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**Understanding sexual risk amongst teenage mothers within the context of the HIV and
AIDS pandemic**

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requirements for the **Master of Education Degree** in the Faculty of Education

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DECLARATION

I **ALVI HAMID**, declare that the research reported in this dissertation, except where otherwise indicated, is my original work. This dissertation does not contain other persons' writing, unless specifically acknowledged from other researchers. Where other written sources have been quoted, their words have been re-written but the general information attributed to them has been referenced and where their exact words have been used, their writing has been placed inside quotation marks, and referenced. This dissertation does not contain text, graphics or tables copied and pasted from the internet, unless specifically acknowledged, and the sources being detailed in the dissertation and in the References section.

A. HAMID

DATE

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ABSTRACT

HIV and AIDS is still a major problem especially in Sub Saharan Africa. The levels of new infections are still relatively high which implies that the numerous national and international efforts to curb the transmission of HIV are not having the desired effect. Furthermore, the accelerated rate of teenage pregnancy is also indicative of the failure of these efforts. The high teenage pregnancy rate suggests that many teenagers do not practise safe sex. This could be attributed to the many pressures teenagers experience regarding sex and sexuality. Teenage mothers are likely to experience the same or double, the pressure and I was curious to understand their stance on unsafe sex practises especially after having a baby. This research study elicits an understanding of how these young mothers construct, present and negotiate their sexuality within the context of the HIV and AIDS pandemic. Issues of sex and sexuality in relation to gender roles, gender identities, constructions of sexuality and teenage motherhood were investigated. The findings reveal two key points: regret inspires determination to succeed and that love and romance are dominant discourses in the construction of sexual risk among teenage mothers within the context of the HIV and AIDS pandemic. All the teenage mothers in this research study indicated that completion of their studies should have taken priority to motherhood. Even though most of the participants in this study acknowledge that love and romance are essential, they are now more cautious and either abstains from sex or practise safe sex. This research study has found that the hardship and responsibilities associated with motherhood have served to motivate these participants to change their risky sexual behaviour and verifies Burr's (2003) social constructionist perspective by showing how identity is fluid and context dependent, relying on social interactions and experiences.

TABLE OF CONTENTS

| | |
|--|-------|
| CHAPTER ONE: OVERVIEW OF STUDY | 1-9 |
| 1.1 Introduction | 1 |
| 1.2 Background | 2 |
| 1.3 Review of Related Literature | 3 |
| 1.3.1 Gendered Roles and Construction of Sexual Identities | 3 |
| 1.3.2 Teenage Pregnancy and Teenage Motherhood | 4 |
| 1.4 Theoretical And Conceptual Frameworks | 5 |
| 1.5 Key Research Questions | 6 |
| 1.6 Research Design and Methodology | 6 |
| 1.6.1 Purposive Sampling | 6 |
| 1.6.2 Interview | 7 |
| 1.6.3 Ethical Issues | 7 |
| 1.6.4 Data Analysis Process | 7 |
| 1.6.5 Limitations of Study | 8 |
| 1.7 Conclusion | 9 |
| CHAPTER TWO: LITERATURE REVIEW | 10-20 |
| 2.1 Introduction | 10 |
| 2.2 Review of Literature | 10 |
| 2.2.1 HIV & AIDS | 10 |
| 2.2.2 Gendered Roles and Identities | 12 |
| 2.2.3 Constructions of Sexuality | 13 |
| 2.2.4 Safe Sex Practices | 13 |
| 2.2.5 Teenage Pregnancy | 14 |
| 2.2.6 Teenage Motherhood | 17 |
| 2.3 Theoretical Framework | 18 |
| 2.4 Conclusion | 20 |
| CHAPTER THREE: RESEARCH METHODOLOGY | 21-29 |
| 3.1 Introduction | 21 |
| 3.2 A Qualitative Approach | 21 |
| 3.3 Locating the Study | 22 |

| | | |
|---|---|-------|
| 3.4 | Qualitative Methodology: Face to Face Individual Interviews | 23 |
| 3.5 | The Research Site | 23 |
| 3.6 | Sample | 24 |
| 3.7 | Ethical Considerations | 25 |
| 3.8 | Research Challenges | 26 |
| 3.9 | Data Collection Methods | 26 |
| 3.9.1 | Semi-structured Interview | 26 |
| 3.9.2 | The Actual Interview Sessions | 28 |
| 3.9.3 | Data Analysis Process | 28 |
| 3.10 | Validity, Reliability And Trustworthiness | 29 |
| 3.11 | Conclusion | 29 |
| CHAPTER FOUR: DATA ANALYSIS | | 31-45 |
| 4.1 | Introduction | 31 |
| 4.2 | Presentation and Analysis of Data | 32 |
| 4.2.1 | “No more sex for me – I’ve learnt my lesson!” | 32 |
| 4.2.2 | Every girl needs love – “I still love him” | 34 |
| 4.2.3 | “I know about HIV but it just happened!” | 36 |
| 4.2.4 | “It’s hard to remain a virgin!” | 40 |
| 4.2.5 | “Girls listen to me!” | 42 |
| 4.2.6 | “If I could turn back the clock” | 43 |
| 4.3 | Conclusion | 45 |
| CHAPTER FIVE: CONCLUSION AND SUMMARY OF STUDY | | 46-51 |
| 5.1 | Introduction | 46 |
| 5.2 | Outline of my study | 47 |
| 5.3 | Synthesis of Main Findings | 48 |
| 5.3.1 | Regret inspires determination to succeed | 48 |
| 5.3.2 | The dominance of Love and Romance | 50 |
| 5.4 | Recommendations | 51 |
| 5.5 | Conclusion | 51 |
| References | | 53-57 |
| <i>Appendix 1 (Information Letter)</i> | | 58 |

| | |
|--|----|
| <i>Appendix 2 (Participant's Consent Form)</i> | 59 |
| <i>Appendix 3 (Parent's Consent Form)</i> | 60 |
| <i>Appendix 4 (Principal's Information Letter)</i> | 61 |
| <i>Appendix 5 (Principal's Consent Form)</i> | 62 |
| <i>Appendix 6 (Ethical Clearance Letter)</i> | 63 |
| <i>Appendix 7 (Interview Schedule)</i> | 64 |

Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.

CHAPTER ONE: OVERVIEW OF STUDY

1.1 INTRODUCTION

Despite numerous national and international efforts to curb HIV and AIDS through advocating safe sex practices, the high teenage pregnancy rate bears testimony to the failure of efforts relating to abstinence, delaying sexual activity and condom use. Recent studies have highlighted the high teenage pregnancy rate in South Africa to be a matter of concern (Panday, Makiwane, Ranchod & Letsoalo, 2009; Mkhwanazi, 2010). This is indicative of the fact that many teenagers do not practise safe sex despite the available information about modern methods of contraception. This may be due to the many pressures teenagers experience regarding sex and sexuality. Teenage mothers are likely to experience the same pressure and I was curious to understand their sexual behaviour, especially after having a baby. As an educator I was also curious to know whether teenage mothers would expose themselves or their partners to the risk of contracting HIV. My curiosity was heightened by the fact that there were at least 8 teenage mothers between the ages of 16 and 17 at the school where I teach. I have observed these particular young women being propositioned by an unusually large number of teenage boys and have often pondered on whether these young women accept or reject the sexual advances of boys or young men. The focal purpose of this research study is to glean an insight into how these young mothers construct, present and negotiate their sexuality, especially within the HIV and AIDS pandemic. In addition, I also hoped to elicit their understanding of HIV and AIDS and of risky sexual behaviour as it is quite evident that their previous sexual experiences may have included unsafe sex, hence the resultant pregnancy. In eliciting their understanding, I will strive to find out whether they have changed their risky sexual behaviour after taking into account their new found knowledge of HIV and AIDS and its consequences.

I also wished to ascertain how gender power and gender identities influenced and moulded the participant's construction of sexuality both before and after giving birth. I believe that this research study will benefit teenage girls, teenage mothers and the community at large to better understand the complexities surrounding sex, sexualities and HIV. This understanding will help teenage girls and others to promote and practise safe sex to help prevent teenage pregnancy and the transmission of HIV.

1.2 BACKGROUND

As this research study is embedded within the many facets of HIV and AIDS, it is therefore appropriate to present a brief outline of the virus, its accelerants and its consequences before focusing on the constructions of teenage mothers' sexuality amidst the virus. The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) is an incurable virus that can now be treated with certain prescribed drugs. The virus dates back to early 1980 when the first incidents of infection were reported by mostly gay men in the USA (Mann, 1989). The virus has spread over time and no longer affects only gay men; it now affects men, women and children irrespective of their age or status. Despite great effort to curb the transmission of HIV it continues to be a challenge. Recent statistics indicate that although the number of new infections has declined marginally, the levels of new infections are still high overall (Global Report, 2010). Previous studies indicate that the total number of people infected with the virus in 2008 was more than 20% higher than the number in 2000. This increase was roughly three times higher than that in 1990 (UNAIDS, AIDS Epidemic Update, 2009). The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million (UNAIDS, AIDS Epidemic Update, 2009).

Although the spread of the virus appears to have stabilized in most parts of the world, it continues to increase in sub-Saharan Africa. This region accounted for more than half of all new HIV infections in 2009 (Global Report, 2010). It is evident from these statistics that HIV and AIDS is still a cause for great concern. Throughout the world several attempts have been made to help curb and prevent the transmission of HIV. Radical, explicit and sometimes graphic programmes and messages have been aired and published to enlighten the public

about prevention methods and techniques to curb or prevent transmission of HIV and AIDS. The continued increase in infections is indicative that these programmes have not had the desired effect (Reddy, 2011). Several reasons have been forwarded for the failure of these programmes. Research suggests that factors like culture, gender power and social norms curtail the effectiveness of such programmes (Kent, 2004). Other studies indicate that the perennial transmission of HIV is related to the dynamics present in most sexual encounters which are interconnected to issues of gender power and cultural norms (Holland, Ramazanoglu, Scott, Sharpe & Thomson, 1990; Boyce, Soo Lee Huang, Jenkins, Mohamed, Overs, Paiva, Reid, Tan & Aggleton, 2007; Reddy & Dunne, 2007).

1.3 REVIEW OF RELATED LITERATURE

1.3.1 *Gendered Roles and Construction of Sexual Identities*

HIV and AIDS is gendered in that it affects more women than men, as women are biologically and socially more susceptible to contracting the virus (Dowsett, 2003; UNAIDS, AIDS Epidemic Update, 2009; Morrell, Jewkes & Lindegger, 2012). Furthermore, the Global Report (2010) informs us that more than half of all people living with HIV are women and that in sub-Saharan Africa more women than men are HIV positive. HIV and AIDS is also gendered in that many young women often bear the consequence of HIV and AIDS even though they themselves may not be infected. Some young women often become primary caregivers of their families, especially when their mothers become ill from the effects of the virus (Mutangadura, 2005). This denies them the opportunity to become educated as they often drop out of school and thus are more at risk of becoming HIV positive. The Department of Basic Education Draft Integrated Strategy on HIV and AIDS has indentified education as one of the protective factors against HIV infection. This Report adds that school-going children and young people are less likely to become HIV positive than those who do not attend school. A lack of education not only increases the risk of becoming HIV positive but also fosters poverty and reliance on others for survival (Mutangadura, 2005). Studies stipulate that poverty is associated with teenage pregnancy as some young women may agree to engage in sex and unsafe sex practices, as their circumstances may not allow them to negotiate sexual encounters (Coleman & Dennism, 1998; Coley & Lansdale, 1998; Bissell, 2000; Mkhwanazi, 2010).

Furthermore, women have been subjected to male dominance in all spheres of life which implies that they cannot and at times choose not to exercise their agency in sexual encounters. In South Africa patriarchy is idealized and practised by almost all cultures and race groups. Male domination and female subservience is sanctioned by patriarchy and is accepted by societal norms which are enforced at an early age (Truscott, 1994). Gender specific roles and identities are assigned to men and women at birth (Paechter, 1998). Women are expected to be nurturers and caregivers, a role associated with softness and decorum. Men, on the other hand, are supposed to be robust and fearless. In addition, it is taboo for a woman to initiate sex or to even allude to safe sex practices, as they would be branded a 'slut' (Currie, Mason, Southgate & Squire, 2007; Reddy & Dunne, 2007). Albertyn (2000) posits that both men and women acknowledge that men are responsible for the enactment of sexual encounters in a heterosexual relationship. Not much has changed as some women still face the same predicament and would rather risk HIV than be branded as promiscuous (Reddy & Dunne, 2007). Most young girls are still governed by cultural beliefs and gender roles that espouse female submissiveness and compliance (Leclerc-Madlala, 2002). In light of these tenets, it is quite normal for some teenage girls to comply with a male's refusal to practise safe sex. Some teenage girls become pregnant when they are either coerced to engage in unsafe sex or when they voluntarily indulge the male's refusal to use a condom. My research study seeks to investigate whether teenage mothers' view on unsafe sex practices have changed subsequent to motherhood.

1.3.2 Teenage Pregnancy and Teenage Motherhood

Teenage pregnancy is still considered to be an ongoing problem despite several studies in South Africa indicating that the rate of teenage pregnancies has decreased (Kaufman, de Wet & Stadler, 2000; Panday et al., 2009). According to Bhana, Morrell, Shefer, and Ngabaza (2010), it serves to promote gender inequities and gender inequalities as these young women are often burdened with the responsibility of caring for the child which sometimes prevent them from attending school and obtaining the necessary qualifications to enter the job market (Kaufman et al., 2000). These young women may therefore become reliant on others for survival (Bissell, 2000), but, there are other studies that challenge this view by stating that

teenage mothers fare better as motherhood forces them to mature early (Duncan, 2007). Duncan argues that teenage mothers who disrupt their schooling career may seek employment and thus gain work experience which gives them a head start in gaining economic independence (2007). Nevertheless, teenage pregnancy and teenage motherhood is a challenge that affects society as it also perpetuates poverty and gender violence (Bissell, 2000). There are a growing number of studies that attempt to draw attention to this challenge, yet there is a glaring shortage of research regarding teenage mothers and their sexuality. This research study hopes to address the glaring shortfall in this issue and hopes to provide an insight into teenage motherhood and constructions of sexuality within the context of the HIV and AIDS pandemic. Furthermore, I argue that gender norms inadvertently rob young women of the ability to negotiate and insist on safe sex practices thereby influencing the spread of HIV and AIDS.

1.4 THEORETICAL AND CONCEPTUAL FRAMEWORKS

This research study on understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic utilizes a social constructionist perspective and draws on the views of Vivien Burr (2003) who contends that we are products of social processes and therefore no pre-determined nature or personality can be assigned to us. She argues that a person's personality, behaviour and sexuality are fluid and to a large extent influenced by social norms and practices. To further substantiate, I utilized Judith Butler's (1990) theory of 'performativity' to illustrate the relationship between gender, sexual identities and social constructions. Butler (1990) argues that rather than gender being a fixed characteristic in a person, it should be seen as a fluid variable which shifts and changes in different contexts and at different times. Butler's (1990) theory lends itself quite appropriately to the notion of identities being fluid, dynamic or volatile. Therefore, the views of both Burr (2003) and Butler (1990) assist in enhancing the understanding of sexual risk amongst teenage mothers amidst the HIV and AIDS pandemic.

1.5 KEY RESEARCH QUESTIONS

- What do teenage mothers regard as risky sexual behaviour?
- Why do some teenage mothers engage in risky sexual behaviour?

1.6 RESEARCH DESIGN AND METHODOLOGY

In order to obtain an in-depth understanding of teenage mothers' constructions of sexuality, I have located my research study within the interpretivist paradigm. In accordance with the aims of the interpretive paradigm, this research study further seeks to understand how teenage mothers cope with issues of sex and sexuality amidst the HIV and AIDS pandemic. Cohen, Manion and Morrison (2011) assert that researchers using an interpretive paradigm examine the viewpoint of the participants. The interpretive perspective is sometimes referred to as naturalistic research as it is conducted in the real world without the researcher's manipulation (Cohen et al., 2011). In addition Creswell (2003, p. 8) states that the interpretivist researcher tends to rely upon the "participants' views of the situation being studied" whilst acknowledging their own experiences and background. In this research study, a qualitative method of obtaining data was employed and individual semi-structured interviews were utilized to collect data. In semi-structured interviews open-ended questions allow the participant to be more communicative as it does not restrict answers. Cohen et al. (2011) adds that a qualitative approach also enables the researcher to note all verbal and non-verbal communication expressed during the interview session. Cohen et al. (2011) adds further that qualitative methods are mainly used when researchers want to find deep experiences or understandings of participants.

1.6.1 *Purposive Sampling*

My research depended on identifying school going teenage mothers who were 16 or 17 years of age. As mentioned earlier, there were at least 8 teenage mothers between the ages of 16 and 17 at the school where I teach. A convenience purposive sampling was utilized as 5 of these teenage mothers agreed to participate in my study.

1.6.2 Interview

An in-depth, semi-structured interview was utilized to collect data. A pre-set number of questions were used as a guide during the interview and additional questions were utilized to gain further insight to the responses. To enhance validity, the interview was tape recorded and thereafter transcribed. In addition, notes were taken during the interview to record any hand gestures or facial expressions which may have conveyed further meaning to the participants' responses. Appointments were made with each participant to ensure that they were prepared for the interview. The interview was conducted at school to ensure that participants were in familiar surroundings. I also ensured that the venue was private and secure and that the atmosphere was relaxed, and conducive to inspiring true responses from the participants.

1.6.3 Ethical Issues

In order for this research study to be authentic I have striven to ensure that all criteria regarding validity, reliability and trustworthiness were adhered to and furthermore, any biasness and/or subjectivity were declared. The objective of this research study was made clear to the participants. Permission and approval were obtained from the relevant officials. The participants were also assured of anonymity, confidentiality, non-maleficence, and reciprocity, and, feedback of the results was timeously provided. Participants and guardians were also requested to sign a letter of informed consent prior to the interview, and, as participation was voluntary, they were allowed to withdraw from the study without being penalized or victimized. Durrheim and Wassenaar state that it is important to note that participants be given a chance to review data through follow-up interviews as this will add to the validity and reliability of the research (2002).

1.6.4 Data analysis process

The data analysis process depended on capturing the data accurately by tape recording the interviews and by accurately transcribing the information onto a computer using Microsoft Word. The transcribed data was printed and given to participants to peruse and correct.

Owing to qualitative research methods the data collected normally is of a textual nature and may sometimes be extremely voluminous. Therefore it is necessary for the researcher to select only data that is needed in accordance with the research question (Cohen et al., 2011). Cohen et al. (2011) refers to the above process as data reduction and further informs us that it occurs throughout the research process. Once the transcripts were received from the participants I familiarized myself with the data by reading the transcripts many times and thereafter commenced with the data reduction process. This is commonly referred to as coding or categorizing of data which entails grouping data into unit segments. A useful technique is to use different colour pens/text to code similar data. After the coding process, the copy and paste feature was utilized to categorize and label data onto different pages on Microsoft Word.

The categories were then interrogated and compared until salient themes emerged. According to Cohen et al. (2011), it is also useful to always keep the research question in mind when analysing data as this will help to organize, analyse and interpret data efficiently. Cohen et al. (2011) also asserts that data analysis is an inductive process of organising the data into categories or groups. Inductive processing refers to the interpretation and interrogation of raw data into specific groups or patterns. Thereafter the groups or patterns are analysed and theories are formulated or conclusions drawn.

1.6.5 Limitations of Study

Being an educator at the same school as my participants proved to be a cause for concern as participants were not totally forthcoming with their responses. They continued to view me as a person in authority but this situation was remedied to a certain extent when I sat next to them instead of opposite them. The participants also began to speak more freely when they were made to feel comfortable and told that they were not being judged but rather that their responses would be used to help others. Another issue that had to be sorted out prior to the interviews was the fact that interviews had to be conducted during school hours as participants were unavailable after school hours. This meant that other educators had to

agree to relinquish participants during instruction time. The participants and I had to give these educators written assurances that work missed will be completed.

1.7 CONCLUSION

In this chapter I have highlighted the reasons and purpose of this study. I have endeavoured to discover and understand sexual risk amongst teenage mothers, especially within the context of HIV and AIDS. Fundamental issues surrounding gender, sex and sexual encounters will be discussed in the following chapters to derive a better understanding of sexual risk amongst South African teenage mothers.

The remaining chapters in this study are organized in the following manner:

Chapter 2 discusses the literature surrounding the understanding of sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.

Chapter 3 focuses on the research design and methodology employed in this study.

Chapter 4 presents and interprets the data obtained through face to face interviews.

Chapter 5 summarizes the data analysis into meaningful theories based on the themes derived in Chapter 4.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents pertinent literature on the constructions of sexuality and sexual risk of teenage mothers within the context of the HIV and AIDS pandemic. This literature review will firstly present a brief description of the HIV and AIDS virus and its impact on the youth. I will draw attention to national and international statistics before presenting literature on intervention programmes and other methods of containing and combating the virus. Secondly, the constructions of sexuality of young girls and teenage mothers in terms of gender power, gender identities and roles will be discussed in tandem with some of the barriers that most young girls and teenage mothers face when trying to prevent the transmission of the virus. Thirdly, global and national literature pertaining to safe sex practices, teenage pregnancies and teenage mothers will be examined to highlight the plight of some young teenage mothers who succumbed to the pressures of social and gender power.

2.2 REVIEW OF LITERATURE

2.2.1 *HIV and AIDS*

To clarify the focus of this research study, a brief outline of the HIV and AIDS pandemic is presented. HIV and AIDS is an acronym for Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome. Despite valiant attempts by health researchers to find a cure, it remains an incurable virus that is transmitted either through sex, blood transfusion or shared drug equipment. Global statistics in 2008 reveal that of the 33.4 million people living with HIV and AIDS, 67 % come from sub-Saharan Africa (UNAIDS, AIDS Epidemic Update, 2009). Furthermore, of the 2.7 million people who became newly infected with HIV in 2008, 1.9 million were in sub-Saharan Africa. (UNAIDS, AIDS Epidemic Update, 2009). It is also disturbing to note that in 2008 approximately 2 million people died of AIDS-related illnesses and approximately 75 percent of these deaths occurred in sub-Saharan Africa. (UNAIDS, AIDS Epidemic Update, 2009). Recent statistics reveal that there are an estimated 5.6 million people living with HIV in South Africa (Global Report, 2010). The

Global Report also indicates that South Africa's epidemic remains the largest in the world (2010).

These statistics disclose that the HIV and AIDS pandemic are highly concentrated in Sub-Saharan Africa. Despite many HIV prevention programmes and campaigns, there is still a glaring gap between the awareness of sexual risk and the practice of safe sex (Harrison, Xaba & Kunene, 2001). This is accentuated by previous studies which found that condom usage, especially amongst the youth, was poor (Leclerc-Madlala, 2002; Currie et al., 2007). The South African government implemented several awareness campaigns to educate people about the effects of HIV and AIDS. One such program is the 'ABC' (Abstinence, Be Faithful and Condomize) which, in my opinion, is largely targeted at the youth as 'ABC' is also synonymous with learning to read and write at school. Researchers found that these campaigns were not as effective as envisioned, as the rate of new infections continued to grow (Reddy, 2011).

A number of reasons such as cultural beliefs, gender imbalances or gender power could be cited for this phenomenon. Most young women are vulnerable to gender power play, particularly when it involves sex and negotiations for condom use (Kent, 2004), thereby increasing their susceptibility to the HIV virus. Research indicates that women are biologically and socially more likely than men to contract the virus (Dowsett, 2003; UNAIDS, AIDS Epidemic Update, 2009). Panday et al. (2009) states that condom usage is still relatively low, especially amongst the youth, despite indications of there being an overall gradual increase. These findings are reinforced by recent research which indicates that young women between the ages of 15 and 24 are four times more likely to be HIV positive than males (KYE Report, 2011). These statistics imply that condom usage is low and that negotiations for condom use may be subject to gender power or cultural beliefs. Consequently, this leads me to highlight the reasons why some young women and teenage mothers willingly participated in risky sexual behaviour despite possessing a conscious awareness of HIV and AIDS and preventive measures.

2.2.2 Gendered Roles and Identities

As mentioned in Chapter one, HIV and AIDS is gendered in that it affects more women than men (UNAIDS, AIDS Epidemic Update, 2009). The report also states that approximately 15.7 million women were living with HIV in 2008 - a staggering increase from 13.8 million in 2001 (UNAIDS, AIDS Epidemic Update, 2009). Wood and Jewkes (2001) identify firmly entrenched gender roles and identities which are prescribed by wider society as the key elements of HIV and AIDS being gendered. Gendered roles and identities refer to the way females and males are socialized as women and men (Truscott, 1994). She adds that society teaches us how to behave and how to treat women and men (Truscott, 1994). Paechter (1998) asserts that it also includes the way in which society assigns gender roles to women and men. She illustrates this by stating that we are steered towards gender specific roles, for example, girls and boys are given dolls and toy cars, respectively, to play with (Paechter, 1998). This simple distinction of toys reinforces society's notion that girls are meant to be care givers and boys are meant to be out-going explorers (Paechter, 1998). Men are assigned the masculine role of protector (strong, powerful, assertive and brave) whereas girls are assigned the feminine role of nurturer (soft, demure, loving and kind). These roles are internalized which leads to a promotion of gender inequality, inequity and a reinforcement of patriarchy, as it affords men power to dominate or control any person they consider to be subordinate (Paechter, 1998).

This resonates with Rose-Innes (2006) who reiterates that men and women are socialized to deem that men command more power than women and that women are controllable, inferior beings. It is within this context that men determine how heterosexual encounters are enacted since both men and women accept it to be a man's role (Albertyn, 2000). This statement gives rise to the contradiction faced by many women, as they want to prevent the transmission of HIV and AIDS but fear being seen as promiscuous or 'sluts' if they insist on condom usage (Reddy & Dunne, 2007). This contradiction greatly influences how many women and adolescent girls construct their sexuality amidst the HIV and AIDS pandemic.

2.2.3 *Constructions of Sexuality*

In order to achieve the objective of this research study it is essential to locate the issue of teenage mothers' construction of sexuality within the HIV epidemic in the context of adolescent sexuality and teenage pregnancies. Many researchers concur that cultural practices and beliefs, gender identities and roles as well as sexual violence and poverty are accelerants in the transmission of HIV and AIDS (Kent, 2004; UNAIDS, 2006/8). Despite many prevention measures to curb the spread and transmission of HIV and AIDS, it is still a matter of concern. Researchers have concluded that the prevention of HIV and AIDS is closely linked to issues of sex and sexuality (Holland et al., 1990; Boyce et al., 2007; Reddy & Dunne, 2007). The high teenage pregnancy rate indicates that even with the abundant information and education about safe sex practices and HIV and AIDS, other factors enter the dynamics of sexual encounters. It is my intention to show how teenage mothers perceive themselves as sexual beings within the context of HIV and AIDS.

Most young girls including teenage mothers are strongly influenced by cultural beliefs and gendered roles (Leclerc-Madlala, 2002) and are often trapped between the expectations and norms of society that regulate feminine behaviour and the need to practise safe sex (Reddy & Dunne, 2007). Research reveals that young women who insist on practising safe sex are labelled as 'loose' or 'sluttish' (Currie et al., 2007; Reddy & Dunne, 2007). In order to fit in with society's outlook on how women and girls should behave, many young women would rather abandon practising safe sex and risk contracting HIV and AIDS than appear to be 'sluttish' in the boy's eyes (Reddy & Dunne, 2007). Currie et al. (2007) succinctly adds that women are labelled as promiscuous if they carried condoms and that males distrusted females who carried condoms as this implied a lack of sexual innocence.

2.2.4 *Safe Sex Practices*

Although there are other ways of transmitting HIV, unprotected sex remains the primary method of contracting the virus (Boyce et al., 2007). Major educational and intervention campaigns targeted at the youth have been implemented to help curb the spread of HIV. Marston and King (2006) posits that these prevention programs have not achieved the desired

results as the number of people being infected continues to rise even when condoms as well as literature on HIV awareness are freely available. Reddy (2011) concurs that higher levels of knowledge about safe sex practices does not equate to practising safe sex. Several other studies confirm that condom usage is relatively low or inconsistent, especially amongst the youth (MacPhail & Campbell, 2001; Hoffman et al., 2006; Reddy & Dunne, 2007; Groes-Green, 2009). Harrison et al. (2001) declares that although most adolescents associated safe sex practices with condom usage, they rejected condom usage. They also note that there was a limited acceptance of other safe sex options like abstinence and non-penetrative sex (Harrison et al., 2001). According to MacPhail and Campbell (2001, p. 1614), condom usage is impeded by social influences which include the “social constructions of male and female sexuality, gendered power relations as well as economic constraints”. Not only do unsafe sex practices increase the transmission of HIV, it also advances the contracting of sexually transmitted diseases (STDs) and unplanned pregnancies (Kirby, 2008).

Research has found that most teenagers regarded the initiation of condom use to be the domain of males (Harrison et al., 2001; Hoffman et al., 2006). Conversely, pregnancy prevention was regarded as the responsibility of females (Harrison et al., 2001) which in my opinion implies that condom use is not wholly associated with pregnancy prevention by some boys. As a result, this tenet amongst many adolescents about safe sex practices being the male’s domain espouses my argument that gender roles and gender identities play a prominent role in the way girls (teenage mothers included) construct and negotiate their sexuality. Teenage pregnancies result in a host of issues within which are woven the complex intricacies of the teenage mothers’ constructions of their sexuality.

2.2.5 *Teenage Pregnancy*

The statistics provided to illustrate the extent of teenage pregnancy in South Africa is not a true reflection due to the difficulty in tracking teenage pregnancies during and after the apartheid era (Morrell, 1992; Kaufman et al., 2000). Figures released by the Department of Health in 2006 indicate a 27.3% rate of teenage pregnancy whereas the South African Demographic and Health Survey of 2003 reveal that the percentage rate of teenage pregnancy

is 12%. Contrary to both findings, other studies suggest that more than 30% of teenagers have given birth at least once (Kaufman et al., 2000; Berry & Hall, 2009; Bhana et al., 2010). Despite conflicting statistics the phenomenon of teenage pregnancy remains a challenge to all concerned. Panday et al. (2009) states that 66% of the young women who reported being pregnant in the 2006 Kaiser/SABC study identified failure to use contraceptives as the main reason for pregnancy.

Although there has been sufficient HIV and AIDS related research surrounding the youth and their sexuality, there is paucity in the study of constructions of sexuality and sexual risk amongst teenage mothers. Therefore, this research study endeavours to gain insight into how teenage mothers construct their sexuality amidst the HIV and AIDS pandemic. Furthermore, this study hopes to reveal how gender norms inadvertently rob girls of the ability to negotiate and insist on safe sex practices thereby influencing the spread of HIV and AIDS. Although emphasis has been placed on awareness programs and condom use to curb the transmission of HIV and AIDS, the barriers that women face in trying to put the knowledge into practice has been neglected (Holland et al., 1990). These researchers argue that HIV and AIDS health awareness programs will not be effective unless they acknowledge that men and women enter the sexual act as unequal partners (Holland et al., 1990).

Unequal partners in heterosexual relationships usually mean that one partner is more dominant or powerful than the other and as mentioned earlier, the power usually lies with the male (Gupta, 2000) which subtly translates into the inability of females to negotiate safe sex practices. Hence, unsafe sex practices may result in unwanted pregnancy or the transmission of STDs or HIV. Teenage pregnancy can be a traumatic ordeal for many teenage girls as they are faced with changes in their body together with social alienation and ridicule (Bhana et al., 2010). They are often ostracised by society (Mkhwanazi, 2010) and quite often even abandoned by the father of the unborn child (Kaufman et al., 2000). Mcambi (2010) surmises that teenage mothers are often rejected and ridiculed by their peers and teachers.

Teenage pregnancy and motherhood serve to promote gender inequalities (Bhana et al., 2010). These girls may take time off school to deliver the baby or may attend school sporadically due to the many responsibilities of motherhood. Sometimes teenage mothers may even drop out of school because they cannot cope with school and the responsibilities associated with motherhood (Kaufman et al., 2000). This means that they will not attain the necessary education or skill to enter the job market and command a high wage (Bissell, 2000) therefore they may be dependent on others for sustenance. Although one may argue that many reasons for teenage pregnancy can be linked to many factors, it nevertheless plays a pivotal role in contributing towards HIV and AIDS and other socio economic problems like poverty and unemployment (Bissell, 2000). It is evident from local research that the issue of teenage pregnancy and early motherhood is a growing concern. Many researchers concede that even though the rate of teenage pregnancy has decreased, the problem of teenage pregnancy remains a huge challenge (Kaufman et al., 2000; Panday et al., 2009; Mkhwanazi, 2010).

Research acknowledges that teenage pregnancy is a reality that cannot be ignored and, society needs to acknowledge and embrace all aspects associated with teenage pregnancy (Bissell, 2000; Bhana et al., 2010). One such aspect linked with teenage pregnancy is socio-economic conditions. Both local and international researchers contend that there is a direct link between poverty and teenage pregnancy (Coleman & Dennism, 1998; Coley & Lansdale, 1998; Bissell, 2000; Mkhwanazi, 2010; Koffman, 2012). Bissell (2000) found that pregnant teenagers often emerged from poor socio-economic conditions and may sink deeper into poverty after giving birth because of a disrupted or curtailed schooling career. Other findings in Bissell (2000) indicate that other issues such as race, ethnicity and culture are linked to teenage pregnancy. Mkhwanazi (2010) also found that teenage pregnancy is more common in Black and Coloured communities.

The Department of Education Report (2009) also makes reference to teenage pregnancy being higher among Blacks (71 per 1000) and Coloureds (60 per 1000) in comparison to Whites (14 per 1000) and Indians (22 per 1000). Panday et al. (2009) and Mkhwanazi (2010) ascribe this, to conditions like inequalities in education, poor health services and poverty

which were inherited from the apartheid era. Contrary to this, international research indicates that even when such conditions do not exist, similar differences in the ratio of pregnancies prevail among different race groups. This suggests that cultural and ethnic differences may influence teenage pregnancies (Coley & Lansdale, 1998; Panday et al., 2009).

Bissell (2000) concurs with Coley and Lansdale (1998) as they also found that there were large differences among teenage pregnancy of different racial and ethnic groups. Coley and Lansdale (1998) revealed that Hispanics and African Americans had much higher rates of teenage pregnancies than Whites and they cite Maynard (1995) as claiming that poverty stricken teenagers with low educational aspirations were more likely to become pregnant. This is affirmed by Duncan (2007) who also states that teenagers with low or no desire to excel academically often become pregnant. Wilson (1987) found that teenagers, who live in communities that are poor, are on welfare and single mother households are at a higher risk of becoming pregnant (as cited in Coley & Lansdale, 1998).

2.2.6 *Teenage Motherhood*

This research study strives to augment the limited research on teenage mothers and their sexuality and acknowledges that many novice teenage mothers encounter a deluge of new challenges and responsibilities after the baby is born. They often risk social alienation and even face ridicule from fellow learners and teachers (Bhana et al., 2010; Mcambi, 2010). This compounds the difficulty associated with juggling studying and parenthood (Kaufman et al., 2000; Bhana et al., 2010). Due to this difficulty, many teenage mothers opt to drop out of school thereby aggravating poverty and further propagating gender inequality which in turn hinders the female's capacity to negotiate safe sex. Bhana et al. (2010) further stipulates that some teenage mothers are further disadvantaged by social structures that prevent them from balancing parenting and schooling in order to achieve economic stability. Compounding the situation is the expectancy of societal and cultural norms that advocate that the task of parenting is largely the responsibility of women (Jewkes, Morrell, & Christofides, 2009). Bhana et al. (2010, p. 10) adds that the gendering of parenting is located within 'specific social, cultural and economic' contexts within which the women's insubordination

is replicated. As mentioned earlier, previous studies indicate that teenage motherhood is not a new phenomenon and continues to be a matter of concern.

In contrast to Kaufman et al. (2000), Duncan (2007) disputes the view that teenage pregnancy has a detrimental effect on the lives of those affected. Duncan contends that teenage motherhood actually has a positive effect in the sense that it helps accelerate maturity and economic growth by forcing young mothers to take responsibility for their child (2007). Despite the contrasting findings on the effects of teenage pregnancy, these researchers share a similar view when they report that opportunities for education provide a direct incentive for these learners to delay a second birth (Kaufman et al., 2000; Duncan, 2007) thereby implying that teenage mothers realize the importance of education in improving their lives. Kaufman et al. (2000) however, also revealed that a few participants became mothers for the second time and that this was viewed as irresponsible and short-sighted by the other participants. Kaufman et al. (2000) nevertheless, informs us that most of the participants expressed the desire to delay a second child which reiterates the sentiments of Duncan (2007). Duncan's (2007) study indicates that although teenage mothers suffer economically during the first few years after birth, they earn more money later on than those teenagers who delayed child bearing. Duncan (2007) concedes that this could be attributed to teenage mothers having to start work at an earlier stage and thereby gaining more work experience than those who delay having a child.

2.3 THEORETICAL FRAMEWORK OF STUDY

Theoretical frameworks provide a particular perspective, or lens, through which to examine a particular topic. In order to grasp the relevance of the theoretical framework utilized in this study, a brief explanation of the social constructionist theoretical framework is offered in contrast to biological essentialism. Burr 2003 states that the key proponents of social constructionism are: social interaction, social processes and language. The theory of biological essentialism puts forward that innateness and nature are key factors that shape a person's personality and behaviour. Social constructionist's argue that the social world and the people inhabiting the world are products of social processes which are dynamic and fluid

while biological essentialists advocate that people's personalities and behaviour are determined by nature and therefore, cannot be challenged (Epstein, Elwood, Hey & Maw, 1998). My research study highlights the sexual behaviour of the five participants both before and after motherhood. The participants' behaviour was influenced by circumstances, experiences and social practices. Furthermore, the literature review contained in this chapter validates how social norms, culture and gender roles shape and influence behaviour and personalities. I concur that social practices influence behaviour and that behaviour is not static but rather, it is ever-changing and shifting with each new experience, situation or circumstance. The social constructionist theoretical framework best suits my research study and, I will therefore utilize it to support my study.

As previously mentioned in chapter one, this study utilises both Burr's social constructionist perspective (2003) and Butler's theory of 'performativity' (1990) as a gendered lens to assist in understanding the sexual risk amongst teenage mothers amidst the HIV and AIDS pandemic. Burr (2003) asserts that essentialist theories trap people within personalities and identities which does not allow for fluidity and dynamism. She vehemently contests biological and essentialist theories that advocate that people have innate characteristics or that a person's persona is governed by "human nature" (Burr, 2003, p. 30). Burr also contends that people's actions are determined by social interactions that transpire within a particular context and time and adds that human beings attach 'meaning' to these interactions which could be dynamic or volatile but always open to change (2003).

"... a lot of the things we take for granted as given, fixed and immutable, whether in ourselves or in the phenomena we experience, can upon inspection be found to be socially derived and socially maintained. They are created and perpetuated by human beings who share meanings through being members of the same society or culture (Burr, 2003, p. 45)."

Butler's theory of 'performativity' is inspired by Foucault who asserts that people do not possess a 'real' identity inside themselves (1990), rather their identity or personality is

articulated to others via their interactions with them. Butler (1990), in agreement with Foucault states that a person's identity or personality is not a fixed thing within a person but rather a shifting, temporary construction. Butler (1990) expands this theory by clarifying that gender is not a fixed characteristic in a person, but rather, a fluid variable which shifts and changes in different contexts and at different times. Butler (1990, pp. 25) states: "There is no gender identity behind the expressions of gender; ... identity is performatively constituted by the very 'expressions' that are said to be its results." In other words, gender is not who we are but is something that is performed at particular times. Butler (1990) explains that we all put on a gender performance, based on cultural or societal norms and, therefore, it is not a question of whether to enact a gender performance or not, but rather, what type of performance to enact. Burr's (2003) perspective on identity complements Butler's (1990) theory of 'performativity' in that both theorists concur that identity is dynamic and is dependent on social interactions within particular contexts.

The participants in my study demonstrated sexual identities that were dependent on social interactions, cultural norms and gender roles. For some participants, these sexual identities changed and shifted after motherhood. Therefore, the theories of Butler (1990) and Burr (2003) allow me to understand the data from this study within the framework of social constructions of gender.

2.4 CONCLUSION

In this chapter of the study I have examined the available literature and presented the views and findings of various researchers on the HIV and AIDS pandemic in relation to the many nuances of the construction of sexuality in terms of gender, especially with regard to teenage mothers. Although there is paucity in the literature surrounding teenage mothers' sexual risk and constructions of their sexuality, I have endeavored to investigate both local and international studies to offer a global depiction of the issues at hand.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter provides an account of the methodology and processes employed to collect data from 5 teenage mothers who attend a high school in Pinetown, Durban. As this study seeks to elicit an understanding of sexual risk amongst teenage mothers within the HIV and AIDS pandemic, a qualitative research methodology was utilized. Research indicates that verbal or textual data is obtained through qualitative research (Cohen et al., 2011). I elected to utilize qualitative research methodologies because it allowed me to garner rich verbal data through face to face semi-structured interviews. These face to face individual interviews allowed me to obtain deep and meaningful insight into how teenage mothers construct and negotiate their sexuality amidst the HIV and AIDS pandemic.

This study is guided by the following significant question:

- How do teenage mothers construct their sexuality amidst the HIV and AIDS pandemic?

The answer to this key question necessitated the following two sub questions:

- What do teenage mothers regard as risky sexual behaviour?
- Why do some teenage mothers engage in risky sexual behaviour?

This research study proceeds by elaborating on the features of the qualitative approach and also discusses why it is appropriate for the rationale of this study.

3.2 A QUALITATIVE APPROACH

This study hinges on the understanding of how teenage mothers construct their sexuality amidst the HIV and AIDS pandemic. Therefore, it was imperative to derive information from participants who were not manipulated in any way. This is in accordance with studies that stipulate that qualitative research is conducted in the real world without the researcher's

manipulation (Cohen et al., 2011). Furthermore, the qualitative approach is used when researchers want to find deep experiences or understandings of participants which are dependent on a number of factors such as circumstances, environment, socio economic background, experience, etc. (Cohen et al., 2011). In other words, the researcher wants to obtain data from people who interpret the world according to their experience and understanding (hermeneutical). Mehra (2002) informs us that qualitative researchers should acknowledge that they are co-creators of meaning and that they bring their own subjective experiences to the research. In addition, Creswell (2003) asserts that researchers in the qualitative approach acknowledge their own background and experiences whilst relying on the participants' interpretation of what is being investigated.

The styles of research employed in a qualitative approach are case studies, narratives, participatory research, action research and ethnographic research. For the purpose of this study, individual face to face semi-structured interviews were utilized to gain an understanding of teenage mothers' constructions of sexuality amidst the HIV and AIDS pandemic. Participants were free to answer the semi-structured questions without fear or intimidation. Both verbal and non-verbal communications were accurately recorded by writing notes and using a tape recorder simultaneously.

3.3 LOCATING THE STUDY

Mertens (2005) suggests that all research is located within a theoretical framework which is sometimes referred to as the 'paradigm'. There are various types of paradigms and each one, according to Mackenzie and Knipe (2006), influence the way research is conducted, data studied and interpreted. They add that the choice of the paradigm informs the reader of the intent, motivation and expectation of the researcher (MacKenzie & Knipe, 2006). Bogdan and Biklen (1998, p. 22) define the term 'paradigm' as "a loose collection of logically related assumptions, concepts or prepositions that orient thinking and research". In contrast, Mac Naughton, Rolfe and Siraj-Blatchford (2001) define the term as having three elements viz., a belief about the nature of reality, a methodology and validity criteria. This research study

encompasses both definitions as participant's thoughts and feelings within 'their nature of reality' at a particular time were recorded to be analyzed and interpreted.

This research study is embedded within the Interpretivist paradigm which is employed primarily in the field of social science. Unlike scientists who use a Positivist paradigm, social researchers believe that the world is changeable and that people attach meaning to a situation (Cohen et al., 2011). In other words, people give different meaning to the same situation when the context changes and therefore, it is essential that social researchers examine a situation from the participants' viewpoint (Cohen et al., 2011). In accordance with this theory, the participants of this study were allowed to freely express their thoughts, interpretations and experiences of their life and sexual encounters.

3.4 QUALITATIVE METHODOLOGY: FACE TO FACE INDIVIDUAL INTERVIEWS

As I aim to gain insight into the understanding of teenage mothers' sexual risk and constructions of sexuality amidst the HIV and AIDS pandemic, I employed a qualitative data collection method. Individual semi-structured face to face interviews were arranged and conducted. A range of pre-designed semi-structured questions were asked and participant's responses were tape-recorded. The questions were designed to stimulate honest responses and in-depth discussions.

3.5 THE RESEARCH SITE

My research study took place at the school where I teach. It is a co-educational public school situated in the Pinetown area and in order to satisfy the confidentiality clause, I have given the school a pseudonym: Clover Secondary School. It was at this school that I first became aware of the 8 teenage mothers and my daily observation of them heightened my curiosity about their constructions of sexuality, thus inspiring me to undertake this study. This research site was convenient for me to conduct interviews as I had constant contact with my participants and was available to dispel any fears that participants may have encountered

during or after the study. Another reason for choosing this research site was that the participants and I were familiar with each other and the surroundings which made the data gathering process easier.

3.6 THE SAMPLE

Although there were 8 teenage mothers present at the school, only 5 were willing to participate in my study. As all 5 teenage mothers were between the ages of 16 and 17, it afforded me the opportunity to understand sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic. These teenage mothers were willing to share their thoughts, feelings and experiences on issues of sexuality, HIV and AIDS and motherhood. Thus, purposive sampling was utilized in the selection of the participants. Cohen et al. (2011) refers to purposive sampling as participants being chosen especially because of their specificity. Furthermore, Cohen et al. (2011) adds that a sample is chosen as representatives of the population about which the researcher wants to draw certain conclusions or make comparisons.

Table 1: Participant’s details as at June 2011 (pseudonyms utilized)

| No. | Name | Age | Grade | Age of Child |
|-----|--------------|-----|-------|--------------|
| 1. | Phendi (11E) | 17 | 11 | 2 yrs |
| 2. | Gugu (11D) | 17 | 11 | 4 yrs |
| 3. | Bongi (10J) | 16 | 10 | 8 mths |
| 4. | Thula (10J) | 16 | 10 | 6 mths |
| 5. | Zama (9B) | 17 | 9 | 17 mths |

3.7 ETHICAL CONSIDERATIONS

In order for research to be deemed sound and authentic, the following ethical aspects must be taken into consideration (Durrheim & Wassenaar, 2006; Cohen et al., 2011):

- Participation in the study must be voluntary.
- Consent must be obtained from all participants and stakeholders.
- The research should not harm anyone.
- The research should be of benefit to others.

Having familiarized myself with the above ethical dilemmas and views, I ensured that my participants and their guardians were fully informed of the purpose of my study. I also enlightened the participants of their right to withdraw from the study if they so wished. The confidentiality and anonymity clauses were also thoroughly highlighted before participants signed the consent form (*Appendix 2*).

In addition, the following guidelines were practised in order to guarantee the worthiness of my study:

- In order to carry out my research I obtained written consent from the school Principal, the Governing Body Chairman (*Appendix 5*) and the Department of Education. All the relevant stakeholders were informed of the purpose and method of my study.
- Thereafter, I identified the participants and informally asked them to participate in my study. Once a favourable response was received, I formally sought the parents' consent by outlining all pertinent details of the study via a letter (*Appendix 1*). Parents were asked to sign the consent forms (*Appendix 3*) which would allow their children to participate in the research. The signed consent forms allowed me to obtain the participants' voluntary consent to take part in the study.
- The participants' voluntary participation depended on their understanding of all facets of the study and therefore a detailed explanation of the study was presented before participants appended their signatures on the consent form (*Appendix 2*).

- The following opportunities were given to all participants:
 - To ask for clarity if they did not understand any question.
 - To withdraw from the study at any time.
 - To inform me if they felt uncomfortable with any question.
 - To answer questions freely without fear of intimidation or judgment.
- All data was transcribed using pseudonyms which helped ensure that all participants' identities were protected thereby adhering to the confidentiality clause well.

3.8 RESEARCH CHALLENGES

I had to conduct my interviews within school hours as the participants could not stay in after school as they had responsibilities pertaining to their children. The time scheduled for the interviews depended on the learners' timetable and my non-teaching time/period. Once a suitable time/period was identified, permission was obtained from the subject teacher to excuse the learner for that particular lesson/period. Fortunately the relevant educators agreed to release the learners on condition that the learners complete the class work that they miss. To circumvent my non-teaching periods being utilized as relief periods, I requested that I be excused from relief duty for that period. Despite every effort being taken to ensure that the venue and surroundings were quiet, there were disturbances from rowdy, transient learners and on two occasions the interview sessions were disrupted by a teacher who wanted worksheets from the room. On these occasions the interview was stopped and only resumed once the teacher left the room.

3.9 DATA COLLECTION METHODS

3.9.1 *Semi-structured Interview*

Since I am seeking to glean insight into sexual risk amongst teenage mothers within the context of HIV and AIDS, I employed a qualitative approach which comprises semi-structured interviews as one of the data collection methods. Pre-arranged and pre-designed, open-ended questions were asked to allow for rich in-depth data (*Appendix 7*). Cohen et al.

(2011) states that since the researcher have an idea as to what information is needed, the researcher will therefore design questions pertaining to the issue of interest prior to the interview. Additional questions were introduced to probe further responses. Other issues such as date, time, consent and venue were meticulously organised and pre-arranged.

It is important to remember that the interview itself is not merely a data collection exercise but rather, a social and interpersonal encounter between the researcher and respondent (Cohen et al., 2011). The participant is encouraged to talk freely within the parameters of the questions asked (Crawford, 1997). The researcher asks probing questions to elicit in-depth answers which are tape-recorded with the permission of the participant (Opdenakker, 2006). These interviews may give rise to non-verbal communication such as facial expressions or hand gestures and these should also be noted as they enhance the meaning of data collected (Opdenakker, 2006). In accordance with Cohen et al. (2011), I ensured that each participant was fully aware of the nature and purpose of the interview by issuing each participant with an information letter together with consent forms (*Appendix 1, 2*).

In a semi-structured interview the researcher plays a crucial role in setting the tone and in creating a relaxed atmosphere in which to conduct the interview. The researcher has to be sensitive to any emotions that the participant may display (Cohen et al., 2011). Questions must be asked in a non-assertive manner so as to elicit elaborate and pertinent data (Cohen et al., 2011). During interviews the researcher is responsible for leading the discussion by motivating the participants to discuss their feelings and thoughts (Cohen et al., 2011). A distinct advantage of personal interviews is that questions can be clarified if not understood by participant and unlike questionnaires they allow more detailed questions to be asked (Holstein & Gubrium, 2003). Although interviews may be time consuming it allows for the participants' own words to be recorded which allows for validation and ambiguities which can be clarified and incomplete answers followed up (Crawford, 1997).

According to Walford (2001), participants may not divulge truthful data as they may want to please the researcher by saying what they think the researcher might want to hear. This

limitation was avoided to a certain degree when the participants were assured that they were not being judged or ostracized. An appeal was made to participants to be truthful and forthcoming in their responses. I made every effort to be attentive which helped participants to feel relaxed and to speak freely. To avoid re-doing the interview I ensured that the tape-recording device was functioning.

3.9.2 *The Actual Interview Sessions*

As mentioned earlier, participants were given pre-arranged dates and times for the interview sessions. The interviews were carried out in a relaxed manner. I tried to downplay the power dynamics by offering the ‘seat of authority’ to the participant. The purpose of this study was then fully explained and participants were afforded the opportunity to withdraw from the study. I welcomed the participant and highlighted the confidentiality and nonmaleficence clauses whilst ensuring that the participant understood the beneficence clause. I confirmed that consent from the relevant stakeholders was obtained and informed the participant that the interview was tape recorded. I requested that they speak loudly and clearly. I also advised participants to speak freely and to ask for clarification if they did not understand any question. The interviews were preceded with ‘ice-breaker’ questions before commencing with the pre-set questions especially designed for the purpose of this study.

3.9.3 *Data Analysis Process*

The data analysis process relied heavily on the accurate capturing of data. Participants’ responses were audio recorded and in addition all non-verbal responses were noted. Once the audio recordings were accurately transcribed, the printed transcripts were given to participants for verification and authenticity. The returned transcripts were then read many times so that similar themes could be identified and coded by using different colour pens/text. The text emanating from similar themes was copied and pasted onto separate Microsoft Word documents to simplify the identification and classification process. Thereafter, a table was inserted onto a Microsoft Word document and the themes were used as headings in the columns. Data from the different Microsoft Word documents was copied and pasted into the

relevant columns. This enabled easier comparison of data obtained from the participants of this study together with data obtained from other studies.

3.10 VALIDITY, RELIABILITY AND TRUSTWORTHINESS

The predicated views on validity, reliability and trustworthiness of Cohen et al. (2011) were strictly adhered to. Validity strives to establish the accuracy and credibility of the research conducted (Cohen et al., 2011). Trochim (2006) suggests that qualitative research seeks to understand phenomena through the participants' eyes and that it is therefore vital to allow participants to peruse transcribed data for credibility and authenticity. In this research validity was accomplished by:

- Acknowledging and minimizing bias i.e. to admit that participants' responses may be affected by the researcher's position.
- Ensuring that each participant read and reflected on their interview transcripts.
- Recording the interviews electronically.

According to Cohen et al. (2011), reliable and trustworthy research must reveal that same or similar results will be obtained if the research is replicated. To achieve this in qualitative studies is somewhat difficult as data obtained is sensitive to numerous factors such as time, emotions and circumstances. However, some degree of reliability can be achieved in the process of administering the same questions, recording and coding data (Cohen et al., 2011). I have ensured that Researchers undertaking similar studies can utilize findings of this study as suitable measures were taken to ensure reliability and trustworthiness.

3.11 CONCLUSION

My research study aims at understanding the sexual risk and constructions of sexuality of teenage mothers within the context of the HIV and AIDS pandemic. This chapter has outlined the research design and instrument, methodology and data collection method that was employed to achieve this. Ethical considerations, validity and reliability issues were also

discussed. This chapter also includes a brief explanation of the data analysis process which includes deciphering themes and utilizing codes. The next chapter focuses on the analysis of the data obtained during the semi-structured interview sessions.

CHAPTER FOUR: DATA ANALYSIS

4.1 INTRODUCTION

The focal purpose of my research study is to understand sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic. This will be accomplished by gleaning an insight into how teenage mothers construct, present and negotiate their sexuality, especially amidst the HIV and AIDS pandemic. Many teenage girls and teenage mothers face huge challenges when trying to assert their sexuality as they are bound by the unequal power balance in gender relations that favour men (Gupta, 2000). These power imbalances create barriers for some teenage girls and teenage mothers to negotiate safe sex practices (Reddy & Dunne, 2007). Social and cultural constructions help fortify gender power by assigning gender specific roles and identities to men and women (Wood & Jewkes, 2001).

In this chapter I present and analyse the data which correlates to the following research questions as stated in Chapter one (1.5, p. 5):

- What do teenage mothers regard as risky sexual behaviour?
- Why do some teenage mothers engage in risky sexual behaviour?

In order to facilitate greater understanding, I have presented the data within themes that are linked but presented separately for clarity of presentation. Compliance with the confidentiality clause is evident in the utilization of pseudonyms that protect the identities of the participants.

The themes are:

- “No more sex for now – I’ve learnt my lesson!”
- Every girl needs love – “I still love him”
- I know about HIV but “It just happened!”
- “It’s hard to remain a virgin!”

- “Girls listen to me!”
- “If I could turn back the clock”

4.2 PRESENTATION AND ANALYSIS OF DATA

4.2.1 *“No more sex for me – I’ve learnt my lesson!”*

Although this theme presented varied responses from the young women in my study, many of them alluded to abstaining from sex as a preventive measure of undesirable consequences like contracting HIV or falling pregnant. Some of the teenage mothers interviewed felt more strongly about this than others. Even though certain studies contend that some teenage mothers may continue to bear children during their adolescence (Hanna, 2001), two participants emphasized that they will not engage in sexual activities any time soon. For example:

Bongi: *“I’ve learnt my lesson – my school work comes first.”*

Bongi was adamant that she would not reconsider her decision. This is echoed by the second participant as well, who said that she doesn’t want to be involved in a relationship, but wants to concentrate on her studies and even told a prospective boyfriend the same. She said the following:

“I told him that for now I don’t want to be involved in a relationship I want to concentrate on my school work, I told him that I don’t want to date, for now, maybe when I finish my studies. Because after my lesson that I’ve learnt, it’s hard. It’s a very big lesson (Thula). ”

Both stated that they had gone for HIV testing immediately after establishing pregnancy.

Despite currently being in a sexual relationship, two other participants also stated that they’ve learnt their lesson. They now ensure that they engage in protected sex and one even mentioned that she takes birth control injections to ensure that does not become pregnant. It is evident that her fear of falling pregnant takes precedence to contracting HIV. This concurs

with Holland et al. (1990) who stated that the fear of becoming HIV positive was secondary to that of falling pregnant. Although the responses varied in terms of engaging in sex, all the participants were determined to complete their schooling before having another baby.

Previous studies have found that many teenage mothers delay the birth of a second child and return to school as soon as possible (Kaufman et al., 2000). Seamark and Lings (2004) expound that some teenage mothers became more focused on completing their studies as the participants in their study saw motherhood as a 'turning point to maturity and to developing a career' (p. 817).

These findings are reinforced by another participant who wants to concentrate on her studies even though she is currently in a platonic relationship with a teenage boy. She, however, abstains from having a sexual relationship for a completely different reason - she feels that she is not emotionally ready. She admits that although her current boyfriend pressures her for sex, her feelings for the father of her baby prevents her from becoming sexually involved.

Zama: "Yes, it has gone that far but for me I don't want to go that far. He gets angry and all that but for me it's just not the right time."

Zama added that if the father of her child came back to her even after having many girlfriends, she would take him back. Zama clarified that she would not consider going out with any other 'player' and stipulated that her ex-boyfriend will have to go for an HIV test before they resume their relationship even though she trusts him.

Zama: "I do have a little bit of trust in him that he won't go that far without protection with another girl but then he's a guy. Three months ago we went for another HIV test. I trust him. I don't know what's happening now with these other girls. I love him and maybe if he comes back we can go through the results and see."

This disclosure heightens an interesting theory on love and sex. Previous studies have found that some young women agree to a sexual relationship because they buy into the idea of

‘being in love’ (Holland et al., 1990; Reddy & Dunne, 2007) and this theory will be discussed later.

All the teenage mothers in this study agreed that they would not get involved with boys or men who are ‘players’. Most knew that they were at risk of contracting HIV and felt that these young men were not worth the risk. This is evident in the following responses:

Phendi: “No, because I’ve seen how he carries on with the other girls. No! I wouldn’t go out with him.”

Bongi: “I won’t want to because he might be sick and he wants to spread the disease.”

Although all participants agreed that they will not go out with ‘players’, one participant had a totally different reason for not getting involved:

Gugu: “If I know that a boy has many girlfriends, I would not have sex with him because it’s dangerous, girls hit – they fight for boys – ja you can die so I won’t go out with him.”

4.2.2 Every girl needs love – “I still love him”

Although the common thread amongst the teenage mothers in my research was the desire to complete their studies rather than focus on sex, there were two participants who thought differently about sex. One of participants interviewed is still in a sexual relationship with the father of her child but is now taking precautions by engaging in protected sex. Conforming to traditional notions of femininity, her relationship is based on the promise of marriage and love. She says she is very secure and confident in her relationship especially since her boyfriend has paid some of the bride price (Labola) as required by her culture and also plays an active role in their lives. She indicated that her boyfriend loves and supports her both emotionally and financially which according to Bhana et al. (2010), is crucial to the academic success of teenage mothers. Other studies also indicate that teenage mothers who lack

support often drop out of school and are therefore more vulnerable to poverty and other socio-economic problems (Kaufman et al., 2000; Bhana et al., 2010; Mkhwanazi, 2010).

Love is a powerful incentive for young women to pursue sexual relationships. Although some of the participants in this research study had associated trust, intimacy and love with unprotected sex prior to motherhood, they now think differently. Gugu reminisces about her relationship with the father of her child whom she loved and trusted. She now realises that although she needs love she does not have to risk HIV and pregnancy, especially since the father of her child lied about using a condom:

Gugu: "I asked him to use a condom and he said he was but he lied."

This experience has taught her to be very cautious as she makes doubly sure that she does not fall pregnant:

Gugu: "It is with a condom and I also take an injection for not getting pregnant."

Love and trust seem to be key issues for Zama who claims that she will take her boyfriend back even though he had other girlfriends. She says that she trusts that he will not engage in risky sexual behaviour with his other girlfriends but acknowledges she may be wrong.

Zama: "I do have a little bit of trust in him that he won't go that far without protection with another girl but then he's a guy."

Zama's revelation about her partner being a 'guy' suggests that being a 'guy' (boy) entitles him to behave in a particular way. The understanding of what it is to be a boy is derived from society, teachers and the school. Boy's behaviour was initially theorized as being fixed and unchanging thereby giving rise to the theory of Essentialism, (Connell, 2000; Keddie, 2010). This theory encompasses the 'boys will be boys' discourse which accepts and expects boys to be rambunctious, risk takers and averse to authority (Martino & Meyenn, 2001). Therefore Zama accepts and resigns herself to the fact that her ex-boyfriend may indulge in unprotected sex.

Reddy and Dunne (2007) state that the desire to be loved and to love was one of the main reasons why many young women began sexual relations and engaged in unsafe sexual

practices. Although this statement rings true with many of the participants in my research study, teenage pregnancy and motherhood has taught them to be cautious by either abstaining or insisting on condom use.

4.2.3 *“I know about HIV but it just happened!”*

All the teenage mothers in my research study stated that they were aware of the dangers of unprotected sex and acknowledged that this information is constantly relayed to them via the media, school and their parents. The question then arises as to why these young women engaged in unprotected sex and whether they will allow it to happen again.

Society is overwhelmed with HIV and AIDS information daily. The Government has initiated many intervention programmes to educate the people in South Africa. Reddy (2011) stated that her participants indicated that even though there was ample information available to young adolescents about HIV and AIDS, some still engaged in unsafe sex practices for certain reasons.

Similarly this theme presents some of the reasons for unprotected sex. Three participants (Zama, Bongzi and Phendi) stated that “it just happened” whilst one (Thula) said that they used a condom but it broke and another (Gugu) said that the young man lied about using a condom. Of the three that said “it just happened”, one participant was coerced:

Zama: “At the time a lot of things just happened because of the pressure, you just don’t think, mistakes happen, he was demanding, getting angry – you can’t say no so you just allow it.”

It is evident that Zama could not say “no” to her partner for fear of him becoming angry or violent. Research has found that most young women face huge challenges when trying to assert their sexuality as they are bound by the unequal power balance in gender relations that favours men (Gupta, 2000). These power imbalances create barriers for some teenage girls and teenage mothers to negotiate safe sex practices. This inability to negotiate safe sex may

lead to the transmission of the HIV virus. Previous studies confirm that although women and girls do possess the agency to negotiate safe sex, they seldom do (Hoffman et al., 2006). My research study concurs that some young women do not exercise their agency to negotiate safe sex. Other studies clarify that this surrendering of agency could be attributed to other socio-economic factors such as poverty, drug addiction, sexual violence or a lack of education which also fuels the spread of HIV (Hallman, 2005; Hoffman et al., 2006). Hallman (2005) found that gender based social and economic inequalities make it difficult for some women to negotiate safe sex. Zama's response exhibits the multifaceted issues of gender power that influence many teenage mothers in the construction of their sexuality, especially within the context of HIV and AIDS.

Bongi's experience of "it just happened" differs in that instead of being coerced she was cajoled into having unprotected sex. She presents herself as a passive victim who had very little control over her actions. She was so mesmerized by an older boy that she ran away from home and even left school. He enticed her with gifts, money and promises to make her stay with him.

Bongi: "I was very young and he was 22 years old and it was like he was forcing me because he made me run away from home. He made me live with him. He promised me things, he used to buy me things and give me money that my parents never had."

This acceptance of gifts and money compelled her to rely emotionally and financially on him. Wood, Maforah and Jewkes (1998) disclosed that some young women saw the giving of gifts and money as a symbol of love and therefore engaged in unprotected sex as an obligation. Research has concluded that in situations where young women are financially obligated to their partners, it is difficult to negotiate safe sex practices (MacPhail & Campbell, 2001). Similar conclusions were derived in other studies which state that certain socio economic issues often hinder safe sex practices (Campbell, Foulis, Maimane & Sibiya, 2005; Hallman, 2005; Hoffman et al., 2006). This difficulty is further compounded when the girl is young and naive. For example, Bongi's naïve faith in her partner's HIV negative status is visible when she engaged in unprotected sex simply because:

“He said that he was HIV negative, he said that, yes, that’s why he didn’t use a condom.”

Phendi, on the other hand, was caught up in ‘the heat of the moment’ and just allowed it to happen (Groes-Green, 2009, p. 4). Groes-Green (2009) found that pleasure and excitement caused many young women to ignore the principles of safe sex. This is evident in Phendi’s response:

Phendi: “It just happened, we didn’t think about the dangers then.”

Phendi said that she was aware of the dangers of unprotected sex and got quite shy and even blushed when questioned about why they had unprotected sex. Although she now practises safe sex, she also presents herself as passive (“it just happened”) and there is no guarantee that she will not get caught up in ‘the heat of the moment’ again.

I reiterate that all the participants in my research study knew about the dangers of unprotected sex and more especially about HIV. It is evident that knowledge about the dangers of unprotected sex does not necessarily equate to the practice of safe sex (MacPhail & Campbell, 2001; Marston & King, 2006; Reddy, 2011). Many other dynamics enter the equation prior to the sexual act (Reddy, 2011). Several studies state that some young women engage in unsafe sex practices for fear of losing their partners (Holland et al., 1990; Wood et al., 1998). This can be linked to the following themes presented in this study: *“Every girl needs love - I still love him!”* and *“I know about HIV but it just happened!”*

Sometimes knowledge and safe sex practices are not enough to prevent HIV, STD’s or pregnancy (Kaufman et al., 2000; Reddy, 2011). For example, Thula knew about the dangers of unprotected sex and therefore asked her partner to use a condom. She expressed surprise when I asked “why did you ask him to use a condom?”

Thula: “Aybo maam!, because I know that er, when I was, I think when I was about 12 my real father used to tell us about all these things, er, having safe sex, ja, my father told us about that.”

Thula claimed that although she heeded her father's advice she became pregnant due to something beyond her control - the condom broke! This occurrence adds another dimension to the transmission of HIV and teenage pregnancy. Unfortunately at present there are glaring gaps in research surrounding issues of pregnancy caused by condom breakage.

Gugu became pregnant despite asking her boyfriend to use a condom. She admits that she agreed to have sex for love but says that her boyfriend lied about using a condom. The resultant pregnancy highlights the extent of the love, faith and trust that she had in her boyfriend. Furthermore, her naivety and inexperience is evident when she failed to realize that her boyfriend was not using a condom.

Gugu: "I was unaware that I would fall pregnant but you know that if you sleep with a boy it's either you'll get HIV or you'll get pregnant. But it wouldn't get into your mind when you are doing it, you know."

Conversely, her behaviour could be a reflection of conclusions reached in Hoffman et al. (2006) who posits that although some young women may request condom use, they ultimately view the decision to use a condom as the man's domain. However, it is evident from Gugu's response that she expected her boyfriend to comply with her request:

Gugu: (shakes head vigorously from side to side) "He told me that he was going to use a condom but he didn't. I asked him to use a condom and he said he was but he lied."

As mentioned earlier this experience has taught her not to take a male's word for granted when engaging in sex and she, therefore, takes birth control injections and also insists on condom usage. Gugu however is currently unconsciously engaging in transactional sex. Her unprompted comment about her current boyfriend giving her money for the baby gives the impression that the money she receives justifies the sexual relationship. As MacPhail and Campbell (2001) point out, young women who are financially dependent on their partners may concede to engage in unprotected sex.

4.2.4 “It’s hard to remain a virgin!”

Although most of the teenage mothers in my research study concede that “it’s hard to remain a virgin” the reasons given by participants differ slightly in that some of them claim that some young women have sex to either impress or keep their boyfriend. Whilst a few of the other participants say that some young women are either forced by their boyfriends or that some young women want to experience sex for themselves - their responses are perhaps projections of their own experience of trying to remain a virgin.

Phendi: “I think maybe they want to impress their boyfriend and most times they want to prove - like most of the boys say that: ‘if you love me then you must ‘put’ for me’.”

Gugu: “I think that it’s because they think that they are in love and they think that I love this boy and he’s the only one for me so they think that if I sleep with him maybe he’s gonna love me more, ja.”

Many cultures frown upon sex and more especially pregnancy before marriage. In Zulu culture, teenage pregnancy is regarded as ‘ihlazo’ or ‘ichilo’ which loosely translated means ‘a disgrace’ (Mcambi, 2010, p. 86). Bhana et al. (2010), states that teenage pregnancy and teenage motherhood elicit repulsion and shame, especially in the Zulu culture. Despite many cultural efforts to promote and encourage young women to remain virgins, it is becoming increasingly difficult for many young women to do so (Mcambi, 2010). This is evident in the high HIV infection and teenage pregnancy rate amongst the youth. Responses and reminiscences from the participants in my research study highlight some of the reasons why some young women find it difficult to remain virgins. Two participants in my research study suggested that some young women may choose to accede to their boyfriends’ request for sex just to prove that they love them.

Phendi’s reference to “put for me” can be interpreted as ‘give me sex’ and could be termed as coercion from the boy. This subtle coercion has been internalized by most young women to the extent that they will ‘put’ for the boy just to prove their love (Reddy & Dunne, 2007). This resonates with Holland et al. (1990, p. 340) whose findings reveal that some participants saw “sex primarily as what you do to keep your boyfriend happy or, more negatively, what

you do to keep him”. Wood et al. (1998) also found that notions of love drove some participants to please their boyfriends sexually. Similar conclusions were attained in Reddy (2011) who states that many young women were mainly worried about how to please their partners sexually than about their own pleasure. As pointed out earlier in this chapter, Reddy (2011) found that the desire to love and be loved is one of the main reasons given for starting a sexual relationship. Gugu’s responses bear a similarity to these findings.

Although some studies have unveiled that some young women agree to have unprotected sex to prove that they love their boyfriends (Reddy & Dunne, 2007; Reddy, 2011), it is unclear whether this occurred at first coitus or not.

Peer pressure is yet another reason attributed to why some young women find it hard to remain virgins. Some researchers concur that peer pressure leads many young women to surrender their virginity (Wood et al., 1998; Campbell et al., 2005). This collaborates with findings in my research study as three participants accede that some young women ‘do it’ just to be the same as their sexually active girl friends. As discussed earlier, having a boyfriend is often synonymous with sexual activity as some young women resort to sex to prove their love whilst others often succumb to the pressure exerted by their boyfriends for sex (Wood et al., 1998). The following responses by the teenage mothers in my study embody these observations:

Bongi: “Sometimes boys force them; sometimes they want to be like their friends who are having sex.”

Thula: “All I can say that maybe some are trying to experience something out there, some are being forced by their partners.”

Zama added that:

“Maybe the boys are rushing them, they are tired of waiting that’s why it’s hard but some girls do it.”

Sometimes many young women choose to become sexually active in order to be regarded as 'normal' as in Wood et al. (1998, p. 236) who reveal that participants in their study disclose that "there is no other option but to get involved with a man sexually in order to avoid being perceived as weird" and this notion is reflected in the following response:

Zama: *"Girls feel pressure if they don't have a boyfriend because they are looked at as being stupid or slow."*

Other factors such as gender power, gender norms, male dominance and social norms that demand sexual innocence from young women have been addressed in chapter two and have reference to the above discussion.

4.2.5 "Girls listen to me!"

This theme presented varied responses as only two participants envisaged that other young women would listen to them. The other three participants expressed scepticism as to whether other young women would take advice from them. The perception created was that other young women may not listen to advice, especially advice from teenage mothers. The same three participants in my study said that even though they offer advice, some of the young women may want to 'do their own thing'. For example:

Gugu: *"The young girls of today, they like sex so much, they always talking sex, sex, sex. It's all about sex. I try to talk to girls about not having sex but they say that I already had my baby so I must leave them alone. When I try to talk to my half sister she says that, like I did my 'thing' so now she's doing her 'thing' so I must leave her. They don't want to listen."*

Bongi: *"They see other girls having sex and they also want to do it. They also want to do it and in our class most of them also want to have a baby because I had a baby and another girl had a baby."*

Thula: *"I'll tell them to wait for their first time, obviously I made a mistake, they won't believe me and they won't take me seriously because now I have a baby at this age. They will say that I'm closing angles for them and I don't want them to become sexually active er, involved ja, but I'll tell them to wait for the right time."*

Being accused of ‘closing angles’ means that some young women want to experience sex and motherhood instead of heeding the advice given. This yearning for experience could be associated with the desire to love and to be loved (Reddy & Dunne, 2007). Contrary to research that suggests that some women may be either coerced or unable to negotiate condom use (Hallman, 2005; Hoffman et al., 2006), the above responses indicate that risky sexual encounters are welcomed by certain young women. When asked whether young adolescents worry about HIV, two participants stated that HIV would not deter some young women as HIV is sometimes likened to having a curable infection. For example:

Gugu: *“No, they don’t care. They can say my mother has diabetes and HIV is just aer, it’s like flu, they always say that it’s like flu.”*

Bongi: *“They are not worried – they only want the baby.”*

The above excerpts reveal that some young women no longer regard HIV as life threatening. This may be linked to almost all the participants in my research study who expressed regret at falling pregnant, albeit possessing knowledge about the consequences of risky sexual behaviour. Furthermore, some of the teenage mothers in my study stated that they only went for HIV tests when they realized that they were pregnant. It can be assumed that the resultant pregnancy and not unsafe sex induced HIV testing. The pregnancy and motherhood has served to make the teenage mothers in this research study more cautious as they either abstain or go for regular HIV testing which further suggests that risky sexual behaviour is sometimes still practised by those involved in a sexual relationship.

4.2.6 “If I could turn back the clock”

This theme denotes the hardship and difficulty experienced by almost all the teenage mothers in this research study which has forced these teenage mothers to become more responsible and more mature. Their responses reflect sentiments of regret at becoming pregnant at such an early age. For example:

Phendi: *“I wouldn’t have had sex and I wouldn’t have dated a guy”. “... it is difficult to cope.”*

Bongi: *“...it is very difficult having a baby because I have to look after her.”*

Zama: “some days are really hard I’m tired and I just want to go to sleep and then he’s sick at night, he’s crying and I have to see to him.”

The above excerpts imply that these teenage mothers now think that they were too young to become mothers. Harrison et al. (2001) noted that the participants in their study viewed ‘abstinence’ as desirable and would have preferred to wait until much older. Parallel responses were obtained from the teenage mothers in my research study as they all implied that they should have waited until they were older. In addition, when the participants were questioned on advice that they would render to their children later on, most participants in this research study said that they would advise their child not to engage in sex whilst still young. Their advice could be construed as a projection of what they should have done.

Phendi: “I would tell him to wait for the right age to have a girlfriend.”

Gugu: “I would advise her not to go through it, to abstain, not have it. I will try to convince her and tell her more about what is gonna happen if she’s doing it.”

Bongi: “I will tell her, I will explain everything to her, all about boys and how they hurt you because that’s what happened to me. She mustn’t listen to boys, ja.”

Zama: “To wait for your partner, don’t rush. Don’t push a girl and everything has its time.”

Despite the obvious difficulties and hardships endured, teenage motherhood has made these young women more cautious and more mature. This is apparent in Thula’s response as she realizes that her child may not listen to her advice:

Thula: “I don’t think that he will listen to me. Because first of all, children of today will ask when you gave birth to me, how old were you? I always tell myself that one day he will ask me like how old were you when you gave birth to me. But I will like to tell him some basics but for that I think I will tell him to go to my step father.”

It is interesting to note that the advice given by the other participants does not include the use of condoms but rather alludes to abstaining until the right age. Unfortunately, the ‘right age’ was not ascertained in this research study but it most definitely refers to young people older

than 17 years as the participants in this study were 16 turning 17. Perhaps the advice to abstain could stem from their experience of 'it just happened!'

4.3 CONCLUSION

The above data analysis serves to enhance the understanding of teenage sexuality and focuses on the sexuality of teenage mothers in particular. In addition, the information presented assists in understanding how these young mothers construct, present and negotiate their sexuality especially within the HIV and AIDS pandemic. The discussion of the themes highlights the key aspects of the teenage mothers' responses to past and future sexual encounters. I have highlighted the key issues that help teenage mothers construct, present and negotiate their sexuality, especially amidst the HIV and AIDS pandemic. This chapter has also contributed towards understanding sexual risk amongst teenage mothers. The next chapter will consolidate my research study by summarizing key aspects and by drawing conclusions from all chapters to guide any future related research.

CHAPTER FIVE: CONCLUSION

5.1 INTRODUCTION

In the preceding chapters of this report I have discussed the rationale for this study on understanding sexuality and sexual risk among teenage mothers, the processes of my research, the theoretical framework employed and the findings generated in this study.

This research study investigated how young mothers consciously surrender to the invisible gender power and gender play prevalent in most sexual encounters. Social and cultural constructions help construct and reinforce gender power by assigning gender specific roles and identities to men and women. Subsequently, this study argued that gender roles and identities play a prominent role in the way young women (teenage mothers included) construct and negotiate their sexuality. The argument was strengthened by engaging in relevant literature surrounding issues of constructions of sexuality together with gender identities and gender roles from a social and cultural aspect.

This study also explored the complex subject of HIV and AIDS and its relation to teenage mothers, gender identities and gender roles that are sanctioned by society and culture. In addition it revealed the factors that influence the constructions of sexuality of teenage mothers and to some extent young girls, especially within the HIV and AIDS pandemic. Central to HIV and AIDS is the issue of gender power which restrict the female's ability to negotiate safe sex. Most adolescent women face huge challenges when trying to assert their sexuality as they are bound by the unequal power balance in gender relations that favour men (Gupta, 2000). These power imbalances create barriers for some young women and teenage mothers to negotiate safe sex practices which, inadvertently, promote the transmission of the HIV virus. Previous studies confirm that although old and young women possess the agency to negotiate safe sex, most women seldom do (Hoffman et al., 2006). Some studies contend that this relinquishing of agency could be attributed to other socio-economic factors such as poverty, drug addiction, sexual violence or a lack of education which also fuels the spread of

HIV (Hallman, 2005; Hoffman et al., 2006; Know Your Epidemic Synthesis Report (KYE), 2011). Hallman (2005) found that gender based social and economic inequalities make it difficult for women to negotiate safe sex. Women who are unable to support themselves become dependent on their partners for survival and may therefore find it difficult to negotiate safe sex. This research study examined the multifaceted issues of gender power that influence teenage girls but more especially sought to understand the sexual risk amongst teenage mothers within the context of HIV and AIDS.

In this chapter I will consolidate the discussion of previous chapters in order to provide a coherent depiction of the purpose and findings of this research study.

5.2 OUTLINE OF MY STUDY

I was interested in understanding the sexual risk and constructions of sexuality of teenage mothers amidst the HIV and AIDS pandemic. This interest was heightened after I observed the social interactions of at least 8 teenage mothers with boys at my school (Clover Secondary).

I utilized the qualitative method of obtaining data and individual, semi-structured interviews were utilized to collect data. I also utilized purposive sampling as I was interested specifically in teenage mothers. I was keen to elicit their understanding of HIV and AIDS and of risky sexual behaviour after childbirth.

My research study was guided by the following critical question:

- How do teenage mothers construct their sexuality amidst the HIV and AIDS pandemic?

Whilst trying to answer the above question, the following two questions needed to be answered as well:

- What do teenage mothers regard as risky sexual behaviour?
- Why do some teenage mothers engage in risky sexual behaviour?

5.3 SYNTHESIS OF THE MAIN FINDINGS FROM THIS RESEARCH STUDY

This research study has brought about two significant findings that will facilitate a greater understanding of sexuality and sexual risk amongst teenage mothers amidst the HIV and AIDS pandemic. The findings will be summarized and discussed using the following key areas for discussion:

- Regret inspires determination to succeed
- The dominance of Love and Romance

Thereafter, a few recommendations for any future studies will be provided, followed by the conclusion which will summarize the study.

5.3.1 *Regret inspires Determination to Succeed*

The perception created by most of the participants in my study was one of regret at falling pregnant at such a young age. Perhaps the reason could be attributed to the myriad of difficulties encountered as teenage mothers. All participants agreed that the responsibility of being a mother at such a young age has added to the general problems encountered by teenagers. All the participants in this study indicated that they should have waited to complete their studies before having a baby. This is clearly seen in the advice offered by each participant, not only to other young women but also to their offspring.

Entwined in the advice offered by these participants is the subtle reference to the difficulties and emotional hurt experienced which further signifies the regret that these teenage mothers feel. Although most of the participants consciously agreed to engage in unprotected sex, it is evident that they were hurt by the reaction and behaviour of the young men who impregnated them. One could speculate that these participants may have continued with the relationship had it not been for the emotional hurt. Only one participant is still in a relationship with the father of her child and this adds credence to my speculation as she was not abandoned by her partner. The couple now practice safe sex as she is determined to complete her studies.

Interestingly, all the participants in this research study expressed the desire to complete their studies before a second pregnancy. This is indicative of the maturity attained and of their ability to equate the completion of their studies with a better standard of living. This observation correlates with (Seamark & Lings, 2004) who state that the participants in their study also saw motherhood as a 'turning point to maturity and to developing a career' (p. 817). Despite the desire to complete their studies not all participants saw abstinence as a method of preventing a second pregnancy. Some indicated that although they may become sexually involved in the near future they would insist on condom usage.

Insisting on condom use may prove to be difficult as many researchers agree that a majority of women submit to their male partner's desire of whether to condomize or not (Albertyn, 2000; Leclerc-Madlala, 2002; Reddy & Dunne, 2007). Furthermore, other studies indicate that many teenage mothers go on to have more babies and one of the reasons could be attributed to compliance with cultural and gender roles (Kaufman et al., 2000). To illustrate this point further, I reflect on Burr's (2003) theory on identity and Butler's (1990) theory of 'performativity', as both theorists posit that identity is dynamic and is dependent on social interactions within particular contexts. Therefore, although the desire to delay the birth of a second child is strong, there is no guarantee against a second pregnancy as many young women are susceptible to gender and cultural norms.

It is evident from the data obtained that almost all the participants in this study regret becoming pregnant whilst still at school and therefore either abstain or are more cautious about engaging in unprotected sex. Despite acknowledging that condom use prevents HIV and other STD's, most of the participants clearly see condom use solely as prevention to pregnancy. This becomes clear when the participants stated that they had HIV tests only when they became pregnant. It can be assumed that some of the participants would have continued to engage in unprotected sex regardless of the threat of HIV.

Most participants considered the risk of becoming pregnant as greater than that of contracting HIV. One participant verified my conclusion when she said that even though she insists on

safe sex she still takes birth control medication thereby implying that she does not trust her partner to practice safe sex. Similar responses were elicited from the participants in the study conducted by Holland et al. (1990) who found that the fear of becoming HIV positive was secondary to that of falling pregnant. The implication from my study is that most participants regret engaging in unprotected sex because it resulted in pregnancy. This regret is endorsed in the advice given by most of the participants to their children. The advice does not include the use of condoms but rather to abstaining until the right age. Ironically, abstaining is one of the recommendations put forward by the ABC campaign and it is clear that the participants' own experience has unwittingly nudged them towards adhering to the campaign.

5.3.2 *The dominance of Love and Romance*

Love and romance are powerful propellants of sexual relationships. Almost all the participants declared that they started sexual relationships because of love. They believed that their love was reciprocated and therefore agreed to a sexual relationship. The teenage mothers in this study acknowledge that one of the main reasons why many young women engage in sex is 'for love'. Most teenage boys seem to capitalize on the notion that most women equate sex with love (Reddy, 2011). A participant aptly states that lots of teenage boys coerce young women into sexual relationships by saying: "*If you love me, then you'll put for me.*" My research study has found that although some of the teenage mothers in this study do not want to pursue any future sexual relationships right now, they do not rule it out completely. Even though most of the participants acknowledge that love and romance is essential, they state that they will be more cautious in future sexual relationships.

This research study has also found that 'true love' can delay sexual encounters with another man. This was highlighted when a participant who, despite being in another relationship, stated that her love for the father of her child prevents her from succumbing to the sexual demands made by her current boyfriend. Her refusal is indicative of her ability to now negotiate sexual encounters. Most of the other participants stated that they would not get involved in a sexual relationship just yet, even if a young man professes love. Some of them said that if the young man truly loved them then he would wait for them to finish their studies

before embarking on a sexual relationship. This research study has proven that teenage motherhood has made the participants in this study cautious and mature.

These findings reveal that although most participants in this study failed to negotiate safe sex prior to motherhood, they now exercise their agency to practice safe sex. Reddy and Dunne (2007) reveal that most teenage girls equate sex or unsafe sex with love and this applied to most of the participants in my research study prior to motherhood. Hoffman et al. (2006) claim that although young women can negotiate safe sex practices, most young women seldom do. However, teenage motherhood has spurred these young mothers to now either negotiate safe sex or to abstain despite declarations of love.

5.4 RECOMMENDATIONS FOR FUTURE STUDIES

Although there is an abundance of studies concerning young people and HIV and AIDS, there is a glaring shortage in research surrounding the intricacies of sexual risk and sexualities of teenage mothers/fathers amidst the HIV and AIDS pandemic. Given the high rates of teenage pregnancy, this is an under-researched area. Therefore, this research study recommends more research be conducted in these areas. Furthermore, whilst conducting this research study two other areas for future research emanated viz. HIV and Broken Condoms and Safe Sex Practices at First coitus. In addition, it would be interesting to study the sexual risk and constructions of sexuality of teenagers who were born to teenage mothers.

5.5 CONCLUSION

This research study has facilitated a greater understanding of sexuality and sexual risk amongst teenage mothers amidst the HIV and AIDS pandemic. This was achieved through a qualitative approach which encompassed face to face interviews as a data collection tool. Data analysis revealed six themes which further generated two significant themes; viz. regret inspires determination to succeed and the dominance of love and romance. Each theme culminated in various deductions. Firstly, almost all the participants in this study regretted becoming mothers at such a young age. This regret has inspired them to complete their

studies. Completion of their studies implied an improvement of economic status. Embedded within this theme is the association of condom use primarily as a precaution to falling pregnant. This is evident in the advice offered to their children and other young women. Secondly, this study has revealed that despite teenage mothers acknowledging that love and romance is essential, they have become more cautious and mature in sexual relationships or encounters especially after experiencing the responsibilities of motherhood. Most participants in this study chose to abstain or condomise. By drawing on Vivian Burr's (2003) social constructionist perspective, this study has shown how identity is fluid and is context dependent, relying on social interactions and experiences.

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Dear Parent

16 April 2011

PROJECT TITLE: Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.

My name is **ALVI HAMID** and I am currently studying towards a Masters of Education at the University of Kwa-Zulu Natal (UKZN). As part of the requirements of the degree, I am required to complete a research dissertation. My study aims to understand teenage mothers' constructions of sexuality amidst the HIV and AIDS pandemic.

In order for the study to be a success, I require school-going teenage mothers to participate in the research. I would be grateful if you would consent to your daughter participating in my study.

If you choose to allow your daughter to participate in this research, she will be invited to respond to questions in an interview aimed at gaining an understanding of how teenage mothers construct their sexuality amidst the HIV/AIDS pandemic. The completion of the process will take approximately 40 minutes and will be done at school.

Participation is completely voluntary. Furthermore, you and your daughter have the right to withdraw from participating at any time. Confidentiality and anonymity will be maintained at all times and in the analysis of the data and the completion of the Masters of Education degree.

A summary report of the findings will be made available to the participants.

If you would like any further information or are unclear about anything, please feel free to contact me via e-mail (lvhamid@telkomsa.net) or telephonically on 084 441 1176.

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

Thank you

ALVI HAMID

Researcher

Dr S SINGH

Supervisor

ALVI HAMID

16 April 2011

Flat 22 Park Lodge, 13 Anderson Road, Pinetown, lvhamid@telkomsa.net, 084 441 1176.

PROJECT TITLE: Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.

Explanation of study

This study aims to understand how you construct your sexuality in the HIV/AIDS pandemic. You are not going to be judged in any way. You will be expected to answer questions based on your feelings and views about sex, boys and HIV/AIDS. The interview will be private and will be recorded.

Risks or discomforts of participating

The topic is sensitive and you may be shy to answer but I will appreciate it if you could be as open as possible about your feelings and viewpoints. You are free to tell me if you are uncomfortable answering a question. Please remember that I am not here to judge you or to condemn you, I just want to understand how you see yourself when it comes to boys and sexual relationships.

Benefits of participating

At the moment I am not sure if there are any benefits.

Confidentiality

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

Compensation for participation

There is no compensation for participating in the study.

Contact information

If you need more information about the study you can contact me (A Hamid – 084 441 1176) or my supervisor (Dr S Reddy – 031 260 7326).

Voluntary participation

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

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

YES

NO

SIGNATURE OF CHILD

DATE

CONSENT FORM FOR RESEARCH PROJECT FOR MASTERS IN EDUCATION

PROJECT TITLE: Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.

DECLARATION BY PARENT OF PARTICIPANT

| |
|--|
| <p>I, _____ (ID number) _____ in the capacity of parent/guardian of _____ (ID no.) _____ do hereby confirm as follows:</p> |
|--|

| | | Please initial at end of each paragraph |
|----|---|---|
| 1. | My child was invited to participate in the above mentioned research project, which is being undertaken by ALVI HAMID who is a Masters' student at the University of Kwa-Zulu Natal. | _____ |
| 2. | This research aims to understand the constructions of sexuality of teenage mothers. This information will be used as part of the requirements a Masters' degree in Education. The results of the study may be presented at certain conferences to benefit the education process | _____ |
| 3. | I understand that I will need to complete the consent form and return it to the researcher on completion. In addition, my child will be interviewed and required to answer questions which will be recorded for research purposes. | _____ |
| 4. | My child's identity will not be revealed in any discussion, description or publication by the researcher. | _____ |
| 5. | My child's participation is voluntary. My decision whether or not to allow my child to participate, or my child's decision whether or not to participate, will in no way negatively affect her present or future school career or lifestyle. | _____ |
| 6. | No pressure was exerted on me to consent to my child's participation and I understand that I may withdraw my child, or she may withdraw at any stage without penalization. | _____ |
| 7. | Participation in this study will not result in any cost to my child or to myself. | _____ |

I CONSENT VOLUNTARILY TO ALLOW MY CHILD TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

Signed at _____ on _____ 2011.

Signature of parent/guardian of participant: _____

LETTER OF CONSENT FOR THE SCHOOL PRINCIPAL

My name is ALVI HAMID and I am reading for my Masters in Education degree at the University of Kwa-Zulu Natal (UKZN). My research is part of a larger project titled “16 turning 17” which is spearheaded by Professor D. Bhana. My study focuses on **Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic**. Dr Shakila Singh (UKZN) is my supervisor.

Aims of the Research

This research aims to understand how teenage mothers’ construct their sexuality amidst the HIV/AIDS pandemic.

Significance of the Research Project

It will help provide an insight into how teenage mothers view themselves in relation to boys and sexual relationships amidst the HIV/AIDS pandemic.

It will provide information about what influences teenage mothers’ sexual behaviour.

Benefits of the Research to Schools

It will also assist in whole school development by assisting educators to understand learners better.

Research Plan and Method

Data will be obtained by conducting face to face interviews. I will conduct the interviews which will take approximately 40 minutes each and will be conducted at school. Participants will be expected to answer questions based on their feelings and views about sex, boys and HIV/AIDS. The interview will be private and will be recorded. Permission will be sought from the participants and their parents prior to their participation in the research. Only those who consent and whose parents consent will participate. All information collected will be in strict confidence and neither the school nor individual learners will be identifiable in any reports that are written. Participants may withdraw from the study at any time without penalty. The role of the school is voluntary and the School Principal may decide to withdraw the school’s participation at any time without penalty.

School Involvement

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

- Arrange for informed consent to be obtained from participants’ parents
- Arrange a time with the school for data collection to take place
- Obtain informed consent from participants

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

Thank you for taking the time to read this information.

A HAMID
RESEARCHER

DR S SINGH
SUPERVISOR (UKZN)

SCHOOL PRINCIPAL 'S CONSENT FORM

I give consent for you to approach learners in grades 9, 10 and 11 to participate in the research project titled “**Understanding sexual risk amongst teenage mothers within the context of the HIV and AIDS pandemic.**”

I have read the Project Information Statement that explains the purpose of the research project and understand that:

- The role of the school is voluntary
- I may decide to withdraw the school's participation at any time without penalty
- Learners in grades 9, 10 and 11 will be invited to participate and that permission will be sought from them and also from their parents
- Only learners who consent and whose parents consent will participate in the project
- All information obtained will be treated in strictest confidence
- The learners' names will not be used and individual learners will not be identifiable in any reports about the study
- The school will not be identifiable in any written reports about the study
- Participants may withdraw from the study at any time without penalty
- A report of the findings will be made available to the school
- I may seek further information on the project from Alvi Hamid on 084 441 1176

PRINCIPAL

CHAIRPERSON OF GB

16 April 2011



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI

Research Office, Govan Mbeki Centre Westville Campus Private Bag x54001 Durban, 4000 Tel No: +27 31260 3587 Fax No: +27 31 260 4609 Ximbap@ukzn.ac.za 18 April 2011

Ms. A Hamid
(209534876)
Faculty of
Education

Dear Ms. Hamid

PROTOCOL REFERENCE NUMBER: HSS/0088/08M

PROJECT TITLE: Understanding teenage mother's constructions of sexuality within the context of the HIV and AIDS pandemic

NEED FOR ETHICAL APPROVAL WAIVED

I wish to inform you that the need for ethical review has been waived because this protocol forms part of a broader research protocol which has already received ethical clearance (HSS/0088/08).

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.

A handwritten signature in black ink, appearing to be 'B. M.', written over a horizontal dotted line.

A second handwritten signature in black ink, identical to the one above, also written over a horizontal dotted line.

Title: Understanding teenage mother's constructions of sexuality within the context of the HIV and Aids pandemic.

RESEARCH QUESTIONS?

1. What do teenage mothers regard as risky sexual behaviour?
2. Why do teenage girls engage in risky sexual behaviour?
3. How is gender connected to sexual risk?

How are you? Is your child well? What is the child's name? How old is the child?

1. Being a mother is very demanding, are you coping with motherhood?
2. Do you live with both your parents and how did they react to you being pregnant?
3. Do you receive any financial help from the father of your child or any other guy?
4. Who looks after the child whilst you are school?
5. Is the child your responsibility or does the father share responsibility?
6. What made you decide to have sex the first time?
7. How is it that you chose to fall pregnant?
8. Why is it that you guys didn't use a condom?
9. Did you have a choice in deciding whether to use one or not?
10. Do you still have sexual relations with the father of your child or do you have a new boyfriend?
11. Can you please tell me about your present sex life?
12. What do you know about the dangers of having unprotected sex?
13. What do your friends say about engaging in unprotected sex?

14. What kind of advice is there for young people about the dangers of having unprotected sex?
15. What advice will you give to your girl friends that are having sex or to a girl who is a virgin?
16. If you had to turn back the clock to before you fell pregnant what would you do differently?
17. Why do you think that it is impossible to remain a virgin until marriage in today's world?
18. How do you feel about a boy/man who has many girl friends?
19. If you meet a boy/man who has a lot of money and is willing to take of you and your child if you have unprotected sex with him, what would you do?
20. What advice about sex would you give to your child when he/she is older?