argued to be indicative of routine practices in similar contexts. The use of local terms to describe varying levels and types of experiences within this study sample, may indicate the commonality of experiences and understanding of relationships.A detailed account of the research context and the research participants was provided to ensure that the study could be tranferable to similar contexts with people of similar characterisitcs. However, the findings for this study must be understood within the context of the particular characteristics of the participants and the community where the project was carried out. It would be of great value to replicate this study in order to assess the extent to which findings may be transferable to other contexts.

Dependability is concerned with the reliability of the study based on the assumption that if the study were to be replicated the same results would be observed (Shenton, 2004). In this study, a social constructionist framework was used. Within this framework claims of a universal reality are often not made and it assumes that people construct meanings of their social realities through interactions with others. It also assumes that when interacting people draw on their historically and culturally situated social processes that are specific context. As such some of

the narratives provided by the study participants could have been hearsay based on other young people's relationship experience and behaviours.This could mean that the findings of this study cannot be replicated in other research studies, because the dyanamics of data collection in other studies would create different interactions and thus different data. It is also important to note that due to the sensitive nature of the research topic, social desirability might have had a great impact on the study. However, the methodology of this study was described in detail, explaining how the research process occurred for it to be replicated.

Confirmability refers to the degree to which the results could be corroborated by others (Shenton, 2004). In this study, the use of different sampling, data collection and analysis strategies meant a variety of viewpoints captured were from a wide range of young people in the community. The study gathered context-specific information and the methods adopted were described in-depth. Potential bias or distortions in the interpretation of the findings were acknowledged.

7.3 Recommendations

The findings of this study have uncovered several areas that require further enquiry.Future research should further investigate the development and practices of young people's relationships within their social context. This will contribute to better understanding the significance of practices that are specific to a context which cannot be transferable to other settings. Further research could explore the interaction between partners in terms of decision-making. By exploring how couples negotiate and make decisions in relationships, it will better inform interventions that seek to build healthy and positive relationships that facilitate the adoption of safe sex practices.

Intervention programmes could also examine ways of effectively facilitating dialogue on relationships between parents and young people. Currently, advice given to young people mostly consists of warnings about sex and the negative consequence of engaging in sex at an early age. Often this advice leaves young people with inadequate knowledge and guidelines about how best they can manage their own sexual health (Lesch & Anthony, 2007; Lesch & Kruger, 2005). It is therefore critical for parents to provide advice in a non-judgemental manner which will help young people to develop positive views about their sexual relations which could contribute to the adoption of self-protective practices in relationships.

Further, interventions that seek to address HIV risk should focus on encouraging appropriate personal risk and emphasize the positive attributes of condoms. Intervention programmes could also build young people's confidence in addressing problematic issues that contribute to their vulnerability to reduce their risk of HIV. Focus should be on developing young people's ability to negotiate relationship practices. This could help them build healthy relationships so that they can adequately manage risk of HIV.

Further, studies should investigate HIV and AIDS-related stigma, anonymity, confidentiality and other factors that limit young people's access to HCT services. Although HCT is viewed positively, further enquiry on challenges faced by young people when accessing HCT services should be conducted.

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Appendices

Appendix 1a: Letter to Gate Keepers (English)

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Dear Nkosi _____

I have worked in *Ematyholweni* with various research projects since 1990. In 2000-2003 we conducted research about HIV/AIDS, youth, relationships and sexual health. I would like to consult with you, and seek your permission to continue the research in *Ematyholweni*, over the next few years.

The focus of the research would be on seeing how responses to HIV and AIDS have changed in *Ematyholweni.* It would look at what people know about HIV and AIDS, what they think about it and how they are responding to it. The team of people working on the project are from the University of KwaZulu-Natal, in Pietermaritzburg, and also staff and students from Fort Hare University.

The research would involve interviews and focus groups with young people, parents, church groups, traditional leaders, traditional educators, traditional healers, and the clinic staff. It would also involve workshops at which information collected in interviews and focus groups will be presented and discussed. The process of the research project is meant to include the residents of *Ematyholweni* in understanding and analyzing this information. It might happen that because we are all discussing the research process and the information together, changes will come out of the workshop process.

We would like to work in a few villages in *Ematyholweni*. Unfortunately because of time constraints it will not be possible to work in all of the villages. The project data collection would start in 2012, and might continue until the end of 2013.

The interviews and focus groups will be recorded so that the researchers can accurately capture what it is that people have said, and translate it into English. The workshop process will be filmed using a video camera, also to accurately record what people discuss. This information will then be transcribed (or written down) from the video recording.

The names of all of the people who participate in the interviews and focus groups will be kept confidential and known only by the research team. Each participant will be given a code number so that their views will remain private.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

I will be happy to answer any questions that you have about the project.

Yours sincerely

Dr Mary van der Riet
Senior Lecturer
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Appendix 1b: Letter to Gatekeepers(*isiXhosa*)

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

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Nkosi _____ othandekayo

Ndike ndasebenza e-Ematyholweni ndisenza iinkqubo zophando ezininzi ukusukela ngo 1990. Ngo 2000-2003 senza uphando ngentsholongwane nesifo sikagawulayo, ulutsha, ezobudlelwane kunye nempilo ekwabelaneni ngesondo. Ndingathanda ukuba sidibane, ukuzo cela imvume yakho yokuba siqhubeke noluphando e-Ematyholweni kuleminyaka embalwa elandelayo.

Ingqwalasela yoluphando kukubona ukuba iimpendulo malungelana nesifo sikagawulayo sezatshintsha na e-Ematyholweni. Oluphando lizakujonga ulwazi labantu ngentsholongwane nesifo sikagaqulayo, iingcinga zabantu ngesisifo kunye nokuba bapendula/bayibona kanjani lemeko. Iqela labantu abasebenza koluphando basuka e Yunivesithi yaKwaZulu-Natal, eMgungundlovu (Pietermaritzburg), kunye nabasebenzi, nabafundi abasukae Yunivesithi yaseFort Hare.

Oluphando luquka, udliwano-ndlebe kunye nengxoxiswano nolutsha, abazali, amabandla, inkokheli zesintu, iingcibi, abanyangi/izangoma kunye nabasebenzi base kliniki. Oluphando luzoquka/bandakanya iimfundiso/imihlangano apho ulwazi oluqokelelwe kudliwano-ndlebe nakwiingxoxiswano, lizokwandlalwa khona. Lenkqubo yoluphando yenzelwe ukuba abahlali base Ematyholweni babe nesabelo ekuqondeni nasekucalucaleni olulwazi. Kungezeka ukuba ngenxa yokuba sixoxisana sisonke kulenqubo yophando kunye nakwi ncukacha, utshintsho lungavela emhlanganweni.

Singathanda ukuqhuba oluphando kwiilali ezimbalwa zaseEmatyholweni. Kodwa ngenxa yokuba ixesha esinalo lufutshane, asizukwazi ukuba sisebenze kuzo zonke iilali. Uqokelelo-lwazi loluphando luzokuqala ngonyaka ka 2012 futhi lungaqhubeka kude kuyophela unyaka ka 2013.

Iindliwano-ndlebe kunye nengxoxiswano zizoshicilelwa ukwenzela ukuba abaphandi babambe ngononophelo oko abantu abakuthethileyo, bakutolikele kwisingesi. Inkqubo yemfundiso/yomhlangano izoshicilelwa kusetyenziswa i-video camera, kushicilelwe nyanisekileyo oko abantu abakuxoxileyo. Olulwazi luzokubhalwa phantsi lusuka/lusukela kushicilelo lwe-video.

Onke amagama abantu abazobe behlomla/bethatha ingxaxheba kudliwano-dlebe nakwi ngxoxiswano azogcinwa efihlakele azokwaziwa liqela lophando kuphela. Wonke umntu ezoba ehlomla uzonikwa inombolo ukuze izimvo zabo zihlale zifihlakele.

Ezi nkcukacha ziqokelelwe kule nkqubo yophando zisosetyenziswa ukubhala amanqaku azokwaziswa/bhengezwa kwi nkonfa ukwenzela ukuba abantu bafunde kumava oluphando. Abanye babafundi nabafundisi-ntsapho abaqhuba oluphando bazokusebenzisa lenkqubo yophando ukufezekisa/ukugqibezela izifundo zabo. Ndingathanda ukuphendula yonke imibuzo mayelana noluphando.

Ozithobileyo,

Dr. Mary van der Riet
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Appendix 2a: Information sheet (English)

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INFORMATION SHEET ABOUT THE RESEARCH PROJECT

Dear resident of the *Ematyholweni*

You may know that I have conducted research here in the *Ematyholweni*before. That research was about HIV and AIDS and what you as residents of the *Ematyholweni* think about HIV and AIDS, and how you respond to HIV and AIDS. In that research we spoke to youth and parents about relationships, about sex, about sexual health, and about the risk of HIV and AIDS.

In this research project we want to show you some of the things that we found in that research, and find out what you think about those findings. We would like to hold a few workshops where we talk about the findings of that research.

It has been a number of years since that research project, and perhaps things have changed in the *Ematyholweni*. We would therefore also like to conduct more interviews, and focus group discussions with traditional leaders, young people, parents, traditional educators, traditional healers, church members and the clinic staff. In these interviews and focus group discussions we would ask you to talk about relationships, sexual health practices, and what you think about HIV and AIDS.

The interviews and focus groups will be recorded so that the researchers can accurately capture what it is that people have said, and translate it into English, so that all of the researchers can understand it.

Once we have held the interviews and focus groups, we will take the information, and make it confidential. Each person who participates will be given a code number, so that his or her name is not used. This means that you will not be able to know who said what in the interviews or focus groups.

This information will then be used in another workshop, where we can all discuss what people say about relationships, and sexual health. In this way, we hope to see what people in the *Ematyholweni*feel about the problem of HIV and AIDS, and what you feel can be done about it. The workshop process will be filmed using a video camera, also to accurately record what people discuss. This information will then be transcribed (or written down) from the video recording.

Mary van der Riet, who you know has conducted research in *Ematyholweni*before, is the leader of the project. She is now living in KwaZulu-Natal and is a lecturer at the University of KwaZulu-Natal. There will also be a few students and lecturers from the University of KwaZulu-Natal, and some from the University of Fort Hare, who are helping her with the research. Some of these people may do the interviews and focus groups, and they will be at the workshops. We will introduce all of these people to you.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

We would like to do this research process in a few villages in *Ematyholweni*. It depends on how much time we have. The project data collection would start in 2012, and might continue until the end of 2013.

We would like to invite you to participate in the research project. The more people who participate, the more different views we have of the problem. If you have any questions, then please let us know. You can talk to us directly, or you can call Mary on xxxxxxx.

This project has been approved by the Ethics committee of the University of KwaZulu-Natal. If you have any questions about the ethical issues in this project, then you can contact Ms Carol Mitchell on xxxxxx, or Ms Carol Mitchell, School of Psychology, University of KwaZulu-Natal, Private Bag X01, Scottsville, Pietermaritzburg, 3201 or email xxxxx.

Yours sincerely,

Dr Mary van der Riet
Senior Lecturer,
School of Psychology,
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Appendix 2b: Information Sheet (*isiXhosa*)

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Ucwecwe lencukacha mayelana nenkqubo yophando

Mhlaliwase*Ematyholweni*othandekayo.

Ningazi ukuba ndakendenza inkqubo yophando apha *Ematyholweni*ngaphambili.Olophando lwalumayelana nentsholongwane kunye nesifo sikagawulayo, nokuba nina ningabahlali base *Ematyholweni*nicingantonina ngentsholongwane kunye nesifo sikagawulayo nokubanisithatha/nisibonakanjanina esisifo. Kolophando, saathetha/saathethisana nabantu abatsha, kunyenabazali mayelana nobudlelwane, ukwabelana ngosondo, ezempilo ekwabelaneni ngesondo, kunyenobungozi bentsholongwane nesifo sikagawulayo.

Kulenkqubo yophando, sifuna ukunibonisa ezinye zezinto esazifumanisayo kolwaphando futhi sive ukuba nina nicingantoni ngezozinto. Singathanda ukubamba iimfundiso/imihlangano, embalwa apho sizothetha ngesakufumanisayo kolophando.

Seyadlula iminyaka, emvakwalankqubo yophando, mhlawumbi nezinto sezatshintsha *Ematyholweni*. Singathanda ukwenza/ukuqhuba olunye udliwano-ndlebe kunyeneengxoxiswano, neenkokheli zesintu, abantu abatsha, abazali, iingcibi, abanyangi, abezenkolo kunye nabasebenzi base kliniki. Kwezodliwano-ndlebe kunye neengxoxiswano, singathanda ukuba nithethe ngobudlelwane, indlela ezikhuselekileyo zesondo, nokubanicingantonina ngentsholongwane nesifo sikagawulayo.

Udliwano-ndlebe kunye neengxoxiswano zizokushicilelwa ukwenzela ukuba abaphandi babambenyanisekileyo oko abantu abakutshileyo/abakuthethileyo futhi bakutolikele kwisingesi ukwenzela ukuba bonke abaphandi bakuqonde/bakuve.

Emvakokuba sesilubambile udliwano-ndlebe kunye neengxoxiswano, sizothatha iingcombolo/inkcazelo/inkcukacha sizenzeimfihlelo. Wonke umntu othathaingxaxheba uzokunikwa inombolo ukwenzela ukuba igamalakhe lingasetyenziswa. Oku kuchaza ukuba angekewazi ukuba ubani utshontoni kwindliwano-ndlebe neengxoxiswano.

Ezingcombolo/olulwazi, luzokusetyenziswa nakweminye imihlangano, apho sizoxoxa ukuba abantu bathini nangezobudlelwane, kunye nezempilongesondo. Ngalendlela, sithemba ukubona ukuba abantu base *Ematyholweni* bazivakanjani ngalengxaki yentsholongwane nesifo sikagawulayo nokuba bacinga ukubayintoni enokwenziwa ngaso. Le nkqubo yemihlangano izoshicilelwa kusetyenziswa I video camera ukwenzela ukuba kushicilelwe nyanisekileyo oko abantu abakuxoxayo. Ezingcombolo zizokubhalwa phantsi zithathwakwi video recorder.

UMary Van der Riet, enimaziyo, owakewenza uphando apha *Ematyholweni*ngaphambili, nguye umkhokheli wale nkqubo. Ngoku sengumhlali waKwaZulu-Natal futhi ungumfundisi-ntsapho eyunivesithi yakwaZulu-Natal. Kuzobekukho abafundi abambalwa kunye nabafundisi-ntsapho abaphuma eyunivesithi yakwaZulu-Natal, nabanye abasuka eyunivesithi yase Fort Hare, abancedisa ngophando. Abanye baba bantu bangenza iindliwano-ndlebe kunye neengxoxiswano, futhi bazobe bekhona kwiimfundiso/kwimihlangano. Sizokubazisa bonke ababantu kuni.

Ezinkcukacha ziqokelelwe kulenkqubo yophando zizosetyenziswa ukubhala amanqaku azokwaziswa/bhengezwa kwinkonfa ukwenzela ukuba abantu bafunde kumava oluphando. Abanye babafundi nabafundisi-ntsapho abaqhuba oluphando bazokusebenzisa lenkqubo yophando ukufezekisa/ukugqibezela izifundozabo.

Singathanda ukwenza le nkqubo yophando kwiilali ezimbalwa zase *Ematyholweni*. Kuzokuxhomekeka kuxesha elingakanini na. Uqokelelo lwencukacha luzoqala ngo 2012 futhi kungenzeka ukuba luqhubeke ukufikela ekupheleni kuka 2013.

Singathanda ukunimema ukuba nithathe inxhaxheba kulenkqubo yophando. Ukubanabantu abaninzi abathatha inxhaxheba kuzonceda ukuba kubekho imibono emininzi eyahlukeneyo ngalengxaki. Ukuba unemibuzo, sicela uqhagamshelane no Mary kulenomboro xxxxxx.

Ukhuseleko lwabathathinxaxheba kulenkqubo yophando beselijongwe lavunywa yikomiti yezophando yaseYunivesithi yaKwaZulu Natal. Kodwa ukuba unemibuzo ungathintana no Ms Carol Mitchell kulenombolo xxxxxx okanye Ms Carol Mitchell, School of Psychology, Private Bag X01 Scottsville, 3201 okanye email: xxxxxxx.

Ozithobileyo,

Dr Mary van der Riet,
Senior Lecturer,
School of Psychology,
UKZN

Appendix 3a: Parent/guardian consent form (English)

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Dear Parent/Guardian

As you know we are doing research on HIV and AIDS. We would like your child _____ to be part of a Focus Group discussion on HIV and AIDS and relationships. This means that she or he will be part of a small group talking about what they know about HIV and AIDS and relationships. By talking to the younger children in *Ematyholweni* and finding out what they know about HIV and AIDS, it might provide us with a way to stop more people from getting the disease. This is not a test to see how much your child knows, but it is a way of finding out whether there is anything we can do for young children in preventing HIV and AIDS.

The focus group will be held at _____(village & place of focus group). It will be run by _____ (researcher's name). It will take 30 to 45 minutes.

In the group discussion we will ask them questions such as:

1. What do they know about relationships?
2. How do parents talk about relationships
3. What do their friends say about relationships?
4. What are some of the problems of having relationships at their age?
5. What do they know about HIV?
6. What do they think they can do about HIV and AIDS?
7. Are there any questions that they have about HIV and AIDS?

We would like to assure you that these questions are not harmful to your child in any way. If your child does not want to answer any of the questions he or she is free to be silent.

We will use a digital recorder to record the discussion so that the researchers can write down accurately what the children in the group said. This will also help us to translate it into English so that all the researchers can understand.

When we have finished the discussion, and when it has been written down, we will take that information and use it in the community workshops. The names of the children who participate in the focus group will not be known to anyone but the researchers. Each child will be given a code name or number (for example, Participant 1 Focus Group 2). This will mean that if anyone sees the written information from the focus group, they will not know which child said what.

Although we are asking your permission for your child to participate, we will also ask your child whether or not he or she would like to be part of the discussion. There will not be any negative consequences if your child does not want to participate in this focus group.

Do you have any questions about the research or about the discussion group? (There is more information about the research in the INFORMATION SHEET which the researchers will give to you).

Yours sincerly

Dr Mary van der Riet
Senior Lecturer,
School of Psychology,
UKZN

CONSENT FOR MY CHILD TO PARTICIPATE IN THE FOCUS GROUP

- I agree that my child _____ (name of child) can participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of my child in this discussion.
- I understand that my child does not have to participate if he or she does not want to. I understand that even during the discussion, he or she may withdraw from the group if he or she does not want to participate.
- I understand although all the participants will be asked not to talk about the details of what is discussed, it is not possible for us to guarantee this.
- I agree that the discussion can be recorded and that my child's name will not be revealed in the recording
- I understand that the information collected in this discussion will be kept safe
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my child's name will not be mentioned. I understand that no identifying information about my child will be published.
- I have the contact details of the researcher should I have any more questions about the research.

Signature of Parent/Guardian: _____ Date: _____

Appendix 3b: Parent/guardian consent form (isiXhosa)

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Incwadi ebhekiswe kumzali

Njengoba usazi, siquba umphando ngesifo sikagawulayo, iHIV ne AIDS. Besicela umntwana wakho u…….abelilunga kwezingoxo esiziqhubayo mayelana nalomba. Sifuna ukuba bathethe ngalentsholongwani, basiphe ulwazi abanalo ngayo, ukuba lentsholongwane ibachaphazela kanjani abantwana abangangaye apha *Ematyholweni*. Ololwazi lungase lusincede ekubeni sifumane iindlela zokuba sikwazi ukufumana iindlela esingase sincede ukuze esisifo siyeke ukuchphazela abanye abantu, nokuba sikwazi ukufumana iindlela zokunceda ulutsha.

Iingoxiswano zizobanjwa e _____(ilali ne ndawo). Iingxoxiswano zizokube ziqhutywa ngu _____ (igama lomphandi). Zizokuthatha imizuzu eyi 30-40.

Kwingxoxiswano sizokubabuza imibuzo efana nokuba:

1. Bazi ntoni ngokuthandana?
2. Bathetha kanjani/bathini abazali ngokuthandana?
3. Iitshomi zabo/oontanga babo bathini ngokuthandana?
4. Zeziphi iingxaki ezikhoyo abantu abalingana naye abadibana nazo ngokuthandana?
5. Loluphi ulwazi abanalo ngeHIV?
6. Yintoni abacinga ukuba bangayenza ukutshintstha isimo seHIV?
7. Ikhona na imibuzo abanayo ngeHIV ne AIDS?

Siyakuthembisa ukuba lemibuzo ayizukumphatha kakubi umntwana wakho nangeyiphi indlela. Ukuba kukhona imibuzo angafuni ukuyiphendula uvumelekile ukuba angayiphenduli.

Sifuna ukusebenzisa irekoda ukuba siteyiphe lengxoxo ukwenzela sizobhala phantsi lengxoxo. Izosinceda ukuba siyitolike kwenzele izobhalwa phantsi ngabanye abaphandi.

Ezincukacha zalongxoxo sizokuzisebenzisa kwiingxoxiswano nabanye abahlali. Asizuwasebenzisa amagama wabantwana, awazuvezwa phakathi kwabantu. Abantwana sizokubanika ikodi. Abantu abafunda izinto abazithethile abazukwazi ukuba zithethwe Ngubani.

Nangona sicela imvume kuwe, sizomcela nomntwana wakho ukuba uyafuna na ukuthabatha umnxeba kulenqubo. Akuzuba miphumelelo emibi ukuba uthe akafuni.

Ikhona imibuzo onayo ngalenqubo? Iincukacha zalenqubo ziyafumaneka kwicwecwe lencukacha zenqubo yophando elifumaneka kwabaphandi.

Ozithobileyo,

Dr Mary van der Riet
Senior Lecturer,
School of Psychology,
UKZN

Iphepha elinika umntwana wam umvume yokuthaba kulenqubo

- Ndiyavuma ukuba u……angathabatha inxeba kulenqubo yophando
- Ndilifumene ithuba lokufunda futhi ndiqonde ezincukacha endizinikiwe.
- Intloso yoluphando ndiyichazelwe futhi ndiyayiqonda. Ndinalo ulwazi lokuba kufunwa ntoni kumntwana wam kwezingxoxo.
- Ndiyaqonda ukuba umntwana wam akanyanzelekanga ukuba athabathe inxeba kulenqubo ukuba akafuni. Ndiyaqonda futhi ukuba ufuna ukuzikhupha kulengxoxo nokuba seyiqalile angazikhupha.
- Ndiyaqonda ukuba nangona abantu bezocelwa ukuba bangazithethii izinto ezithethwe kulenqubo, asinokwazi ukuqiniseka ngalento.
- Ndiyavuma ukuba ingxoxo ingateytshwa futhi igama lomntana wama alizukuvezwa kuleteyp
- Ndiyaqonda ukuba incukacha eziqokelelwe kulenqubo zizogcinwa ziyimfihlo, zikhuselekile
- Ndiyaqonda ukuba iincukacha eziqokelelwe kulenqubo zizokusetyenziswa ngabafundi abangamalunga alenqubo, zivezwe nakwinkomfa, zibhalwe nasezincwadini. Ndiyaqonda ukuba kuyo yonke lento igama lomntwana wam alizuvezwa, futhi akukho izinto ekungenzeka zimchaze ezizovezwa.
- I have the contact details of the researcher should I have any more questions about the research.
- Ukuba ndineminye imibuzo, iincukacha zabaphandi kulenqubo ndinazo.

Signature of Parent/Guardian: _____ Ngomhla ka: _____

Appendix 4a: Focus Group Consent form for younger participants (English)

UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Consent form:Young participants

Dear _____(Name)

You might know that there are a few people going around the *Ematyholweni*doing some research on HIV and AIDS. They are speaking to as many people as possible, for example, parents, church people, and other young people.

We would like you to join a small group of young people to discuss HIV and AIDS. We would like to hear the voices of the young people, and learn what they know about, and what they think about HIV and AIDS.

By talking to the younger people in *Ematyholweni*and finding out what you know about HIV and AIDS, it might provide us with a way to stop more people from getting the disease.

In the group we will ask you a few questions. This is not a test, so if you do not know the answer, that is fine. We are just trying to find out what you know and what you think about HIV and AIDS. If we ask you a question in the group, and you do not want to answer, you are free to be silent.

The group discussion will be held at (_____ village name). It will be run by _____ (researcher). It will take 30 to 45 minutes.

We will use a digital recorder to record the discussion so that the researchers can write down accurately what the people in the group said. This will also help us to translate it into English so that all the researchers can understand.

When we have finished the discussion, and when it has been written down, we will take that information and use it in the community workshops. Your name will not be known to anyone but the researchers. In the group, we will ask you to choose another name, or we will give you a number. This means that if anyone sees the written information from the focus group, they will not know which young person said what.

Do you have any questions about the research or about the discussion group?

Yours sincerely,

Mary van der Riet,
Senior Lecturer,
School of Psychology,
UKZN

Consent to participant in the focus group

We would like to know if you would like to be part of this discussion about HIV and AIDS.

- Do you understand what the group discussion is about?
- Have you asked any questions that you want to about the research?
- Do you understand that you can say 'no' and refuse to participate, and this will not be a problem?
- Do you understand that if you join this group, you must not tell anyone else what the other young people in the group have said?
- Do you understand that the information that is discussed here will be used for research?
- Do you understand that your name will not be used, so no one will know that it was you who said something?
- Do you know that you can ask Bhuti Dumisa or Sisi Olwethu, or Sisi Mary if you have any questions about the research?

Yes, I agree to be part of this discussion.

Please write your name here: _____and write the date _____

Confidentiality Pledge

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this group.

By doing this I am promising to keep the comments made by the other focus group members confidential.

Signed _____ Date: _____

Consent to record focus group

We would like to remember what you have said in this discussion. To help us, we will use this small machine called a digital recorder. This machine records sounds such as your words. After the focus group we will then listen to the recording and write it down. We will also write it down in English so that all of the researchers can understand what you have said.

After we have written the information down, we will then delete the recording on the digital recorder, so that it is not left on the machine.

When you talk in the group, we will not record your name. We will give you a code name, or you can choose one yourself. This means that if someone is reading what you have said, they will not know your real name. This might help you to be free in the group to say what you would like to.

Do you agree that we can record the discussion?

If yes, then please sign here _____ and the date _____

Appendix 4b: Focus Group Consent form for younger participants (*isiXhosa*)

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Ucwecwe lemvume yengxoxiswano

Kuwe _____(bhala igama lakho)

Uyazi ukuba kukho abantu abalapha *Ematyholweni* abaqhuba inqubo yophando ngentsholongwane kagawulayo. Bathetha nabantu abaninzi ngesisifo, njengabantu abadala, amalunga eecawa nolutsha. Besicela ukuba ubelilunga leqelana labantu abatsha, apho sizokuxoxisana ngeHIV ne AIDS. Sifuna ukuva amazwi wolutsha ukuba athini ngalengxaki ye HIV ne AIDS.

Ngokuxoxisana nolutsha *Ematyholweni,* nangokufumana ulwazi eninalo ngeHIV ne AIDS, singafumana iindlela zokunqanda abanye abantu ukuba bangachaphazelwa sesisifo.

Kulengxoxo sizokunibuza imibuzo. Akuyiyo itest, ukuba awuyazi impendulo kulungile. Sifuna ukwazi nje ukuba wazi ntoni ngesisifo nokuba ucinga ntoni ngaso. Ukuba kunombuzo ongafuni ukuwuphendula, kulungile.Ingxoxo izobanjelwa (_____). Izoqhutywa ngu _____ . Izothatha imizuzu engu 30-45.

Sizosebenzisa, irekhoda ukuteyipha ingxoxo ukwenzela abaphandi babhale phantsi izinto ezithethwe nini ukunzela sikwazi ukuzitolika.

Iincukacha zalo ngxoxo sizokuzisebenzisa kwezinye iingxoxo nowonke wonke. Amagama wenu awazukusetyenziswa, lonto ithetha ukuba anizukwaziwa ukuba nitheni. Asizukusebenzisa amagama wenu okwenyani, sizokulitshintsha libeyinomboro.

Ikhona na imibuzo onayo? Ukuba unayo imibuzo, ungatsalela umnxeba kulabantu abalandelayo.

Ozithobileyo,

Mary van der Riet
Senior Lecturer,
School of Psychology,
UKZN

Imvume yokuthabatha inxeba kwingxoxiswano
Sifuna ukwazi ukuba uyafuna na ukuba lilunga lezi ngoxoxo zeHIV neAIDS esizozibamba

- Uyayiqonda na ukuba ingxoxo ingantoni?
- Uyibuzile na imibizo ofuna ukucaciselwa ngayo malunga nalengxoxo noluphando?
- Uyayazi na intoyokuba ukuba awufuni ukuthabatha inxeba kulenqubo uyakwazi ukuthi hayi, nokuba ayiyongxaki lonto?
- Uyayazi na intoyokuba akufanelanga uxelele abanye abantu izinto ezithethwe ngabanye abantu kulengxoxiswano?
- Uyaqonda naukuba iincukacha zalenqubo zizokusetyenziswa ukuphanda intsholongwane kagawulayo?
- Uyayiqonda na intoyokuba igama lakho asizuliveza phambi kwabanye abantu?
- Uyazi na ukuba ungabuza uBhuti Dumisa okanye uSisi Olwethu, okanye uSisi Mary ukuba unemibuzo ofuna ukuyibuza okanye ukucaciselwa ngayo?

Ewe ndiyavuma.

Ndicela ubhale igama lakho apha: _____ubhale ne date _____

Isibophelelo sokugcina ingxoxiswano iyimfihlo
Njengelunga labantu abakulengxoxiswano, ndiyathembisa ukuba andizukithetha ngaphandle kwalamagumbi izinto esizixoxe namhlanje. Andizukuzithetha namntu izinto esizixoxe apha. Izinto ezithethwe ngabanye abantu zizohlala ziyimfihlo.

Igama _____ Date: _____

Iphepha lemvume yokuba kurekhodwe ingxoxo
Sifuna ukukwazi ukukhumbula izinto esithethe ngazo kulengxoxo. Sizosebenzisa lomatshini ekuthiwa yirekhoda. Ukugqiba kwethu ingxoxo sizokuyimamela sibhale phantsi izinto ezithethiwe futhi sizitolike zibesisingesi ukuze abanye abantu bakwazi ukuyiva.

Ukugqiba kwethu sizokuzicima izinto ezikwirekhoda..
Igama lakho asizukulibhala. Sizokulitshintsha libeyinomboro, okanye uzozikhethela wena igama ofuna ukulisebenzisa kulengxoxo. Ungasebenzisa igama ekungelilo elakho. Senzela ukuba ukwazi ukukhululka xauthetha.

Uyavuma na ukuba singayirekhoda ingxoxo?

Ukuba uyavuma bhala igama lakho apha _____ne date_____

Appendix 5a: Focus Group Consent form for Adult participants (English)

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Consent form: Adult Focus group

Dear Participant

In this focus group we will ask you some questions about relationships, sexual health and the risk of HIV and AIDS. We would like to find out what your experience is, and what you think about these things.

The focus group discussion will take about 1 to 2 hours. Once we have held the focus groups, we will take the information, and make it confidential. This means that all of you who participate in the discussion will be given a code number, so that your name is not used and not linked to the statements that you make.

As a member of this group we will also you to sign a confidentiality pledge. This means that you will not tell other people outside of this discussion in this room what was said by other group participants. This will help all of you to feel that you can speak more freely. However, we cannot ensure that each of your does not speak about the focus group, so please be aware when you talk in the group that it might not be kept confidential. When you talk in the group perhaps you could make comments about what people generally do, rather than referring directly to yourself, or to specific people.

We would then like to use the information we get from all of the focus groups and also the interviews in workshops with more people. Then we can all discuss what people say about relationships, and sexual health. In this way, we hope to see what people in *Ematyholweni* feel about the problem of HIV and AIDS, and what you feel can be done about it.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees. If you participate in the focus group, your views will help us to have a different perspective on the problem of HIV and AIDS.

If you agree to participate, but then at a later time you feel that you would like to withdraw from the discussion, or not participate any more, that is fine. You can say so and we will stop the discussion to allow you to leave.

If you have any questions, then please let us know. You can talk to us directly, or you can call Mary on xxxxxxx

Yours sincerly,

Dr Mary van der Riet
Senior Lecturer,
School of Psychology,
UKZN

Consent to participate in the focus group

- I agree to participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of me in terms of my participation in this study and the time commitment I am making to participate in this study.
- I understand that my participation is voluntary and I know that I may withdraw from the study at any point, without negative consequences.
- I understand that there is a limit to confidentiality in a focus group setting as the researcher cannot guarantee that the other participants will adhere to the conditions of the confidentiality pledge.
- I understand that the information collected in this focus group will be kept safe
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my name will not be mentioned and that my participation in this research will be completely confidential in this regard. I understand that no identifying information about me will be published.
- I have the contact details of the researcher should I have any more questions about the research.

_____ _____

Signature of Participant Date

Confidentiality Pledge

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this group.

By doing this I am promising to keep the comments made by the other focus group members confidential.

Signed _____ Date: _____

Consent to record focus group

In order to be able to understand clearly what you have said in this focus group, and to remember it, we would like to record the discussion on this small digital recorder. We will then listen to the recording and write it down (transcribe it). It will also be translated into English. After we have written the information down, we will then delete the recording on the digital recorder.

We assure you that your name will not be linked to the recording, or the written information from the recording. We will give you a code name, using numbers, for example Participant 1_Interview 3. Or Focus group 3.

Do you agree that we can record the discussion?

If yes, then please sign here _____Date _____

Appendix 5b: Focus Group Consent form for Adult participants (*isiXhosa*)

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Ucwecwe lemvume yengxoxiswano

Kulengxoxiswano sifuna ukukubuza imibuzo ngobudlelwane bokuthandana, iintlobano zesini nentsholongwane nesifo sikagawulayo. Sifuna ukuva ukuba ucinga ntoni ngezizinto.

Ingxoxiswano izothatha ixesha elingangeyure ezimbini. Emvakodliwanondlebe nengxoxiswano sizokuthatha iincukacha sizenze imfimfihlo. Uzokinikwa inomboro eyiyikodi ukwenzela ukuba igama lakho lingaveli, kwaye nezinto ozithethile.

Njengane lunga leliqela labantu abakulengxoxiswano, sizokucela ukuba usayine incwadi eyisibophelelo semfihlo. Ukusayina kwakho eliphepha kuthetha ukuba awuzukuzithetha izinto esizixoxe kweligumbi, okanye ezithethwe ngabanye abantu ngaphandle kwalamagumbi, kwabanye abantu. Kodwa, asinasiqiniseko sokuba abantu abazukuzithetha ezizinto ngaphandle kwalamagumbi. Sicela nilumke ukuba igenzeka lento. Mhlawumbi endaweni yokuba uchaze izinto ngawe, ungenza umzekelo ngezinto ezenziwa ngabanye abantu.

Emvakoko, sifuna ukusebenzisa ezincukacha eziqokelelwe kulenqubo kwezinye ingxoxiswano, phambi kwabanye abantu. Kwezongxoxiswano kulapho esingathetha khona, sive ukuba abanye abantu bacinga ntoni ngezizinto, nokuba bacinga ntoni ngeHIV neAIDS nokuba ingathiwani.

Iincukacha eziqokelelwe kulenqubo zizosetyenziswa ngabafundi ukubhala amaphepa wabo we research, nokufumana iidigri zabo, futhi zizokubhengezwa kwiikomfa phambi kwabanye abantu ukubazisa ngalenqubo yoluphando.

Ukuba uthabatha umnxeba kulengxoxiswano esiyibambayo, amava wakho azosinceda ukuba sibenemibono emininzi ngalenxaki yeHIV ne AIDS
Ukuba uyavuma ukuba lilunga lalenqubo, kodwa mlawumbe emvakwexesha uphinde uzive ufuna ukuroxisa inxeba yakho kulomba, kulungile. Kufuneka ukhululeke usixelele, sizokuroxisa.

Ukuba unemibuzo ofuna ukuyibuza ungatsalela umnxeba kuMary kule nomboro xxxxxx

Ozithobileyo,

Dr Mary van der Riet
Senior Lecturer,
School of Psychology,
UKZN

Ucwecwe lwemvume yokuthabatha inxeba kwingxoxiswano

- Ndiyavuma ukuthabatha inxeba kulenqubo
- Ndilifumene ithuba lokufunda ucwecwe lencukacha zalenqubo futhi ndiyaziqonda
- Ndiyichazelwe intloso yalenqubo. Ndinalo ulwazi lokuba kudingwa ntoni kum futhi ndiyazibophelela ukwenza ezozinto ezicelwe kum.
- Ndiyaqonda ukuba akunyanzelekanga ukuba ndithabathe inxeba kulenqubo, futhi ndingayeka nanini apho ndithande ukuyeka khona.
- Ndiyaqonda ukuba zonke incikacha eziqokelelwe kulenqubo zizogcinakala ziyimfihle
- Ndiyaqonda futhi ukuba ndizogcinakala ndikhuselekile kulenqubo
- Ndiyaqonda ukuba incukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo. Ndiyaqonda ukuba kuyyonke lenqubo, igama lam lizohlala likhuselekile.
- Ndinazo iincukacha zabaphandi kulenqubo kwaye ndingabatsalela umnxeba nanini ukuze ndicaciselwe ngemibuzo endinayo nangezinto endingaziqondi.

_____ _____

Signature of Participant Date

Isibophelelo sokugcina ingxoxiswano iyimfihlo

Njengelunga labantu abakulengxoxiswano, ndiyathembisa ukuba andizukithetha ngaphandle kwalamagumbi izinto esizixoxe namhlanje. Andizukuzithetha namntu izinto esizixoxe apha. Izinto ezithethwe ngabanye abantu zizohlala ziyimfihlo.

Igama _____ Date: _____

Iphepha lemvume yokuba kurekhodwe ingxoxo

Ukuze siqonde kakuhle izinto ezithethwe kule ngxoxiswano, nokuba zikhumbuleke kakuhle sifuna ukurekhoda lengxoxiswano kwirekhoda. Izinto ezikulerekhoda sizokuzibhala phansi futhi sizitolike. Ukugqiba kwethu sizokuzicima

Siyathembisa ukuba igama lakho alizukuvela. Sizokulitshintsha lilenze libeyinomboro ukwenzela kungazukwaziwa ukuba Ngubani othethayo.

Uyavuma na ukuba siyiteyiphe na lengxoxo?

Ukuba uyavuma, bhala igama lakho apha _____Date_____

Appendix 6a: 10-17 years Focus Group schedule (English)

Process:

Introduction of the research using info sheet

Signing of consent documents

Obtain permission for audio-recording

GET demographic information on SHEET

Relationship questions

1. What do you know about boyfriends and girlfriends? What does it mean to have a boyfriend or a girlfriend?
2. At what age is one allowed to have a girl or boyfriend?
    a. Who told you this?
    b. Do people have girlfriends or boyfriends younger than this?
3. What does a young person do if they want a girlfriend/boyfriend? Do parents talk to their children about boys/girls?
    a. If yes, what do they say?
4. Who else talks to young people about girls and boys?
    a. What do they say?
5. Is it a risk/dangerous to have a girlfriend or a boyfriend?
    a. What makes it dangerous?
    b. What can you do about this?
6. Are young people sometimes forced to have a girlfriend or boyfriend?
    a. Can you give me an example?
7. Do people sometimes have relationships with people much older than them?
    a. Why does this happen?
8. Do people sometimes have many girlfriends or boyfriends?
    a. Why do they do this?
    b. Is it good to do this?
9. What happens if a young person doesn't have a boyfriend or a girlfriend?
    a. What do people say?

HIV questions

10. What do you know about HIV?
    a. Have you ever discussed HIV with your friends? What did you talk about?
11. Have you ever discussed HIV with your family? What did you talk about?
12. How do you protect yourself against HIV?
13. How do people know that they have HIV?
14. Can you treat HIV?
    a. If yes, what can you do?
    b. If not, why not?
15. What happens when someone goes for an HIV test?

16. Do you know of people in *Ematyholweni*who have gone for HIV testing?
17. If someone has HIV and AIDS, do they tell people? Why/Why not?
    a. Should they tell people?
18. What do you think can be done about HIV and AIDS here in *Ematyholweni*?
19. What can you do about HIV and AIDS?
20. Are there any questions that you have about HIV and AIDS?

That is all the questions we wanted to ask you.

Do you have any questions about the research process, or about what we have been discussing?

Thank you for participating in this focus group.

Appendix 6b: 10-17 years Focus Group schedule (*IsiXhosa*)

Process:

Introduction of the research using info sheet
Signing of consent documents

Obtain permission for audio-recording

GET demographic information on SHEET

Relationship questions

1. Bendicela undixele ngokuba neboyfriend/indoda, umfana okanye igirlfriend/intombi. Ithetha ukuthini umntu xayenendoda, inkwenkwe okanye intombi, igirlfriend?
2. Kufeneka abeneminyaka emingaphi Umntu ukuze abenentombi okanye igirlfriend okanye indoda okanye inkwenkwe?
    a. Uyazi kanjani lento, wawuyixelelwa ngubani lonto?
    b. Bakhona abantu abancinci kunoko abanazo iintombi okanye abanawo amadoda okanye amakhwenkwe?
3. Wenza ntoni Umntu osemtsha xayefuna intombi okanye inkwenkwe?
4. Abazali bayaxoxa na nabantwana babo ngentombi ne namakhwenkwe ?
    a. Ukuba bayaxoxa, bathini?
5. Ngubani omnye umntu abantu abatsha abanga thetha naye malunga neentombi ne boyfriend?
    a. Uthini lomntu?
6. Ingaba kuyingozi na ukuba nentombi okanye indoda/boyfriend?
    a. Yintoni ebanga ukuba kubeyingozi?
    b. Ikhona into ongayenza ngalemeko?
7. Kunyanzelekile na ngamanye amaxesha ukuba abantu abatsha babeneentombi okanye amakhwenke/amadoda?
    a. Bendicela undiphe umzekelo?
8. Kuyenzeka na ukuba abantu abatsha bathandane nabantu abadala kunabo?
    a. Kwenziwa yintoni oku?
9. Kuyenzeka na ukuba abantu babenamakhwenkwe/Amadoda amaninzi okanye iintombi ezininzi?
    a. Bayenzeiswa yintoni lonto?
    b. Yinto encomekayo na lonto?
10. Uthiwani umntu omtsha xayengenantombi okanye indoda/inkwenkwe?
    a. Bathini abantu ngalonto?

HIV questions

11. Loluphi ulwazi onalo ngetshologwane kagawulayo?
12. Nikenixoxe ngentsholongwane kagawulayo neetshomo zakho?
    b. Nixoxa ntoni ngayo?
13. Ekhaya niyathetha na ngenstholongwane ka gawulayo?

c. Nixoxa ntoni ngayo?

14. Uzikhusela kanjani ukuba ungayifumani intsholongwane kagawulayo?

15. Umntu uzazi kanjani ukuba unentsholongwane kagawulayo?

16. Iyatritwa intsholongwane kagawulayo?

a. Ukuba iyatritwa, yenziwa kanjani lonto?

b. Ukuba ayitritwa, kutheni ingatritwa?

17. Yintoni eyenzekayo Umntu xayeyokuhlolela iHIV?

18. Ukhona Umntu omaziyo apha *Ematyholweni*owakhewayohlolela iHIV?

19. Ukuba mntu uzibhaqe eneHIV uye abaxelele na abanye abantu? Ngoba?

b. Kufanele na abaxele abanye abantu?

20. Yintoni ocinga ukuba ingenziwa ngalemeko yesifo sika gawulayo apha *Ematyholweni*?

21. Yintoni wena onokuyenza ngalemeko yesifo sikagawulayo?

22. Ikhona imibuzo onthanda ukuyibuza ngesifo sika gawulayo?

Iphelile imibuzo ebesifuna ukuyibuza.

Ikhona na imibuza onayo ngalenqubo yalemibuzo?

Enkosi ngokuthabatha inxeba kulengxoxiswano

Appendix 7a: 18+years Focus Group schedule (English)

Process:

Introduction of the research using info sheet

Signing of consent documents

Obtain permission for audio-recording

GET demographic information on SHEET

Relationship questions

- Use YOUNG If under 30 and unmarried
- Use MARRIED if married participants

1. Do (young/married) people in *Ematyholweni*have boyfriends or girlfriends?
    a. What is it called when they do this? (is it dating?/what is dating)
    b. Are there different ways of having a boyfriend or a girlfriend? (What kinds of relationships do young/married people in the *Ematyholweni*engage in?)
        i. Can you describe them?
        ii. What words do they use to describe these relationships?
2. What kinds of activity do boyfriends and girlfriends engage in?
3. When do young people in *Ematyholweni* have a chance to meet? Can you give examples?
4. Do people sometimes have relationships with people who are much older/younger than them?
    a. What do you think about this? (Is this a problem? Why/why not?)
5. Are people sometimes forced to have relationships? Why? Do young/married people in relationships have sex?
    a. Why do they have sex? What do you think they want from sex?
    b. If they don't have sex, why not?

HIV risk questions

6. Are there risks in having sex? What are these risks?
    a. Do people in relationships discuss the risks in sex?
        i. Can you give me an example of this discussion? (who started it, what was said, what happened after the discussion?)
        ii. Who usually raises the issue of health risks in relationships?
7. How do people having sex protect themselves from these risks?
    a. If they protect themselves, can you explain how they do it ? If they don't do anything, why not?
    b. Do they discuss the risks with their partners?
    c. Do men and women worry about for these risks in the same way?
    d. Do men and women take responsibility for these risks in the same way?
8. Do you think people in long term relationships are concerned with the risks in sex?
    a. Do you think they should be concerned?

b. What does safe sex mean for a couple who has been going out for a long time?

9. Do people use condoms?
    a. If they don't use condoms, why not?
    b. If they use condoms:
        i. When do condoms get used?
        ii. Who raises the issue of using a condom? Why this person?
        iii. Where do they get them from?
        iv. What are problems with getting condoms?
10. Do people in marriages use condoms? Why/Why not?
11. Should married couples, or couples in long-term relationships use condoms? Why? Why not?
12. What do you think if a woman carries a condom with her?
13. What do you think if a man carries a condom with him?
14. Do people in relationships have more than one partner? Why?
    a. Is this the same for men and women? Why?
15. Do married people have more than one partner? Why?
    a. Is this the same for men and women? Why?
16. Do women talk about sex? Why, why not? Who do they talk to?
17. Do men talk about sex? Why, why not? Who do they talk to?
    a. Do parents talk to their children about sex?
    b. If yes, at what age does this happen?
        i. Can you tell me briefly what is said?
    c. If no, why not?

Additional questions for PARENTS

18. Do you know of anyone who has HIV/AIDS? /Are there HIV positive people in *Ematyholweni*?
    a. How do you know that they are HIV positive?
    b. How do you feel around that person?
    c. How are people who are HIV positive treated in *Ematyholweni*?
    d. Do you think this should change? Why/why not?

HIV questions

19. Can you tell me briefly what you know about HIV/AIDS?

NB I do not want to know about your status so you do not need to tell me if you are positive or negative.

    a. What is HIV/AIDS?
    b. How do people get HIV/AIDS?
    c. Can you tell if someone has HIV/AIDS? How?
    d. Do you think AIDS is curable? Please elaborate.
        i. Have you ever talked to anyone about HIV/AIDS? \
        ii. If yes, whom did you talk to?

iii. What did you talk about?

e. If no, why not? What prevents you from talking about HIV and AIDS?

What would you like to know about HIV and AIDS

20. If people are HIV positive, do they tell others? Why/why not?

    a. Should they tell others? Why/why not?

21. Do people in *Ematyholweni*get themselves tested for HIV?

    a. If yes, why do they go?
    b. If yes, where do they go?
    c. If no, what prevents people from going?
    d. What would need to change for people to go for testing?
    e. Do people in relationships have discussions about HIV testing?
    f. If no why not?

22. If yes, what kinds of things are discussed?

    a. Do people in relationships encourage each other to know their HIV status?
    b. If yes, why?
    c. If no, why not?

23. Do men and women go for testing?

24. What types of treatments are there for HIV positive people?

    a. Where do they go for that treatment?
    b. If there is medication, what do you know about it? (where do you get it, what does it look like, how much does it cost?
    c. If there is medication, how does it work?
    d. What do you know about anti-retroviral treatment (ARV's).
    e. Do people take ARVs' if they need to?
    f. How do they do this? Where do they go?
    g. If they don't take them, what stops them from taking them?
    h. Do you think that people should get treatment for HIV?

That is all the questions we wanted to ask you. Do you have any questions about the research process, or about what we have been discussing?

Thank you for participating in this focus group.

Appendix 7b: 18+ years Focus Group schedule (*IsiXhosa)*

Process:

Introduction of the research using info sheet

Signing of consent documents

Obtain permission for audio-recording

GET demographic information on SHEET

Relationship questions

- Use YOUNG If under 30 and unmarried
- Use MARRIED if married participants

1. Ingabe abantu abatsha/abatshatileyo bayajola na apha *Ematyholweni*?
    a. Ibizwa ngantoni/kuthiwa yintoni xa besenza lonto? (kuyathandanwa?/yintoni ukujola?)
    b. Ingabe kukhona iindlela ezihlukile zokuthandana? (zeziphi ezikhoyo iindlela zokuthandana apha *Ematyholweni*)
        i. Bendicela nindichazele ngezizindlela?
        ii. Ngawaphi amagama asetyenziswayo xakuthethwa ngoluhlobo lokuthandana/abathandana ngalo?
2. Abantu abajolayo zeziphi izinto abazenzayo?
3. Ulutsha luwafumana nini amathuba okudibana? Bendicela nindiphe umzekelo
4. Kuyenzeka na ukuba abantu bathandane nabantu abadala/abancinci kakhulu kunabo?
    a. Nina ngokubona kwenu nithini ngalento? (niyibona iyingxaki, ingeyiyo ingxaki?)
5. Abantu banyanzelekile ukuba babenabantu ngamanyane amaxesha? Ngoba?
6. Ulutsha/abantu abatshatileyo abathandanayo bayazenza intlobano zesini
    a. Bazenzelani intlobano zesini?Ngokubona kwenu, yintoni abafuna ukuyifumana kwintlobano zesini?
    b. Yintoni eyenza abanye abantu bakhethe ukungazenzi intlobano zesini?

HIV risk questions

7. Ingaba ikhona imiphumo emibi okanye iingozi ekubeni nentlobano zesini?Yeyiphi lemiphumo emibi?
    a. Ingaba abantu xa bethandana bayaxoxa ngengozi eziphathelene nokuba neentlobano zesini ?
        i. Ningandenzela imizekhelo yezingxoxo (Ngubani oyiqalayo lengxoxo, uye athini, kwenzekani emva koko ?)
        ii. ngubani umntu ovusa umbandela wokuzikhusela kwingozi ezichaphazela impilo kwizithandani?
8. Bazikhusela kanjani abantu abenza iintlobano zesini kwezi ngozi?

a. Ukuba bayazikhusela, bazikhusela kanjani (cacisa)?
b. Ukuba abazikhuseli, yintoni eyenza ukuba bangazikhuseli?
c. Bayathetha na ngengozi nabantu babo?
d. Abantu abangomama notata bazikhathaza ngendlela efanayo ngizingozi?
e. Kungabe abantu abangomama no tata bathatha inxaxheba yokuzikhusela kwezingozi ngendlela efanayo?

9. Kungabe abantu abasebekunye ixesha elide bayazikhathaza na ngeengozi zentlobano zesini?
    a. Xa nicinga, kufanele na bazikhathaze ngalonto?
    b. Kuthetha ntoni xabezikhusela kwintlobano yesini abantu abasebekunye ixesha elide?
10. Bayazisebenzisa na iicondom abantu?
    a. Ukuba abazisenbenzisi, yintoni eyenza ukuba bangaziseenzisi?
    b. ukuba ziyasetyenziswa iicondoms
        i. Zisetyenziswa nini?
        ii. Ngubani ekuba nguye ovusa indaba yecondoms xakuzolalwa? Kutheni ingulomntu?
        iii. Bazifumana phi ezicondoms?
        iv. Zeziphi iingxaki ezikhoyo ekufumaneni iicondoms?
11. Bayazisebenzisa na iicondoms abantu abasemtshatweni? Bazisebenzisela ntoni/kutheni bengazisebenzisi?
12. Abantu abasebetshate ixesha elide kufanele bazisebenzise na iicondoms?
13. Nicinga ntoni ngomtu ongumama/ngentombi ephatha iicondom kuyo?
14. Umntu ongutata ophatha icondom kuye nicinga ntoni ngaye?
15. Umntu onaye umntu anaye kuyenzeka ukuba abe nabantu abaninzi ajola nabo? Kwenziwa yintoni?
    a. Kuyafana ko mama no tata?
16. Abantu abatshatile kuyenzeka ukuba babenaye abantu babebaninzi?
    a. Kuyafana na ko mama no tata?
17. Bayathetha na abantu abangomama ngetlobano zesini? Kwenziwa yintoni? Bathetha nobani?
18. Amadoda ayathetha na ngentlobano zesini? Ngoba? Bathetha nobani?

Additional questions for PARENTS

19. Abazali bayathetha nabantwana babo ngentlobano zesini?
    a. Bathetha nabo xasebe neminyaka emingaphi?
        i. Bendicela nindixelele kancinci ukuba kuthethwa ngantoni?
    b. Ukuba akunjalongo kwenziwa yintoni?

HIV questions

20. Bendicela nindixelele kancinci ngolwazi eninalo ngeHIV/AIDS?

Andifuni kukwazi ukuba umntu upositive okanye negative na

a. Yintoni iHIV/AIDS?
b. Ifumaneka kanjani iHIV/AIDS?
c. Uyabonakala na umntu oneHIV/AIDS? Ubonakala njani?
d. Xanicinga iyanyangeka iAIDS? Bendicela nindichazele.
e. Ukhona umntu owake wathetha naye ngeAIDS?
    iv. Kwakungubani lomntu?/ngubani umntu ongathetha naye ngeAIDS
    v. Nathetha ngantoni? Yintoni eningayixoxa nalomntu?
    vi. Ukuba akheko umntu ongathetha naye kutheni kunjalo?
f. Loluphi ulwazi onothanda ukubanalo ngeHIV/AIDS?

21. Ukhona umntu omaziyo oneHIV/AIDS? Bakhona na abantu abaneHIV/AIDS apha *Ematyholweni*?
    a. Nazi kanjani ukuba bapositive?
    b. Uzivanjani xa uphambi kwalomntu?
    c. Abantu abanengculaza baphathwa kanjani apha *Ematyholweni*?
    d. Xanicinga kufanele itshintshe lento? Ngoba?
22. Ukuba abantu bapositive, kukhona abantu ababaxelelayo? Ngoba?
    b. Kunyanzelekile na baxelele abanye abantu? Ngoba?
23. Abahlali balapha *Ematyholweni* bayayixilongelwa na iHIV/AIDS?
    a. Bazixilongela ntoni?
    b. Baxilongelwa phi?
    c. Yintoni ebavimba ukuba bangayi kuyoxilongwa?
    d. Yintoni ekunofuneka ukuba itshintshe ukuze abantu bazise ukuyoxilongwa?
24. Bayaxoxa na abantu abathandanayo ngokuzixilongela iHIV/AIDS?
    a. Ngoba?
    b. Zeziphi izinto abazixoxayo ngokuxilongwa?
25. Ingaba abantu abathandanayo bayacebisana ukuba mabasazi isimo seHIV/AIDS sabo?
    a. Ukuba ewe, ngoba?
    b. Ukuba hayi, ngoba?
26. Ingaba amadoda nabafazi bayaya na ukuyoxilongelwa iHIV/AIDS?
27. Yeyiphi intlobo yetreatment ekhoyo eyenzelwe abantu abapositive ?
    a. Ithathwa phi le treatment?
    b. zikhona na iipilisi ozaziyo, wazintoni ngazo (zinjani, zithathwa phi, ziyimalini?).
    c. Isebenza kanjani/isetyenziswa kanjani?
    d. Loluphi ulwazi eninalo nge ARVs?
    e. Abantu bayazitya na iARVs xebefanele bazitye?
    f. Bayenza kanjani, bayaphi?
    g. Ukuba abazityi, banqandwa yintoni ukuba bangazityi?
    h. Xanicinga kunyanzelekile ukuba bayifumane itreatment abantu abapositive?

Iphelile imibuzo ebesifuna ukuyibuza kuni. Ikhona imibuzo enifuna ukuyibuza na kuthi ngezizinto ebesizixoxa?

Enkosi ngothatha umnxeba kule focus group

Appendix 8a. Interview consent form (English)

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Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Consent form Interviews

Dear Participant

In this interview we will ask you some questions about relationships, sexual health and the risk of HIV and AIDS. We would like to find out what your experience is, and what you think about these things.

The interview will take about 1 hour.

Once we have held the interviews and focus groups, we will take the information, and make it confidential. This means that you will be given a code number, so that your name is not used and not linked to the statements that you make.

We would then like to use the information we get from all of the interviews and also from the focus groups in workshops with more people. Then we can all discuss what people say about relationships, and sexual health. In this way, we hope to see what people in *Ematyholweni* feel about the problem of HIV and AIDS, and what you feel can be done about it.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

If you participate in the interview, your views will help us to have a different perspective on the problem of HIV and AIDS.

If you agree to participate, but then at a later time you feel that you would like to withdraw from the interview, or not participate any more, that is fine. You can say so and we will stop the interview.

If you have any questions, then please let us know. You can talk to us directly, or you can call Dumisa Sofika on xxxxxx or Mary on xxxxx.

Yours faithfully,

Dr Mary van der Riet and Dumisa Sofika

CONSENT TO BE INTERVIEWED

- I agree to participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of me in terms of my participation in this study and the time commitment I am making to participate in this study.
- I understand that my participation is voluntary and I know that I may withdraw from the study at any point, without negative consequences.
- I understand that the information collected in this interview will be kept safe
- I understand that my identity will remain confidential
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my name will not be mentioned and that my participation in this research will be completely confidential. I understand that no identifying information about me will be published.
- I have the contact details of the researcher should I have any more questions about the research.

_____ _____

Signature of Participant Date

Consent to record interview

We would like to remember what you have said in this discussion. To help us, we will use this small machine called a digital recorder. This machine records sounds such as your words. After the focus group we will then listen to the recording and write it down. We will also write it down in English so that all of the researchers can understand what you have said.

After we have written the information down, we will then delete the recording on the digital recorder, so that it is not left on the machine.

When you talk in the group, we will not record your name. We will give you a code name, or you can choose one yourself. This means that if someone is reading what you have said, they will not know your real name. This might help you to be free in the group to say what you would like to.

Do you agree that we can record the discussion?

If yes, then please sign here _____ and the date _____

Appendix8b: Interview consent form (*IsiXhosa)*

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Dr M van der Riet
Psychology, Pietermaritzburg,
P/Bag X01, Scottsville 3209
Tel: +27 33 2606163
Fax: +27 33 2605809
Email: vanderriet@ukzn.ac.za

Ucwecwe lemvume yokuthabatha inxeba kudliwanondlebe

Kulodliwanondlebe sizokubuza imibuzo edibene nokuthandana, intlobano zesini kunye negozi ezidibene neHIV ne AIDS. Sufuna ukwazi kuwe ukuba ucinga ntoni ngezizinto.

Udliwanondlebe uzokuthatha iyure enye

Emvakodliwanondlebe nengxoxiswano sizokuthatha iincukacha sizenze imfimfihlo. Uzokinikwa inomboro eyiyikodi ukwenzela ukuba igama lakho lingaveli, kwaye nezinto ozithethile.

Sizosebenzisa ezoncukacha zalodliwanondlebe kwingxoxo nabanye abantu. Sifuna ukuxoxisana ngezinto ezifana nokuthandana nezinto ezichaphazela impilo. Sifuna ukuva ngani ukuba Nicinga ntoni ngezizinto nokuba Nicinga ukuba kungathiwani ngazo

Iincukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo.

Ukuthabatha inxeba kwakho kulenqubo kuzonceda ukuba sifumane amava ahlukene ngalengxaki yentsholongwane kagawulayo nesifo sikagawulayo.

Ukuba uyavuma ukuba lilunga lalenqubo, kodwa mhawumbe uphinde uzivekungathi awusafuni ukuthabatha inxeba kulenqubo uvumelekile ukuba uziroxise kulenqubo. Ukuba sisinqweno sakho ukuziroxisa sizokuyekisa.

Ukuba unemibuzo ngalenqubo ungatsalela umnxeba ku Dumisa Sofika kule nomboro xxx xxx xxxx okanye u Mary kule nomboro xxx xxx xxxx

Ozithobileyo,

Dr Mary van der Riet and Dumisa Sofika

Imvume yokuthabatha inxeba kudliwanondlebe

- Ndiyavuma ukuthabatha inxeba kulenqubo
- Ndilifumene ithuba lokufunda ucwecwe lencukacha zalenqubo futhi ndiyaziqonda
- Ndiyichazelwe intloso yalenqubo. Ndinalo ulwazi lokuba kudingwa ntoni kum futhi ndiyazibophelela ukwenza ezozinto ezicelwe kum.
- Ndiyaqonda ukuba akunyanzelekanga ukuba ndithabathe inxeba kulenqubo, futhi ndingayeka nanini apho ndithande ukuyeka khona.
- Ndiyaqonda ukuba zonke incikacha eziqokelelwe kulenqubo zizogcinakala ziyimfihle
- Ndiyaqonda futhi ukuba ndizogcinakala ndikhuselekile kulenqubo
- Ndiyaqonda ukuba incukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo. Ndiyaqonda ukuba kuyyonke lenqubo, igama lam lizohlala likhuselekile.
- Ndinazo iincukacha zabaphandi kulenqubo kwaye ndingabatsalela umnxeba nanini ukuze ndicaciselwe ngemibuzo endinayo nangezinto endingaziqondi.

_____ _____

Isityikityo Date

Iphepha lemvume yokuba kurekhodwe ingxoxo
Ukuze siqonde kakuhle izinto ezithethwe kule ngxoxiswano, nokuba zikhumbuleke kakuhle sifuna ukurekhoda lengxoxiswano kwirekhoda. Izinto ezikulerekhoda sizokuzibhala phansi futhi sizitolike. Ukugqiba kwethu sizokuzicima
Siyathembisa ukuba igama lakho alizukuvela. Sizokulitshintsha lilenze libeyinomboro ukwenzela kungazukwaziwa ukuba Ngubani othethayo.
Uyavuma na ukuba siyiteyiphe na lengxoxo?

Ukuba uyavuma, bhala igama lakho apha _____Date_____

Appendix 9a: 18+ years Interview schedule (English)
Process:

Introduction of the research process

Sign consent documents

Obtain permission for audio-recording

Complete demographic information sheet

Relationship questions

If not in a relationship currently, questions are about what happened in the last relationship

1. Have you been in a relationship before?
2. Are you in a relationship at the moment? Are you married?
    a. Is it with someone in the area?
3. Tell me a bit about the relationship
    a. How did it start?
    b. How old is your partner?
    c. How long has it been going on for? How long have you been married?

HIV risk questions

If not in a relationship currently, questions are about what happened in the last relationship

4. In your relationship, have you discussed the risks of sex? Why/ why not?
    a. If yes, what risks have you discussed?
    b. Who raised the question of the risks?
    c. What was said in the discussion?
    d. Did anything change because of the discussion?
5. Do you think it is important to worry about safe sex in your kind of relationship? Why/why not?
    a. Do you think it is important to practice safe sex in your kind of relationship? Why/why not?
6. Have you discussed with your partner how to prevent getting a sexually transmitted infection?
    a. Please tell me briefly about that discussion (why did it come up? What was the worry/concern? Who raised it?)
    b. If no, why have you not discussed this?
7. Can you discuss sex freely with your partner? Why, why not?
8. Have you ever used a condom in your relationship?
    a. If yes, can you explain when and why?
    b. Do you always use a condom?
    c. If no, why not?
    d. How do you feel about getting a condom? Why?

e. Where would you get a condom? Are there problems with getting condoms? Elaborate

9. Are there other ways of practicing safe sex without using a condom? Please explain
10. Can you freely suggest using a condom to your partner? Why/why not?
    a. What would his/her reaction be if you suggested using a condom?
    b. How would you feel if your partner suggested using a condom?
11. Do you carry a condom with you? Why/why not?
    a. What do you think about a woman carrying a condom around with her?
    b. What do you think about a man carrying a condom around with him?
12. The last time you had sex, did you and your partner talk about condom use? Can you tell me what happened?
13. The last time you had sex did you use a condom? Can you tell me what happened?

HIV questions

14. Can you tell me briefly what you know about HIV/AIDS?

Please note I do not want to know your status, you do not have to tell me anything about whether you are positive or negative.

15. Have you ever talked to anyone about HIV and AIDS?
    a. If yes, please elaborate?
    b. If no, why not? What stops you from talking about HIV?
16. Is there anything you would like to know about HIV?
17. Do you know anyone in *Ematyholweni*who is HIV positive? (please do NOT tell me their names)
    a. How do you know they are HIV positive?
18. If someone is HIV positive should they tell others? Why/why not?
    a. Do you know of anyone who is HIV positive?
    b. How are people who are HIV positive treated in *Ematyholweni*?
    c. Should this change? Why/why not?

HIV counselling and testing

19. What do you know about HIV testing?
    a. What do you think about it? Is it a good/bad thing? Why?
20. Do you know your own HIV status? (PLEASE DON'T TELL ME YOUR STATUS, ONLY WHETHER OR NOT YOU KNOW YOUR STATUS)
21. Did you check your partner's HIV status before getting into the relationship? Why/why not?
22. Have you ever been for an HIV test?
    b. If yes,
        i. Why did you go?
        ii. What did you feel about going for the test?
        iii. Where did you go?
        iv. What was it like?
        v. Have you been again? How often do you go?

vi. Would you go again? Why/why not?

c. If no, why have you not gone?
    i. What would need to change for you to go? (under what conditions would you go for a test?)

23. If you have a partner do you know his or her HIV status?
    a. If yes, how did you find out? (did your partner tell you? Did you go for a test?)
    b. If no, why not?
        i. Do you want to know?
24. Have you discussed going for a test with your partner? Why/ Why not?

Treatment

25. Can HIV be treated?
    a. If yes, how?
    b. If no, why not?
    c. If you had HIV, how would you treat it?
    d. Where would you go in *Ematyholweni* for treatment?
26. What do you know about anti-retroviral treatment (ARV's)? (What is it, what does it look like, how does it work?)
27. Would you take ARV's if you needed to? Why/why not?
    a. If yes, where would you go to get them?
    b. If no, what would stop you from taking them?

General questions

28. What can be done about HIV and AIDS in *Ematyholweni*
29. What can YOU personally do about HIV and AIDS in *Ematyholweni*?

Thank you for participating in this interview.

Appendix 9b: 18+ years Interview schedule (*IsiXhosa*)

Process:

Introduction of the research process
Sign consent documents

Obtain permission for audio-recording

Complete demographic information sheet

Relationship questions

If not in a relationship currently, questions are about what happened in the last relationship

1. Wakhe wathandana na?
2. Ukhona Umntu othandana naye ngoku?
    a. Ngumntu walapha?
3. Bendicela undixelele kancinci ngobubudlelwane benu?
    a. Iqale kanjani?
    b. Uneminyaka emingaphi?
    c. Lixesha elingakanani?

HIV risk questions

If not in a relationship currently, questions are about what happened in the last relationship

4. Kobubudlelwane benu niyaxoxa na ngentlobano zesini neengozi ezichaphazela impilo?
    a. Zeziphi iingozi enizixoxayo?
    b. Zivuswa Ngubani ezingxoxo?
    c. Nathetha ngantoni kulengxoxo?
    d. Lukhona utshintsho olubonayo ngenxayale ngxoxo?
5. Kubalulekile na ukuba nizikhathaze ngengozi ezichaphazela impilo kwiintlobano zesini?
    a. Kubalulekile na ukuba nizikhusele xanisenza isini?
6. Nakenaxoxa na nomntu wakho ngokuzikhusela kwizifo ezigqithiswa ngesini?
    a. Ndicela undichazele ngalongxoxo?
7. Ukuba zange nixoxe, kutheni?
    b. Ungaxoxa ngokuzikhusela ngokukhululekileyo na nomntu wakho? Ngoba?
8. Nake nayisebenzisa na icondom?
    a. Bendicela undichazele?
    b. Uyisebenzisa njalo na icondom?
    c. Ukuba hayi, ngoba?
    d. Uziva kanjani xakufuneka ufemene icondom? Ngoba?
    e. Ungayifumanaphi icondom xa uyifuna? Zikhona ingxaki ojongana nazo xaufuna icondom?

9. Zikhona na ezinye iindlela zokuzikhusela ungayisebenzisanga icondom xa uzolala nomntu?
10. Ungamcebisa ngokukhululeka na umntu wakho ukuba makasebenzise icondom?
    a. Angathini?
    b. Ungathini wena ukuba umntu wakho angatsho lonto kuwe?
11. Icondom uyayiphatha na kuwe? Ngoba?
    a. Ucinga ntoni ngabafazi/amantombazane aphatha iicondom?
    b. Ucinga ntoni ngamadoda/amakhwenkwe aphatha iicondom?
12. Ukugqibela kwakho ukulala nomntu wakho, naxoxa na ngokusebenzisa icondom? Bendicela undichazelel ukuba kwenzeka ntoni?
13. Ukugqibela kwakho ukulala nomntu wakho, nayisebenzisa na icondom?

HIV questions

14. Bendicela undixelele ulwazi onalo ngeHIV/AIDS?
    Ungandixeleli isimo sakho sentsholongwane, andifuni ukusazi sona
15. Ukhona Umntu owakhe waxoxa naye nge ntsholongwane iHIV ne AIDS?
    a. Ukuba Ukhona, Bendicela undichazele?
    b. Ukuba akekho, kutheni, yintoni ekwenza ungathethi ngayo?
16. Ikhona na into ofuna ukuyazi ngeHIV/AIDS?
17. Ukhona na Umntu omaziyo apha *Ematyholweni*onentsholongwane kagawulayo?
    a. Wazikanjani ukuba unentsholongwane kagawulayo?
18. Kuyafuneka na ukuba axelele abanye abantu na Umntu oneHIV ukuba unayo? Ngoba?
    a. Unaye na wena umntu omaziyo oneHIV?
    b. Baphathwa kanjani abantu abane HIV aphe *Ematyholweni*?
    c. Kufanele kutshintshe na oku? Ngoba?

HIV counselling and testing

Please note I do not want to know your status, you do not have to tell me anything about whether you are positive or negative.

19. Wazintoni ngokuhlolwa kweHIV?
    a. isimo sakho seHIV uyasazi na
20. Umntuwakho wasihlola na isimo sakhe sentsholongwane ngaphambi kokuba nithandane?
21. Wakewahlolwa na
    ii. Wasiwa yintoni?
    iii. Waziva kanjani xausiyakuhlola?
    iv. Wayaphi?
    v. Kwakunjani?
    vi. Wakhe waphinda futhi? Kangaphi?
    vii. Uyozeuphinde na? Ngoba?Ukuba hayi, kutheni ungaphindanga waya khona?
    viii. yintoni ekunofuneka itshintshe ukuze uphinde?

22. ? Ukuba unaye umntu onaye, Ingaba uyasazi na isimo sakhe se HIV?
    i. Ukuba uyasazi, wasazi kanjani?
    ii. Ukuba akunjalo kutheni?
    iii. Uyafuna na ukusazi?
23. Nakenaxoxa na nomkakho/nomyeni wakho ngokuyohlolwa?

Treatment

24. Iyatritwa na iHIV?
    i. Ukuba iyatritwa itritwa kanjani?
    ii. Ukuba akunjalongo, kanjani?
    iii. Ukuba uneHIV uyitrita kanjani?
    iv. Ungayaphi *Ematyholweni*xaufuna itritment?
25. (Zisebenza kanjani? ziyintoni?
26. Ungazithatha na iARVs xakukho isidingo sokuba uzithathe? ngoba?
    i. Ungazithatha phi?
    ii. Yintoni enokunqanda ukuba ungazithathi?

General questions

27. Yintoni enokwenziwa ngeHIV *Ematyholweni*?
28. Yintoni onokuyenza ngeHIV wena apha *Ematyholweni*

Enkosi ngokuthabatha inxeba kulengxoxiswano

Appendix 10: Guide of the Jeffersonian transcription symbols

	(.)	Just noticeable pause
	(.3), (2.6)	Examples of timed pauses
	↑word,↓word	Onset of noticeable pitch rise or fall *(can be difficult to use reliably)*
A: B:	word [word [word	Square brackets aligned across adjacent lines denote the start of overlapping talk. Some transcribers also use "]" brackets to show where the overlap stops
	.hh, hh	in-breath (note the preceding fullstop) and out-breath respectively.
	wo(h)rd	(h) is a try at showing that the word has "laughter" bubbling within it
	wor-	A dash shows a sharp cut-off
	wo:rd	Colons show that the speaker has stretched the preceding sound.
	(words)	A guess at what might have been said if unclear
	( )	Unclear talk. Some transcribers like to represent each syllable of unclear talk with a dash
A: B:	word= =word	The equals sign shows that there is no discernible pause between two speakers' turns or, if put between two sounds within a single speaker's turn, shows that they run together
	word, WORD	Underlined sounds are louder, capitals louder still
	°word°	material between "degree signs" is quiet
	>word word<<word word>	Inwards arrows show faster speech, outward slower
→		Analyst's signal of a significant line
	((*sniff*))	Transcriber's effort at representing something hard, or impossible, to write phonetically

Appendix 11a: Ethics Approval letters: Broader project

UNIVERSITY OF
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Ximbap@ukzn.ac.za

8 November 2011

Dr M van der Riet (24839)
School of Psychology

Dear Dr van der Riet

PROTOCOL REFERENCE NUMBER: HSS/0695/011
PROJECT TITLE: Activity theory and behavior change

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** following your responses to queries previously raised:

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

Professor Steven Collings (Chair)
Humanities & Social Sciences Research Ethics Committee

Appendix 11b: Ethics Approval letters: Masters thesis

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

15 June 2012

Ms Patience Lunga 207510130
School of Applied Human Sciences

Dear Ms Lunga

Protocol reference number: HSS/0331/012M
Project title: The social construction of dating relationship and the management of the risk of HIV among rural youth in South Africa.

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Professor Steven Collings (Chair)
/px

cc Supervisor Dr Mary van der Riet
cc Professor Johanna Hendrina Buitendach
cc Ms Candice Whiteman

Professor S Collings (Chair)
Humanities & Social SC Research Ethics Committee
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Appendix 12: List of Transcipts

a. Focus Groups

20120509_10-13_FG_F_DS_V_(E)

20120509_10-13_FG_M_DS_V_(E)

20120614_14-17_FG_F_DS_K_(E)

20120614_14-17_FG_M_OJ_K

20120505_18-25_M_FG_DS_Z_(E)

20120614_18-25_FG_F_OJ_Z

b. Interviews

20120615_18-25_F_OJ_(2)

20120618_18-25_F_DD_R

20120511_18-25_DS_S_(E)

20120513_18-25_F_DS_S_ (E)

20120508_18-25_M_DS_K_ (E)

2012-05-10_18-25_MALE_DS_S

20120615_18-25_F_OJ_ (Z) _ (1)

20120511_18-25_ YR OLD FEMALE MKTKNI