

EXPLORING SEXUAL RISKS TAKEN BY YOUNG INDIAN
WOMEN AGED 16-17 AMIDST THE HIV AND AIDS
PANDEMIC

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Degree

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DECLARATION

I, A. Mooninthan declare that

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Signed:

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DEDICATION

This work is dedicated to:

My husband Devan, thank you for your unwavering patience, understanding, support and encouragement.

My Son Kyle and daughter Cadene, may this work inspire you to persevere in your quests to excel in all your endeavours and to empower yourself with knowledge even when circumstances challenge you.

The memory of my late parents, Sagadevan and Gavarammal Pillay for instilling good values in me and moulding me to the person that I am today.

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ABSTRACT

DISSERTATION TITLE: Exploring sexual risks taken by young Indian women aged 16-17 amidst the HIV and AIDS pandemic.

My focus in this research study is the understanding that young Indian women have of risky sexual behaviour within the context of HIV and AIDS. The main objective of this study is to understand how young Indian women perceive themselves as sexual beings and how aware they are about the HIV and AIDS virus. The influencing factors in my embarking on a study of this nature are two-fold.

Firstly, the literature on sexuality of Indian women is limited. According to Bhana and Pattman (2008) the Indian community is not regarded as being problematic therefore not much is known or done with regard to Indian sexualities.

Secondly my interest in conducting this research and focusing on young Indian women is that there now appears to be an increase in the number of young Indian women who are indulging in risky sexual behaviour at very early stages in their lives. I have purposefully selected six young Indian women based on their age group which is between 16- 17, as well as from a specific context which is a secondary school in Phoenix. The sample group is not fully representative of all 16 and 17 year olds but has the potential to provide invaluable information and insight into how young women develop their sexual identities especially within the context of HIV and AIDS.

The qualitative research method approach was employed as it provided me with the opportunity to comprehend how these young women understand sexual risk and the reasons why they would engage in risky sexual behaviour. The research design employed was a focus group interview with a 90 minute interactive session as well as individual interviews for each participant which lasted about 60 minutes. My findings reveal that Indian women are agentic and that there are a number of factors that influence and contribute towards an increase in the number of Indian women who are engaging in risky sexual behaviour and becoming sexually active at ages that do not prepare them for the negative consequences of risky sexual behaviour.

CHAPTER 1

INTRODUCTION TO THE STUDY TITLED

SEXUAL RISKS TAKEN BY YOUNG INDIAN WOMEN AGED 16-17 AMIDST THE HIV AND AIDS PANDEMIC

1.1. Introduction

In South Africa there are a number of people especially youngsters who are becoming infected with the HIV and AIDS virus. The UNAIDS report (2010) states that in Sub-Saharan Africa young females between the ages of 15-24 years are 8 times more likely to be HIV positive than young men of the same age group. According to Robertson (2008) South Africa has the highest number of infected people in the world and many who die from AIDS related causes every day. Therefore I would assume that young people would engage in safe sexual practices. My findings have however revealed behaviour that is contrary to safe sexual practices as there are now a number of young women who are engaging in sexual activity at a very young age.

This study focuses on young women with specific reference to young Indian women. I have conducted this research as studies indicate that not much has been done with regards to young Indian women and how they negotiate and develop their sexual identities. Although many studies have been conducted with the youth and women in general regarding their sexual experiences, Bhana and Pattman (2009) state that we know very little about how youth in specific social contexts give meaning to gender and sexuality.

1.2. Rationale and motivation for the study

My motivation for conducting this research is two-fold, firstly being a South African woman of Indian origin and an educator who interacts on a daily basis with female student's, as well as taking my cultural upbringing into consideration. The strict morals and values that are instilled in young Indian women from a very early age with regards to abstinence and the idea of sex before marriage as taboo has motivated me to embark on a study of this nature.

I have noticed that there has been an increase in the number of Indian women who tend to display very promiscuous behaviour and traditionally this type of behaviour is rare amongst Indian women.

This promiscuous behaviour has piqued my curiosity as to why there is this change in behaviour and mannerisms of young Indian women and the apparent disregard for their own personal health and safety.

Bhana and Pattman (2008) states that not many studies have been carried out on how young South African Indian women shape their sexual ideologies and this could be attributed to the fact there has been a relatively low prevalence of HIV and AIDS in the Indian community. My intention is to research and study the sexual behaviour and pattern of young Indian women between the ages of 16 and 17 years in the Phoenix area. In my study I look at the development of Indian sexualities and how this is influenced by factors such as race, culture and social standing in society. This study highlights factors that influence the decisions that young people make on a daily basis and why it is women in general who are at the greatest risk of sexually related diseases and of becoming infected with the HIV and AIDS virus.

I attempt to understand how it is that although there is currently mass media awareness created with regards to the HIV and AIDS pandemic, there are still a number of young people who are engaging in risky sexual behaviour and endangering their lives. Bhana and Pattman (2009, p68) states that in knowing how the young understand gender and sexuality is necessary for “successful educational strategies in the protection against HIV/AIDS in South Africa”. In South Africa many young women are not equipped to deal with the consequences of risky sexual behaviour.

This study focuses specifically on young Indian women between the ages of 16 and 17, in a secondary school in Phoenix and provides vital information as to how young women negotiate and construct their sexual identities. Charmel Bowman (2012) a news reporter for the Sunday Tribune states that “Children are bombarded with sex in various mediums every day and don’t have the frame of reference to internalise what they are seeing”. She also states that “children are a product of their environment and that precocious sexual behaviour in teenagers is a cry for help”. My immediate concern as a parent, mother and an adult figure in the lives of these young women is to try and understand why they would indulge in risky sexual behaviour and more importantly find ways to motivate and encourage them towards being concerned for their own personal safety.

Considering the risks involved in engaging in sexual activity there is growing concern among parents and the community at large regarding teenagers and the sexual risks that young women are exposing themselves to on a daily basis. Jewkes; Levin; Mbananga and Bradshaw (2002) states that results of a study in Cape Town, South Africa showed that 72% of pregnant teenagers and 60% of women who had never been pregnant had been coerced into sexual relations. They stated further that women in the study were questioned as to whether they had been forced into sexual intercourse against their will and if these events had occurred before the age of 15 years and the response rate from the women in the survey was that 90% of these women were either coerced or forced into engaging in sexual activity at an early age (Jewkes *et al*, 2002). In this study I look at constructions of gender, gender power as well as the gender inequalities that exist in our society especially within the school context. The terms women and girls will be used interchangeably as the young women in the study refer to themselves as girls and I understand them to be bordering on becoming young women.

1.3. Key research questions

This study is guided by the motivation in gaining an understanding of the key research questions

- How do young Indian women living in Phoenix understand sexual risks?
- Why do young Indian women engage in risky sexual behaviour within the context of HIV and AIDS?

This study is also guided by the secondary question of:

- What measures are in place to address and assist young Indian women in dealing with these issues?

I focus specifically on these questions as I understand that this is a challenge that young women of Indian origin currently experience and need direction and guidance to assist them to make well informed life- saving choices.

1.4. Aims and objectives of the study

The main objective of this study is to understand how young Indian women perceive themselves as sexual beings, how aware they are regarding the seriousness of the HIV and AIDS pandemic and what they are doing to protect themselves.

The research study will be addressed with the following objectives which will give meaning to the subject under investigation:

- Gaining an understanding of what young Indian woman regard as risky sexual behaviour.
- How do 16-17 year old Indian woman develop and negotiate their sexual identities?
- Exploring the reasons why young Indian woman would engage in risky sexual behaviour.
- Investigating the measures that are in place to assist young Indian women in dealing with issues of risky sexual behaviour.

1.5. Review of related literature

In the review I look at literature that deals with the social, cultural and contextual factors that impact on the manner in which young people develop their sexual identities. I also look at how these factors shape and mould young Indian women's perspectives with regard to relationships, sexual identities and more importantly, the risk of HIV and AIDS. I look at teenage pregnancy amongst young Indian women in relation to risky sexual behaviour. In researching female sexuality it is necessary to make reference to the relation that exists with male sexuality and how they perceive themselves as sexual beings. According to Pattman (2006) masculinities and femininities do not exist in isolation but in relation to each other. Mac an Ghail (1994) state that schools are active producers of sex and gender relations. It is an environment where girls and boys interact and forge relationships with each other, which sometimes lead to intimate sexual relations.

1.6. An overview of HIV and AIDS in South Africa

HIV and AIDS is one of the devastating consequences of youngsters who are taking sexual risks and endangering their lives (UNAIDS, 2010). According to Marston and King (2006) nearly half of new HIV infections worldwide occur in younger people between the ages of 15-24 years and changing their sexual behaviour is vital in tackling the growing pandemic we are currently

facing. They go on further to state that even where condoms have been made available to teenagers and awareness of sexual diseases has been raised, these campaigns have had very disappointing results. The HSRC (2008) report states that the HIV and AIDS infection levels differ significantly between males and females and also with the different age groups in South Africa.

The HSRC report further confirms that there has been significant progress in the campaign against HIV and AIDS. According to the report HIV and AIDS prevalence amongst the youth between the ages of 15-24 has shown a significant decrease from 2005 (10.3%) to 2008 (8.6%). UNAIDS (2010) report states that due to increased awareness regarding HIV and AIDS as well as infected persons receiving the appropriate treatment, there has been a global decline of deaths between 2004 and 2009. There has been great public awareness created with regard to the youth and the risks that they place themselves in, therefore a number of preventative measures are being put in place to address this issue. Schools and religious organisations are constantly trying to educate the youth with regards to sexual risks and the dangers of HIV and AIDS. It is also apparent that heterosexual relationships are prevalent at schools and according to the HSRC (2009) report, heterosexuality is the single most contributing factor towards the spread of the HIV and AIDS virus.

Allen (2005) focuses on the fact that young people are creators of their own sexual identities and therefore have agency. They have the ability to make good, sound decisions and exercise caution with regards to their sexual health. Young people are aware of the dangers of sexual activity and according to UNAIDS (2007), it has become necessary to understand how young people perceive sexualities especially in the light of the HIV and AIDS pandemic that we are now facing.

Magnani *et al.* (2005) states that South African youth have been disproportionately affected by the HIV and AIDS epidemic, and yet it has less than 1% of the world's 15-24 year olds. This is very alarming as it indicates that it is more the youth who are indulging in risky sexual behaviour and who are prone to contracting HIV and AIDS. Studies conducted on HIV and AIDS knowledge amongst South African youth by MacPhail and Campbell (2001) have found that young people are very aware that HIV and AIDS is a sexually transmitted disease that is fatal.

1.7. Race, Culture and sexual identities

Traditionally in the Indian culture, matters dealing with sex and sexual issues are considered taboo and are not openly discussed in families. According to Bhana and Pattman (2008), young Indian women are culturally regulated to carry themselves in a responsible and respectable manner in order to maintain a good reputation. Matters of a sexual nature are not discussed openly but rather dealt with secretly. It is common knowledge in the Indian culture that sex before marriage and showing any signs of promiscuity is embarrassing to the family and is seriously frowned upon. This is probably the reason why statistics with regards to HIV and AIDS in the Indian community are much lower in comparison to the other race groups in South Africa. According to Bhana and Pattman (2008), not much is known about Indian sexualities and this community is not viewed and regarded as problematic. In the Indian culture women conform to certain gender stereotyping that eventually results in them being exploited and violated.

According to Jewkes and Morrell (2010) by women conforming to culture and accepting subordinate position they are ultimately exposing themselves to sexual risks. Presently teenagers are exposed to a number of factors that negatively influences the manner in which they conduct their sexual behaviour and liaisons with other people. Peer pressure has a very strong influence on youngsters and it has become more important to fit in and be part of a group even though this could prove detrimental to their health and safety. According to Kelly (2002) young people tend to behave and carry themselves in ways that seek the approval of their peers.

1.8. Constructions of femininities and its impact on HIV and AIDS

Heterosexual relationships are by far the most dominant form of sexual orientation in society and this prevails at most co-educational primary and secondary schools. Men and women develop in relation to each other and when female sexuality is under discussion or studied it is inevitable that reference will be made to male sexuality as well. There are different sexual standards that exist for both men and women and this is a factor that adds to high risk sexual behaviour. The social pressures and constraints through which young females negotiate their sexual encounters have a direct impact on their ability to safeguard themselves from the danger of HIV and AIDS.

Reddy and Dunne (2007) argue that in the campaign against HIV/AIDS, it is crucial to become more aware of the dominant discourses of femininity such as intimacy, romantic love, desire, virginity and respect, marriage and family so as to gain a better understanding of the manner in which young women view their involvement in relationships and how they identify themselves with regards to culturally traditional roles of being a women in a heterosexual relationship in the South African context. They state further that dominant feminine identities that are adopted by young women prove to be a serious risk to their sexual safety, as they argue that if there was a greater understanding of young women's identity processes, it would work positively in the successful implementation of preventative strategies against HIV/AIDS.

They contend that an awareness needs to be created as to the logic and reasoning that is used by women who apply conventional femininity ideals in heterosexual relationships and the negative effect that it has on their sexual identity and safety. They take note of the contradictions, confusions and ambiguities that manifest themselves within young women's sexual identities and sexual practices. A construction of femininity that exists within the Indian culture is seen to justify the subordination and discrimination of women in the community. Indian society is patriarchal in nature and women are according to Rajab (2010) traditionally expected to ensure that the needs of their husband and family are given priority and taken care off.

1.9. Theoretical and conceptual framework

The study is located in the social constructionist perspective and seeks to find meaning as to how young Indian women develop and negotiate their sexual ideologies. A social construct does not exist independently but is an invention of society (Burr, 2003). The theoretical framework of social constructionism is the lens through which I conduct this study. I draw on the works of social constructionist theorists Carrie Paechter and Vivien Burr. Burr (2003) points out that social constructionist is a term that is used almost exclusively by psychologists, stating further that within the social constructionist theory there can be no such thing as an objective fact as knowledge is derived from looking at the world from some perspective or other.

According to Paechter (2001) the masculinity and femininity roles that are adopted by individuals are based on the biological aspects as well as how these roles are further enhanced by society and their environment.

This study focuses on constructions of gender, gender power and constructions of femininity in schools and in society. Mills (2001) focuses on the way dominant constructions of masculinity can lead to inappropriate and dangerous behaviours in schools and the effect that this has on how young women construct their sexual identities. Connell (1995) argues that schools have particular patterns of gender relations and terms this “the gender regime”. Gender is mutable, it is always changing. It is one construct that is always changing from one culture and historical period to another.

The variations and adaptations to conditions and social pressures reinforce the idea that gender is a social construct rather than some sort of essence that arises from birth. I therefore focus on the social constructions of gender, constructions of femininities as well as gender inequalities and the impact that this has on young women’s sexual identities amidst the HIV and AIDS pandemic. The method of qualitative research was employed as it provided more opportunities to understand the experiences of young Indian women and how they view their own sexuality.

1.10. Context of the study

My focus for this study is on six Indian females who are students at a secondary school in Phoenix that is in close proximity to the outer lying areas of Bhambhayi and Amoati. This is a public school that is co-educational and multi-racial that provides schooling to black and Indian learners from the neighbouring community. The socio-economic conditions of these areas are relatively low with some families falling into middle class status. The school management is actively involved in fundraising initiatives to supplement the funds required to provide better educational facilities and opportunities for their learners.

1.11. Research design and methodology

An interpretive and qualitative research approach was adopted to ensure that I was able to obtain productive data. The technique of purposive and convenience sampling was employed to select my participants with the criteria being that they were young Indian women in the age group of 16 to 17 years and were easily accessible. “Purposeful sampling in qualitative research involves the selection of participants on the basis of certain characteristics, needs or purpose” (Cohen, Manion and Morrison, 2007, p115).

My sample group of six Indian girls was chosen as I knew it would be relatively easy to gain access to them with regard to the research and interview process as they live in close proximity to the research site. According to Cohen, Manion and Morrison (2011, p229), “ the researcher has to decide the groups for which the research questions are appropriate, the contexts which are important for the research, the time periods that will be needed, and the possible artefacts of interest to the investigator”. Focus group and individual interviews were conducted with the participants to obtain relevant data.

1.12. Ethical considerations

The interview process commenced once I had obtained ethical clearance from the University of KwaZulu Natal. Permission was sought from the participants as well as their parents to participate in the study. The participants were advised that they were not compelled to be a part of the study and could withdraw from the study if they so desired. The issues of confidentiality and anonymity were explained in detail to the participants.

1.13. Course of study

1.13.1. Chapter one

Provides the rationale and motivation for embarking on a research study of this nature. I reiterate the reasons for focusing on young Indian women and note personally that a lot more needs to be done with regards to researching Indian sexualities. This study is located in the social constructionist perspective and allowed me to focus on the manner in which young Indian women negotiated and shaped their sexual ideologies. I have provided an overview of the effect of HIV and AIDS on young people globally and in South Africa and the devastating consequences thereof. I have looked at gender inequalities and the prevalence of male domination and patriarchy in the Indian community. The issues of race, class and culture are factors that needed to be addressed in order to gain a better understanding of how these factors affect and influence the decision- making process of young Indian women.

This study will seek to gain more insight into the sexual risks that are taken by young Indian women as well as how aware these young women are of the implications of engaging in risky sexual behaviour. The terminologies included in the study are race, class, gender, power, cultural and social interaction, femininities, masculinities and sexual orientation.

1.13.2. Chapter two

Examines the literature based on the sexual ideologies of young women and makes reference especially to young Indian women. The literature highlights the immense need to educate young people into making well informed life-saving health choices. Although there is a scarcity of literature regarding young Indian women, I managed to find some researchers who focused on Indian sexualities and highlighted the need to explore more avenues of research with regard to Indian sexualities and how young Indian women shaped and developed their sexual identities within the context of HIV and AIDS. This chapter served as a theoretical framework against which the data collected for the study was interpreted. If we are to understand young people's sexual relationships it is important to comprehend the power relations and beliefs that exist in these relationships.

1.13.3. Chapter three

Outlines the methodological process involved in collecting data that provided me with the knowledge and information to gain a better understanding as to how young Indian women viewed and constructed their sexual identities within the context of HIV and AIDS. I employed a qualitative research approach and used the process of individual and focus group interviews to collate my data. As stated by Punch (2005) interviews are a good way of accessing people's perceptions, meanings and definitions in a situation and constructions of reality. The participants were very co-operative and truly believed that their input into the research study would assist and make a difference in another young Indian woman's life in respect of relationships and how they developed and negotiated their sexual identities.

The interpretive perspective according to Cohen et al (2007, p21) states that "It is used to understand the subjective world of human experience". The research design of this study was an exploratory study of young Indian women and this was done fairly broadly at first considering all other studies and literature on women in general.

The technique of purposeful sampling was adopted as I selected young Indian women between the ages of 16 and 17 as well as those who are in relationships and were able to yield data that was rich, appropriate and relevant to my study.

1.13.4. Chapter four

Analyses and interprets the data obtained from the focus group and individual interview sessions with the participants. An intense discussion of the findings from the interview sessions and how they relate to the literature reviewed is undertaken in this chapter. This chapter provides an insight into the intimate and personal experiences and emotions shared and experienced by the participants.

1.13.5. Chapter five

Synthesizes the literature based on the entire study and provides concluding remarks and some recommendations and guidelines to initiate and further design implementation programs that would assist young Indian women into making safer sexual practice choices.

1.14. Conclusion

This study strives to develop an understanding of young Indian women's perception of risky sexual behaviour and awareness of the HIV and AIDS pandemic. The next chapter focuses on the literature that looks at the sexual ideologies of young people, especially young Indian women and how they shape and negotiate their sexual identities. In conducting this study I hoped to contribute to the growing knowledge about young women's sexuality and identity crisis and risky sexual behaviour. I seek to gain an in-depth understanding of the experiences and challenges that young Indian women are currently facing.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

In this chapter I synthesise some of the literature on contextual and social factors that directly and indirectly impact on the manner in which young women negotiate and develop their sexual identities within the context of HIV and AIDS. Understanding the manner in which young women negotiate and manage their relationships is crucial in determining exactly how they are able to deal with situations that place them in positions of vulnerability. In this chapter I discuss the literature surrounding the understanding that young women have of risky sexual behaviour with specific focus and reference to young Indian women within the context of HIV and AIDS. I look at how young Indian women understand sexual risks as well as the reasons why they would indulge in risky sexual behaviour that would be detrimental to their lives and their future.

The motivation behind a study of this nature is the scarcity of research and literature surrounding Indian sexualities, especially young Indian women and in the hope that this study will initiate more research and imparting of knowledge and information that will assist young Indian women towards safer sexual practices. The focus of this study is on young Indian women and as stated by Bhana and Pattman (2008), the Indian community displays a very low prevalence of HIV and AIDS infected individuals and the community is regarded as not being problematic therefore not much is known or done with regards to Indian sexualities. I begin with the literature on the HIV and AIDS pandemic and the effects of this on young people as well as the intervention strategies that are in place to educate and make young people more knowledgeable of preventative measures and the importance of safer sexual practices. Punch (2005) states that interviews are a very good way of accessing people's perceptions, meanings, and definitions of situations and constructions of reality.

The research design of this study was an exploratory study of young Indian women and this was done fairly broadly at first taking into consideration all other studies that have been conducted by other researchers and also looked at literature on women in general. Information regarding this study was sourced from resources such as books, journals, newspaper and magazine articles, and

the internet to give a more nuanced meaning to the study. The focus is on prevention rather than treating something that could have been prevented. I discuss the gender power relations that are present in our society and focus on the Indian community in particular. I look at the patriarchal culture that is prevalent in the Indian culture and the manner in which male and female gender role expectations differ from each other.

I discuss the gender inequalities that emanate from the influence of a male dominated patriarchal culture and how young Indian women address this traditionally inculcated culture of dominance within the Indian community. This chapter will also outline the theoretical framework which focuses on the social constructionist perspective of gender in an attempt to find meaning as to how young Indian women actively shape their sexual ideologies within social interactions. I draw on the works of social constructionist theorists, Carrie Paechter and Vivien Burr.

2.2. The HIV and AIDS pandemic

Worldwide, more than 60 per cent of all young people living with HIV are female and young women under the age of 25 years shoulder the greater burden of infection in many countries (UNAIDS, 2010). South Africa is one of the countries most affected by the HIV and AIDS virus in the world (Rose-Innes, 2006) and this is reiterated by (UNAIDS, 2010) who states that in Sub-Saharan Africa the majority of new HIV and AIDS infections continue to occur. Among South African adults aged 15- 49 , 17 % are HIV positive, which is more than triple the rate for the whole of Sub-Saharan Africa and this compares with a global adult prevalence rate of just 0,6% in America and 0,2 in Britain (UNAIDS,2011).

HIV and AIDS is a pandemic that is definitely affecting both men and women globally but a survey across seven countries in Sub-Saharan Africa indicates that 15-27 year old women are 2 times more likely to be living with HIV than their male counterparts (WHO, 2002). According to Boler and Archer (2008) and Hallman (2005), 75% of young people in Sub-Saharan Africa who are living with HIV are women. In South Africa women account for nearly half of the population that is living with the virus and globally half of the adult population living with HIV and AIDS are women UNAIDS (2007). In South Africa the HIV incidence rate amongst girls is three to four times higher than boys (Brown, 2000). UNAIDS (2010, p2) states that “young people must

be engaged in the fight against HIV and AIDS, given their important role in behavior change and service uptake”. Although the number of South Africans living with the disease continues to rise and now totals 6 million out of a population of 50 million, the tally of new cases each year has tumbled by half since 1999 (UNAIDS, 2010).“The significant decline in HIV prevalence among young people is linked to clear trends towards safer behaviors and practices including delayed age at first sex, reduction in the number of partners and increased condom use” (UNAIDS, 2010).

2.3. HIV and AIDS education in schools

Not many studies have been conducted with regard to South African Indian women and how they shape their sexual ideologies and this could be as stated by (Bhana and Pattman, 2008) that there is a relatively low prevalence rate of HIV and AIDS in the Indian community. Schools have become an important source for the fight against HIV and AIDS, as it is in this context that the youth are privy to facts and information as well as discussing the many issues surrounding HIV and AIDS, especially with preventative and personal health safety precautions.

Education can protect girls from HIV and AIDS infection and confer other health benefits that are particularly important for girls approaching and entering adolescence, as not only do adolescent girls have a high risk of dropping out of school, but their susceptibility to the HIV infection increases dramatically with age through to young adulthood (UNAIDS, 2010). According to Kelly (2000) information on HIV and AIDS can assist young people to adopt and maintain behaviour that will protect them against this virus. Allen (2005) states that young people are creators of their own sexual identities. Cornia (2002,p 27) on the other hand states that many parents and teachers believe that “any kind of sex education leads to increased sexual activity, despite research to the contrary”.

Magnani et al (2005) concurs that although school based life skills education is a key component of the Government of South Africa’s HIV and AIDS prevention strategy, that existing research indicates only marginal success of school programmes in preventing sexual risk-taking and enhancing health seeking behaviours amongst the youth. Magnani et al (2005) also calls for changes in sexual behaviours and states that in order for new HIV cases to be averted, life skills

programmes and education must go beyond only improving knowledge, attitudes and skills. There are a number of large scale communication campaigns related towards raising awareness towards HIV and AIDS. The government aims to bring about general awareness of HIV and AIDS with the focus being on young people.

Subjects such as Life Orientation and health workshops have focused on creating awareness with young people regarding their role and responsibility towards HIV and AIDS and risky sexual behaviours that is prevalent among young people (UNAIDS, 2010). Schools need to reinforce religious education as part of Life orientation in the curriculum or our culture will be lost in the wave to westernise as the younger generation is influenced by the forces of globalisation and seek pleasures by indulging in wrongful activities rather than fasting and respecting their culture (Jayathan, 2012, p2). Reddy (2011) states that it would be reasonable to assume that higher levels of knowledge about HIV and AIDS would be the most powerful weapon to combat and reverse the pandemic and that there has been a significant increase in the number of formal and non-formal education programmes to increase the awareness of the virus as well as risk taking behaviour. Campbell (2003) argues that people knowingly continue to engage in risky sexual behaviour that could lead to premature and painful death, and the best intentioned efforts to address sexually driven epidemics often have little effect.

2.4. Young women and their sexual identities

Boyce et al (2007, 1) contends that the reason that HIV and AIDS prevention has had limited success is due to inadequate conceptualization of human sexuality. In understanding the terms sex and sexuality, WHO (2002) emphasizes sex as a biological and physical attribute that divides people according to their gender and defines humans as male or female and also recognizes the fact that there are individuals who possess both characteristics but are also differentiated physically as either male or female. The biological changes that take place during adolescence are linked to adolescent risk-taking which in turn can lead to HIV infection and other risks (UNAIDS, 2010, p18).

According to WHO (2002) “sexuality is a central aspect of being human and throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, intimacy and reproduction. “Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors” (WHO, 2002).

Boyce et al (2007) states that sexuality is not simply a cultural construct but is also an embodied practice. Theorists of sexuality have stressed the importance of understanding how sexuality is made meaningful in the lived experiences of people and differentiating between sexuality and gender not only enables women’s sexuality to become more visible in its complexity and diversity, it also offers scope for conceiving of sexual objects who do not fit into gendered sexual stereotypes (Boyce et al, 2007). Research on HIV prevalence in South Africa has indicated that heterosexuality is the main means of HIV and AIDS transmission (HSRC, 2009).

Paechter (2007, p142) states that the “the performance of (hetero) sexuality is very important to adolescents and is central to most teenage communities of masculinity and femininity practice”. Women in heterosexual relationships experience difficulty refusing and negotiating the use of condoms as there high are levels of physical and sexual coercion which occurs with attempts to discuss the use of condoms (Wood, Maforah and Jewkes,1998).

2.5. Young women’s perception of safe sex practices

It is widely documented that in Sub-Saharan Africa that the majority of youth practice unsafe sex despite high risks of infection from HIV and AIDS (Green, 2009). According to Wood and Jewkes (1997) adolescents need education on the many meanings of love and sexual relationships. Boler and Archer (2008) claims that life skills programmes to make women and young girls more knowledgeable will not achieve the desired results because there is still a reluctance to discuss sex even though most people contract HIV and AIDS through engaging in sexual activity. According to Hallman (2005) although women may be knowledgeable regarding protection against HIV and AIDS there are sometimes extenuating socio-economic conditions and limitations that invariably add to the risk in situations. Teenager’s disempowerment (both economically and socially) hampers their ability to protect themselves (Naidoo, p6).

Reddy (2011) focuses on aspects such as ‘love and trust relationships’ and ‘constructions of masculinities and femininities’ that address unsafe sexual practices that are taken by the youth as a deliberate choice and puts both young men and young women at risk of HIV and AIDS infection. Teenagers understanding of sex and safe sex is poor and they are unable to translate messages into practice (Naidoo, p6). Reddy (2011, p1) on young adults decision-making, indicates that “even though young adults are aware of the risks associated with unprotected sex, they often chose to engage in unsafe sexual practices”. However because of HIV prevalence among young people in 15 of the most severely affected countries, people have adopted safer sexual practices (UNAIDS 2010). South Africa has been rated 4th in the entire globe with regards to teenage pregnancies and that more than 35% of 19 year old South African girls have been pregnant at least once, which means that risky sexual behaviour is common among youth (Naidoo, 2012, p6).

2.6. Teenage pregnancy amidst the HIV and AIDS pandemic

The Schools Act (Department of Education, 1996) regulates the supports of pregnant teenagers and teenage mothers in schools and this policy permits pregnant teenagers to remain at school as well as to allow the young mothers re-entry into schools after giving birth. According to Bhana, Morrell and Ngabaza (2010) the challenge for pregnant teenagers and young mothers is to manage and negotiate the demands of schooling, pregnancy and parenting. The importance of pregnant teenagers remaining at school is to get a good education and future job opportunities (Nkani, Bhana, 2010). Teachers play a vital role in the manner in which they respond to learners who are pregnant or have already had a baby as this has a direct impact on how they are able to negotiate their academic careers as well as adjust to being a young mother. It was noted that teachers’ responses to teenage pregnancies and teenage mothers can have a long term effect on these learners.

According to Bhana et al,(2010) there are some teachers who are not very happy with the policy of teenage mothers being back in school as it puts an end to the idea of schools being sexually free environments. It is in this way that teachers negatively impact on the manner in which young mothers deal with their situation. On the other hand some teachers are also very supportive and caring and attempt to understand and empathize with the plight and predicament

of these young girls (Bhana et al, 2010). It is also a problem for teenage mothers with limited resources to navigate the world of learning and of being a parent (Bhana et al, 2010) and coping with being a single parent as well. It is also demanding for the Life Orientation teachers in South African schools, as they are expected to provide support, address social inequalities and offer guidance on matters including gender, sexuality and pregnancy (Bhana et al, 2010).

2.7. Safe sex practices - Abstinence and the use of condoms

It is worth noting that despite substantial increases in condom use, the reported consistent use remains below 50% for most youth (Magnani et al, 2005). Although it is apparent that abstinence is the answer to the HIV and AIDS pandemic, the sad reality is that the youth are not adhering to safe sex practices. According to The Human Sciences Research Council (2009) condom use in South Africa is growing with the percentage of adults aged 15-19 using a condom during their last sexual encounter increasing from 31% in 2002 to 64, 8% in 2008. Young people show the highest rates of condom use which bodes well for the future of prevention and could explain the decline in HIV prevalence and incidence amongst teenagers and young adults. Jo Ann Downs from the KZN Legislature states that giving out condoms at schools was not going to solve the problem as it is really important to delay sexual activity for as long as possible and it is counter-productive to give out condoms to underage children as it is sending out a message about early sexual activity (Rising Sun, 2012, p19).

Campbell and MacPhill (2001) argue that although the youth are very knowledgeable with regards to HIV and AIDS, they still engaged in unsafe sex by low condom use. Reddy (2011) reiterates that some of the youth felt that condoms were not effective and were unreliable in the sense that they could break , as well as come off easily and thus served no real purpose. The study also revealed that the women felt that there would be distrust in their relationships if they insisted on the use of condoms (Reddy, 2011). Naidoo (2012, p 6) concurs that teenagers may also be using contraceptives ineffectively or do not have access to them. Reddy and Dunne (2007) also reflected on how some women see unprotected sex as safe sex and safe sex as unprotected sex in the sense that it jeopardised the love and trust relationship that they had with their partners.

MacPhail and Campbell (2001) also find that the availability of condoms for some women is problematic as they are faced with negative attitudes from the nurses at local clinics and their partners.

According to a study done by Peltzer and Promtussananon (2005), in a secondary school in South Africa 25, 6% of the students indicated that they had sex with someone much older than themselves and 20% of them indicated that they had sex in exchange for gifts, indicating that it is sometimes socio- economic conditions that give rise to transactional sex and forced young women into indulging in risky sexual behaviours. The socio-economic risks are evident as they lead to immediate and long- term disadvantages for young women which includes dropping out of school, reducing career opportunities and also indicates that emotionally vulnerable individuals are more likely to seek sexual intimacy (Naidoo, 2012, p6). An important impact of social transfers is getting and keeping children in school as education can protect girls from HIV and AIDS infection and confer other important health benefits that are particularly important for girls approaching and entering adolescence (UNAIDS 2010). While a range of socio- cultural factors determine condom use, it is noted that one of the principal reasons for non- use is that sex is often not planned (Kirby, 2007).

Studies in Sub-Saharan Africa have indicated that for a variety of reasons men do not want to wear condoms as they believe that their masculinity is tied to having sex ‘flesh to flesh’ and that the use of condoms threatens their masculine powers (Green, 2009). Reddy (2011, p5) states that it is evident that there are more young women than young men who are of the view that abstinence and delaying engaging in sexual intercourse is a good way to protect themselves against the HIV and AIDS virus. According to UNAIDS (2010) the significant decline in HIV prevalence among young people is linked to clear trends towards safer sexual behaviours and practices including delayed age for first sex, reduction in the number of sexual partners, as well as increased condom use.

2.8. Gender power and sexuality

Gender is a key aspect of HIV and AIDS risk (Hallman, 2005). It is evident that different sexual standards prevail for both men and women and this contributes to risky sexual behaviour.

According to UNAIDS (2010, p2) “gender roles, gender inequality, gender based violence and barriers to access to services must be addressed in order to reduce girls and women’s disproportionate vulnerability to HIV infection”.

According to Wharton (2005) gender is reflected in who people are and how they behave and must be understood in terms of masculinity and femininity. Wood and Jewkes (1997) reflect on a response from a participant in their study of pregnant teenagers, “As a woman you have no rights, you must keep quiet and do as the man wants”. According to Morrell (1998) gender power relations that define male and female identities and practices are highlighted as the key drivers of the epidemic and significant to women’s vulnerability.

Studies from South Africa, Uganda and Zimbabwe indicates that relationships with older sexual partners carry higher than average risk of HIV infection for young females as these men are more experienced and are more likely to have visited commercial sex workers (Hallman, 2005). According to Wood and Jewkes (1997) “the degree to which women are able to control aspects of their sexual lives is clearly a critical question for health”. Stating further that the double standard that existed saw men taking multiple sex partners for themselves whilst disallowing their partners to even speak to other men (Wood, Jewkes, 1997).

According to Dunkle et al., (2004) where violence is used the risk of HIV and AIDS infection increases. Women who have partners that are violent and controlling are at an increased risk of contracting the virus. Protecting women and girls from HIV means protecting against gender based violence and promoting economic independence from older men (UNAIDS, 2010). Kimmel (2004) states that in almost every society there are indications of the gender differences between men and women and this exists to a certain degree with women being subjected to some form of male domination.

Research has revealed that the group most affected by the virus is that within the age group of 15-24 (Morrell, 2001; UNAIDS, 2007). Recent evidence suggests that the burden of new HIV infections in Sub-Saharan Africa is concentrated among young people, especially females (Hallman, 2005). Leclerc, M. (2002) states that there are HIV and AIDS research studies that are conducted on a large scale and that smaller scale studies in specific locations also reveal

important information about sexualities and risky sexual behaviour. According to Morrell et al, (2009, pg.72) “gender equality work has found its strongest expression and its greatest challenges in the endemic violence in schools and in the effects on learners, teachers and gender relations of the HIV and AIDS pandemic”. Unterhalter (1999) states that the experience for many girls, particularly in the townships and under resourced schools is often traumatic due to being subjected to sexual harassment, corporal punishment and unsympathetic teachers and as a result leave schools with very low self-esteem and very little ability to challenge the social forces that cause them to become subordinated.

Connell (1995) refers to the patriarchal dividend where we have a male dominated world and the gender order that dictates the advantages and privileges that men and boys generally have over women and girls. Connell (1987) shows how gender is a concept of power. He reflects on how individual men each enjoyed the ‘patriarchal dividend, “the advantage men in general gain from the overall subordination of women” (Connell, 1995, p79). Bhana and Pattman (2008) are of the view that Indian families are generally patriarchal by nature and there exists sexual inequalities in the Indian culture. There are different sexual standards that exist for both male and female in the Indian community. Girls are expected to behave in a certain way and not deviate from the accepted standard whereas boys in the family are allowed more freedom. Mac an Ghail (2004) is of the view that schools are sites for the production of sex and gender subjectivity where people participate in gendered performances on a daily basis. According to Philips (1993) “the overriding impression males in the area transmit between themselves and to women, is that women are there to serve them, are ‘stupid’ and ‘useless’ and, basically, powerless”.

Mac an Ghail (1994) also states that schools are considered important sites for producing and reproducing masculinities and femininities. Wood and Jewkes (2000,p 324) states that “violence usually occurs in situations where girlfriends are perceived to be stepping out of line by behaving in ways which threatened men’s sense of authority in the relationship and undermined their public presentation of themselves as men in control. Masculine identity is associated with aggressive and dominant behaviour and female identities on the other hand are associated with submissive and dependent behaviour.

Southern African studies suggest that peer pressure and material aspirations contribute to and reinforce trends towards transactional sex with older and better resourced men (Leclerc, 2004).

Research by Kadzamira et al, (2001) showed that it was common for girls to have multiple partners and entered freely into relationships with sugar daddies or male teachers primarily for material gain. There are high levels of transactional sexual relations amongst young adolescent girls. Wood and Jewkes (1997) are of the opinion that all too frequently health promotion interventions fail to acknowledge sexual encounters as sites in which unequal power relations between women and men are expressed and that it is these power relations which determine women's ability or inability to protect themselves against sexually transmitted disease, pregnancy and unwelcome sexual acts.

2.9. Race, class, culture and sexuality

With the new democracy in South Africa it is now a reality where all race groups are able to interact and work with one another in all aspects of life. 'Class' makes reference to social groups that arise from economic, social and legal interrelationships among people (Hallman, 2005, p 39). In contradiction to this Kaufman and Stavrou (2004) states that although young men and women have greater opportunities to mix socially and economically the separate cultures of behaviour still continue to prevail and this could be attributed to the different and diverse social and cultural backgrounds of the different race groups. We definitely have an increasing cultural gap with many adults strictly observing fasts while the youth consider these impositions, given they now live in a global village where norms, values and practices are defined by western ideologies (Singh, 2012, p2).

According to Hallman (2005) having an understanding of how socio-economic status confers vulnerability to unsafe sexual behaviours among young women and men is important in designing appropriate and effective youth HIV prevention programmes. Among the main factors reported as leading to risky sexual behaviours among youth are male dominance and socio-economic inequalities (Green, 2009).

Certain socio-economic conditions such as gender inequalities, sexual violence, poverty, and varying cultural beliefs as well as general lack of knowledge with regards to HIV and AIDS, are responsible for the rapid spread of the virus (Rose-Innes, 2006).

Socio-economic conditions and poverty have contributed to, and exacerbated the vulnerability of women placed in these predicaments. Low wealth among young women is associated with earlier sexual debuts, a variety of unsafe sexual behaviours and experiences, having multiple partners as well as lower chances of using a condom (Hallman, 2005). Poverty inevitably tends to facilitate the spread of the HIV infection with women and results of a study among young South Africans indicate that socio-economic disadvantage is associated in significant ways with riskier sexual behaviours, especially for females (Hallman, 2005). Stating further that even in countries such as South Africa where knowledge among young people of how to protect oneself from infection is rather high, such knowledge may not always be usable in daily situations of economic and social disadvantage that characterize many of their lives (Hallman, 2005). This is reiterated by UNAIDS (2007) who states that women are affected more by the HIV and AIDS pandemic due to socio economic conditions and cultural disadvantages.

The at risk group in South Africa includes young people not attending school, people who live in squatter camps and individuals that fall under these groups have a low socio-economic status which is also a factor that increases their vulnerability to HIV and AIDS (UNAIDS, 2010). As scholars within HIV and AIDS sexuality research have repeatedly noted that the aspects of class identity and socio-economic backgrounds and conditions are intrinsically tied to specific gender relations and masculinities (Christian, 2009).

2.10. Theoretical and conceptual framework

My focus in this study is on the social constructions of gender, constructions of masculinities and femininities, gender inequalities and the impact that this has on young Indian women and their sexual identities amidst the HIV and AIDS pandemic. The terminologies that I largely make reference to are femininity, masculinity, gender power, gender inequality, race, class, social constructions of gender.

This study is informed by the theories of both social constructionist theorists Carrie Paechter and Vivien Burr. The theoretical framework of social constructionism is the lens through which I focus my research.

Paechter (2001, p.47) maintains that gender assignment is a concept that occurs at birth and is usually determined by the biological sex of the individual. This study explores how young Indian women manage and negotiate the relationship between their assigned gender and their sexual identities. Paechter (2001) presents views on the manner in which masculinity and femininity roles are enhanced by the biological aspect as well as the influence of society. According to Paechter (2001, p.47) gender identity is defined as the manner in which an individual perceives his or her own gender, whether it is being a male or a female and the gender roles that are adopted by an individual reflects behaviour that is based on those assigned gender roles.

Children learn from an early age to categorize themselves into their assigned gender roles and as a part of these gender roles learn how to enact and perform specific gender roles such as boys doing masculinity related constructions and girls doing femininity related constructions. In addition the distinction between male and female is fundamental to how we understand ourselves as human beings and governs how individuals are treated, roles they take in society and how they are expected to feel or behave (Paechter, 2007, p6).

According to Burr (2003) “Gender is not simply what one is, but what one does, it is actively produced within social interactions”. She goes on to state that children learn to categorize themselves by gender and learn how to display and perform gendered identities as masculine or feminine and that a social construct does not exist independently but is an invention of society. Stating further that “the aim of social enquiry is moved from questions about the nature of people or society towards a consideration of how certain phenomena or forms of knowledge are achieved by people in interaction” (Burr, 2003, p6). Burr (2003) also states that social constructionism insists that we take a critical stance towards our taken for granted ways of understanding the world, including ourselves and that all knowledge is derived from looking at the world from some perspective or other.

This resonates with Paechter (2007) who states that the learning of masculinity and femininity involves a process of constructing ideas within the social context that people live in and that “the distinction between male and female is fundamental . She states that “most people will construct masculinities and femininities according to their named, assigned sex, with girls and women constructing femininities, boys and men constructing masculinities” (Paechter, 2001, p12). Paechter (2001) goes on to define gender identity as the manner in which an individual perceives his or her own gender, whether it is being a male or a female. She elaborates further by stating that constructions of masculinities and femininities involves a gender constancy whereby gender identity takes place in three stages, the first being the understanding that one is a boy or a girl, the second being that this gender identity does not change over time and that girls will grow up to be women and boys will grow up to be men and the final stage being that male or female does not change according to activity or appearance and being man or woman is learned and constructed within communities of masculinity and femininity practices (Paechter, 2001). Stating further that “a person’s masculinity or femininity is not innate, is not natural, but instead is something that is learned, constantly reworked and reconfigured, and enacted to the self and others” (Paechter, 2007, p14).

In understanding how male and female gender roles are enacted it is necessary to understand how “discourses of masculinity and femininity are constructed and maintained and how they support and are supported by power, knowledge relation” (Paechter, 2001, p48). Paechter (2001, p50) also states that when young people are trying to establish themselves as adults, they need guidance especially if the masculine or feminine behaviour is determined by stereotypes. Paechter (2007) questions the theory of performativity by Butler (1993) who is of the opinion that gender is produced through identificatory and performative practices, meaning that the construction of gender is constituted as a social temporality whereby a person’s identity alters and changes according to where one is and with whom. Paechter argues that if gender is performative as stated by Butler, then how do we know what to perform and does this change according to circumstances? (Paechter, 2007, p152). She adds that how to do man or woman, boy or girl is learned and constructed within local communities of masculinity and femininity practice (Paechter, 2007).

It is perceived that prescribed traits and characteristics that are thought to be masculine or feminine differ from one culture to another as well as from one period of time to another.

According to Paechter (2007, p154), “every community of masculinity or femininity practice is different: while we can find commonalities between groups, there will be subtle and not so subtle variations”. The theoretical framework of social constructionism is useful to my study as it allows me to understand and explain the impact and effect that social interactions, race, class and culture have on people and their sexual identity constructions.

2.11. Conclusion

In this chapter I have discussed literature that directly and indirectly impacts on the understanding that young Indian women have of risky sexual behaviour. I have looked at areas including gender identity, gender inequality, safe sex practices, abstinence and condom use, femininity constructions, peer pressure as well as the effects of race, class and culture in gaining a better understanding of how young people negotiate and develop their sexual identities. The aspects stated above are important in relation to how young women identify with their sexuality and pertinent to this study, how young women of Indian origin identify with their sexual ideologies amidst the HIV and AIDS pandemic. The theoretical framework of social constructionism supports the understanding that people are born either male or female and their identity constructions are learned and constructed within local communities of masculinity and femininity practices (Paechter, 2007).

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This study sought to gain a comprehensive understanding of the risky sexual behaviour that young Indian women between the ages of 16-17 are engaging in. I used the qualitative research study approach in order to find out what young Indian women are thinking and doing with regard to sexual risks, especially in view of the HIV and AIDS pandemic that we are currently facing. This chapter details the research design and methodology that was adopted to answer the research questions. According to Cohen et al, (2007), there is no single blueprint for planning a research study and the research design depends on what the purpose of the study is. The research study adopts the interpretive epistemology in order to address the following research questions.

3.2. Key research questions

- How do young Indian women living in Phoenix understand sexual risks?
- Why do young Indian women engage in risky sexual behaviour within the context of HIV & AIDS?

This study is also guided by the secondary question of:

What measures are in place to address and assist young Indian women in dealing with these issues?

These are the questions that were focused on and had the potential to provide some understanding of young Indian girls and what they regard as risky sexual behaviour and in this way address the issues of teenage sexuality. This study also sought to contribute to the growing knowledge of teenage sexuality, risky sexual behaviour, teenage pregnancy as well as HIV & AIDS awareness. In this study I hoped to also gain a deeper understanding of the experiences and challenges related to risky sexual behaviour that young Indian women of today are currently facing.

3.3. Qualitative Approach - An exploratory study within an interpretive paradigm

Qualitative research allows for the in-depth and exploratory study of the participants and how they give meaning to the sometimes stressful situations that they find themselves in. The qualitative research approach was adopted as it assisted in gaining an understanding of people in terms of their own definitions of their lives and their world. The researcher used the qualitative research design to gather information to interpret the views that were expressed by the participants. The participants used their personal experiences to understand and add meaning to what they do and why they do certain things. Becker (1992) is of the view that with qualitative studies the focus is on an insider perspective rather than on an outsider perspective. Monett et al, (1998) states that qualitative research methods are an attempt to gain access to personal, subjective experiences.

I embarked on an exploratory research and that was located in the interpretive paradigm. The ontological questions deal with the nature of reality and how the world is constructed, interpreted and experienced by people in relation to each other and what people think, feel and see. It became apparent that the experiences of people and how they experienced reality are different and subjective. Qualitative research is subjective in that the focus is on the experiences of the participants and how they perceive a situation to be. The Qualitative research approach allowed me to use different strategies to truly understand exactly what these young women were experiencing and how they understood sexual risks.

The qualitative research approach ensured that participants were able to relate their experiences and feelings about situations that they were currently in and allowed them a voice to express exactly why and how they would react in certain situations. The qualitative research approach ensured that the research questions were fully explored and discussed. The interviews were conducted at the same school and the participants knew each other quite well and referred to other learners and their experiences when answering and relating their own experiences. It was for this reason that the participants were interviewed in a setting that was neutral, natural and comfortable. Learners were able to freely express themselves without any form of intimidation or fear of reprisal.

The present study was carried out within the qualitative paradigm. The study is located within the interpretive perspective and according to Cohen et al, (2007, p.21) “It is used to understand

the subjective world of human experiences”. I used an interpretive perspective to add meaning to what informs human behaviour and how these girls make sense of their worlds. I worked within the interpretive perspective because the world is changeable and it is the participants in a study who define and add meaning to their situation. According to Denzin & Lincoln (2003, p.33) interpretive research is “guided by a set of beliefs and feelings about the world and how it should be understood and studied” and adopting the interpretive paradigm means that human life can only be understood from a person’s own subjective experiences within their own social contexts. I have looked at the social constructions of gender and in particular constructions of femininity and its impact on young women as my study is based on young Indian women and how they perceive sexuality and sexual risks. The study is regarded by De Vos (1998) as exploratory in the sense that it seeks to understand, explore and describe a particular phenomenon which is young Indian women’s perception of sexual risks.

3.4. Locating the study

The interviews were conducted at a secondary school in Phoenix which is situated in the Durban suburb. The interviews were conducted on the school premises during the life Orientation lessons. The researcher used in-depth interviews to obtain data. The researcher purposefully selected six Indian women based on their age, which was between 16 and 17 years as well as from a specific context, which was a secondary school in Phoenix. This study sought to gain more insight into the sexual risks that are taken by young Indian women and how aware these young girls are of the implications of engaging in risky sexual behaviour. The terminologies that are included in this study are race, class, gender, power, cultural and social orientation, femininities, masculinities and sexual orientation.

3.5. The research process

3.5.1. The research site

The research site was a public government school which is located in an area that services a poor to middle class community. The research site was chosen due to convenience and easy accessibility. It is a co- educational school with black and Indian learners. It is also a learning institution for learners from various religious and cultural backgrounds. It became apparent during the research study that religious and cultural values did indeed play a very important role in the lives and relationships of these young women.

The Principal and Deputy Principal of the school assisted and made a valuable contribution to the study by recommending the names of learners who they knew would yield the most useful data, due to their interaction over a period of time with these learners.

The young women chosen interacted well with other learners and were very articulate. Other learners in the school held these young women in high esteem. On my first meeting with the participants I realized that five out of the six girls were students of mine at some time or another from prior years at primary school, as my present school was a feeder school to the school of choice. I was at an advantage with the participants in the sense that I did have a little history about them. I was also a bit worried that they may not respond very openly taking into consideration that I was their primary school teacher but this actually enhanced the spirit and flow of the conversations after they understood the intention for the study and the fact that there would be anonymity within the study and their true identities would not be revealed at any time.

3.5.2. Sampling

The technique of purposive sampling was used to select the participants. The participants were selected according to certain criteria, the first being that the participants were in the age group 16 to 17 years, the second being that they are women of Indian origin. The participants comprised of young Indian women from different religious and cultural groups. Two of the young women were from the Christian faith, two were Hindi, one was a Tamilian and one was of the Moslem faith . The responses that were received from the participants during the interview process indicated that they were very spiritual and religion played a major role in their choice of a partner in their relationships. All six girls were in heterosexual relationships.

Two of the girls were in serious relationships for the first time and the other girls did have boyfriends before. According to Cohen et al, (2000) purposeful sampling allows the researcher to make specific choices about the participants that are chosen for the study. The participants were not shy and were very eager to be a part of the study especially after they understood the reasons for the research being conducted. The consent forms were filled in and returned timeously.

They were also aware of the fact that for them to add value to the study they had to speak openly and not hold back. I reassured them that there would be anonymity and pseudonyms would be

used in order to protect their real identities. They found this exciting and even came up with fictitious names for themselves. The participants were students at a secondary school in Phoenix that is in close proximity to the outer lying areas of Bhambhayi and Amoati. The socio-economic conditions of these areas are relatively low with only some families falling into middle class economic status.

3.5.3. The data collecting process

The interviews were conducted on the school premises in the multi-purpose room. The data for the study was captured during the individual and group interview sessions. The individual interview process ranged from twenty minutes to sixty minutes as the responses from the participants dictated the time. The participants in the study were the main source of information in the data collecting process for the study. At the first interview, the researcher explained the purpose of the study and what would be expected from the participants during the research. The issue of consent forms, confidentiality and anonymity were explained to the participants. The data was collected using audio recorded individual and group interviews. Whilst the interviews were in progress the researcher also took notes and recorded the body language and gestures of the participants as the questions were put to them. The techniques used in the interview process namely the individual interviews, group interviews and participant observation allowed the researcher to view all issues from different perspectives and gain a more comprehensive understanding of the research topic.

Observation of the participants during the interview process and taking note of the non- verbal gestures whenever a question that was asked, struck a chord. A qualitative research approach was adopted in analysing the data captured. I had to analyse and interpret exactly what the participants were voicing so as to gain an accurate understanding of their accounts of their personal and intimate life- experiences.

3.5.4. The interview process

The interviews were conducted on the school premises during the learners Life Orientation lessons and the third and final interview was done after school as a group interview where I had the opportunity to thank the participants for their invaluable support and assistance in ensuring that substantial data was collected for the research study. The interviews themselves were very informal which made the participants feel very comfortable and relaxed.

The interviews were approximately one hour at each session. Whilst the interview was in progress I ensured that I watched the facial expressions of the participants and saw exactly how they reacted to certain questions, for example when I asked them if they were sexually active. Three girls expressed facial expressions of shock and embarrassment whilst the other three just looked at me and responded.

Semi-structured, open-ended questions were used during the interview process and this method allowed the participant and the researcher the opportunity to build on initial areas of concern. I knew the depth of the phenomenon under study and was able to develop questions in advance for the interview process. Open-ended questions were prepared to allow the researcher to gain sufficient data for the research focus. Denzin and Lincoln (2005, p.695) state that “increasingly qualitative researchers are realizing that interviews are not neutral tools of data collection but rather active interactions between two or more people leading to negotiated contextually based results”. The semi-structured interview allowed the researcher the advantage of being able to pre-plan some questions but also be able to work around how the participants responded. The participants were allowed at certain times during the interview process to lead the questioning and the ensuing discussion that followed as I did not want to unduly influence the outcome of the interview.

The same questions were posed to the young women and differed slightly when necessary due to warranted probing. According to Kvale (1996) interviews allow people to convey to others how they feel about certain situation from their own perspective and in their own words. He further asserts that research interviews are based on the conversations of everyday life and that it is controlled and defined by the researchers and the participants. The participants were allowed time to think about their responses and were not pressured into giving a quick response. The participants were not forced or coerced at any time to respond and if they felt uncomfortable about any question, I just moved onto the next question. I looked at the possibility that the interpretation of the data obtained may be subjective and bias could exist and ensured this was limited by gaining more insight into the lives of the participants during the interview process.

The research setting for the interviews was natural with participants being in their own daily environment and not being in the least bit uncomfortable. The manner in which a person responds in a given situation depends on the experiences they have had and what they are

currently experiencing. The single individual interviews allowed for more complex issues to be explored and ensured more in-depth data was collected. The one focus group session and the individual interviews played an important role in making the participants aware of the reasons for my study and the vital role that they played in ensuring the success of my research. The focus group session was a very interactive process which allowed the participants the opportunity to air their opinions and views and also take into consideration the perceptions and beliefs that were expressed by the other participants.

I was able to accomplish my aim of gaining more rich data from the individual interviews as at these sessions the participants spoke freely about their own experiences, whilst in the focus group they were a bit guarded about what they had to say. Punch (2005) states that in-depth interviews are one of the most powerful ways of understanding other people. I also used observation and the facial expressions of my participants to gain a better understanding of exactly what they wished to convey.

3.5.5. Analysis of the Data

The interviews were audio taped and thereafter transcribed. Once the interviews had been completed the researcher had a more detailed and comprehensive account of the responses of each individuals. The researcher ensured that the interviews were accurately transcribed in order to make sure that there was no misrepresentation of the content of the interview. Transcribing the interview responses was a very time consuming process but eventually assisted me in becoming familiar and relating more to the participants and their experiences and being able to find the differences and similarities from the responses of each young woman. A copy of the transcribed copies was sent to the participants to check, verify, add or delete where necessary.

The transcribed copies were checked and signed by the participants to verify all that was stated by them in the interview process. Once the above had been cleared the researcher then worked on identifying and clustering the relevant themes together. In gathering a final analysis of the data the information that was received was clustered according to the relevant concepts and themes. Recurring themes were recorded under the relevant themes.

I looked for nuances in meanings of the responses received and integrated the themes. The data that was captured was rich and very informative, thus satisfying the requirements of the study.

After the interviews were transcribed and recorded, the following themes emerged

1. Love and Trust.
2. Forming and maintaining romantic relationships.
3. Sex, virginity and marriage.
4. Cultural constraints.
5. Sexual risk and unintended pregnancy.
6. Safe sex practices -Abstinence and the use of condoms.

3.5.6. Validity and Reliability

Qualitative inductive interviews were conducted to obtain the necessary data. In order to guarantee validity and reliability of the research study the following was taken into account. The participants and all persons involved in the study signed consent forms. The different techniques of individual interviews, group interviews and participant observation served to iron out any misunderstanding and inconsistencies. According to McMillan and Schumacher (2010, p330) “Validity addresses whether the researcher actually observes what they think they see or actually hear the meaning that they think they hear”. The researcher sought permission from the participants as well as the parents of the participant to have the interviews audio taped and these recordings were transcribed verbatim. The transcripts were transcribed and analysed.

McMillan and Schumacher (2010, p33) state that “validity in qualitative research refers to the degree of congruence between the explanation of the phenomena and the realities of the world” and “in other words, validity of qualitative designs is the degree to which the interpretations have mutual meanings between the participant and the researcher”. A copy of the translated transcripts was sent to the participants to verify and correct any misinterpretations and in this way enhanced the reliability and validity of the data that was captured. The researcher interrogated the data by reading it a number of times to ensure familiarity with the information and the ease of ensuring that it was put into the appropriate themes and categories.

The instrument chosen to obtain data for the study allowed me to draw correct and meaningful data thus ensuring the reliability and validity of the data.

3.5.7. Validity and trustworthiness

I explained to the participants the importance of reflecting and giving a truthful response to the questions that were put to them. They were also advised that if they experienced any kind of discomfort with responding to the questions, they could choose not to answer the question. The researcher did not at any time want the participant to be under any kind of pressure or duress to answer as this would inevitably affect the outcome of the interview. The use of their own words from the participants during the interview also assisted in ensuring the truthfulness of the transcribed data.

3.5.8. Limitations of the study

A few of the learners that were chosen for the study had been pupils at the primary school that I am currently teaching in and felt a bit intimidated by the fact that I was their teacher at some time in their schooling career. During the interview process with the participants, I did have some pre-conceived ideas as to how these young females would respond to the questions, but ensured that there was objectivity and no interference with the validity of the data collected. Arranging times for the interviews also proved that it had to be convenient for the participants as well as for myself. During the interview process, it did prove to be a bit difficult to listen and also to take notes, but working with the audio recorded data later made transcribing a lot easier.

The sample group chosen was small as I employed the technique of purposive sampling to choose the participants for the study. The participants were not chosen randomly, but chosen according to certain criteria. The young women in the study were of Indian origin and between the ages of 16-17 years. The study was contained in only one secondary school as a representation of other secondary schools. The sample of six participants does not represent all the 16-17 year old young Indian women in Phoenix, but it does assist in understanding exactly how young Indian women view their own sexuality and how it is, that they are able to deal with it.

3.5.9. Ethical considerations

Permission to conduct the research study was sought from the principal of the school who assisted in choosing the participants. The participants were later introduced to me. I ensured that written permission was sought from all persons involved in the research. Before the interviews were conducted permission was sought from all participants involved in the research.

Consent forms were sent to them stating the reason for my research and request for their consent to participate. Cohen et al, (2011) states that the use of interviews as a collection tools involves obtaining ethical clearance.

I ensured that the participants in the study were given notice of the dates, time and location of the interview process. Ethical considerations are important in that it gives clear guidelines to the participants as to their rights in being part of the study. I ensured that participants did not experience embarrassment or anxiety due to the sensitive nature of the questions that were put to them. Permission was sought from the parents of the participants to allow them to participate in the study. Permission to conduct the research was also sought from the principal of the selected school. Ethical clearance was obtained from the University of KwaZulu Natal prior to seeking consent from the parties that were involved in the research. Pseudonyms were used to guarantee the anonymity of the participants as well as the school involved in the study.

Participants were advised that they were free to withdraw from the study at any time if they wished to do so. Denzin and Lincoln (2005, p715) states that “because the object of inquiry in interviewing are humans, extreme care must be taken to avoid any harm to them”. Participants were not harmed or put under any form of duress during the process of the study. “Any participation in a study should be strictly voluntary” (Leedy & Ormrod, 2005, p. 101). Every researcher should consider carefully before starting a project how to avoid harm to subjects (Morse, Richards, 2002). After the interview process the participants were each sent a copy of their interview transcript in order to verify and rectify any misunderstanding. They were also advised that they could add on, if there was something that was missing, or delete what they felt was incorrect.

3.5.10. Research Programme

In conducting a study that involved the qualitative approach it was not possible to adhere strictly to set time frames as certain aspects of the study took more time than was anticipated and one had to make allowance for unexpected delays and limitations. The gathering of information and the literature study took approximately 7 months. The interviews as well as transcriptions and analysis took approximately 4 months. Interpreting all the data and doing a final analysis with all the literature gathered also took about 4 months. Writing out the report as well as layout and presentation of the study took approximately 3 months.

3.6. Conclusion

The purpose and focus of the methodology chapter is to state exactly what approach was used in the research study, the methods that were employed, and the process of data collection as well as the analysis of the data. This chapter also focuses on the validity, reliability and trustworthiness of the study. I also discuss the limitation that were experienced in conducting the research study taking into consideration that the research study dealt with people, their lifestyles and everyday experiences.

CHAPTER 4

FINDINGS AND ANALYSIS

4.1. Introduction

In this chapter I present and analyse the findings that arose from my research study relating to risky sexual behaviour amongst young Indian women. As stated in the earlier chapters, I focused on six girls of Indian origin who are between the ages of 16 and 17 years. This study seeks to explore how young Indian women understand sexual risks and why they engage in risky sexual behaviour within the context of HIV and AIDS.

The results and analysis are based on the data that was collated during the focus group session as well as the individual interviews that were conducted with my selected participants. In interpreting and analysing the data I was able to gain good insight into both my critical questions which are how young Indian women understand sexual risks and why they engage in risky sexual behaviour within the context of HIV and AIDS. Punch (2005) states that in-depth interviews are one of the most powerful ways of understanding other people. I carefully monitored the non-verbal and facial expressions of my participants to gain a better understanding of exactly what they wished to convey in instances where they expressed feelings of discontentment, fear, anger, resentment as well when they happily displayed pride in themselves for their strong views and opinions towards good moral values and responsible sexual behaviour.

The participant's facial expressions and physical hand gestures indicated to me how they felt about certain issues that were raised and gave me insight into exactly how to interpret their responses. The participants refer to each other as girls but I understand them to be young women who are individuals in the process of developing their sexual identities within the context of HIV and AIDS. After conducting the interviews and analysing the responses from my participants the following themes emerged and will be discussed in detail.

- Love, trust and intimacy.
- Forming and maintaining romantic relationships.
- Sex, virginity and marriage

- Cultural constraints.
- Sexual risk and unintended pregnancy.
- Safe sex practice - Abstinence and the use of condoms

The overall findings in the study revealed that these young women displayed responsible sexual behaviour as their narrations depicting situations to the contrary were mainly about other young women who were placing themselves in risky sexual situations. The participants in the study expressed very strong views with regards to abstinence and maintained that they would remain virginal brides.

4.2. Love, trust and intimacy

In my research I have examined the effects of love, trust and intimacy and the manner in which romantic liaisons directly or indirectly influence the decisions that young women make with regard to their sexual health. According to Wood and Jewkes (1997) adolescents need education on the many meanings of love and sexual relationships and stated that many adolescent girls want to be able to have relationships that do not involve sexual intercourse. Young women are impressionable and focus on the emotional aspect of a relationship and ‘fall in love’ with the idea of ‘being in love’. The findings reveal that women are emotional and trusting beings and will always give the benefit of the doubt in relationships.

“You know, first love and all, the girl is consumed by these intense feelings and emotions and cannot think straight” (Mallory)

“I don’t think guys feel the same as girls, I mean they just move from one girl to another and don’t attach any importance to how many girlfriends they have” (Nikita).

“I think I can trust my boyfriend but how sure can be when they are not with us; we don’t know what they are up to” (Mel)

The participants revealed that although they believed in true love and wanted to trust their boyfriends they were realistic and knew that there was always the possibility that their boyfriends would not be true to the relationship. The participants also thought that boys were weak and could easily give in to temptation with someone else who they felt was more attractive and accommodating to them.

According to Hiedrich, Keller and Royer (2009) sexual activity usually occurs in the context of romantic relationships. Some of the participants spoke about being in relationships where they totally trusted their boyfriends, but contradicted themselves when they expressed the view that they were not sure what transpired with their boyfriends when they were not with them.

According to Wood and Jewkes (1997) it was normal for men to sustain double standards by taking multiple sex partners for themselves whilst on the other hand not allowing their regular girlfriends to speak to other men. The responses from the participants indicate the extent that some young women will go to, towards maintaining a relationship with a boy no matter how untrustworthy it may seem. According to Holland et al, (1990) sex for young women is often seen as a way of demonstrating their love and trust for someone.

Consider the response by one participant to the following statement.

So you see this boy with another girl and you know he is in a relationship with your friend.

Stacy: “Yeah you know I feel for my friend because she told me that she slept with him and she trusted him but when I decided to make her clever she accused me of being jealous, Can you believe it, actually got upset with me and said that I want to ruin her relationship with her boyfriend, Me and my big mouth. You know sometimes it’s best to turn a blind eye to what you see and not get involved”.

The above excerpt shows that young women are so trusting that they are blinded to what is right in front of them and take offence if there is interference from somebody else to the contrary. Being young and thinking that you are in love is a factor that influences and makes impressionable young girls want to believe anything they hear from their boyfriends.

The feeling expressed by another participant revealed the persuasive manner in which boys coerced young women into intimate sexual relations by taking advantage of young women’s powerful focus on love.

“You know, they use the age old crap of, if you really love me, you will prove your love for me by having sex with me and, can you believe, also have the cheek to say that if you are not sleeping with me, then you must be sleeping with someone else”(Mel).

In other words, girls are expected to have sex with their boyfriends just to prove their love to them and give them a guarantee that they are not sleeping with anyone else. They needed to prove their fidelity to them. As stated by Zelaya et al, (1997) girls are often pressured by boys into having sex as proof of their love and obedience for them. The impression that is created by people in relationships is that if you commit yourself to a relationship, becoming sexually active is the inevitable outcome.

The term love is used loosely by boys to attain the desired effect of making young women believe anything they said and as a means of satisfying their sexual desires. Boys discuss and employ tried and tested strategies to gain sexual favours, as revealed by the participants.

“You are the only girlfriend I want and I will never leave you. You know I will marry you one day “(Stacy)

The girls are promised the world, sweet talked and coerced into becoming sexually active. Young women are influenced into becoming intimate with the fear that if they refuse, their love for their boyfriends will be questioned.

Love and placing trust in a relationship eventually becomes a legitimate reason for sexual encounters. According to Reddy and Dunne (2007) some women see unprotected sex as safe sex and safe sex as unprotected sex in the sense that if the young women asks for the use of protection, their boyfriends question their love and trust and this could jeopardize the love and trust relationship that they think they have with their partners. Demanding the use of protection with condoms undermines the love and trust aspect in a relationship and compromises the all-important goal of having a relationship that is based on the concept of the perfect love as stated by Reddy and Dunne (2007). Young girls are not in a position to differentiate between real love, puppy love and become infatuated with the idea of acting grown up and having a boyfriend. These young impressionable women are easily swayed by sweet talks and promises of faithfulness and of a future together.

Young Indian women are sometimes influenced into engaging in risky sexual behaviour as they feel that they are obligated to prove their love and faithfulness to their boyfriends. According to Wood and Jewkes (1997) men in their study were reported to have explained that sex was the ‘purpose of love’ and that people ‘in love’ must have sex as often as possible and if girls

accepted male requests to establish a liaison the agreement to love was equated to being sexually available.

4.3. Forming and maintaining romantic relationships

The participants in the study reflected on the manner in which some young women became obsessed with having a boyfriend and the things that they would do to hold onto a relationship.

“Girls think that if they want to maintain the relationship and keep her boyfriend she will have to give him what he wants so that he will not want to go and get it elsewhere, it’s sad really that some girls have such low self-esteem and opinion of themselves.” (Stacy)

Reflecting on the statement above it seems that sex is sometimes used as a bargaining tool to hold onto someone, even at the expense of their own health.

One participant, Caren was very sceptical and stated:

“Don’t have boyfriends too quickly, be choosy, guys are dogs. They just use you and move on to the next girl like you were some kind of conquest or something.” When questioned about her description of males as “dogs” she said: “They behave like animals, they don’t care if they use you, break your heart, they just go and brag about what they did with you and most of it is downright blatant lies”.

But added that this is not the case with all boys when she said:

“No, no don’t get me wrong there are some nice guys out there and I really mean really good guys, just some and some lucky girls will get them. I just don’t know where they are cos I don’t know any.”

It is perceived that pressure from friends also plays a strong and determining role in influencing young women into relationships and eventually also into intimate relations and experimentation with sex. Young people are sometime influenced through peer pressure to become intimate, more especially when they see and hear of other young people’s sex lives.

According to two participants, some girls say that

“If girls don’t have sex with their boyfriends they threaten to leave them and go elsewhere and that there are plenty of other girls out there who will be more accommodating and we will lose our boyfriends to them because these girls will give them what they want and desire.”

Girls sometimes are under the impression that if they don’t have a boyfriend then there is something wrong with them and that they do not fit in with their peers. Reddy and Dunne (2007) states further that the sexual practices of young women highlight the femininity constructions that place women in vulnerable positions in heterosexual relationships and it is important to create an understanding and awareness of these processes in relation to the risk of HIV and AIDS.

The participants also reflected on friends they knew of who were coerced into engaging in sexual activity in the hope that they would be able to ensure the maintenance of that relationship, but sadly they were just used because once the boy got what he wanted the interest was gone and the girl is considered a loose person and suddenly lots of boys start calling her up. Participants also spoke of girls who stated that they wanted to have lots of boyfriends at school and have fun because once they find the right person they would stick to that person. Young women are sometimes under the impression that if they do not have a boyfriend, then there is something wrong with them and they feel that they do not in with their peers.

The double standards that exist is reflected in the manner in which this type of behaviour was viewed. Girls who have had a few boyfriends are considered party girls and loose, whilst in the same breath boys who have had lots of girl friends are revered and called studs.

The girl’s responses indicate that they are aware of the double standards that exist for males and females and seemed to have acknowledged and accepted the situation of boys and men having more than one girlfriend or sexual partner at some time or the other.

Miranda: “One of my black friends said that she only slept with her boyfriend because he was always giving her money and buying nice things for her, things that she could not get for herself and he said that he loved her and will marry her one day.”

In the above excerpt one of the participants related what a black friend who was close to her was experiencing and it was obvious that the young women engaged in sexual activity with her boyfriend because she believed in him and also gained financially. Hallman (2005) states that there is growing evidence that young people, especially women, engage in exchanges of sex for money, goods or favours.

As stated by Reddy and Dunne (2007) different sexual standards prevailed for male and female and that, one way or another, differences encouraged high risk sexual behaviour. Reddy and Dunne (2007) state that the sexual practices of young women highlight the femininity constructions that place women in vulnerable positions in heterosexual relationships, and it is important to create an understanding and awareness of these processes in relation to the risk of HIV and AIDS.

4.4. Sex, virginity and marriage

The concept of remaining a virgin and only being sexually intimate with your husband was the thought that was echoed by all the participants. The women in the study were adamant that they would remain virgins until they marry and only spoke about other girls they knew who they thought were providing valuable life lessons for them to learn from. The following are examples of views expressed by the participants. The young women in the study talked about virginity as a prized possession.

Tamara: “Never have sex before marriage, you will regret it and once you lose your virginity you can’t get it back”

Mel: “Sex before marriage is a definite no, no, imagine if you fell pregnant, the shame and the embarrassment of it all. My God, your family they will never let you forget it, and I mean for the rest of your life you will be reminded that you have brought embarrassment to the family and ruined your life”

The young women in the study associated remaining a virgin with maintaining their self- respect as well as a respectful image for the family

Nikita: “Young girls like us have the right not to be forced into doing something that we are not prepared to do, if the boy forces you then he is not a decent person and I think that he will treat

you badly later if you remain with him. He will also think that you were easy. No way, I will want to get married first”

Miranda: “This boyfriend I had was always trying to convince me to try it and kept saying that everyone else was doing, even my own friends and they were doing it secretly.”

This is what the young women had to say about boys, virginity and marriage.

Tamara: “I think that boys should have many girlfriends before marriage, not after. I won’t want to experience my husband cheating on me with other women after we marry, so I would rather he does it before but knowing that your husband slept with other girls is just as scary.”

Nikita: “You know it would be the ideal situation if you could get someone who is intimate only with you and is faithful, but really (laughs) who are we kidding, realistically it is hard to find a boy who will remain a virgin until they marry and the irony is that all boys want their wives to be virgins when they marry.”

The participants in the study viewed marriage as a union that called for faithfulness, trust and respect and a haven of safety from all negative influences that could demean the sanctity of marriage. The participants also expressed the view that men had differing views with regards to relationships and marriage.

Mallory: “I feel that if you really love someone you will not want to even look at someone else no matter if you are a virgin or not and you will marry that person and remain faithful even if temptation presents itself. Love is not about having sexual experience, it’s feelings that are so intimate it’s almost like it’s a spiritual thing.”

Caren: “It’s unfair, really.”

When questioned as to what was unfair, the response was

“ Boys will have lots of girlfriends and they will be revered, like it’s an achievement or something, but for a girl, it’s disgraceful, you are called terrible names, even by other girls and you are seen as a loose girl who’s slept with every boy in town, and that becomes a fact, even if it’s not true. I sometimes I feel it’s better to be a boy, you have more freedom and nobody points fingers at you.” (Caren).

The young women were really disturbed with the double standards that prevailed in most heterosexual relationships where it was apparent that boys were able to do as they pleased and basically ruled in a relationship. The South African teenagers in a study by Wood and Jewkes (1997) stated that they were generally aware of the power inequalities and double standards operating within constructions of love and sex, and as one girl explained ‘as a women you have no rights, you must keep quiet and do as the man wants’.

Caren “Girls sometime feel that everyone one else is doing it, why should I be any different, it makes them feel grown up and like they are capable of making grown up decisions for themselves.”

Mallory: “One of my cousins, she always says that when she got married she thought she had found Mr. Perfect, but it was only later that she realized that he was just perfect in covering his tracks and it was too late for her, as she has kids and everything she does is for them, even if it means staying with someone who is unfaithful.”

Stacy: “It’s difficult sometimes when you don’t know what to do, and you placed in a situation where you have to decide whether or not to do it.” (meaning to have sex).

Young people have sexual agency and are sometimes not in a position to negotiate sexual practices or safe sex and inevitably place themselves in risky sexual health positions. In the Indian culture a young women’s sexuality is regulated despite them having sexual agency (Bhana, Pattman; 2008).

4.5. Cultural constraints

In discussions with my participants strong views were expressed about the manner in which their parents would react if they became aware of them having boyfriends or were even contemplating having a boyfriend. The opinions of other people, especially family and neighbours it seemed, were of utmost importance and a contributing factor to the manner in which these young women conducted themselves.

As a person of Indian origin I have taken note that every parent or elder in a family and in the community took it upon themselves to play guardian towards the younger people in the family, even towards the children of their neighbours. It is for this reason that young women were very

guarded with being caught out as everyone knew each other and seemed to show concern for their well-being and the manner in which they conducted themselves. It was therefore of utmost importance to uphold an image of sexual innocence and respectability.

When it came to the discussion on Indian parents and Indian culture, the young women's interest was piqued and they had the following to say:

Mallory: "My parents know nothing and believe me; I want to keep it that way. What they don't know won't hurt them."

Tamara: "Oh God, my father will murder me if he knew I even fancied a boy, let alone having a boyfriend."

The response from certain participants expressed an exaggeration to show the extent to which their fathers would react and respond if they ever realized that their daughters were involved in relationships or were sexually active. The responses also highlighted the ways in which these young women's sexualities are regulated and suppressed, suggesting that they are some type of asexual beings who should not be romantically inclined.

Nikita: "If my mother had her way she will probably fix me up with someone she chooses for me and that too when she feels the time is right. Mothers are always on the prowl for so called 'eligible prospects' for their daughters."

Natalie: "I will only tell my parents when I am ready and one hundred percent sure about my boyfriend, anyway I know they would not approve of me having a boyfriend whilst I am still in school cos they are always preaching about education and how that must be my priority and that nothing should interfere with that and they go on and on."

When questioned as to whether they felt that parents were unnecessarily overbearing and strict the responses from the young women were ambiguous. Four of the participants felt that their parents were really difficult with them when it came to them having relationships, whilst two of them responded that they understood where their parent were coming from and felt that they were only doing their duty as parents by being protective over their children.

Natalie: “ No, not really I know they mean well and are just looking out for me and don’t want me falling pregnant and things like that but they don’t realize that I am young and they can’t live my life for me, (hesitates) I mean really, I am not stupid, give me some credit or more importantly trust me to make the right decisions.”

Caren: “ I will never, ever tell my parents. They are always warning me about this and that and what happened to girls in the family or their friends daughters and that I must focus on my studies and not get involved in things like that, things that will ruin my life forever. You know sometimes I don’t understand parents, I hope I am not like that when I am a parent one day. They always expect the worst from you, why? ... Sometimes it’s like the military, really, and that’s why girls start to rebel and start doing the wrong things to spite their parents, they always go about these things the wrong way, they need to ‘chill’.”

“I know parents behave like they are policeman and they need to watch us 24/7 but for crying out loud, allow us to live our lives, don’t stifle us, we also need to enjoy our lives and I mean they can’t protect us forever.” (Stacy).

As stated in earlier chapters when young people are trying to establish themselves as adults they need guidance especially if the masculine or feminine behaviour is determined by stereotypes (Paechter, 2007). Parents tend to want to protect their daughters as they are well aware from their own experiences and society in general of how young women succumb to vulnerability in relationships.

Some of the participants expressed views to the contrary where their parents were more receptive to them having boy (friends).

Miranda: “You know actually my parents are pretty cool about me having a boyfriend. My mum convinced my dad, and said that I am in grade 11 and it is normal and natural to have as she put it a boy ‘friend’ . My mum said that she would rather he visits me at home than people seeing me talking on street corners. She is always talking to me about being careful and that I have my whole future ahead of me and I must always speak to her and be honest with her, I respect her faith in me. I hope I never let her down.”

Judging from the responses given by the girls it became apparent that all the participants were fearful of their parents' reaction to them having a boyfriend as their behaviour had a direct reflection on their upbringing and image of respectability and would inevitably affect the good name of the family.

All the girls with the exception of Miranda would not risk their parents' disapproval and chose to be secretive and not divulge any information regarding any kind of relationship with a boy, be it platonic or other.

From my own experiences as an Indian female, I gather that Indian parents do not discuss sex openly. The topic of sex and discussions around it is considered taboo in the Indian household. It is a topic that is considered embarrassing and will only be spoken of in hushed tones. Indian parents are under the mistaken impression that talking about sex and safe sex practices indirectly sanctions their children into engaging in sexual activity and disregarding the moral, cultural and traditional values that are prevalent in the Indian culture. According to George and Jaswal (1995) in countries such as India, children and parents do not talk openly to each other about sex and sexual matters in the belief that if children were given more information on sex, it will lead them into wanting to experiment and find out more for themselves.

The subject of sex is considered taboo in an Indian household and parents are not comfortable talking to their children about sex and sexual matters. Parents' expectations of their children, especially their daughters, are high as they expect them to remain innocent and pure and not engage in any kind of sexual activity outside the sacred domain of marriage. The impression is that if young people are not privy to information relating to sex and sexual matters they will be protected from it. According to Nair (2010) Indian people choose to deny any kind of sexual activity as it is considered shameful and should be kept under wraps.

The comments expressed by my participants reflected their feelings as to how difficult it was for them to have any kind of relationship with a boy and this is reiterated by Reddy (2005), who states that Indian girls felt pressured by their parents to position themselves as innocent and sexually uninformed despite being knowledgeable about such matters. She goes on further to state that if young girls discussed intimate sexual matters they would be thought of as 'loose'.

Parents seem to be under the impression that if they guard their daughter's personal lives, there will be no cause for concern and their daughters will be safe from anything that could disrupt their schooling careers and their future.

The young women in the study understood the implications of indulging in sexual activity as there was always the possibility that their boyfriends could have other sexual partners and their partners could have also been with someone else at some time or another. Although the participants in the study did at times feel that their parents were over protective they basically understood that their personal health and safety was also something that they themselves should be concerned about. Taking the responses received from the participants, I took note of the fact that Indian parents' saw any form of deviation from the acceptable standards and norms for a young Indian girl as a reflection on their own upbringing and lack of parental skills.

It was also apparent that the participants were more afraid of their father's response to them having boyfriends and were able to have some kind of communication with their mothers in this regard. This demonstrates the patriarchal nature of Indian culture with the male figure having more power and authority in the household. Patriarchal systems stifle women's development and disempower them (Singh, 2012, p2). According to Morrell (1998) gender power relations which define male and female identities and practices are highlighted as key drivers of the epidemic and significant to women's vulnerability.

Three of the participants' also spoke about Indian culture becoming more westernized and that some Indian children totally disregarded their traditional moral values by engaging in behaviour that was totally unacceptable.

“You know, some girls are terrible (meaning bad attitudes and behaviour) and I seriously don't blame their parents, they do some really horrible things. They want to be popular and make the boys like them so they dress provocatively, even their school dresses are so short and they know that if they bend, their underwear will be seen.” (Nikita)

Stacy: “Yeah some Indian girls are disgraceful, it's a shame what they are doing to our culture. You find them kissing boys in the corridors, one day this boy, then another day, another boy. They go from one boy to another, it's disgusting.”

In the Indian culture publicly exposing intimate relationships is considered disgraceful and shameful and totally prohibited.

Tamara: “ I think in all cultures you will find certain girls behaving like that but it was not something you found with Indian girls, but now it’s rife and some Indian girls act like they were in a cage and now they are suddenly let out of that cage and they go wild. I feel sorry for their parents’, our cultural values are gradually disappearing.”

The participants seemed to think that the cultural values that were once held in high esteem by youngsters in the Indian community are now gradually fading away and this type of mentality and behaviour is making young girls vulnerable and putting our younger generation at risk of the HIV and AIDS virus.

Duggan (2005) is of the view that there is a loss of traditional cultural values and this has contributed towards the spread of HIV and AIDS in South Africa.

One of my participants (Mallory) recalled having as she called it “a lucky escape.”

“I would definitely change what put me into a situation that could have had really disastrous consequences.” (Mallory)

It was definitely an incident that had an impact on Mallory as she was very emotional when she recalled the incident.

Mallory: “I was in grade nine and I really liked this boy and I was so thrilled when he sent me a letter and told me that he also liked me and at that time I did not realize that he only did that because he heard that I was really into him.” (Hesitates)

I urged her to continue.

“I’ve never told anyone about this before, (hesitates again, then continues). It was during exam time and I told my mum I was going to stay at home and study for a paper that was very difficult. She was ok with that but little did she know what I was planning. Shaun (that’s his name) was for a while trying to convince me to have sex with him and said that everybody was doing it and that they just didn’t tell anyone cos they took precaution and nobody would find out about it. I

liked him so much that I would have believed anything that he said.” (Starts to stammer)
(Mallory)

With a little more persuasion Mallory continued.

“He really was very well prepared cos he had condoms with him and also a bottle of alcohol, and as he put it, to really enjoy our time together. He had some of the alcohol and forced me to have some too. We had just gone into my bedroom when I could hear my mother calling for me to open the door. I got a shock of my life and jumped up from the bed. When my mum came in she said she felt sick at work and came home early. Then she wanted to know why I took so long to answer, with my heart pounding I told her I had a headache and was sleeping. Thank God she fell for it and believed me and thank God for mothers.” (Mallory).

The narration above revealed that young women are sometimes swayed and carried away by their emotions and are unable to make safe and sensible decisions for themselves. Being under the influence of intoxicating substances dulls a person’s thinking and reasoning skills and places them in positions that render them vulnerable and unable to make clear and sensible decisions. Women are generally taken advantage of if and when they consume alcohol or are under the influence of drugs. Many young people become influenced by their peers into trying out alcohol and drugs not realizing the serious implications and consequences of being under the influence as well as becoming addicted.

Alcohol and drug abuse is one of the challenges facing the youth of today. Many young women are taken advantage of sexually whilst under the influence of alcohol or drugs and in an inebriated state and not in a sober frame of mind to think clearly.

The shame and stigma attached to getting pregnant out of marriage is a major problem in the Indian community and as stated by one participant (Nikita) , young people have become westernized, have no real understanding and no ability to practice and negotiate safe sex practice.

“Parent’s worry more about their daughters because if they fell pregnant and they are still in school, imagine what other people will think of them, that they are not strict parents and that they allowed their daughter to be too free and that’s why she became pregnant.” (Mel).

In the Indian community discussions about sex and sexual matters was and still is not an issue that sits comfortably with parents and their children. Culturally and traditionally, sex before marriage was a definite 'no, no' and transgression of this culturally inculcated tradition has a stigma of shame and disgrace attached to it. Indian parents delude themselves into thinking and wanting to believe that their children will remain sexually innocent and not agentive and sometimes tend to blame themselves if something to the contrary occurs with their children.

4.6. Sexual risk and unintended pregnancy

During the interview process it became apparent that the young women's greatest fear and concern was pregnancy. The shame and embarrassment that would come with such an occurrence was not something they ever wanted to experience. The fear of pregnancy and not HIV and AIDS was the most frightening for them. They somehow felt that HIV and AIDS virus was not something that they should be really concerned about as the possibility of them contracting the virus seemed too farfetched.

Consider the following comments made by the participants about teenage pregnancy and the expected reaction of their parents were:

Tamara: "My father will practically murder me and personally I don't think I will ever be able to live that down, imagine the shame, it's a stigma that you will have to endure for the rest of your life."

Natalie: "I would just die from the embarrassment, imagine what the teachers would be saying about you, even your own friends would be laughing at you behind your back. I would never ever, ever want to be in that situation."

Mallory : "You know when something like that happens to you, you are completely alone in it, your boyfriend will act as if he is innocent and had nothing to do with it cos you were easy and would say things like 'how do I know if I am really the father'. Your friends will shun you, I've seen it happen to girls in my school. Even some teachers would think that you are a bad example to other girls and warn them to keep away from you. Like I said, with something like that, believe me you are really, really alone."

When questioned as to what was the more serious consequence of risky sexual behaviour, HIV and AIDS or pregnancy the participants had the following to say:

Caren: “I know that becoming infected with the virus is a serious matter but I think that the likelihood of contracting the virus is less compared to falling pregnant. I know some girls fell pregnant and they say they were only with the guy once, that it happened only once.”

There is also the misconception that HIV and AIDS cannot be contracted with the first sexual encounter. Men also seek to engage in sexual encounters in the belief that sex with a virgin will cure the HIV and AIDS virus (Rose-Innes, 2007).

Stacy: “I guess, but somehow I think people are more afraid of falling pregnant because it will eventually become a physically visible thing and you cannot hide it from everyone for long.”

Nikita: “It’s like babies having babies, it’s not fair to bring a child into the world when you are still a child and you are not ready to accept the responsibilities of being a mother and a parent. I know it’s not something one plans, it’s always a mistake but it’s always happening around us why can’t we just learn from other peoples mistakes (gestures showing frustration). I mean nobody wants to feel like an outcast so why put you in that position.”

The major concern for young people it seemed was the idea of not falling pregnant and not the possibility of contracting AIDS. Falling pregnant is regarded as a huge obstacle to a young women’s educational future and means of financial support.

The participants expressed very strong views with regards to abortion.

Nikita: “That’s the worst thing you can do, then you are a murderer. It’s as simple as that. That’s against, I am sure every religion, it is a cardinal sin to destroy an innocent life, I mean how do you live with yourself after you do something like that. That child did not ask to be created and girls who do that just to save face will have to answer up there (points up). What is worse, people talking? They will eventually get tired of talking and it will become old news but if you destroy a life and try to hide it, it will catch up with you some time or another, you may sometimes never be able to fall pregnant again or have a child of your own ever.”

In discussions with my participants it also became apparent that although they were concerned with HIV and AIDS as an issue, the primary and major concern for these young people seemed to be the idea of the shame and stigma attached to falling pregnant out of marriage. Mkwanazi (2010) states that the fertility rate in South Africa is much lower in comparison to other countries in the sub-Saharan regions of Africa but it is still a major concern with teenagers becoming parents.

The participants had the following views on pregnant teenagers and young mothers remaining or returning to complete their studies

Mallory : “ I think they should be given the chance to finish their studies, I mean what are we going to get by punishing them, I am sure they realized their mistake and how are they going to become financially secure to care for a baby if they are unable to find a job. The child will suffer, so who are we punishing?”

Tamara: “I know this girl, she’s very poor and she fell pregnant, left school, has no job and is battling to buy milk for the baby. My parents buy things and give to her for the baby. It is really tough for her, I know she was stupid and she says that if she could turn back the clock she would do things very differently. She’s robbed herself of her teenage life.”

Bhana et al, (2010) state that by allowing young women the opportunity to remain at school and continue with their studies is significant in that it serves to also delay a second pregnancy.

Bhana et al, (2010) argues that many teachers regard teenage pregnancy as a social issue and consider it a disruption to the schooling career of the learner and that these learners should not be at school as it encourages other girls to do the same.

Consider the following:

Miranda: “The teachers give you funny looks, I’ve seen the way they look at and talk about those girls who fell pregnant. They say if that’s what’s on their minds then they are wasting their time in school.”

Natalie: “I’ve heard one teacher say that these girls are spoiling the other girls because they want company in doing the wrong thing and act like it’s a fashionable thing to be a young mother.”

Nikita: “ I feel sorry for these girls actually because everybody will treat you differently, they will have no respect for you and say bad things about you like ‘serves her right, tell her to go and sleep around some more.’”

Natalie: “Some people say things like they are so stupid or that they fell pregnant because they are loose and have no moral values.”

From the above responses it was also apparent that use of protection served the purpose of not falling pregnant, rather than as protection for their sexual health and safety. The participants had very strong views when it came to teenage pregnancy and the responsibilities that came with being a teenage mother. They seemed to value the importance of their teenage years and enjoying their schooling career with other people their own age.

Traditionally it is inappropriate behaviour for young Indian women to engage in any kind of sexual activity if not within the confines of marriage. According to Duggan (2005), the main reason that HIV and AIDS is spreading in South Africa is due to a loss of traditionally inculcated cultural values.

Pre-marital sex in the Indian community is seen as behaviour that is the height of disgrace and embarrassment. The shame and stigma that is attached to a young Indian women falling pregnant is borne by all family members and it is something that a young girl will not be able to live down. In attempting to hide the pregnancy young women are forced into finding a way to terminate the pregnancy and this could have disastrous results for the young women and place her life in jeopardy. As a young person with no income and looking to do things secretly things will probably not be done in the proper manner, and with the appropriate care.

In the Indian culture it is the accepted norm that if a young woman fell pregnant the person responsible was under an obligation to marry her, but this has changed over the years with most girls being left to fend for themselves. If the boy does accept responsibility, in most cases the young couples lack the skills required to raise a child on their own or are sometimes not ready to accept the responsibility of parenthood and marriage. The sacrifices that a young couple has to make include giving up their freedom, their teenage life experiences and having an added responsibility to take care of another human being.

4.7. Safe sex practices - Abstinence and condom use

The participants in the study revealed that they did discuss sexual matters with their friends and joked about the different ways young people protected themselves from falling pregnant by not making use of a condom. They truly believed that it was not possible for them to contract the HIV and AIDS virus. The participants also expressed very strong views regarding abstinence and use of condoms as well as the implications of risking one's health for as they put it, "a few minutes of pleasure."

When the participants were questioned about whether they were sexually active and whether they were protecting themselves, the responses were as follows:

"I think I am still too young, I am not ready for that kind of responsibility" (Mel)

"The responsible thing to do if you are sexually active would be to protect yourself, I would think." (Natalie)

"You can have boyfriends and enjoy each other's company, why do you need to go and complicate things by doing things you know would have serious consequences?" (Caren)

Judging from the responses it was obvious that these young women did view their sexual health in a serious light.

The participants also reflected on some young women who constantly kidded around about sex and protection.

"They would crack jokes about condoms and how to do it without getting caught (falling pregnant). They try to make it seem as if they are very worldly and know a lot about condoms and protection." (Stacy)

"Actually I think the girls that are secretive are probably the ones that are really doing it, I mean which girl would talk and brag about things like this, things that are so personal, I mean really." (Mel)

With regards to their knowledge about HIV and AIDS the participants stated:

“I’ve read a lot about HIV and AIDS and I think I do know a lot, but geeese, it’s scary for us young girls.” (Natalie)

“We learn a lot from watching TV, there are a lot of educational programmes that give good advice to young people and we also receive talks from the teachers at school.” (Mel)

“The idea only is really, really frightening and you know we may think it won’t happen to us but the chances are, it can if we are not careful, Gosh I don’t even want to think about something like that.” (Tamara).

From the comments above it was apparent that the participants also viewed HIV and AIDS as an issue that was important and as something that is real and out there.

Reddy (2011) focuses on young people’s sexuality and the fact that they are engaging in unsafe sex by their own choice despite being very knowledgeable with regard to sexually transmitted diseases as well as the dangers of contracting HIV and AIDS. She argues that although reasons are given by the young as to why they are engaging in unsafe sex, they are inevitably succumbing and conforming to conventional feminine and masculine expectations and behaviours. The conventional and expected behaviour that is prevalent in femininity constructions is a contributing factor towards women engaging in risky sexual activity.

Harrison, Xaba and Kunene (2001) reflect on the differing views that are shared by both boys and girls as to the necessity and reasons for the use of condoms. They go on further to state that girls viewed the use of condoms as a means of their partners showing love and being protective towards their sexual health whereas boys regarded the use of condoms as a means of engaging in casual sex. Kelly (2000) states that the key to decreasing the vulnerability of the youth is in developing a positive attitude towards the role and value of abstinence from sexual activity.

The participants’ responses as to whether they were sexually active produced mixed reactions.

Miranda: “I talk about it with my friends but I am just too scared to even think of doing it. None of my close friends are doing anything, if they were I am sure (stops) I am sure that they would tell me if they were but they do talk about condoms and crack jokes about how a condom can tear and what can happen.”

The participants expressed their thoughts about the concept of abstinence and the importance of taking safety precautions by the use of condoms. According to Reddy (2011) some youth felt that condoms were ineffective and were unreliable in the sense that it could break or come off easily and was not worth the trouble.

Nikita : “You know some girls actually say that they would like to try it cos everyone else is doing it, why should they be losing out on having sex pleasure and experiencing it the natural way as they are young only once.”

Mallory: “Girls also think that if they have sex with their boyfriend, they will stay with them forever and most of the black girls say, our (black) guys don’t want to use condoms saying that you must trust them and that by using condoms there will be no real satisfaction and it’s not like real sex and you won’t enjoy it.”

“The girls are sometimes afraid to say that the boy must use condoms, hey they will think that they are sleeping around that’s why they want to use condoms.” (Tamara)

Hallman (2005) says that “it has been documented that men may consider women who want to use condoms as promiscuous.” It seems like asking for the use of a condom and wanting to practice safe sex is an indication that they are experienced.

Wood and Jewkes (1997) state that research among young people in South Africa has revealed that condom use is a difficult topic in conversations with women reporting a fear that it could lead to negative emotional, physical or economic consequences within their intimate relationships.

Natalie : “ I think Indian guys won’t take a chance having unprotected sex, they will be too shit scared if the girl has to fall pregnant and will make sure that they use condoms, just to safe guard themselves, I am sure their mothers will kill them.”

According to Kaufman & Stavrou (2004) Indian boys consider condoms an important form of contraception. Reflecting on the comments made by the participants’, it is obvious that they have been hearing and talking about sex and the use of protection with other girls as well as boys themselves. They also realize that most Indian teenagers view the use of condoms only as a safeguard against pregnancy and not as protection for their sexual health and safety. Varga (1997)

states that the use of condoms in long term relationships may be viewed as signalling a lack of trust or an admission of infidelity and is, for this reason, often avoided. A survey conducted by HSRC (2002) indicates that 46% of females and 57% of males used condoms during their last sexual encounter.

Caren: “let’s face it, everyone says they won’t do this and they won’t do that and at sometimes it probably just happens. I guess if I was in a situation like that, don’t ask me why but I think my first fear would be pregnancy. (Hesitates) I know the scare of HIV and AIDS is out there but you truly believe you know the person that you are with and tell me who would sleep with someone they knew was at risk.”

Wood and Jewkes (1997) states that in most sexual relationships with young people in South Africa there is very little communication or negotiation on the part of women. The male is the person who controls the situation one way or another and it is the female who has to take heed of what the expectation is, sometimes just to maintain the relationship.

Women realize that they are doing certain things and it is not really what they want to do, but somehow tend to do exactly what their partners want to do, just to please them and keep them happy. Wood and Jewkes (2000) states that women often decide not to ask men to use condoms or do not persist in asking because of their concerns about men’s sexual pleasure.

Leclerc-Madlala (2002) speaks about the logical manner in which young people make illogical decisions. The participants were under the mistaken impression that the virus was a disease that affected only certain people and certain races . The following comments from the girls reflected the above.

Natalie: “You know when you think about AIDS, you only think about blacks, not Indians. I mean how many Indian do you know has AIDS hey ?”

Tamara: “You don’t hear of Indian people getting AIDS. We are the only race that is safe from this disease because we don’t sleep with many boyfriends or girlfriends.”

Nikita: “young Indian girls don’t worry about HIV and AIDS because they trust their boyfriends and say that Indian boys don’t sleep around.”

Mallory: “ I think black boys and girls have more sexual partners that’s why there is more cases of HIV and AIDS with blacks and maybe they also don’t use protection, the black girls at school talk and say that the black boys don’t believe in condoms.”

Taking the above comments into consideration, it is apparent that the perception amongst young Indian women is that HIV and AIDS is considered a disease that affects mainly black people. They are misguided into assuming that the Indian race is safe from this disease. The HIV and AIDS virus transcends race and class boundaries. According to Hallman (2005), HIV and AIDS is not strictly a “disease of poverty” since it affects people across the socio-economic spectrum and risk behaviour among people categorized as not poor is largely considered to be a matter of power and choice. From the responses given by the participants it seemed that young Indian women placed great emphasis on the use of condoms more as protection against falling pregnant and less on their own personal health.

4.8. Conclusion

This chapter presents and analyses the data obtained on young Indian women’s understanding of risky sexual behaviour and why they engage in risky behaviour that could prove detrimental to their own personal health and safety. I have focused on the data obtained from the focus group and individual interview sessions with my participants. The participants were given the platform to air their views and concerns without any form of judgement or reprisal. The responses of the participants were analysed and developed into the themes of love, trust and intimacy, to have and to hold onto a relationship, virginity and marriage, Indian culture, teenage pregnancy, abstinence and the use of condoms. These themes looked at the manner in which young Indian women negotiated and developed their sexual identities within the constructions of HIV and AIDS. The analysis revealed that young Indian girls do have sexual agency and are very knowledgeable and aware of the consequences of engaging in risky sexual behaviour. Certain factors and situations however impact on their decision making and invariable place these young women in positions of vulnerability and sexual risk.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

In this study I have explored the risky sexual behaviour of young Indian women between the ages of 16 and 17. I have focused on learners in the lower and middle socio-economic community of Phoenix. This study has afforded me the opportunity to research and examine the factors that directly and indirectly impact on the sexual constructions of young Indian women and how they navigate their sexual identities within the context of HIV and AIDS. The motivation for this study as stated in earlier chapters is the scarcity of research and literature surrounding the development of young Indian women's sexual identities. I have focused on 16 and 17 year old Indian women as this is a critical age group on the verge of womanhood experiencing a lot of uncertainty and definitely needing a lot of assistance and guidance to grow and develop into responsible citizens of society. I wanted to know exactly what young Indian woman regarded as risky sexual behaviour and in knowing this, why some young woman place themselves at risk and indulged in risky sexual behaviour.

I have focused on the context of Phoenix as I have been a resident of this area for many years and bear witness to the rapid change in sexual behaviour, relationships and lifestyle amongst young Indian women. In gaining closure to the study I will provide a clear synopsis of each chapter and what it has sought to achieve and ultimately accomplish. This study has examined the constructions of femininity in the Indian community within the context of HIV and AIDS with specific focus and reference to young Indian women.

This chapter provides a synopsis of the manner in which young Indian women develop and negotiate their sexual identities within the context of HIV and AIDS. Answers to the following questions were realized.

- How do young Indian women living in Phoenix understand sexual risks?
- Why do young Indian women engage in risky sexual behaviour within the context of HIV and AIDS?

The findings in the study reveal that young Indian women are agentic and sometimes do display behaviour that could prove detrimental to their personal health and safety whilst on the other hand strongly indicating that they are very well aware of the danger and the consequences of engaging in risky sexual behaviour.

5.2. Synopsis of each chapter

5.2.1. Chapter one

Provides an introduction to the study and gives an overview of the prevalence of HIV and AIDS globally and locally. The low prevalence of HIV and AIDS in the Indian community is discussed as well as why it is a community that has been overlooked as to the importance of being recognized as deserving of attention with regards to the risk of HIV and AIDS.

5.2.2. Chapter two

Examines the literature on the sexuality of woman and focuses especially on young Indian woman and how they understand sexual risk. This chapter highlights the vulnerability of women, especially young women and the effects of unsafe sexual practices within the context of HIV and AIDS.

5.2.3. Chapter three

Discusses the methodology used to obtain data that would help understand what young Indian women regarded as risky sexual behaviour. The data collecting process involved interpretive group and individual interviews which were very effective in collating data that spoke volumes of exactly what the participants wished to express and convey. The theoretical framework of social constructionism was the lens through which I analysed and interpreted the data obtained during the interview process.

5.2.4. Chapter four

Interprets and analysis the data collated during the interview process and takes into consideration the experiences and responses of the participants as they give their interpretation of what they consider as risky sexual behaviour and why it is that some young women engage in behaviour that puts them at risk.

5.2.5. Chapter five

Highlight and draw attention to the lack of literature on young Indian woman and how they develop and negotiate their sexual identities. Suggestions and recommendations for further research and ways to enhance intervention and implementation programmes to assist young Indian woman make safer sexual health decisions for themselves. My approach in this study was to thoroughly explore, examine, interpret and explore the commonalities and the diverse responses that were received from the participants that truly reflected the reasons as to what these young women viewed as risky sexual behaviour and why they engaged in risky sexual behaviour. The extreme fear and deterrent for the young women in the study was of falling pregnant and not the fear of contracting HIV and AIDS. This study reveals that despite the cultural upbringing and traditional values that are prevalent in the Indian culture young Indian women are actively producing and negotiating their sexual identities. The views and opinions of my young participants reiterate the fears and uncertainties that exist with the youth and parents of today.

5.3. Synthesis of the study

5.3.1. Methodological insights

I reviewed the data collated during the research and interview process and thoroughly examined the participants' views and reactions and the responses received. During the interview process the responses allowed me to ascertain some of the reasons as to why young women, especially young Indian women engage in risky sexual behaviour. One very important aspect stood out during the interview process in that reference was always made to the sexual behaviour of other young women and not the participants themselves. The participants very emphatically pointed out that they were very knowledgeable about the danger of HIV and AIDS and would save themselves for marriage which brought me to the aspect of how much of themselves they really wished to be known and revealed, and how much of what they did reveal was really about themselves and what was no. It was apparent that the young women in the study thoroughly understood Indian culture and expectations and wanted to maintain the traditional culture of sexual innocence that is prevalent and expected in the Indian community. Young people go to great lengths to conceal any kind of deviation from the expected traditional behaviour and norm of their culture and keep their parents in the dark as to behaviour that contrary to the expected

norm. The participant's inference to other young Indian women indicated that they felt that other young women are sexual beings and that they do have sexual agency and that some young women do engage in risky sexual behaviour.

5.3.2. Vulnerable sexualities

The key themes of love and trust, forming and maintaining romantic relationships, cultural constraints, safe sex practices, abstinence and the use of condoms as well as the extreme fear of pregnancy emerged in the findings. The theme of love and trust revealed the deep emotional feelings and desire that a young Indian woman had, to feel loved and wanted, sometimes to the detriment of a relationship where the boy saw this as a weakness and opportunity to exploit the young woman. It is in this manner that young Indian woman who continually exposes themselves to relationships solely based on love and trust, place themselves at emotional and sexual risk and vulnerability. The participants in the study are young and desperately wanted to believe in their first love being their true and lasting love but were very realistic when they related what they considered the bad experiences of other young woman.

Cultural practices and attitudes play a role in increasing the vulnerability of young Indian women to the HIV and AIDS virus. According to Indian culture, it is an expectation for one to only indulge in sexual activity within the confines and sanctity of marriage. The participants expressed views of remaining a virgin until they married which was in keeping with the traditional Indian culture of being a virginal bride. Meaning that sex before marriage is culturally and religiously prohibited. Indian people are traditionally brought up knowing any type of promiscuous behaviour is regarded as shameful and disgraceful and must be avoided at any cost.

5.3.3. Understanding sexual risk

It is also apparent in the findings that young Indian women were more fearful of the risk of unwanted pregnancy rather than the life threatening risk of contracting HIV and AIDS. The physical aspect of getting pregnant outside of marriage and becoming public knowledge is a factor that all Indian women wish would never happen to them. The findings in the study indicated that young people were very aware of sexual risks and maintained that the use of condoms was extremely important for their sexual health but more so for unwanted pregnancy.

The stigma and shame that would be attached to a young Indian girl becoming pregnant out of wedlock is something that is not easily forgotten or forgiven by members of the family and the immediate community and this is foremost in a young Indian woman's mind.

Becoming pregnant before marriage in the Indian community for a young woman is considered an embarrassment that must be avoided at all costs as the damage to a young girl's reputation would seem to be irreversible in view of the fact that this is something physically noticeable. The threat for a young Indian woman getting pregnant means dealing with the shame and embarrassment of being exposed as someone who is engaging in sexual activity. Pregnancy outside of marriage in the Indian community is considered the greatest threat and embarrassment for young Indian women as this does not exhibit the traditional and cultural norm of sexual innocence. This study reveals that despite the cultural upbringing and traditional values that are prevalent in the Indian culture, young Indian women are actively producing and negotiating their sexual identities.

The views and opinions of my young participants reiterate the fears and uncertainties that exist with the youth and parents of today. The participants in the study maintained that many young women engaged in intimate sexual relationships that were borne out of misguided emotions of love and trust. The young women in the study expressed very strong views with regard to sex and marriage and stated emphatically that they, personally, would remain virgins until they marry.

5.4. Conclusion

Women in different religious and cultural backgrounds conform to femininity constructions that are prevalent and expected in their culture and community. The ways to prevent HIV infection are known and prevention information and programming should be delivered through a continuum of age and context appropriate programmes and young people must be empowered to know their own vulnerability and work with authorities to help reduce it. (UNAIDS, 2010).

I certainly hope that this study, although not representative of all young Indian women will certainly highlight the need to focus and create the realization that the Indian community is also at risk just as any other race group even though it has been proven that there is a relatively low

prevalence of HIV and AIDS in the Indian community. Any one person contracting HIV and AIDS is one too many. In the South African context, in which extreme disempowerment is portrayed, it is apparent that for intervention promoting healthy sexuality to focus not only on women but also on the issues of gender violence and male sexual behaviour (Wood & Jewkes,1997). It is hoped that this study will assist in understanding the reasons why young people are so susceptible to contracting the HIV and AIDS virus. This study will contribute to the existing knowledge and literature that serves to assist in creating an awareness how young women can decrease their vulnerability towards the HIV and AIDS pandemic.

In South Africa literature on Indian women is very limited and this could be attributed to the fact that the Indian community is not considered at risk and not worthy of recognition with regard to HIV and AIDS. Exposing young Indian women to knowledge and information will inevitably help them make more informed and life-saving choices. Research has indicated that factors such as gender identity, gender inequality, race, class and culture are important aspects that require consideration in attempting to gain a better understanding of how young people understand and identify with their own sexuality amidst the HIV and AIDS pandemic. Institutions such as school, universities, churches and temples should play a greater role in generating awareness and entrenching spiritual belief (Moodley, 2012). The HIV and AIDS pandemic has made everyone, especially South Africans , acknowledge the fact that this is a disease that affects each and every one of us. Many South Africans are now either infected or in some way affected by the HIV and AIDS virus and far more needs to be done if South Africa is to reach its latest goal of halving the current infection rate by the year 2016.

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APPENDIX 1: SEMI- STRUCTURED INDIVIDUAL INTERVIEW QUESTIONS

1. How old are you and what grade are you in?
2. What is the age group of friends you join?
3. Do you have a boyfriend?
4. How old were you when you had your first boyfriend?
5. Do your friends have boyfriends?
6. Is your boyfriend still schooling? If so, what grade is he in?
7. Does your boyfriend work or is he financially secure and are you with him because of what he can provide for you?
8. Do you know if your boyfriend has other girlfriends? If so, what will you do about it?
9. Are your parents aware of the fact that you have a boyfriend?
10. What are their thoughts and opinion about your relationship with your boyfriend?
11. What does the Indian culture require from you with regards to sex and marriage?
12. If you had to advise other young Indian girls with regard to sex and marriage, what will it be and why?
13. Do you know if any of your friends are sexually active? If so, are they using protection?
14. Are you engaging in any risky sexual behaviour ? If so, how are you protecting yourself?
15. Do you think that your boyfriend is serious about his relationship with you? How do you know this and has he promised to marry you?
16. Where you forced or coerced into sexual activities with your boyfriend?
17. Are you aware of the repercussions and consequences of engaging in risky sexual behaviour ?
18. How knowledgeable are you about HIV/AIDS and the dangers of contracting this disease?
19. Do you realize that it is possible to fall pregnant and are you prepared for the consequences of the possibility of becoming a teenage mother?
20. Do you have a role model, someone you can look up to and talk to about issues of sexuality?
21. If you had to change anything that you have done thus far in your life, what will it be and why?

APPENDIX 2: FOCUS GROUP QUESTIONS

1. What do parents and elders in Indian families expect of young girls with regard to their behaviour ?
2. Do you think that parents expect the same things from young Indian girls and young Indian boys in terms of behaviour and what they are allowed to do with regards to relationships?
3. What are your views on young 16-17 girls who are engaging in risky sexual behaviour?
4. What are the views of young Indian females in terms of their studies, relationships at school and marriage?
5. When young girls get into relationships, what do you think they are looking for and hope to gain?
6. Do you think young Indian girls engage in relationships in order to defy their parents or elders?
7. What part does religion play in ones choice of a boyfriend?
8. If you have younger sisters what kind of example would you want to be and how would you advise them with regard to being in school and having relationships?
9. Do you think that girls have boyfriends their own age or want relationships with boys that are older than them?
10. Do you think that young Indian women between the ages of 16-17 are engaging in sexual activity and if so, are they taking the necessary safety health precautions?

APPENDIX A: LETTER OF CONSENT TO SCHOOL PRINCIPAL

The Principal

Brookdale Secondary School

Phoenix

4068

2011

Sir

Re: Consent for learners to participate in Research study.

I, Mrs A. Mooninthan am currently engaged in pursuing a Master's Degree in Gender Studies at the University of KwaZulu-Natal (Edgewood campus).

My research topic is: Exploring sexual risks taken by young Indian women aged 16-17 amidst the HIV and AIDS pandemic. The aim of this study is to understand the perceptions of Indian females with regard to sexual risks and HIV and AIDS. I have chosen to undertake this research in order to understand why young women would take sexual risks in view of the HIV and AIDS pandemic that we are currently facing.

I have selected six young Indian women from your school who have expressed a desire to participate in this research project. This letter seeks your permission to allow these learners to participate in the study. All information gathered in the data collecting process will be strictly confidential. The names of the learners and the school will not be divulged at any stage of the research. The learners will be informed of their rights to withdraw at any time from the study should they feel the need to do so. The interviews will be approximately 30-40 minutes and will be conducted during the school breaks and life Orientation periods.

This study has the potential to assist all stakeholders to address issues dealing with the youth with regards to the consequences of risky sexual behaviour as well as effective implementation programmes.

Yours faithfully

Mrs A. Mooninthan (Reg. No: 211550386)

University of KwaZulu Natal Edgewood Campus

Supervisor: Dr Shakila Singh (031- 2607326)

I, _____ the principal of Brookdale Secondary school do hereby grant/ not grant permission for Mrs A. Mooninthan to conduct interviews with learners at my school.

APPENDIX B: LETTER OF CONSENT TO PARENTS OF PARTICIPANTS

Dear parent

Re: consent for learners to participate in research study

I, Mrs A. Mooninthan am currently engaged in pursuing a Master’s Degree in Gender Studies at the University of KwaZulu-Natal (Edgewood campus).

My research topic is: Exploring sexual risks taken by young Indian women aged 16-17 amidst the HIV and AIDS pandemic. The aim of this study is to understand the perceptions of Indian females with regard to sexual risks and HIV and AIDS. I have chosen to undertake this research in order to understand why young women would take sexual risks in view of the HIV and AIDS pandemic that we are currently facing.

Your child has indicated that she would like to participate in the research study and has been advised that she can withdraw at any time from the study if she feels the need to do so.

All the information gathered during the interview process will be strictly confidential and pseudonyms will be used for the names of the learners and the school to ensure anonymity.

This study has the potential to assist all stakeholders to address issues dealing with the youth with regards to the consequences of risky sexual behaviour as well as effective implementation programmes.

Thanking you in advance for your co-operation

Mrs A. Mooninthan Contact No: 083 663 3634

Supervisor: Dr Shakila Singh Contact No: 031- 2607326

CONSENT REPLY FORM

I, _____ (parent/ guardian) of _____ do hereby grant/ not grant permission for my child to participate in the research study that is being carried out by Mrs A. Mooninthan.

Parent signature: _____

Date: _____

APPENDIX C: LETTER OF CONSENT TO STUDENTS

Dear Student

Thank you for indicating a willingness to be a part of my research study. As you know I am presently in the process of pursuing a Master's Degree in Gender Studies at the University of KwaZulu-Natal (Edgewood Campus).

My research topic is: Exploring sexual risks taken by young Indian women aged 16-17 amidst the HIV and AIDS pandemic. The aim of this study is to understand the perceptions of Indian females with regard to sexual risks and HIV and AIDS. I have chosen to undertake this research in order to understand why young women would take sexual risks in view of the HIV and AIDS pandemic that we are currently facing.

All the information that I receive from you will be treated as confidential and your name as well as the name of the school will not be used to ensure anonymity.

I am deeply indebted to you for your willingness to give me your time and trust and in this way ensuring the success of the completion of my research study.

Thanking you in advance for your co-operation

Mrs A. Mooninthan

Contact No: 083 663 3634

Supervisor: Dr Shakila Singh

Contact No: 031- 2607326

CONSENT REPLY FORM

I, _____ (Name of learner) do hereby agree/ not agree to be a participant in the research study that is being carried out by Mrs A. Mooninthan at my school.

Student signature: _____

Date: _____