

Gender, Culture and Sexuality: Teenage Pregnancy in rural KwaZulu-Natal

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A research study submitted as the full dissertation component in fulfilment of the requirements for the Master of Education Degree in the School of Education, University of KwaZulu-Natal, South Africa.

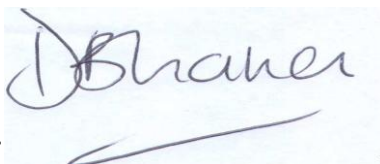
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.....

A handwritten signature in dark ink, appearing to read 'Deevia Bhana', is written over a light blue rectangular background. The signature is fluid and cursive.

.....

Name

Professor Deevia Bhana

.....

Date

16 September 2013

DECLARATION

I, **Mornica Nozipho Mvune** declare that:

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- (ii) This dissertation has not been submitted for any degree or examination at any other university.
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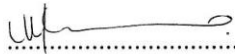
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Date

16/09/2013
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Dedication

This dissertation is dedicated to my late brother Richard Sibonelo Mvune, for believing in my potential even when I doubted myself and for instilling in me love of books. I know you would be very proud of me, Msani. It is also dedicated to my late dad Mncikiselwa Andreas Mvune, for teaching me the value of perseverance, Hlabandlela!

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To God be the honour and glory for having brought me this far. It hasn't been easy but it has certainly been worth it "Do not be anxious about anything, but in every situation by prayer and petition, with thanksgiving, present your requests to God" Phillipians 4:6

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Abstract

This qualitative study was conducted at Minenhle High School (pseudonym) in Mgugu, a deep rural area in Umbumbulu, KwaZulu-Natal. It explored the way in which six pregnant young women between ages of 16 and 17 talked about their pregnancies. All the young women emerged from a working class background. The purpose of this study was to investigate why these young women fell pregnant; and the gendered dimensions of pregnancy.

Gender-power theory was used to show how male dominance reproduces female submissiveness and influences sexual negotiations and thus increasing vulnerability to unintended pregnancies among young African women. Focus groups and individual interviews were used to produce relevant data for this study. However, the same study finds that some young women see the need to challenge accepted gender norms which often promote and encourage female submissiveness and oppression. Socio-cultural influence emerges whereby these young women have failed to access and use contraceptives due to socially constructed myths regarding the effects of contraceptives and fear of going to the clinic to access contraceptive services since this will reveal to the parents that they (young women) are sexually active; hence viewing sex as secret and clinic as public. The findings of this study also show intergenerational silence on issues of sexuality between these pregnant young women and their parents or caregivers which encourages them to rely on their peers for support, information and advice.

This study also found a decline in the value of *ukuhlolwa kwezintombi* (virginity testing) as a strategy for preserving young women's virginity, discouraging unintended pregnancies and reducing the rate of HIV infections; due to socio-economic and religious reasons. Findings of this study were used to develop strategies that challenge cultural, gender power imbalances as well as breaking intergenerational silence thus encouraging a healthier and more positive sexuality among young people in Umbumbulu.

Chapter 1

1. Introduction to the study

1.1 Introduction

This study investigates the reasons for young women from a rural high school in KwaZulu-Natal falling pregnant despite programmes put in place by the Department of Education (DoE), other government departments, and non-governmental organisations. It draws from a qualitative study of six young women aged between 16 and 17 who were pregnant.

1.2 Background and focus of the study

The issue of teenage pregnancy is regarded as a social problem because it impacts negatively on the health, empowerment, and development of young women. It also hinders academic progress (Grant & Hallman, 2006; Chigona & Chetty, 2008; Jewkes & Christofides, 2008; Macleod & Tracey, 2010). International studies have associated teenage pregnancy with socio-economic status (Arai, 2009). Most teenage births in the United States of America and the United Kingdom occur among young women from working class backgrounds. This results in state dependency. There is evidence that in some parts of the United Kingdom, young women become pregnant in order to secure social benefits including state housing (Arai, 2009). There is a lack of evidence that indicates that the Child Support Grant (CSG) in South Africa serves as an incentive for teenage mothers to spend on personal items (Makiwane, Desmond, Richter & Udjo, 2006). However, there is media speculation that CSG is associated with teenage pregnancy. According to media reports, there were 2.8 million beneficiaries of CSG in South Africa in the 2008/2009 financial year and the figure escalated to 3.1 million beneficiaries in 2010/2011. Since most teenage pregnancies happen outside marriage, this translates to dependency on others (Rolfe, 2008).

This study focused on young women's narratives concerning their pregnancies; exploring factors that have increased vulnerability to sexual risk, resulting in unintended pregnancies. Failure to access and use contraceptives has been cited by researchers as a major reason for unwanted pregnancies ((Bisika, Short, Wontumi & Truong, 2007; Wood, Maepa & Jewkes, 2006). Research has found that there is a

limited access to contraceptive services in Sub-Saharan countries compared to other parts of the world, with contraceptive prevalence estimated at 27% in Africa (Bisika et al. 2007). The National Contraception Policy Guidelines (DOH, 2012) have been put in place in South Africa with the aim of ensuring availability and accessibility of comprehensive, quality contraceptive and fertility management services to all. However, studies that have been conducted on the barriers to effective contraceptive use have found that there is a lack of privacy, especially in rural clinics (Abdool-Karim, Preston-Whyte & Abdool-Karim, 1992). Another reason that has been cited for failure of contraceptive use in teenagers is the negative attitude of nurses, which brings about shame and fear in young women; owing to cultural intergenerational restrictions on sexual matters (Wood et al. 2006). Lack of adequate and accurate information about various kinds of contraceptives and their side effects often leads to the construction of myths. Such lack also prevents young women from accessing and using contraceptives (Harrison, Hoffman, Nzama, Leu, Mantel, Stein & Exner, 2011; Mkhwanazi, 2010; Wood et al. 2006). Reasons cited by young women who participated in a study by Mkhwanazi (2010), included fear of gaining weight, going to the clinic, and infertility. Research has also found that gender power imbalance impacts on the choice of contraceptive, in that young women would opt to use oral contraceptives, which are not highly recommended by health workers, because it is easy to forget to take them, out of fear of their boyfriends finding out that they are using contraceptives (Wood et al. 2006). Hence, research indicates that prevalence of contraceptive use amongst South African young women is estimated at 51% (Ramathuba, Khoza & Netshikweta, 2012).

This study investigated reasons for young women falling pregnant in spite of programmes and interventions by various government departments and non-governmental organisations (NGOs) that provide for young women's needs by offering sexuality education, and providing teenage pregnancy awareness. These interventions include Life Orientation as a school subject, peer education for secondary schools, Soul Buddyz Clubs for primaries and the My Life My Future (MLMF) campaign. MLMF has been put into KwaZulu-Natal schools with the aim of curbing the spread of teenage pregnancy and HIV infections in schools. These conditions jeopardize the quality of life of the young people and impact negatively on teaching and learning.

1.3 Teenage pregnancy in South Africa

Data from two Demographic and Health Surveys, by comparison indicate a decline in the number of teenage births in South Africa over the past twenty years (Department of Health, 1998, 2003). However, South Africa has more than twice the number of teenage births when compared with the United Kingdom which has the highest number of teenage births in Western Europe (Jewkes, Morrell & Christofides, 2009). Although there has been a notable decline in teenage fertility in South Africa compared to other countries within the Sub-Saharan region, the numbers of young women who are becoming parents is still high and this is of great concern (Mkhwanazi, 2010).

Early child-bearing hampers school progress, leads to school dropouts, and limits the possibility of educational and economic success of young women (Macleod, 2001; Grant & Hallman, 2006). Child-care has been highly feminised (Nkani & Bhana, 2010). The burden of raising a child falls on the teenage mother; consequently about 6% of the uneducated adult population being women (Chigona & Chetty, 2008). Teenage pregnancy also impacts negatively on the education and health of teenage mothers and their children (Karra & Lee, 2012). In a comparative study by Karra & Lee (2012) of educational attainment of children born to teenage mothers from rural KwaZulu-Natal (Black South Africans) and urban Western Cape (Coloureds), it emerged that their Mathematics scores were below average and they were likely to drop out of school by age 16. This is attributed more to the socio-economic background of the teenage mother. However, the findings of these scholars indicate that the impact is heavier on the educational achievement of the teenage mother than on the child.

South Africa is one of the countries in Sub-Saharan Africa that has put in place legislation protecting the right to education of pregnant young women; contrary to what happens in other African countries such as Mozambique, Mali, Liberia, and Nigeria, where pregnancy results to expulsion from school (Chilisa, 2002). The South African Schools Act (SASA DoE, 1996) makes provision for pregnant young women to be allowed re-entry to the education system after childbirth so that their right to education (Section 29 of the Bill of rights, 1996) is not contravened. Some scholars

have found that re-entry after childbirth brings with it problems of trying to balance schooling and motherhood (Chigona and Chetty, 2008; Grant and Hallman, 2008). Hence, only one-third of teenage mothers return to school post-pregnancy. This is because of lack of supportive families, peers, the school environment and the stigma associated with being a mother. Bhana et al. (2010) suggested that success for pregnant teenagers and teenage mothers goes beyond policy; but requires promotion of gender equality, which will challenge broad gender stereotypes existing in societies.

In order to balance the right to education of a pregnant young woman, and the right to life of an unborn baby, DoE has laid down Measures for the Prevention and Management of Learner Pregnancy (DoE, 2007). However, these guidelines have been under scrutiny from various researchers for creating more confusion for schools than guidance (Abdool-Karim (a) Abdool-Karim (b), Kharsany, Mlotshwa, Frohlich, Yende-Zuma, Samsunder, 2012; Nkani, 2012; Shefer, Bhana & Morrell, 2013). Section 22 of the guidelines which states “a learner may be required to take leave of absence from school for a period up to two years” contradicts section 27 which outlines the role of schools in “encouraging girls to continue schooling after delivery of the baby” (Shefer et al. 2013 p. 2). Another controversial part of these guidelines is that “no learner should be admitted back to school in the same year that they left school due to pregnancy” (Nkani, 2012).

The controversy surrounding the guidelines has filtered down to the crafting of many South African school policies on learner pregnancy. It has become common practice for schools to encourage pregnant teenagers to stay at home as soon as the pregnancy starts showing. On the 10th of July 2013 in the Constitutional Court case between two schools: Harmony and Welkom High in the Free State and the Free State Department of Education, the Constitutional Court has ruled out that both Harmony and Welkom High schools should review their policies on learner pregnancy. Harmony and Welkom High’s policies on learner pregnancy, allow for the removal of the pregnant young woman as soon as the pregnancy starts to show. Because guidelines failed to specify the period for leave of absence for pregnant young women, schools have used their own discretion to interpret and implement these guidelines; thus they have violated the right to education of pregnant young women.

The Free State Department of Education challenged both schools in court, stating that their policies were discriminatory; that they violated the constitutional rights of pregnant young women. Harmony and Welkom High's policies on learner pregnancy are informed by the Measures for the Prevention and Management of Learner Pregnancy (2007). This is the only national policy currently in place, as an effort by the Department of Education to balance the right of pregnant young women to education against the responsibility of parenthood and the rights of the unborn child. The initial verdict that was handed down in this case on 11 May 2011 by the Free State High Court was in favour of Harmony and Welkom High schools. The Department of Education was given 24 months to develop a policy that will provide guidance to schools, and protect the right to education of pregnant young women as SASA (1996) provides. However, when the matter was presented to the Constitutional Court of South Africa, both schools were ordered to review their school policies on learner pregnancy.

The plight of teenage pregnancy has been aggravated by the prevalence of HIV; since it has become one of the major predictors of an HIV epidemic among 15-24 year olds in South Africa (Harrison, 2008). Of the 10.2%, 15-24 year olds infected with HIV; 15.5%, of the infected are the women, compared to 4.8% of men within the same age bracket (Pettifor, Rees, Steffenson, Hlongwa-Madikizela, MacPhail, Vermaak & Kleinschmidt, 2004). Hence, the high rate of teenage pregnancy has compromised HIV prevention strategies promoting abstinence and protected sex (Bhana & Mcambi, 2013). This study therefore seeks to add to the existing literature highlighting the issue of teenage pregnancy as a gender issue requiring prompt intervention from all sectors of the society through understanding of gendered context which influences their constructions of sexuality and increase vulnerabilities to sexual risk.

Other reasons that have been cited by various scholars for the high prevalence of teenage pregnancy in South Africa include socio-economic conditions (Panday, Makiwane, Ranchod & Letsoalo, 2009); condom use (Marston & King, 2006); gender power relations (Dunkle, Jewkes, Brown, McIntyre & Harlow, 2004; Holland, Ramazanoglu, Scott, Sharpe & Thompson, 1990; Jewkes & Morrell, 2010; Pettifor, Measham, Rees, Padian, 2004) and intergenerational silence on issues of sex (Delius

& Glaser, 2002; Nkani, 2012; Singh, 2005). Marston & King (2006) found that the use of condoms can be stigmatising and carrying the implication that a partner is suspected of having a disease; whereas unprotected sex is viewed as a symbol of trust. Hence all pregnancies in this study resulted from failure to use condoms with the aim of proving love and trust for the boyfriend. Holland et al. (1990) found that women have limited power in heterosexual relationships because of pressure from male partners. Gender power inequality emerged as a powerful factor in the construction of sexual identity of young women in this study. Delius & Glaser (2002) found that in the African culture there is insufficient communication between parents and teenagers on issues of sexuality. These scholars blame the influence of Christian morality for this intergenerational silence whereby sex is constructed as shameful and reserved for adult, married people. This has encouraged teenagers to depend on their peers for education, information and advice on issues of sexuality (Rivers & Aggleton, 2000).

Teenage sexuality has been widely researched in South Africa because it interrupts schooling in young women and jeopardises HIV prevention programmes advocating for safe sex practices (Nkani, 2012). Teenage pregnancy is more prevalent in Black (71/1000) and Coloured (60/1000) as opposed to Indian (22/1000) and White (14/1000) South Africans (Panday et al. 2009). Panday et al. (2009) suggest that teenage pregnancy rate for Whites and Indians equates to that of developed countries. These scholars attribute this wide margin in the teenage fertility rate to differences of social conditions under which young people grow up, which includes inequalities in access to education and health services as well as intensity of unemployment and poverty in Black and Coloured communities. Fear of stigma and termination of pregnancy (TOP) are also possible reasons for the low rates among White and Indian teenagers (Jewkes et al. 2009). However, KwaZulu-Natal (where this study is conducted) is the province with the highest number of pregnant teenagers in South Africa. In 2010, 17 260 pregnancies were reported in KwaZulu-Natal schools (SAPA, 2011). These statistics indicate that teenage pregnancy is mostly centralised in provinces with disadvantaged schools such as rural, informal settlements and farms (Panday et al. 2009).

Rural KwaZulu-Natal which is the context of this study is mostly characterised by strong cultural practices that promote patriarchy and gender power inequalities

(Harrison, 2008; Hunter, 2010). This study found that gender power inequalities became a major influence in the constructions of the sexual identity of the pregnant young women who were participants. Cultural gender norms have reproduced female submissiveness meaning that women, young and old must embrace values such as *ukuhlonipha* (highest degree of respect). They are expected to treat men in this way (Varga, 2003). This study found that pregnant young women who were participants were compelled to display characteristics of shyness in their heterosexual relationships, hence could not negotiate safe sex practices.

Ugu is 80% rural and 20% urban (Ugu District Strategic Plan: USDP 2012-2016). Cultural practices that focus on moral behaviour in young women, such as *ukuhlolwa kwezintombi* (virginity testing) are used in the promotion of abstinence before marriage, and in curbing the spread of unwanted pregnancies. *Ukuhlolwa kwezintombi* is believed to be an answer to HIV infections and unplanned pregnancies (Leclerc-Madlala, 2001, 2003; Vincent, 2006). This cultural practice has been strongly criticised by researchers for increasing vulnerability in young women who take part in it (Leclerc-Madlala, 2001; Remes, Renju, Nyalali, Medard, Kimaryo, Changelucha, Obasi & Wight, 2010). There is an increased risk of rape because of publicity that accompanies *ukuhlolwa kwezintombi* and the value of having sex with a virgin (Leclerc-Madlala, 2001). Virgins are viewed as low HIV-risk group hence they are preferred by most men (Remes et al. 2010). From the school monitoring reports, it has emerged that teenage pregnancy is mostly centralised in deep rural schools of Ugu district, where strong patriarchal practices prevail.

1.4 Gender power relations and sexuality

Grant & Hallman (2006) found that of every five 18-year old women, one has given birth. Researchers attribute the spread of teenage pregnancy to the vulnerability of girls and women to traditional gender norms limiting their powers in intimate relationships regarding sexual initiation and the use of condoms (Harrison, Xaba & Kunene, 2001; Wood, Maforah & Jewkes, 2001). Research indicates that male condoms have been over emphasised as a strategy for HIV prevention, to the disadvantage of other forms of contraceptives (MacPhail, Pettifor, Pascoe & Van Rees, 2007). However, the challenge with the male condom is that its use is

associated with gender power dynamics, since it relies on the willingness of the boyfriend. Hence some scholars have identified gender power inequalities as a risk factor resulting to HIV infection in young women (Dunkle, Jewkes, Brown, McIntyre & Harlow, 2004; Jewkes & Morrell, 2010; Pettifor, Measham, Rees, Padian, 2004). Limited decision-making power of the young women can cause inability to negotiate protected sex or refuse unwanted sexual activities (Dunkle et al. 2004; Jewkes, Vundule, Maforah & Jordaan, 2001; Wood, Maforah & Jewkes, 1998).

1.5 Rationale for the study

This study is an outcome of my observation of the prevalence of teenage pregnancy in my district, Ugu. As a subject advisor who is hands on in the implementation, monitoring and supporting of Life Skills programmes in my district, I have observed that there is a greater prevalence of teenage pregnancy in rural schools as opposed to urban schools. This has been happening in spite of a variety of HIV-prevention interventions implemented in schools over the past decade; including short-term awareness, information campaigns, and formalization of Life Orientation as a school subject. Another personal experience is that of my niece who fell pregnant at the age of 15 in 2007 doing grade 10. This was, in spite of all the sexuality education she had received from school as part of Life Orientation and from me. In 2008 she gave birth to a healthy baby boy. She stayed at home the whole of 2009, raising the baby.

When she finally re-entered the system in 2010 so as to repeat her grade 10, the pressure was simply too great. She could not balance the responsibility of parenthood and schooling and therefore failed the grade. This concurs with the study by Chigona & Chetty (2008) in which it was found that teenage mothers are faced with a devastating number of challenges; some of these difficulties are parental and peer pressures which surpass support and understanding. According to Theron & Dunn (2006) teenage childbearing is crowded with factors such as peer pressure and school environment, which may negatively affect the teenage mother in coping with schooling, thus disturbing the educational process of the young woman; hence many teenage mothers leave school and never return.

My niece was due to pass her grade 12 in 2009 at the age of 17. She is now going to

pass in 2013, however, at the age of 21. Pregnancy has cost her four years of her schooling. In 2012 she was 20 and in grade 11. She seemed stronger and more determined to pass, in spite of the criticism and name-calling she got from other learners and teachers at school. This affirms findings of a study by Duncan (2007) on teenage parents in which teenage mothers expressed their positive attitudes that teenage motherhood has changed them, made them feel stronger, more competent, more connected and more responsible. Duncan (2007) views teenage pregnancy as an opportunity than a disaster, as opposed to the view of teenage pregnancy as a social threat with teenage parents as social victims (Macleod, 2001).

There was this male teacher who was 24 years old in 2012, and the youngest member of staff who always made fun about her (my niece's) age. One day, he told her that she no longer belonged at high school because she was 20 years old, old enough to be doing second year at university. Each time he made that comment, the whole class laughed. At some stage my niece even considered dropping out of school because of this male teacher. This attitude by her teacher confirms findings of a study by Kaufman et al. (2001), in which it was found that teenage mothers fall behind in school because they are teased by teachers and learners. My niece's aspiration to pass grade 12 and proceed to a higher institution of education has motivated her to continue with her schooling. Her baby boy was 4 years old in 2012 and enrolled at a local pre-school. Her mother (my sister) is paying monthly fee at the pre-school and providing all the needs of my niece and her son.

The father of the baby was 21 years old in 2012. He had passed grade 12 in 2011, was unemployed and was not studying; hence he could not afford to support the child financially and did not pay *amahlawulo/inhlawulo* (damages), as isiZulu tradition requires. Some scholars view *inhlawulo* as a traditional way by means of which the man's family accept responsibility (Jewkes, Morrell & Christofides, 2009; Kaufman, de Wet & Stadler, 2001). However, the father has always been there providing emotional support, during and after pregnancy. This contradicts the findings of many international and national scholars who describe fathers as absent or invisible in the lives of their babies (Morrell, 2006; Lamb, 2002; Kaufman et al. 2001). The father in this case lived with his mother who was unemployed in a Reconstruction and Development Programme (RDP), low-cost, government house. Having grown up in a

rural area myself, this sparked my interest in conducting a study exploring the narratives of pregnant young women from a rural high school. The reasons for my niece and other young women falling pregnant, forms the basis of this study.

1.6 Aims and Objectives

This study explored how six pregnant young women from Minenhle High School in rural KwaZulu-Natal give meaning to sexuality, and sexual risk and the way in which forms of femininity contribute to sexual risk. This study also investigated factors putting these young women at risk of becoming pregnant in this frightening time of HIV and AIDS. The study also searched for ways in which the young women's sexual and gendered identities could be better understood, in order to promote a healthy sexuality, where issues of vulnerability and risk-taking behaviour would be addressed. Furthermore, this study explored the sexual agency of these young women in transforming cultural, gender, and power dynamics promoting patriarchy and perpetuating vulnerabilities in young women (Harrison, 2008; Hunter, 2010).

1.7 Key research questions

This qualitative study produced data that responded to these research questions:

- How do pregnant teenagers understand sexual risk in rural KwaZulu-Natal?
- How do forms of femininity contribute to sexual risk in rural Kwazulu-Natal?
- What meanings do African pregnant teenagers from rural KwaZulu-Natal attach to femininity?

1.8 Research context and site (Minenhle High School)

This study was conducted at Minenhle High School (pseudonym), which is a monocultural public school with mixed sexes in Mgugu, Umbumbulu in rural KwaZulu-natal. Mgugu is in Ugu District Municipality, falling under the Vulamehlo local Municipality, Thoyana Tribal Authority. Both teenage pregnancy and HIV are prevalent in the Ugu District. Prevalence rates for HIV in Ugu have been 40.6% in 2008/2009; 40. 2% in 2009/2010; 41.1% in 2010/2011 (Ugu District Strategic Plan: USDP 2012-2016). The poverty rate in Ugu was estimated at 65% in 2006 and 44. 8%

in 2011 (USDP 2012-2016). Mgugu is deep rural, and underdeveloped (See chapter 3). The school is surrounded by homes consisting of rondavels (made of mud and corrugated iron), and government low-cost RDP houses. Minenhle offers grades eight to twelve with a total enrolment of 308 in 2012.



Picture of Mgugu

1.9 Brief outline of chapters

Chapter One provided an introduction outlining the background and focus of this study. This chapter further clarified aims and objectives of this study. Three research questions were provided. An in-depth discussion on teenage pregnancy as a social problem both national and international was presented; reasons cited by various scholars for the prevalence of teenage pregnancy were discussed. Legislation that has been established by South African government in order to protect educational rights of pregnant teenagers was presented. A short discussion on gender power and sexuality was presented, in order to help the reader to understand that gender power

dynamics influence the way in which young women negotiate sexuality in heterosexual relationships. A brief description of the research context and site was provided.

Chapter Two presents a review of related literature from local, national as well as international studies, on the reasons for teenagers falling pregnant. Gender, culture, and sexuality; sexual risk; gender and power as well as HIV and AIDS were also discussed.

Chapter Three provides a detailed discussion of the research methods and data collection instruments used to collect and analyse data. The qualitative research approach and its appropriateness to this study were presented. An in-depth discussion of social-constructivist research paradigm was discussed. Purposive sampling was used in order to select the most suitable participants (pregnant young women) for this study. Data was collected through focus group discussions and by means of individual interviews with six pregnant young women, aged between 16 and 17. A detailed discussion of the use of thematic analysis was provided. A detailed presentation of participants' biographies, validity and reliability, ethical issues and limitations of this study was given.

Chapter Four presents an in-depth discussion of the analysis of findings of this research. Thematic content analysis was used. Extracts of data were used as evidence, and then integrated with the literature. Findings of this study were used in order to ascertain aspects which either support or contrast with previous studies within this field.

Chapter Five consolidates the main ideas of each chapter mentioned above. This chapter also summarises the main findings of this research, as well as possible recommendations that may be utilized to bring about healthy sexuality in young people and to minimise unwanted pregnancies.

1.10 Conclusion

In this chapter, I have presented motivation for conducting this study, and the

significance of exploring the narratives of six pregnant, young African women, in order to understand factors increasing vulnerability to sexual risk in their rural context. I also presented a brief discussion on the context of the study, national trends of teenage pregnancy, as well as gender power and sexuality. A brief outline of all the chapters (Chapter 1-5) was also presented. The next chapter presents international as well as national literature on teenage pregnancy and sexual risk.

Chapter 2

Literature Review

2.1 Introduction

My study investigates the narratives of six pregnant young women from a rural high school in KwaZulu-Natal, who fell pregnant whilst at school. In order to understand the lived experiences of these pregnant young women, I take into consideration the socio-cultural influences within which they negotiate their lives. I use social constructionist theory as the lens for my investigation of gender, sex, power, and inequalities (Hoffman, O' Sullivan, Harrison, Dolezal & Monroe-Wise, 2006; Connell, 1995) that shape the pregnant teenagers' constructions of femininities. Social constructionists hold a belief that knowledge is sustained through social processes; people construct it between them and view language as a critical element (Burr, 1995). Social constructionists also believe that sexuality is defined within a backdrop of cultural factors (Eadie, 2004).

Researchers exploring the sexual practices of teenagers have given various reasons for the high prevalence of teenage pregnancy, as also HIV and AIDS. These reasons include socio-economic conditions (Panday et al. 2009), condom use (Marston & King, 2006), and intergenerational silence on issues of sexuality (Delius & Glaser, 2002). Hence this review examines at teenagers' sexually risk-taking behaviour in terms of femininities and sexual power; African culture, and also the use of contraceptives.

2.2 Global trends of teenage pregnancy

According to United Nations (2006) statistics on teen births among developed nations, the United States has the highest level of teen pregnancy, with 52.1 per 1000 followed by the United Kingdom with 30.8 per 1000. The country with a least prevalence of teen pregnancy is South Korea, with 2.9 per 1000 followed by Japan with 4.6, and Switzerland with 5.5. The highest rate of teen pregnancy in the world is in Sub-Saharan Africa, where Niger has the highest rate of 199 per 1000; here the pregnancy occurs mostly within wedlock. South Africa has the lowest rate of teenage fertility in the Sub Saharan Africa, however most teen pregnancies happen outside marriage.

Developing countries such as Africa, Asia, Southern and Central America differ in terms of culture, religion and socio-economic factors. Young people living in them share a number of experiences which makes them vulnerable to teen pregnancy and ultimately to HIV infection (World Health Organisation, 2002). Young people living in poverty may be particularly vulnerable to sexual exploitation as part of reciprocity of sex in exchange for economic security in the form of material goods (Panday et al. 2009).

2.3 Teenage pregnancy in South Africa

Contrary to the discourse on teenage pregnancy as an emerging problem, one of the early studies found that teenage pregnancy has been highly prevalent in urban Black South African families from the 1950s. At that time it is estimated that half of urban black South African mothers had had a pre-marital pregnancy, normally while at school (Mayer, 1961). The teenage birth rate in South Africa is more than double that of Western Europe, where teenage pregnancy rates are the highest in the United Kingdom (Jewkes et al. 2009). However, comparable data from two Demographic and Health Surveys in succession, 1998 and 2003, show that teenage births have been declining in South Africa for 15-19 year-olds over the past 20 years. In the period 1987-1989, teenage births were estimated at 124 per 1000 women, 81 per 1000 in 1998 and 54 per 1000 in 2003 (Department of Health, 1998, 2003). Both the 1998 and 2003 South Africa Demographic Health Surveys showed that teenage pregnancy was 60% more prevalent in rural areas. Teen pregnancy is more prevalent in Black South Africans as compared to other race groups, in 1996 (86/1000) Black South Africans as opposed to (19/1000) White South Africans became teenage mothers (Panday et al. 2009). However, KwaZulu-Natal is the province with the highest number of pregnant teenagers in South Africa. About 59% of all the pregnancies in South African schools are located in the province. In 2010, 17 260 pregnancies were reported in KwaZulu-Natal schools (SAPA, 2011). These statistics are an indication that teenage pregnancy is mostly centralised in provinces which comprise mainly disadvantaged schools such as rural, informal settlements and farms (Panday et al. 2009). In a study conducted by Gardiner (2008), KwaZulu-Natal had 2956 rural schools with 1 097 499 learners. Most of the learners from KwaZulu-Natal come from poor rural background (Human Sciences Research Council, 2009). The majority of rural areas in South Africa have high rates of unemployment; hence they are underdeveloped and poverty-stricken.

Gardiner (2008) suggests that the lack of development in these areas is owing to the apartheid government's emphasis on urban development.

Contrary to what happens in countries such as Mozambique, Mali, Liberia and Nigeria, where pregnant learners are expelled from school (Chilisa, 2002), the African Charter on the rights of a child openly recognises the right of pregnant learners to education (UNESCO, 2003). The South African Schools Act (SASA DoE, 1996) provides a legal framework ensuring that pregnant young women are not denied their constitutional right to basic education (Section 29 of the Bill of Rights, 1996), to remain in school and be re-admitted after giving birth. This affords these young mothers another life chance at completing their high school education and becoming better people in the future; thus breaking a cycle of poverty. Guidelines for the Prevention and Management of Learner Pregnancy (DoE, 2007) were introduced and adopted by schools in an effort by the Department of Education which would balance the right of pregnant teenagers to education, against the rights of an unborn child. These documents provide a legislative vision of gender and race equality in schools; however, making equality a reality has been an enormous, difficult project in everyday lives marked by diverse histories and escalating socio-economic inequalities (Morrell, Epstein, Unterhalter, Bhana & Moletsane, 2009). In spite of the above-mentioned legislative framework protecting the rights of young, pregnant women, some schools go against the provision of SASA and the Bill of Rights by motivating these learners to stay away from school until childbirth (Nkani & Bhana, 2010). Hence, one of the studies found that only 32% of all 14-19 year-olds living in KwaZulu-Natal (context for this study) have returned to school after child-birth (Grant & Hallman, 2006).

Bhana, Morrell, Shefer & Ngabaza (2010) argue that progressive legislative framework does not by itself ensure that pregnant learners and young mothers remain at school, or encounter as little disruption to their studies as possible. Bhana et al. (2010) suggest the legislative framework must be coupled with policies to guide teachers' practice at school level. In this study (Bhana et al. 2010), teachers highlighted difficulties they faced in addressing concerns of teenage mothers since they were functioning without policies at the level of the school. Chigona & Chetty (2008) suggest that the state must provide teachers with professional development

around policy, and also the developing of guidelines which would help pregnant and teenage mothers in schools. Bhana et al. (2010) suggest that there is a need for a change in teachers' attitude towards pregnant and young mothers in schools. In a study conducted by Bhana et al. (2010) it was found that there are caring teachers who understand the circumstances surrounding teenage pregnancy. However, the challenge faced by these teachers is the uncertainty surrounding their role in offering support to young, pregnant women and teenage mothers, because they are not trained to offer such guidance and support. Therefore teachers must be trained on support for young, pregnant women and teenage mothers helping them to cope with their new roles (Chigona & Chetty, 2008).

Recent studies are increasing our knowledge of the ways in which gendered social and cultural environments surrounding schools create obstacles to school access and success for young, pregnant women (Mkhwanazi, 2010). Studies argue that the teachers' and principals' role in supporting these women increases the life opportunities and economic probability of these young women (Bhana, Clowes, Morrell & Shefer, 2008; Bhana et al. 2010; Chigona & Chetty, 2008; Morrell et al. 2009; Panday et al. 2009). This highlights the importance of the role of schools in this province in supporting pregnant teenagers. Chigona & Chetty (2008) found that there is a lack of support from the teachers. In this study (Chigona & Chetty, 2008) the two participants- Life Orientation teacher, and the school principal, stated that in most cases teachers were not willing to help pregnant or teenage mothers to catch up with the work that they missed owing to motherhood. These participants clearly stated that it was their (young women's) responsibility to find out from friends what was learnt in their absence, since it was their choice to fall pregnant. Teenage mothers feel unprepared when they make a re-entry in to education system after childbirth, because of lack of counselling to help them balance motherhood and schooling (Chigona & Chetty, 2008). However, in some countries like the USA, counselling services are provided for school-going teenage mothers (Pillow, 2004).

2.4 Teenage pregnancy as a gendered phenomenon

Studies have revealed that discourse of teenage pregnancy has been constructed as having a negative impact in the academic progress of young women, leading to school

drop-outs and hindering young women's development and empowerment (Chigona & Chetty, 2008; Crouch, 2005; Field & Pierce, 2006; Grant & Hallman, 2006; Jewkes & Christofides, 2008; Macleod & Tracey, 2009; Mcambi, 2007; Yardley, 2008; Zondo, 2006). Jewkes & Christofides (2008) suggest that the financial burden of raising a child is shouldered by the young unmarried mother and her family. Teenage mothers who come from disadvantaged backgrounds and cannot afford to hire help, rely on their mothers or another female relative, which becomes a challenge if they do not live with the adult female (Macleod & Tracey, 2009). Grant & Hallman (2006) argue that early child-bearing does not always disturb the young women's academic journey in South Africa; however, the new responsibilities associated with motherhood may somehow affect their lives to their extent that decisions they are going to make in future will be affected. Such decisions have the potential to threaten their educational success. This emphasises the role various stakeholders can play in supporting pregnant and teenage mothers, thus affording them a chance to complete their high school education, proceed to tertiary, and earn themselves a better place in the workforce.

Issues related to having a child at a young age cannot be viewed in isolation from what is happening in society at large (Mcambi, 2007). Yardley (2008) suggests that the journey of teenage pregnancy and motherhood is crowded with stigma and alienation, experienced both inside and outside schools. Zondo (2006) argues that the teenage mother's learning is full of problems that usually affect the relationship formed by the teenager with peers, teachers, and other important people. Young mothers avoid their friends; because they find it difficult to be part of the group they were in before becoming pregnant, thus viewing themselves as misfits within the group. A good school environment supportive of learners could give them a sense of belonging (Khalil, 2008), whereas an unsupportive school environment could add stress on the teenage mother. Khalil (2008) further argues that pregnant and teenage mothers are no different from their peers in terms of aspirations and goals. Teacher support may assist the young women with adjustment difficulties, during pregnancy and after birth by giving them a sense of acceptance (Khalil, 2008); hence good interpersonal relationships at school with teachers may serve as a measure of social support that could influence teenage mothers' academic performance and future aspirations.

Bhana et al. (2010) further suggest that support for pregnant teenagers and teenage mothers will only be attainable through promotion of gender equality and by understanding that currently the burden of raising children is unfairly distributed between men and women. Hence, school-based interventions must challenge the broad gender role stereotypes and traditional expectations of men and women in families and society.

2.5 Femininities and sexual power

Paechter (2007) describes femininities as ways in which girls and women, through behaviour and attitudes, dispositions, thoughts and actions, demonstrate to themselves and others the way in which they are female. According to Paechter (2007), a person's masculinity or femininity is not inborn or natural, but it is something that is learned, constantly reworked, re-arranged and enacted to the self and others. Thus femininity and masculinity are active states; not just what we are. They are what we do, how we appear, and how we think of ourselves at particular times and in particular places. Paechter (2007) further argues that masculinities and femininities are constructed and performed within the practice of communities and that performance of masculinities and femininities is deeply connected to the construction and reconstruction of identity. Most studies suggest that there is an imbalance of power in sexual negotiations (Harrison, 2008; Holland et al. 1990; Jewkes and Morrell, 2010; Morrell et al. 2009; Rivers & Aggleton, 2000; Wood et al. 1998). Morrell et al. (2009) suggest that the risk is increased by inequalities that influence the way sexual intimacy is negotiated. Women embrace feminine sexual identities which promote male dominance (Harrison, 2008a). There is association between femininities and class. Some studies have found that middle class young women are not afraid of expressing their emotions, compared to working class young women who are afraid to express their differences and animosity (Aapola, Gonick & Harris, 2005; Duncan, 2004; George, 2006).

According to Holland et al. (1990), women are under pressure from men, and this limits their control on heterosexual relationships. Rivers & Aggleton, (2000) suggest that unequal power relations existing between men and women may cause women to

become vulnerable to coerced or unwanted sex, and can influence when, where and how sexual relations occur. Leclerc-Madlala (2001) argues that factors such as female sexual submissiveness, high levels of sexual violence, social acceptance of the 'sugar daddies' phenomenon and the fear of HIV and AIDS, has led older men to seek relationships with younger women. Reddy & Dunne (2007) found that young women are under pressure to appear sexually inexperienced in heterosexual relationships; this impact negatively on their ability to take necessary precautions against STIs and pregnancy. This kind of relationship is characterised by inability of women to negotiate condom use and the tendency of men to resort to violence; increasing the risk of HIV infection, because forceful, unlubricated and unprotected sex is likely to result in physical injury, which provides entry through which infection passes (Dunkle et al. 2004).

Foucault (1978) argues that power is omnipresent because it is produced from one moment to the next. It operates through interactions which are mobile and constantly dynamic. Foucault (1978) further argues that where there is power, there is resistance. Thus power includes and is dependent upon resistance. Paechter (2007) argues that even where resistance or change occurs, this may lead to the formation of new communities while leaving the old ones unchanged and intact in their practices. Those who prevent change are usually those who are central and powerful in their communities; hence viewing change and resistance as threats to their position. Hegemonic masculinity, which legitimizes patriarchy and supports patriarchal structures, is important to men and boys; thus sees men in general gaining from the overall subordination of women (Connell, 1995).

Stereotyped gender roles place young women at a greater risk of HIV infection because of the social pressure to remain a virgin which often results in young women engaging in risky sexual practices such as anal sex, as means of preserving their virginity (Gupta, 2000). High social value placed on virginity in unmarried young women may pressure parents and the community to ensure that young women are kept ignorant about sexual matters. Female ignorance of sexual matters is always viewed as symbol of purity and innocence (Gupta, 2000). There is great emphasis on innocence which prevents young women from seeking information about sex or services relating to their sexual health. Sexually active young women are discouraged

from discussing sex too openly with their own partners, since women are encouraged to be ignorant and inexperienced. This means that young women are less likely able to communicate their need for safe sex to partners.

A study in Kenya revealed that young women felt that they did not have control over their sexuality; sex was not something they could initiate or actively participate in (Balmer, Gikundi, Billingsley, Kihuh, Kimani, Wang'ond & Njoroge, 1997). Having many sexual partners is equated to being popular or important in South African young men (Abdool-Karim & Morar, 1995). There is, however, a change in the socialisation of young men, with less emphasis placed on the celebration of *isoka* (a man with many girlfriends) as opposed to it being viewed as triumphant masculinity. This is due to men's economic disempowerment and the reality of AIDS; these have obliged men to become providers out of marriage, especially in rural KwaZulu- Natal (Hunter, 2005). Hunter (2005) argues that there is an association between masculinities and money, whereby unemployed men constantly express their dissatisfaction with their inability to attract women, unlike their peers with jobs in the formal and informal sectors of the economy, who are able to provide for women, sometimes multiple women, in new ways such as in buying cell-phones and clothes. The result is that young single women have affairs with older men, hence the HIV prevalence rates show this shift in intimate practices; they peak about ten years later for men than women.

Most international researchers have found a link between socio-economic status and teenage pregnancy, arguing that teenage births in the USA and the UK occur mostly amongst the socio-economically disadvantaged young women. They tend to depend on the state (Arai, 2009). In South Africa there is no first-hand evidence of a link between teenage pregnancy and Child Support Grant (CSG) as an incentive for young women to fall pregnant; as only 20% of teenagers were beneficiaries of the CSG (Makiwane, Desmond, Richter & Udjo, 2006). According to Makiwane et al. (2006), CSG becomes an incentive for young mothers to spend on purchasing of personal items. The CSG was introduced by the government in April 1998, as a way of alleviating poverty whereby children from disadvantaged backgrounds could have access to basic needs such as food, no matter their household status (Lund, 2008). At first, monthly cash benefit of R100 was payable to the primary caregiver of children

up to their seventh birthday. The government progressively extended the CSG to cover children up to age 14 (Lund, 2008). The cash benefit was also progressively extended to benefit children up to age 18 and to the amount of R280 in the 2012/13 financial year. Lund (2008) argues that the rate of teenage pregnancy was exceptionally high among the African population prior to the CSG because of a combination of factors which include lack of choice, lack of empowerment, and lack of parental guidance.

2.6 Culture and Sexuality

Studies that have been conducted previously show that fertility has a cultural value, especially in the gender identity of African-Zulu women (Preston-Whyte, 1988). Child-bearing was viewed as a crucial part of womanhood in the studies conducted in the 1970s (Berglund, 1976; Ngubane, 1977). Other studies revealed that some teenagers intentionally fall pregnant because of pressures from their boyfriends, peers and families with the aim of proving their fertility; this being viewed as an essential element of social respectability and femininity (De Villiers & Kekesi, 2004; Wood et al. 2006). Participants in a study by Wood et al. (2006) stated that they were pressured by their families and boyfriends to have at least one child; hence some mothers of pregnant teenagers openly accompanied their pregnant teenage daughters to the ante-natal clinic. However, Varga (2003) opposed this view by finding that young African women perceive education as more valuable, they aspire completing their education and obtaining better job opportunities.

In some industrialized countries, there may be ideological support for gender equality, but this does not translate to equality within family relationships (Paechter, 2007). Holloway (1994) found that in Tanzania, traditionally, authority rests with the older men of the community. As a result, in Tanzania, before a woman is allowed to access training in civil service, permission is sought from her husband, despite an official policy of equal access. In the African culture, especially among the isiZulu-speaking people, fathers are viewed as symbols of authority, discipline, power and order whose main role is to provide for the family and bring financial stability to their households (Hunter, 2005). Teenage pregnancy undermines all that the household head represents (Mcambi, 2010).

Young women are expected to treat men in their household with the greatest degree of respect (*ukuhlonipha*) (Varga, 2003). Embracing the value of *ukuhlonipha* affects the level to which young women communicate with their parents or caregivers on issues of sexuality; hence there is insufficient communication which often leads to high levels of premarital sex, HIV infections and teenage pregnancy (Delius & Glaser, 2002; Singh, 2005; Remes et al. 2010; Wood et al. 2006). One parent, who participated in a study conducted in rural Mwanza, Tanzania by Remes et al. (2010), admitted that as parents, they were too ashamed provide sexual reproductive health education (SRH) to their daughters and thus had initiated of many problems they were facing. Remes et al. (2010) further found that parents held a perception that SRH was equivalent to basic sex education, and that providing it to their daughters would discourage intergenerational respect. In cases where information regarding sex and pregnancy was received from parents, this was vague and limited; with statements such as ‘run if you see boys’, ‘don’t sleep with boys’ (Wood et al. 2006, p.8). In a study conducted by Wood et al. (2006) among pregnant teenagers, participants admitted that they failed to understand these statements. According to Delius & Glaser (2002), in the African culture there is an alarming intergenerational silence on issues of sexuality. This has resulted in teenagers depending on their peer groups for sexuality education. Peers have become an important source of knowledge, advice, and support (Rivers & Aggleton, 2000). In South African schools, peer education has been implemented as a strategy for HIV prevention (Ward, Van Heijden, Mukoma, Phakati, Mhlambi, Pheiffer & Bhana, 2008). According to Ward et al. (2008), peer education strategy is based on the influence that individuals have on each other, socially, through peer group norms. Peer education is defined as a ‘dynamic process, a strategy, a communication channel, system and a tool whereby selected and well-trained people in a specific situation contribute to the well-being of others in the same situation’ (SAQA, 2009a). Peer educators are effective in setting peer group norms, modelling healthy behaviour, assisting peers in accessing relevant information, demonstrating academic, decision-making and social skills; this, however, requires effective implementation. Peer-led interventions are based on the assumption that behaviour is socially influenced, and that behavioural norms are developed through interaction with the peer group (Campbell & MacPhail, 2002).

There is currently a shortage of evidence that demonstrates the effectiveness of peer education as a strategy for improving sexual health of young people, both nationally and internationally (Bastien, Flisher, Mathews & Klepp, 2006; Speizer, Magnani & Colvin, 2003). Reviewing the effectiveness of peer education programmes in South Africa, Bastien et al. (2006) found no evidence to prove that these programmes contribute to long-term behaviour change. In a study in Tshwane-South Africa, conducted in 17 secondary schools, it was found that peer education may have had an influence on the delay of sexual debut of school-going young people, however no influence was noticed on the behaviour of the learners who were already sexually active (Visser, 2007). Undie, Crichton & Zulu (2007) suggest that a challenge to sexuality education programmes throughout the African continent is that they were not tailored to youth culture. Singh (2005) suggests that parents need to accept the reality that each year children are becoming sexually active at a younger age. Parents need to realise that withholding crucial information regarding sex has not stopped teenagers from engaging in sexual activities in the past and is unlikely to do so in the future. This emphasises the importance of genuine communication between parents and their children, since parents can no longer afford to keep quiet about sex. The extent to which issues of sexual health are discussed between different age groups is determined by their cultural practice. Remes et al. (2010) highlights the difficulties that parents experience in communicating with their children about sexual matters. Parents do not usually view their children as adults who are ready to discuss sexual involvement; the information that parents give their children regarding sexual matters is insufficient preparation for teenagers in facing the pressures regarding sexual issues (Wood et al. 2006).

In South African rural settings, customary practices merge with material realities, thus producing gender and age hierarchies putting young women and women in their place despite the progressive legislative framework that promotes gender equality (Sideris, 2004). The rural context of KwaZulu-Natal, which is the site for this research, is often described as poor, lacking in sufficient resources, with high HIV prevalence and where adherence to very narrow structures of gender prevail (Sideris, 2004). The gendered social environment in rural areas creates multiple vulnerabilities for young

African women (Bhana et al. 2010). Teenage pregnancy results from a complex set of factors related to the social conditions under which teenagers grow, including in poor areas such as the rural and informal environment (DoE. 2009).

2.6.1 Zulu cultural practices and sexuality

Traditional isiZulu-speaking society is strongly patriarchal. Many of its cultural practices are geared towards maintaining a man's status as the undoubted head of the household, *umnumzane* and a figure of authority (Varga, 2003). Varga (2003) further suggests that there are strict rules controlling women's behaviour, starting from early ages. All these rules are set by *umnumzane*. Young women are expected to treat men in their household and community with the greatest possible degree respect (*ukuhlonipha*); later in life when they get married, respect has to be given to the husband. The wealth of *umnumzane* is determined by the size of his kraal. The symbolism of cattle spreads beyond the homestead since they are used as a form of compensation for the loss suffered by the bride's family when she moves to join her husband's family (Hammond-Tooke, 2008). Hammond-Tooke (2008) further suggests that those cattle are used by the brothers of the bride to marry in their turn. During nuptial negotiations, bridewealth cattle represent the principal intention of marriage; transfer of two sets of rights, those over the bride herself and those over her children. Rights over the bride are those over her sexual access and to her domestic labour, balanced by the duties of a husband to provide his wife with a house and lifelong security.

The intrusion of HIV and AIDS has proven that the regulation of sex in South Africa is in crisis because of the pandemic's devastating impact on the individuals, their families, and neighbourhood in which they live (Marcus, 2008). African sexual socialisation history embraced puberty, education, and control. The onset of puberty was not suffered in isolation and shame; it was openly acknowledged and even celebrated (Delius & Glaser, 2002). According to Delius & Glaser (2002) peer group education was formalised and recognised. This included information about pregnancy and ways of preventing conception. Amongst the isiZulu-speaking young people there were older women known as *amaqhikiza* who monitored all the doings of the younger women after puberty. No young woman was allowed to act without *iqhikiza*'s

(singular) consent. The only form of intercourse that was accepted between young unmarried men and women was called *ukuhlobonga* also known as *ukusoma* where there was no penetrative sex; the young man would ejaculate on the thighs of a young woman. Mothers would constantly do virginity testing of young unmarried women also known as *ukuhlolwa kwezintombi*, in order to ensure that their daughters did not lose virginity which would reduce their bride price, known as *ilobolo* (Delius & Glaser, 2002). Teenagers who engaged in penetrative sex were punished severely by their peers (*amaqhikiza*), who formed youth structures responsible for regulating behaviour (Mayer, 1961). A *umemulo* (coming-of-age) ceremony would be held for a young woman reaching a marriageable age (Marcus, 2008). If parents chose not to perform *umemulo*, their unmarried daughters could encounter problems in the future because the *amadlozi* (ancestors) would not have been told of the rise of the young woman to a marriageable status. Permission has to be sought from *amadlozi*, who will in turn bless the young woman with the ability to bear children (Marcus, 2008). Today, many isiZulu-speaking people still perform *umemulo*. The high prevalence of HIV and premarital pregnancy, have triggered customary responses, with interventions such as *ukuhlolwa kwezintombi* and *umemulo* gaining momentum in contemporary KwaZulu-Natal (Marcus, 2008).

2.6.1.1 Virginity testing (*Ukuhlolwa kwezintombi*)

In contemporary KwaZulu-Natal the recent renewal of virginity testing (*ukuhlolwa kwezintombi*) has emerged within a social framework shaped by a combination of factors which include the deadly toll of IsiZulu-speaking households infected by HIV and AIDS; disassociation of marriage from family life, and the attractiveness of the Zulu traditions that protected the innocence of the young women (Marcus, 2008). Instead of parents talking to their children about sexuality, many prefer their daughters to join virginity testing (Nkani, 2012). This is a cultural practice that is mostly practiced by IsiZulu-speaking people. It was revived in the 1990s since it is believed to be the answer for controlling teenage pregnancy and the spread of HIV (Leclerc-Madlala, 2001, 2003; Taylor, Dlamini, Sathipasad, Jinabhai & De Vries, 2007; Vincent, 2006). This practice advocates that young women should undergo virginity tests in order to preserve virginity until marriage, virginity being vital to the giving of bridewealth (*ilobolo*) and to the socio-economic survival of rural

communities (Lambert, 2008). If a young woman's virginity is checked and verified, this entitles her family to ask for more *ilobolo* (usually an extra cow to be given to the mother of the bride) (Lambert, 2008). Young women have to lie in a row on grass mats while the virginity tester (*umhloli*) part their legs and examine their genitalia, frequently using her hands to part the young women's labia or pull their buttocks to see the *ihlo* (the 'eye'-believed hymen) (Leclerc-Madlala, 2001). Abstinence from sex is the only contraceptive emphasised in this cultural practice; the use of condoms and other contraceptives is discouraged (Vincent, 2006). Most young women, who participate in virginity testing, attend Reed Dance Festival. This Reed Dance Festival, known as *Umkhosi Womhlanga* in IsiZulu, is an annual cultural festival which celebrates the coming-of-age of women (Nkani, 2012). Participation in the Reed Dance is a source of pride to the young women themselves, their parents and communities.

In a study conducted by Taylor et al. (2007) on perceptions of secondary school students from rural Ugu District regarding virginity testing, it emerged that there was high regard for this cultural practice. Approximately 58% of young women indicated that they had undergone virginity testing; 70.5% stated that they fully supported this cultural practice and would opt to participate. However, Leclerc-Madlala (2001) argues that young women participating in virginity testing risk rape and contracting HIV after their virginity is publicly announced, in the presence of predatory men. This is because older men prefer to have sexual relationships with virgins because they are viewed as low HIV-risk group. Virginity test have been associated with reports of corruption and bribery, whereby virgin testers have been paid to issue virginity certificates to young women who are no longer virgins. George (2008) argues that some of these young women have given birth, a few months later after being pronounced virgins, which proves that they were already pregnant at the time of the test.

In a study conducted in year 2000 amongst first year students aged 20 to 26 from University of KwaZulu-Natal, students came up various definitions of virginity like 'never been touched by a man's penis', 'being pure', 'innocent or resembling a Ricoffee tin which has not been opened'. However, students were not sure whether non-penetrative sexual activities or anal or oral sex violated virginity (Marcus, 2008

p.538). According to Marcus (2008), young women's virginity gives young men a sense of pride and authority, knowing that the young women are not 'damaged'. Leclerc-Madlala (2003 p.92) suggests that virginity in the isiZulu culture is often associated with a 'dry and tight' vagina. This has led to women using a wide range of methods and substances to 'clean' and 'tighten' the vagina. The belief that AIDS is a disease constructed by having sex with a 'dirty' woman and believed to be curable through sex with a 'clean' woman, further puts virgins and children at risk of this ethno medicine. The dry-clean-virgin theme holds a symbolic value for virgin testers, who view virginity testing as a culturally appropriate way to fight high rates of teenage pregnancy, and the AIDS pandemic.

Leclec-Madlala (2003) suggests that virginity testing places women and women's sexuality at the epicentre of blame for the current AIDS epidemic. Young single women are particularly blamed for no longer conforming to the cultural norms of female obedience. In KwaZulu-Natal and South Africa more broadly, female virginity testing is hardly going to serve the purpose of keeping young women away from penetrative sex, but instead will expose these young women to public identification, and make them more vulnerable to potential male predation in a world of transactional sex (Marcus, 2008). Substantiated through the common occurrence of teenage pregnancy and the escalating numbers of people sick and dying from AIDS, there is a wide acknowledgement that cultural practices which were once successful in regulating sexual activities of Zulu young men and women, no longer operate (Leclec-Madlala, 2003). Albertyn (2010) argues that virginity testing on young women is not a justified method of preventing HIV and unplanned pregnancies, because it violates equality principles; the outlawing of the practice in the proposed Children's Bill, was received with strong opposition from traditional leaders. This led to the practice being limited to young women over the age of 16, after informed consent and counselling, results not being disclosed without the young woman's consent and her body not marked in any manner. This is however not the case, because women as young as 12 years participate in this cultural practice, with a dot on the forehead used to confirm virginity (Albertyn, 2010).

2.6.1.2 Coming-of-age ceremony (*umemulo*)

This cultural ceremony is performed by most isiZulu-speaking people, especially from KwaZulu-Natal. Traditionally, *umemulo* was performed by the parents of a young woman when she reaches a marriageable age, having abstained from pre-marital sex, which precluded the possibility of having a child out of wedlock (Magwaza, 2008). According to Magwaza (2008) the main objective for *umemulo* ceremony is notification, and seeking permission from *amadlozi* (ancestors) to bless the young woman with marriage and the capacity to bear children. In a study conducted by Magwaza (2008), examining the central features of *umemulo* in various locations of KwaZulu-Natal, from Durban and communities surrounding the city to more remote rural areas of Vryheid, Eshowe and Mahlabathini, including her own (*umemulo*), it was found that despite the social disruptions caused by colonisation, urbanisation and industrialisation, *umemulo* maintains much of its longstanding traditional character. However, there are changes in the ritual protocol. In contemporary KwaZulu-Natal, some parents perform *umemulo* when their daughter completes either high school or tertiary education; in this case *umemulo* represents a graduation party or a significant time, just before she marries (Magwaza, 2008).

Magwaza (2008) views *umemulo* as a milestone for both the patriarchal father and her daughter. This is because the father leading *umemulo* publicly confirms that he is ready to give his daughter his blessing to start a heterosexual relationship. This is a symbol of gratitude to his daughter for embracing ideals of respecting her elders, conforming to *ukuhlonipha*, a set of behaviours that a wife follows when interacting with her husband and ranking members of his family. The father expresses his joy by presenting an ox for slaughter to congratulate his daughter for reaching age of maturity (Magwaza, 2008). The entire week before *umemulo*, a young woman coming-of-age (*intombi emulayo*) is secluded in a special room or hut called *umgonqo* in order to get a spiritual blessing from *amadlozi*. She stays in the *umgonqo* with other female age-mates is not allowed to leave *umgonqo* except at night when few people might see her. When she leaves *umgonqo* even for a short time, she adopts a shy attitude exhibiting *ukuhlonipha*. She must not talk too much, speak loudly or laugh heartily, showing that she is becoming a wife capable of

ukuhlonipha. She must drink water treated with a pinch of ash to make her a good cook for her future husband. To enhance her fertility, she must eat bitter roots of the *impindisa* shrub and avoid sour milk, like a traditional married woman (Magwaza, 2008). From the above, it is clear that all *umgonqo* instructions relate to marriage and motherhood.

On the day of *umemulo*, *intombi emulayo* puts on the beast's caul, *umhlwehlwe*, a layer of fat covering the viscera of a slaughtered cow. *Umhlwehlwe* covers her shoulders and breasts. Msimang (1975) suggests that this is meant to invite ancestors to bless the young woman with good fortune. The father will then thank the ancestors and request their blessing. *Intombi emulayo* receives various gifts from family and friends, including money notes pinned to her headgear and blankets (Magwaza, 2008). *Intombi emulayo* and other young women will entertain the guests with songs and dance in the wide open space called *isigcawu*. Unlike other cultures like Xhosa and Sotho, the Zulu cultural practices do not have a coming-of-age ceremony for a young man to prepare him to become an ideal husband which makes *umemulo* a gendered practice. Magwaza (2008) argues that the whole *umemulo* ritual forms part of an unmarried woman's training to be an ideal wife in the eyes of her husband and in-laws.

There is a close association between *ukuhlolwa kwezintombi* and *umemulo* since *umemulo* may serve as an incentive to the young woman who has managed to preserve her virginity and has had no children until marriageable age. However, this may result in parents putting a lot of pressure on their daughters to take part in *ukuhlolwa kwezintombi* as a strategy for prevention of pre-marital sex; in order to qualify for *umemulo* which is viewed as pride for both patriarchal father and his daughter (Magwaza, 2008). This enables parents to negotiate the best bride price during *ilobolo* negotiations. Jewkes & Morrell (2010) argue that some South African people are viewing *ilobolo* as justifying of the commoditisation of sex. Pressure to preserve virginity in order to be eligible for *umemulo*, may result to young women engaging in more risky forms of sex such as oral and anal, provided they are non-penetrative (Marcus, 2008).

2.7 The use of contraceptives

Legislation that has been put in place in South Africa acknowledges that young men and women are sexually active beings. The Children's Act of 2005 makes provision for teenagers of 12 years and above, to autonomously access contraceptive services including giving consent for HIV testing and treatment (Kharsany et al. 2012). National Contraceptive Policy Guidelines (DoH, 2012) have been put in place in order to ensure that contraceptives become accessible to all. However, research indicates minimal use of these services since contraceptive prevalence among South African teenagers is at an estimated rate of 51% (Ramathuba et al. 2012). Of the 51%; 29% used male condoms, 9% injection, 1% female condom, and 3% used the pill.

Barriers to effective contraceptive access and use include clinic nurses' attitudes and lack of confidentiality especially in rural clinics (Wood et al. 2006). In a study conducted by Wood et al. (2006) among pregnant young women, participants described nurses as rude, arrogant and short-tempered; asking questions such as why teenagers were having sex so young and whether they had told their mothers. This attitude from nurses brought about shame, sadness and fear in young women, as a result many stopped using contraceptives and fell pregnant. Nurses who participated in this study (Wood et al. 2006), felt that it was their role to discourage young women from being sexually active, since parents were failing in that regard, due to a cultural taboo opposing intergenerational discussion of sexual matters. In the same study (Wood et al. 2006, p.34), nurses also stated that giving contraceptives to young women did not make them 'feel good' and also they complained about a lack of respect from young women, lying in order to get abortion and tempering with clinic cards to cover contraceptive breaks.

Some young women fall pregnant because birth control or contraception is not available or they do not have adequate information (Harrison et al. 2011). Using birth control methods would expose their sexual activity to the public (Boult & Cunningham, 1991). Barriers to effective contraceptive use may be one of the significant factors increasing the number of teenage pregnancies. This may be linked to fear of abuse from health care workers, and insufficient information or understanding about the methods and side-effects of contraceptives (Wood et al.

2006). Inability to utilize contraceptives effectively may be worsened by the male partners, who may be critical of birth control. Some men have myths about contraceptives and believe that birth control leads to infertility and prevention of male sexual pleasure. As a result, some females choose not to use contraceptives in order to please their partners (Wood et al. 2006). Some participants who took part in a study conducted by Wood et al. (2006) stated that they were discouraged by their mothers and boyfriends to use contraceptives with the perception that it would cause infertility. Nurses who participated in a study conducted by Wood et al. (2006) stated that initiation schools for young men koma and for young women kgopa were another contributing factor to the prevalence of teenage pregnancy in rural Northern Province. After initiation boys would want to prove their masculinity by impregnating a woman. Fathering is viewed by many African men as a symbol of pride and confirmation of masculinity (Morrell, 2006).

Failure to use contraceptives effectively may be associated with power differences within relationships (Wood et al. 1998). Most young women use oral contraceptives, which are not highly recommended by health care workers. Pills are easily forgotten compared to injectable contraceptives. Injectable contraceptive methods do not need the young woman's participation because the injection is taken once in two or three months. This method can be used secretly without the young women being noticed by their partners. However, it may not be desirable to young women because it may lead to interruption in menstruation. As a result, some teenagers may decide to take a contraceptive break and are likely to fall pregnant during this break (Wood et al. 1998).

Macleod & Tracey (2010) argue that the media has over-emphasised the use of condoms over oral contraceptives, thus worsening the problem of teenage pregnancy. This echoes the study by McPhail et al. (2007), where it was found that there has been more emphasis on the use of condoms, especially male condoms and HIV prevention to the disadvantage of contraceptive services. The male condom poses a challenge because it is heavily dependent on male compliance. MacPhail et al. (2007) further highlight that there is a minimal mention of female condom. Impact of condoms may be limited by inconsistent and incorrect use. Consistent use of condoms requires a reliable distribution system and a long-term individual commitment (Steyn, Groenhof

& Schaalma, 2009). Studies that have reported on the factors associated with condom use amongst young men and women found the following: knowledge about HIV transmission is not sufficient to change to appropriate preventive behaviours, and much of previous research in developing countries, concentrated on sexuality at the level of the individual, while neglecting societal, normative and cultural contexts (Steyn et al. 2009). According to Steyn et al. (2009), individuals should be understood within their context, since it is within this context of understanding the societal, normative and cultural norms in which individual level determinants such as knowledge, attitude and behaviour are constructed. Marston & King (2006) suggest that condoms can be stigmatising and associated with lack of trust, as a result young people would worry that asking their partner to use a condom implies that they think their partner has a disease. In South Africa and Uganda insisting on condom use can be interpreted as a sign of carrying disease. One participant in a study conducted by Wood et al. (2006) stated that her boyfriend refused to use a condom saying 'plastic' made him sweat; out of fear, she did not oppose the boyfriend's view.

A study has found that for South African young women aged 15 to 24, as the age of the male partner increases the lower the chances of condom use are, within that relationship (Moyo, Levandowski, MacPhail, Rees, & Pettifor, 2008). Hence HIV prevalence is 6.7% among teenage women aged 15-19 as compared to 2.5% of teen men, with a sharp increase to 21.5% amongst women aged 20-24 as compared to 5.3% among men of the same age group (Harrison et al. 2011). According to Harrison et al. (2011) about one-third of women, experience first birth by age 18. Age is viewed as another key factor in negotiating sexual activity, condom use and may create vulnerabilities (Harrison et al. 2011). Harrison et al. (2011) suggest that inconsistent condom use in young women largely reflects limited negotiating power in relationships with older partners.

There is association between low socio-economic status and inconsistent or non-condom use. The study by Steyn et al. (2009) views poverty as an influence on actual behaviour control. Owing to poverty, women would engage in situations where they get material goods in exchange for sex, hence they find it difficult to insist on condom use. Literature indicates that women and young women do not have social and economic power to insist on condom use, or abandon sexual relationships that put

them at risk (Dunkle et al. 2004; Jewkes & Morell, 2010; MacPhail & Campbell, 2001). In these researchers' point of view, social norms in many communities reinforce the subordinate status of women and young women, allowing men to have power to initiate and dictate terms of sex.

Kelly (2002) suggests that media can have a positive influence on condom use behaviour in young men and women. Kelly (2002) argues that young people in the rural areas have lower access to media campaigns than young people from urban, areas who are often better informed about sexual health and protection methods. Steyn et al. (2009) view the influence and effects of the relationship between parents and their children, as another contributing factor. According to Steyn et al. (2009) adults try to warn young men and women off sex, through punishment and gossip. Parents often choose not to discuss sexual matters because of the fear that their children will have sex and thus deny their children important information on how to protect themselves, deal with sexual coercion and ways in which they can negotiate condom use.

Steyn et al. (2009) further associate non-condom use with unequal opportunities that exist in the South African education system, suggesting that unequal education opportunities and the level of education influence one's attitude towards condom use. Education plays an important role to help young people realize that they are at risk and this can increase one's risk perception and change their misconceptions concerning their sexual health. However, increasing knowledge does not result in behaviour change; knowledge is a necessity for behaviour change. Being convinced of the negative effects of condoms prevents people from using them. Social norms and attitudes affect consistency of condom use; this includes factors such as communication skills and preventive behaviours at first sex (Harrison et al. 2011, Marston & King, 2006). According to Marston & King (2006), social pressures may mean that women might not wish to mention sex or acknowledge sexual desires, particularly in the early stages of a relationship; young women may be reluctant to discuss condom use because this may be seen as equivalent to agreeing to sex and this makes safe sex difficult to plan.

However, Harrison et al. (2011) further suggest that there is a change in teenage

men's attitude towards gender and sexuality, where the idea of condom use is supported, and viewed as a symbol of love and respect for a partner; indicating changes in condom attitudes and gender beliefs. According to Marston & King (2006), inequalities of age combine with inequalities of socio-economic background, gender and sexuality to determine vulnerabilities in both young men and women, where young men may engage in sexual activity in an attempt to address intra-generational inequalities and enhance their social status.

2.8 Conclusion

In this chapter I have looked at what different scholars say about factors contributing to teenage pregnancy, how teenage pregnancy is viewed by society and how the society treats these young women. I also looked at how pregnant teenagers experience pregnancy and schooling, given day-to-day challenges that come with early child-bearing. This chapter also shed some light on the legislative framework that has been put in place in order to protect pregnant teenagers and teenage mothers in South African schools; achieving minimal outcomes since some of these young women still face challenges.

The next chapter discusses the research design and methodology used in this study.

Chapter 3

Research design and methodology

3.1 Introduction

This study explores how six young pregnant women from Minenhle High School (pseudonym), in rural KwaZulu-Natal narrate about being pregnant while at school; especially in the frightening times of AIDS. In order to achieve this, my study has adopted a qualitative approach where data were collected through focus group discussions and semi-structured individual interviews. According to Denzin & Lincoln (2008), the aim of methodology is to describe approaches and paradigms of research, helping the researcher to understand, in the broadest possible terms, not the product of inquiry, but the process itself. Using qualitative research methodology where data were collected through individual interviews and focus group discussions, has helped me as a researcher to extract in-depth information from my participants about how they understand sexual risk, and how they balance their lives, while pregnant and at school at the same time.

The chapter will begin by describing the qualitative approach and its significance for this study, the paradigm within which this study is located, the qualitative methods used to collect and analyse data, and the context of the study. According to Denzin & Lincoln (2008), in qualitative research no single method is privileged, since it is a set of interpretive activities. Hence, multiple theoretical paradigms claim use of qualitative research. This chapter also outlines some of the limitations of this study.

3.2 A qualitative approach

This is a qualitative study. Qualitative research places emphasis on the qualities of entities and on processes and meanings that are not scientifically examined or measured in terms of quantity, intensity, amount, or frequency (Denzin & Lincoln, 2008). Denzin & Lincoln (2008) view the relationship between the researcher, what is being studied and situational constraints that shape inquiry as intimate; where the researcher seeks answers to questions that emphasize how social experience is created and given meaning. Denzin & Lincoln (2000) state that one undertakes qualitative research in natural settings, where the researcher is an instrument for data collection,

and which gathers words or pictures and analyses them. According to Denzin & Lincoln (2008) qualitative research consists of practices that transform the world and turn it into a series of representations, including field notes, interviews, conversations and memos to the self. Cresswell (2008) also affirms that qualitative research is defined as an enquiry process of understanding a social or human problem based on building a complex, holistic picture informed with words, reporting detailed views of informants, and conducted in a natural setting. Holloway & Wheeler (1996), state that qualitative research studies people or systems by interacting with participants, observing them in their natural environment, and by focusing on their meanings and interpretations. This contrasts with quantitative research where the researcher separates himself from the world being studied; and where he would stick to what he would observe and measure it using questionnaires or survey in order to get to the truth. However, the weakness regarding the quantitative approach is that it becomes difficult to realize processes involved in the phenomena measured (Denzin & Lincoln, 2008). Qualitative research is useful when investigating complex and sensitive issues; hence I saw it as most appropriate for this study. The research process itself and the researcher can be used as an emancipatory tool in redefining the self-identity of participants when investigating sensitive areas such as sexuality and HIV and AIDS within ethnic minority groups where participants are reluctant to talk about their experiences and emotions out of fear of discrimination and rejection (Truman, Mertens & Humphries, 2005).

The school chosen as a research site for this study, Minenhle High School, is one of the Ugu District's rural schools with a high prevalence of teenage pregnancy.

YEAR	TOTAL No OF FEMALE LEARNERS	TOTAL No of PREGNANCIES
2008	205	15
2009	223	17
2010	196	12
2011	185	14
2012	178	11

Learner-pregnancy statistics for Minenhle High School

Because of the prevalence of teenage pregnancy, Minenhle High School has been included in the My Life My Future (MLMF) campaign which aimed at curbing the spread of social ills in KwaZulu-Natal, with the main focus on teenage pregnancy. The MLMF campaign was put in place in KwaZulu-Natal in 2011, led by the MEC for education, the Honourable Senzo Mchunu. The aim of the campaign is to minimize the spread of the social ills such as HIV and AIDS, and teenage pregnancy as they compromise quality of life of the young men and women. These social ills also impact negatively on teaching and learning. Peer Education, Soul Buddyz Clubs and community dialogues are Life Skills programmes that form part of the MLMF campaign.

As part of the MLMF campaign, 15 learners (9 girls and 6 boys) from Minenhle High School were trained by the Ugu district Department of Education (DoE) HIV and AIDS Life Skills section, to become peer educators responsible for educating other learners on Life Skills, including sexuality education. Having been a subject advisor for four years in 2012, monitoring and supporting the school, I have since built a strong working relationship with the School Management Team (SMT), teachers and learners. This enabled my participants to open up freely and share their experiences of being pregnant while at school, without any reservations, since I had no intention of influencing my participants in any way, throughout this study.

3.3 Social-constructivism paradigm

This study is located within the social-constructivism paradigm. Social constructionist theory is founded on the belief that reality is socially constructed and not fluid. Thus what we know always negotiated within cultures, social settings and relationships with other people (Cohen, Manion & Morrison, 2007). The constructionist theory is most suited for this study, as Burr (1995) states that knowledge is sustained by social processes and people construct it between them. Social constructionists emphasize the use of language, that knowledge is constructed through language and that it produces particular versions of events. In the social constructionist paradigm, the researcher is a key element, seen as a co-producer of knowledge and hence required to be reflexive and critically aware of the language (King & Horrocks, 2010). Users of social

For qualitative research, generalizing for the whole research population is not the most suitable option. Instead, the researcher attempts to explain what is happening within a small group for in-depth investigation (Neuman, 2000; Dawson, 2002). Lewis (1995) states that in qualitative research fewer subjects tend to be studied, resulting in the study findings being more difficult to generalize. I engaged myself fully aware that the findings of this study are only a reflection of what is happening at Minnehle High School, at the particular moment in time of study and could not be generalized of other teenagers in other schools.

3.4 Context of the study and research site

Map of the Ogagwini area in Ghana, showing various towns and roads. The map includes labels for towns such as Nigillovo, Ogagwini, Nigilanyoni, Ngugu, Kwakwayi, and others. A road network is shown with orange markers indicating specific locations. The map is sourced from Nona.net.

The map of Umbumbulu showing Mgugu and neighbouring residential areas

KwaZulu-Natal has the most severe HIV epidemic in South Africa. A total number of 1, 6 million people, which is 16% of the population, and nearly a third of the total population, was estimated to be HIV positive in 2008. One of the contributing factors is that KwaZulu-Natal has most rural schools. In the research conducted by Gardiner (2008); 2956 rural schools were found in KwaZulu-Natal, which is more than the number of rural schools in Limpopo and Eastern Cape put together. Mgugu is in the Ugu District Municipality under the Vulamehlo local Municipality, Thoyana Tribal Authority, which is one of 39 tribal authorities in Ugu. Thoyana has been characterized by faction fights in the early 1980s. Some families left the area to seek refuge in other tribal authorities. Ugu District Municipality has 91 wards emanating from 6 local municipalities: Ezinqoleni, Umuziwabantu, Hibiscus Coast, Umdoni and Vulamehlo. Poverty rate in the Ugu District Municipality was estimated at 65% in 2006 and 44. 8% in 20 11; driving and sustaining a number of social challenges, especially within the youth; since Ugu District has the largest youthful population. Here, the 15-19 year group makes up about 45% of the total population (Ugu District Strategic Plan (USDP) 2012-2016). Women in this age group are at a higher risk of HIV infection compared to men of the same age group (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-Van Wyk, Mbelle, Van Zyl, Parker & Pezi, 2009). According to (UDSP 2012-2016), HIV prevalence has been as follows: 40.6 2008/2009; 40.2% 2009/2010; 41.1% 2010/2011. The study is not about HIV; however, I saw it necessary to highlight HIV statistics since pregnancy is one of the indicators of sexual risk. Hence, the two are interrelated.

Governance at Mgugu is by local government and traditional leadership. Local government is represented by a ward councillor and traditional leadership comprises of Chief Hlengwa and his council made up of headmen (*izinduna*); all men. Mgugu is characterized by strong patriarchal practices that promote male dominance over women. Both Shembe and Christian religions are dominant in the area. The area is rural and characterized by high levels of unemployment, and lack of economic resources, resulting in extreme poverty and high prevalence of HIV and teenage pregnancy. The infrastructure is poorly developed, roads are gravel and some parts are not accessible on rainy days. Sanitation comprises pit toilets. Most households consist

of two or more mud huts or rectangular mud buildings and Reconstruction and Development Programme (RDP) houses. Reconstruction and Development Programme was put in place by the ANC-led government after the 1994 democratic elections in order to address some of the backlogs as a result of the apartheid system. Low-cost houses were built for previously disadvantaged communities. All RDP houses at Mgugu have pre-paid electricity installed, plastic water tanks and solar geysers; however, most households still prefer to use firewood for cooking and warming up houses, because of poor socio-economic conditions. Households are a few metres apart. Most households have a plot each, with vegetables for the consumption of the family. There is no running water; the community gets water from communal stand pipes, which sometimes dry up, especially in winter. On such days, the municipality provides water from the river through water tankers.

Most people in this area are isiZulu-speaking and very conservative of their Zulu cultural practices. Young women are encouraged to take part in cultural practices such as *ukuhlolwa kwezintombi* (virginity testing). A number of households are headed by women because men work and stay in industrial areas around Durban and surrounding towns; or they are away job hunting. Those who find themselves jobs cannot live in the area because of the great distance between Mgugu and the city. Some households are headed by children because parents are either deceased or work away from home. This increases levels of vulnerability in children. The area has minimal facilities for recreation. Only one soccer field is available for this community. There is a community hall but no youth activities take place. In most cases, the hall is hired by the community for weddings, religious activities and funerals. As a result, young people have a very limited choice of recreational activities. Some take part on activities organized by their churches and most young men and women take part in activities that promote Zulu culture, for example, Zulu dance that is practised every weekend. Zulu dance competitions are held from time to time and the youth from Mgugu community also participates.

The school has two buildings comprising of eight classrooms, with an enrolment of 308; 178 girls and 130 boys. There are 10 teachers, 8 females and 2 males, 1 of which is the school principal. All teachers teaching at Minenhle do not stay in the area. Most of them stay as far as Durban which is approximately 50 km from the school. In a

study conducted by Gardiner (2008), it was found that most teachers teaching in rural schools prefer to live in towns away from where they teach, where they usually use their subsidies to buy houses and it is where their children attend schools. This affects the teachers' times of arrival and departure from school, minimize the opportunity for after-hours attention; thus impacting negatively on the quality of education. It also reduces their knowledge about community activities and limits their ability to take part in these activities. The school has no administration clerk. All administrative duties are shared amongst the principal and members of his school management team (SMT) which comprises of two heads of department, both women. The school has a security guard paid by the department of education. The gate is always locked and he controls access to the school, with the use of visitors' book. He only provides security during the day and not at night, as per his job description. There is no library, science or computer laboratory. Even the principal's office has no computer. Minenhle High School has electricity but no running water. Rain water is stored in tanks, and used by the entire school. Some teachers prefer to bring their own water for drinking. Availability of water becomes a challenge in winter due to the scarcity of rain. Only three sports codes are offered; athletics, netball and soccer. The community playground used by the school for athletics and soccer is about 5 kilometres away. Only netball is played within the premises of the school in the dusty playground, using portable netball poles.

The school is part of National Schools' Nutrition Programme (NSNP), which aims at alleviating poverty in schools from disadvantaged communities by offering a meal to the learners. NSNP improves attendance, enhances active participation; thus improving performance in learners. In some learners, it is the only meal that they eat in a day. Until 2010, only primary schools from previously disadvantaged communities were part of the NSNP. In 2010, the programme was introduced in some high schools from poor communities. Minenhle High School was then (in 2010) included in NSNP. One parent volunteers as a cook, at a stipend of R700 per month. She prepares and serves all the food, as per a menu and serving guidelines provided by the KwaZulu-Natal Department of Education (KZNDoE). Girls from each class wash dishes and clean the class after the whole class has eaten. Class prefects supervise girls to carry out this daily task. This is a typical example of how schools unconsciously reinforce patriarchy, in spite of the legislative framework that

envisages gender equality. Morrell et al. (2009) suggest that realising equality has been a massive and difficult project. The research site is a 'no fee school', which means parents of the learners do not pay school fees. All the necessities and resources required by learners are provided by the school through the funding received from DoE. Most learners walk approximately 20 km as a single trip to school. About 170 learners from Minenhle High School in 2012 are beneficiaries of the Child Support Grant (CSG); that makes up more than half of the school. In some households, the CSG or old-age pension is the only source of income the families use to earn a living. According to media reports, the number of CSG beneficiaries has gone up from 2.8 million in 2010 to 3.1 million in 2011.

Most learners from Minenhle High School come from a disadvantaged background influenced by poverty, high levels of unemployment and high prevalence of HIV and AIDS. Crime is also on the rise; recently there have been several reports of housebreaking; including Minenhle High School and neighbouring primary school, where NSNP grocery went missing. Even school pots have been stolen in some cases. Some school resources are kept by the school governing body (SGB) chairperson at his home, for ensuring safety. The school photocopier is an example of a resource that is not kept at school.

The school has no policy on learner pregnancy, and as a result most learners drop out when pregnancy starts to show. However, the school complies with the provision of South African Schools Act (1996), and Bill of Rights as enshrined in the Constitution of South Africa, by allowing pregnant learners to remain at school and to make a re-entry to school after giving birth. In some cases of learner pregnancy, the school enters into a verbal agreement with the parent of a pregnant learner. There is communication between pregnant learners and their Life Orientation teacher but no support is received by the pregnant learner during the period that she is away from school. There is no school work that is sent home for the pregnant learner to do. The only support that is received post-pregnancy is from friends and peers to help that particular learner catch up. This would mean that those learners, who are least popular among their peers, are on their own. This affirms findings of the study by Chigona & Chetty (2008), where it was found that principals and teachers could play a major role in providing teenage mothers with support. One of the principals participating in this

study (Chigona & Chetty, 2008) said, “They chose to have a kid, so why should the school now make any arrangements”. This proves that little or no support is received by pregnant teenagers, to maximise their life chances.

The next section of this chapter will discuss the sampling method that was used in this study.

3.5 Sampling method

According to Cohen et al. (2007), four factors need to be taken into consideration when deciding on a sample for a study: the size of the sample; the sampling strategy to be used; representativeness and parameters of the sample; and access to the sample. The size of the sample depends on the purpose of the study and the nature of the population under scrutiny. The researcher must decide whether to use purposive or random sampling; the sample used must represent the whole population in question, and finally, the researcher needs to ensure that access to the sample is not only permitted but also practicable (Cohen et al. 2007). I used purposive sampling to get participants for the study in order to obtain the richest possible data and answers to research questions. Cohen et al. (2007) state that in purposive sampling, which is a feature of qualitative research, the researcher hand-picks cases to be included in the sample, on the basis of their judgement or their typicality or possession of the characteristic being sought. As the name suggests, the sample has been chosen for a specific purpose (Cohen et al. 2007). According to Morse and Richards (2002), purposive sampling may involve choosing the best, most favourable example of the phenomenon, which you are likely to see, whatever it is you are interested in. Purposive sampling is based on the assumption that the researcher wants to discover, understand and gain insight and therefore must select a sample which most can be learned (Merriam, 2009). In most cases, purposive sampling is used in order to gain access to people who have an in-depth knowledge about particular issues (Cohen et al. 2007). The participants were a group of 6 pregnant teenagers at different stages of pregnancy. This is because this number was going to be easy to manage. The number of participants is not a guiding principle in purposive sampling; rather the size of the sample is determined by informational considerations (Merriam, 2009). Cohen et al. (2000), state that purposive sampling allows the selection of available participants,

according to the purpose of the study. Since the study was about the lived experiences of pregnant teenagers, I saw it most appropriate to use pregnant teenagers as the sample for my study. Patton (2002) argues that the logic and power of purposive sampling lies in selecting information-rich cases for study in depth.

I did not encounter any challenge in finding participants because of the good relationship that exists between me and the school. One of the participants who was 17 years old, 6 months pregnant, and doing Grade 10 was the first to volunteer to participate in the study. This is because she had met me during peer education training at the beginning of the year (2012). The United Nations (2003) describes peer education as “an approach or strategy that involves the training and support members of a given group to effect change among members of the same group”. This programme has been implemented as a life skills programme for post-primary schools in KwaZulu-Natal. However, there is a challenge of lack of evidence that indicates the effectiveness of peer education programmes to improve sexual health of young men and women (Bastien et al. 2006). I had a better relationship with the participant mentioned above than other learners. She then convinced other pregnant learners to participate in the study. Morse and Richards (2002) refer to this as snowball sampling, where further participants are sought by using recommendations of the participants already in the study.

The next section of this chapter outlines the biographies of the study participants.

3.5.1 Biographies of participants

Zoleka

Zoleka was 17 years old; doing Grade 10 and 7 months pregnant in June 2012, during the time this study was conducted. She lived with her aunt (paternal) and cousin (a boy), who was 13 years old. Her aunt was unemployed and made a living from the CSG she collected for Zoleka's cousin. Zoleka's father stayed with her step-mother at a nearby township. Occasionally, he gave some money to Zoleka's aunt to help with responsibilities of the household. Zoleka's mother was unemployed and had no contact with Zoleka. Her boyfriend was 19 years old, doing Grade 11 at another school.

Andiswa

Andiswa was 16 years old in 2012, doing Grade 10 and 7 months pregnant. She lived with her mother, father, brother (12) and two sisters 9 and 5 years old. Her father worked in one of the industrial areas around Durban and only came back home during weekends or public holidays. Her mother was unemployed but got a CSG for Andiswa and her siblings. They lived in a house made of concrete blocks and a corrugated iron roof. Her boyfriend was 21 years old and did temporary jobs, such as working in taxis as a driver's assistant, collecting money. He did not pass Grade 12.

Sthembile

Sthembile was 16 years old, doing Grade 10 and 8 months pregnant. She lived with her elder sister, brother in-law and their two children; a girl (9) and a boy (5). Her mother was married to another man. Sthembile preferred to stay with her sister than the step-father. She had never known her real father. Her boyfriend was 18 years doing Grade 12 at another school.

Jabu

Jabu was 17 years old in 2012, doing Grade 11 and 7 months pregnant. She lived with her grandmother (maternal) and three cousins (girls), whose parents were deceased. Both her parents passed away because they were sick. The only income in the household was her grandmother's old-age pension and foster care grant for Jabu and her cousins. They had an RDP low-cost government house and two mud rondavels with a corrugated iron roof. The RDP low-cost government house came with a plastic water tank and a solar geyser; all supplied by Vulamehlo municipality. The RDP house had pre-paid electricity, but most of the time firewood was used for cooking. Jabu's boyfriend was also 17 years old and doing Grade 11 at another school.

Thandeka

Thandeka was 16 years old in 2012, doing Grade 9. She was 4 months pregnant. She lived with her mother, aunt, cousins and her grandmother (maternal). Her mother worked as a security guard at a nearby primary school. Her grandmother received her old-age pension and her mother was getting a CSG for Thandeka. They had a big house made of cement blocks and a corrugated iron. The dwelling also consisted of an

RDP house and a mud, round house roofed with a corrugated iron. Thandeka's household used pre-paid electricity.

Fezile

Fezile was 16 years old, 7 months into pregnancy and doing Grade 10. She lived with her mother, father, two older brothers, grandmother and grandfather (paternal). The family had a small business selling fruits and vegetables to the community. Some vegetables came from the family garden but most were bought from the market in town. Both Fezile's grandmother and grandfather were getting an old-age pension. Fezile's mother collected the CSG for Fezile. Fezile's boyfriend was 19 years old, not attending any school and had passed Grade 12. He had good Grade 12 results but his mother could not afford to send him to tertiary institution. On the day of Fezile's individual interview, I was told that she had not been to school for some time. The school was not sure of her whereabouts because there was no formal report received from her parents. Her friends told teachers that she had been moved to go and stay with relatives from her maternal side at Umlazi, in order to be able to access better health care since she was very sickly throughout her pregnancy. Umlazi is a township which is approximately 45 km from Umbumbulu. It is well-developed in terms of services offered to the community compared to Umbumbulu. Prince Mshiyeni Memorial Hospital is located at Umlazi. This movement of Fezile is called circular migrancy. Circular migrancy, where individuals move frequently between rural and the main urban centres for work and access to health services, is a common practice in among African families (Harrison & McQueen, 1992). Fezile's friends said she made a promise that she will come back to school after child-birth. However, her return will be subject to availability of economic and social resources within her family, since these play a role in determining whether or not the teenage mother continues schooling after childbirth (Grant & Hallman, 2006). I tried to phone Fezile, but the number she had given me, was not in use.

The next section will provide a detailed discussion of how data was collected.

3.6 Data Collection

Qualitative researchers use a variety of methods for collecting first-hand materials.

These methods include interviewing, observation, documents, visual materials and the use of personal experience (Denzin & Lincoln, 2008). Morse & Richards (2002) argue that data is not collected but made; collecting data implies that data pre-exist, ready to be picked up like apples from a tree. Morse & Richards (2002) view the process of making data as collaborative, and ongoing, in which data are jointly negotiated by the researcher and participants; requiring a tremendous effort on the part of the researcher. In this study individual interviews and focus group discussions were conducted. Individual interviews were semi-structured. According to Morse & Richards (2002), semi-structured interviews allow the interviewer to pre-plan the same questions to ask all the participants. They are appropriate when the researcher knows enough about the study topic to frame the discussion in advance (Morse & Richards, 2002). According to Niewenhius (2007), an interview is described as a two-way conversation in which the interviewer asks participants questions, to collect data and to learn about the ideas, beliefs, views and behaviour of the participants. The relationship between the researcher and interviewees plays an important role in the interview process. I engaged participants through informal talks prior to the interviews to build rapport.

According to King & Horrocks (2010), building rapport with participants, is widely seen as a key ingredient in successful interviewing. King & Horrocks (2010) view rapport as basically about trust, enabling participants to feel comfortable in opening up to the researcher. Getting the participants to trust me was not going to be easy. To gain their trust I told them about my own personal encounter with teenage pregnancy, having grown up at uLovu (Illovo), which is a rural area about 50 km south of Umbumbulu. I was a fourth child out of 6; with 2 boys and 4 girls. My mother worked as a domestic and supported the entire household since my father was very ill and unemployed. The family of 8 lived in a two-roomed house made of mud and corrugated iron. There was also a mud rondavel that was used as a kitchen, where a fire was made to keep warm and cook food. It later became my elder sister's bedroom (*ilawu*), after her *umcelo* (traditional engagement) in 1979. In 1980 my elder sister had her first daughter. She was only 17 years old. However, it wasn't much of an issue because she was traditionally engaged and had the blessings of our parents, to start her own family. In 1981, the sister who is before me was forced to drop out of school, in order to look after my baby brother who had just been born. My sister was

only 12 and had passed Standard 5 (Grade 7) with outstanding results; she had even received merit certificates and was looking forward to Standard 6 (Grade 8). Our big brother was 15 in 1981, but he was not an option for this task of child-care. This affirms findings of a study by Bhana et al. (2010) that the burden of raising a baby is unfairly distributed between men and women, and reflects broader gender stereotypes and traditional expectations in families and society. This also highlights the fact that childcare is highly gendered especially in the African context, where it is viewed to be the duty of a woman (Barker, 2005).

The news that she had to drop out was a huge shock, to my sister. She begged and cried but it did not help because the decision was already taken. She took care of the baby and did all the house chores like fetching water, collecting firewood and ploughing the fields. There was warm food waiting for us (me, our little sister and our big brother) whenever we came from school. At 14 she fell pregnant and gave birth to twins, both girls and very tiny. They were delivered at home by my mother and a neighbour, only lived for a few days and passed away. I was only 10 but I could see the ordeal my sister was going through. She spent most of her time in-doors during and post-pregnancy and never went to play with her friends like she used to. She even stopped going to church. For a very long time during her pregnancy, my mother did not speak to her. Her boyfriend verbally accepted the pregnancy but never fulfilled any obligation like paying for damages (*inhlawulo*), as Zulu cultural practices require. That made things even worse for my sister. She was always scolded for bringing shame to the family and the church. She became a topic of discussion for local younger and older women. In 1987, when my younger brother turned 6 years and started schooling, my mother found a job for my sister as a domestic, in order to supplement the household income.

I made a promise to myself that when the time was right I would do something to correct the injustice that made my sister so vulnerable. When I started working as a teacher in 1996, I sent my sister back to school to continue with her schooling. After 15 years, she made a re-entry into the education system that was so different in terms of the curriculum offered. At 27 she was enrolled in Grade 8 at some rural school which did not make her age much of an issue. It was not easy because she was then a mother of 2; a boy (8) and a girl (1). She was much older than all her class mates. Her

level of determination made her comply with all the provisions of the learner code of conduct of her school, including cutting her hair short. From Standard 8 (Grade10) to standard10 (Grade12), she became the school's Head Girl, awarded merit certificates for leadership and excellence in most subjects. She matriculated (passed Grade12) in 2001 with outstanding results, which qualified her for university entry. The following year (2002), she was registered at a university to study teaching. She is now in possession of a teaching degree and working as a professionally qualified teacher, teaching Mathematics and Physical Science at a high school. After sharing my own personal experience regarding teenage pregnancy, I managed to gain my participants' trust. They were so touched; most of them were in tears. This created space for my participants to tell their stories (Woodward, 1994). There was silence for a few minutes. They started to view me as a person who would not judge them but listen to their experiences.

The interviews were held after school hours using one of the classrooms. This was to ensure that there is sufficient privacy and no disruptions from other learners as it was noted by me, participants and other teachers that there was a high level of curiosity from the other learners, especially males. They were seen peeping through the windows during the first meeting when I was introducing myself and getting to know the participants. What sparked their curiosity was that they had seen me in the past visiting their school to do support visits regarding the implementation of Life Skills programmes and addressing all the learners; they could not understand why the subject advisor was addressing only a small group of pregnant female learners. I had to protect participants since they were already vulnerable due to their pregnancy. Data were collected through focus group discussions and individual interviews.

During individual interviews, two classrooms were used because one classroom was used by other participants as a waiting area while another participant was being interviewed. All the interviews were conducted in isiZulu which is a language all participants are fluent in. The interviews were transcribed then translated into English. Probes were also used. Merriam (2009) defines probes as questions or comments that follow up something already asked. It is not possible to specify probes ahead because they are dependent on how the participant responds to lead questions. Probes take different forms, such as silence, sounds, single words and complete sentences

(Merriam, 2009).Kings & Horrocks (2010) emphasise the importance of being aware of contextual features, beyond the immediate spoken words when collecting data. This includes the immediate context of what is being said, non-verbal communication and paralinguistic aspects (volume, pitch, voice intonation and the use of non-linguistic expressions such as laughter, sighs and pauses); and the wider context of the interview itself. The researcher has to be clear as to when and how to include paralinguistic features in the transcript. The wider context of the interview incorporates things such as the level of formality, the setting and the social dynamics of the participants' lives, where these relate to the topic of the interview. Merriam (2009) emphasises the importance of neutrality of the interviewer regarding the participant's knowledge, regardless of how antiethical it is to the interviewer's beliefs or values and also to avoid arguing, debating or letting personal views become known. In this study, it was evident that participants had little or distorted information regarding contraceptives, but I did not argue with them or give them accurate information. Patton (2002) distinguishes between neutrality and rapport, whereby neutrality would mean being sensitive to the content of what is being said and rapport means caring very much that the person (participant) is willing to share what they are saying. During both individual interviews and focus group discussions, I made every endeavour to balance neutrality and rapport.

3.6.1 Focus Group Discussions

According to Lewis (1995), the purpose of focus group discussions is to obtain information of a qualitative nature from a restricted number of people, as most focus groups consist of 6-12 people. Mason (2002) views focus group discussions as a way of stimulating interaction, where the researcher guides group discussion through a particular set of topics so as to observe how situational interactions take place and how issues are conceptualized. Morse & Richards (2002) emphasize the role of the researcher who is responsible for the quality of data obtained, ensuring that the conversation is balanced (not dominated by the same few participants), that dialogue stays more or less on the topic and does not get stuck on one point for too long. In a focus group discussion, participants get to hear each other's responses and to make additional comments beyond their own original responses; the objective is thus to get

high quality data in a social context where people can consider their own views in the light of others (Patton, 2002).

In this study, two focus group discussions were held with six pregnant young women from Minenhle High School. The first focus group discussion included introductions and discussions about family background, I used it to share my own personal experience with teenage pregnancy so that they would know that I would not judge them but listen to their experiences. There was also discussion to understand their views around constructions of sexuality, especially the use of contraceptives. All the participants also got a chance to introduce themselves and share their family backgrounds. The discussion was voice recorded with the permission of the participants. Kruger (1994) states that tape recorders are price-less for focus group discussions, however, they are likely to pick up background noises. Taking this into consideration, I made field notes after group discussions to facilitate data analysis.

Participants were more relaxed and free to share their experiences during the focus group discussions than during individual interviews. However, there was silence at the beginning of the discussions, and as the discussions progressed, they started to ease up. Owing to the age gap and the position of power that I held, at first they were not too comfortable to discuss issues of sexuality, as the Zulu cultural practices do not encourage it (Delius & Glaser, 2002). One of the strategies that helped me was to talk about young women in general, which helped them to open up. I would then probe and follow up with specific questions which will enable them to share own experiences. In most responses, participants talked about pregnant young women in general or talked as a third person and not self. They became very emotional when they were narrating their experiences about the discovery of their pregnancies. One of the participants said her mother was very angry when she found out that she had been impregnated by a learner who could not afford to pay for *amahlawulo/ inhlawulo* (damages). To make matters worse, the parents of the boyfriend could not afford either to pay for damages on their son's behalf.

All participants confirmed that their pregnancies were not planned, and that they expected their boyfriends to take a lead in all sexual activities, including deciding whether or not to use condoms. One participant said she was afraid that if she insisted

on condom use, the boyfriend could deny paternity of the child and say the father of the child is the condom. All the participants had younger boyfriends. In another focus group discussion, which was centralised around the activities in which the young women participate, all the participants stated that they viewed *umemulo* as an integral aspect of Zulu cultural practices and confirmed that they had participated in *umemulo* ceremonies for other young women who had reached a marriageable age, without a child out of wedlock. One participant stated how remorseful she was for disqualifying herself for *umemulo*, by falling pregnant as a school-going teenager.

3.6.2 Individual interviews

According to Mason (2002), interviewing is the interactional exchange of dialogue whereby meanings and understandings are created in an interaction that is a co-production involving the researcher and the interviewees. Cresswell (2008), states that individual or in-depth interviews are essential for investigating personal, sensitive or confidential information which is not suitable for a group format. They are also the best method when the researcher seeks individual interpretations and responses. I used individual interviews so that participants felt free to express their views regarding constructions of sexuality and how forms of femininity contribute to sexual risk resulting to teenage pregnancy.

Five individual interviews of one hour each were conducted with participants being pregnant teenagers (aged between 16 and 17) from Minenhle High School. The 6th individual interview could not be held because the participant had been absent for a number of days. The other participants suspected that she was dropping out of school. When I tried to reach her using the number she had given me, she could not be reached. As mentioned, it was rumoured that she had been taken away from the area to stay with some relatives at Umlazi (a township which is about 40 km from Mgugu) and would return after delivery of the baby. On the last day of the individual interviews, I was delayed because of major road works since the school is about 150 km away from the district office where I work. Hence, I phoned the participants to assure them that I am delayed but on my way. I arrived an hour after the scheduled time with some light snacks because it was past their time to go home. When the interviews were over, I phoned the parents and caregivers to explain about the participants' late arrival back home then gave them a lift to their respective homes. I

gave each participant a wrist watch, pen and a notebook as a token of appreciation. I suggested that they could use their notebooks to write their dreams and aspirations about the future since they all indicated that they would be returning to school after delivery. Most of them smiled through their tears.

The next section will discuss how data were analysed.

3.7 Data Analysis

The purpose of data analysis is to make sense of data from the perspective of the participants' definitions of the situation, noting patterns, themes and regularities (Cohen et al. 2007). In data analysis the researcher looks for likelihood or support for arguments concerning the probability or frequency, with which a conclusion applies in a specific situation (Morse & Richards, 2002). Morse & Richards (2002) compare sections of data to the pieces of a puzzle that fit together to give a holistic and rich description of the research problem. I listened to the interviews and wrote them down word for word. Cohen et al. (2007) emphasise the use of direct conversations since these are rich in data and detail. The use of direct conversations was not easy because the recordings were in isiZulu and had to be translated to English first. Some of the recordings were not very clear. I constantly made reference to my field notes that I had written down to ensure accuracy. I took the transcripts back to the participants so that they could check and make changes where they deemed necessary.

Merriam (2009) states that the advantage of qualitative research is that the researcher can expand his or her own understanding through non-verbal as well as verbal communication, then process information, clarify and summarize material, and check with participants for accuracy and to explore unanticipated responses. Analysing means that as a researcher I was looking for patterns emerged from the data collected. None of the participants talked about the termination of pregnancy (TOP). However, when I asked them about their understanding of TOP, it was clear that they did not view it as an option because of the religious and cultural beliefs of their families and the entire community. One participant insisted that it is better to give birth to a child so that the family gets *amahlawulo* than have people pointing fingers at you for the rest of your life. The decision was taken by their community infringing on their rights

as per provision of Children's Act (2005), which stipulates that at the age of 12 years and above, a pregnant teenager can consent to TOP.

When data collection was completed, data were organised into coded data. Kruger (1994) views coding as a crucial step, because it changes data into meaningful information. Transcripts were analysed using thematic content analysis. In thematic content analysis, themes are identified once data is reduced to contextual form and then elaborated on the basis of systematic scrutiny (Kruger, 1994). The data were then interpreted with the literature review as a backdrop. Once re-current themes were identified, I scrutinized these themes for coherence, contradictions and recurrence. This method is called critical discourse analysis (Burr, 1995). Critical discourse analysis is used to re-confirm or challenge powerful or dominant structures in the community (Burr, 1995).

The following themes were identified from the data collected:

1. Becoming sexual, falling pregnant and reduced power in intimate relationships
2. Falling pregnant and the contradiction of *ukuhlolwa kwezintombi* (virginity testing)
3. Falling pregnant: culture, contraception and myths
4. Sex as secret: clinic as public in deep rural KwaZulu-Natal
- 4.1 Young people are not expected to be sexual
- 4.2 Cultural practices in deep rural KwaZulu-Natal value virginity
5. Peers and the constructions of sexuality

The next section will address issues of reliability and validity.

3.8 Validity and Reliability

According to Cohen et al. (2000), validating data means ensuring that they are confirmable, dependable and can be generalised. In qualitative data, validity may be

addressed through honesty, depth, richness of scope of data achieved, the extent of triangulation or objectivity of the researcher (Cohen et al. 2007). That is not easy in a qualitative study because generalising for the whole research population is not a goal (Dawson, 2002; Neuman, 2000). To validate data in this study, I used two methods of data collection; individual and focus group discussions. Guba & Lincoln (1994) associate validity with authenticity, and argue that there has to be a quality of balance, which is fairness; ensuring that all participants' views, perspectives, concerns, claims and voices should be obvious in the text. Omission of participants' voices reflects a form of bias, and inability to act affirmatively, with respect to drawing conclusion, whereas ensuring that all voices in the study had a chance to be represented in any text means that their stories are treated fairly and with balance (Guba & Lincoln, 1994).

Throughout the study, I ensured that there was reflexivity. According to Guba & Lincoln (1994), reflexivity is a process of reflecting critically on the self as a researcher, the human instrument. Reflexivity compels us to come to terms not only with our choice of research problem and those with whom we engage in the research processes, but also with ourselves and with the multiple identities that represent the self in the research setting. Guba & Lincoln (1994) argue that we do not only bring self to the field, but we also create the self in the field. The good news is that the multiple selves of post-modern enquiry may give rise to more dynamic, open-ended and complex forms of writing and representation (Guba & Lincoln, 1994). Mason (2002) argues that researchers cannot be neutral, objective or detached from the evidence or knowledge they are generating; hence they should try to understand their role in the process. According to Mason (2002), qualitative research should entail critical self-scrutiny by the researchers, where they constantly take stock of their actions and their role in the research process, subjecting these to the same critical scrutiny as the rest of their data.

In this study I also ensured that there is triangulation. Triangulation may be defined as the use of two or more methods of data collection in the study, also called the multi-method approach (Cohen et al. 2007). Morse & Richards (2002) define triangulation as the gaining of multiple perspectives through completed studies that have been conducted on the same topic and directly address each other's findings. To be deemed

triangulated, studies must meet one must encounter another in order to challenge it (for clarification), illuminate it (add to it theoretically or conceptually) or verify it (provide the same conclusion). In triangulation, a researcher may address the same topic as that addressed by another but through different questions, settings, methods and data, to gain a different perspective (Morse & Richards, 2002). Morse & Richards (2002) further argue that using different theories to interpret the same data is not triangulation.

The following section outlines ethical issues taken into consideration in this study.

3.9 Ethical issues

Ethical considerations were used as a framework to guide the implementation of this study. According to King & Horrocks (2010), ethics concern the morality of human conduct; it refers to the choice and accountability on the part of the researcher throughout the research process. I addressed ethical issues guided by the following moral principles as stated by King & Horrocks (2010): respect for persons (which demands that individuals must participate voluntarily having adequate information about what involvement in the research will entail, including possible consequences); beneficence (which entails securing the well-being of participants), and justice (the notion of fairness, fair distribution of benefits and burdens of research). Ethical clearance was obtained from the University of KwaZulu-Natal, (see attached Ethical Clearance Certificate). The interview schedule was prepared and submitted to the supervisor before fieldwork commenced.

All participants were assured of anonymity and that all the information they gave would remain between us only. Anonymity and privacy were strictly adhered to throughout the study. Cohen et al. (2007) argue that the essence of anonymity is that information provided by participants should not in any way reveal their identity. Participants' real names were not used to protect their identity, but pseudonyms were used. All the participants voluntarily agreed to sign informed consent forms given to them by the researcher as part of ethical requirements. The informed consent form gives information about the project, the purpose of the study as well as the researcher's identity (Creswell, 2008). Consent was obtained from the principal,

parents of the participants who were under 18 years old and the participants themselves. Informed consent is of vital importance as it ensures that the rights of participants are not in any way infringed by the research and participants are granted permission to choose whether or not to be involved in the study. According to Frankfort-Nachmias & Nachmias (1992), informed consent is of vital importance if participants are going to be exposed to an invasion of privacy, or any stress, or if they are going to lose control over what happens; such informed consent requires full information about the possible consequences. Informed consent protects and respects the right of self-determination and places some responsibility on the participant should anything go wrong in the research (Cohen et al. 2007).

The next section outlines limitations of this study.

3.10 Limitations

My position of power could have affected the participants' responses. Participants could have been too eager or too afraid to give information. According to Fischer (1993), this behaviour is defined as social desirability bias, where participants knowingly give an incorrect answer in order to present a desired impression. This study is qualitative, hence results of the study cannot be generalised for the reasons for falling pregnant whilst at school, for all young women from other schools but only a reflection of what is happening at Minenhle High School, at that particular moment in time. Since the study was conducted in isiZulu, this became a challenge; in some cases translated version was not as verbatim, however, I made every endeavour to transcribe as closely as possible to what was said by the participants. Time was another challenge; to ensure that participants do not lose out on teaching and learning, the interviews were held after school hours and I gave participants transport to their respective homes. The distance (about 150 km) between the research site and my work place was sometimes a challenge. I would sometimes arrive long after the scheduled time, due to unforeseen challenges like road works resulting in heavy traffic.

3.11 Conclusion

In this chapter, I discussed research design and methodology used in the study. I also outlined the use of the qualitative approach and its appropriateness for this study, and the use of the social-constructivist theory as a lens to help me as a researcher; answer research questions (Ramdutt, 2010). I also argued why data were collected through focus group discussions and semi-structured individual interviews. I outlined the limitations of this study as well as ethical considerations.

The next chapter will be a detailed discussion on data analysis. In analysing data, I used translated versions of the participants' responses, from isiZulu to English.

Chapter 4

Data analysis and discussion

4.1 Introduction

This chapter presents and analyses data that were collected through semi-structured individual interviews and focus groups discussions, in the study that was conducted among 6 pregnant young women from a high school at Mgugu in Umbumbulu, Ugu District in KwaZulu-Natal. It focuses on how 6 pregnant young women from Minenhle High School, narrate their pregnancies. It also explores factors aggravating vulnerability to teenage pregnancy in spite of the programmes and awareness campaigns that have been put in place in KwaZulu-Natal schools and school communities. These programmes include formalisation of Life Orientation as a school subject, and the revival of *ukuhlolwa kwezintombi* (virginity testing), that is highly regarded in rural KwaZulu-Natal (Taylor et al. 2007).

Numerous themes emerged from the data collected:

4.2 Becoming sexual, falling pregnant and reduced power in intimate relationships

4.3 Falling pregnant and the contradiction of *ukuhlolwa kwezintombi* (virginity testing)

4.4 Falling pregnant: culture, contraception and myths

4.5 Sex as secret: clinic as public in deep rural KwaZulu-Natal

4.5.1 Young people are not expected to be sexual

4.5.2 Cultural practices in deep rural KwaZulu-Natal value virginity

4.6 Peers and the constructions of sexuality

In this chapter, I present the voices of the young women in relation to their understanding of sexual risk, and how their forms of femininity have contributed to sexual risk. The detailed results of data analysis from the transcribed focus group

discussions and interviews of the 6 pregnant African young women from a rural high school will be presented.

4.2 Becoming sexual, falling pregnant and reduced power in intimate relationships

All the young women in this study had younger boyfriends aged between 15 and 21; however, from the responses they gave, it was clear that gender power inequalities influenced their ability to negotiate sex. Much research shows that young women's ability to delay sex, control sex and contraceptive use is limited because of gender power, in intimate power relations (Jewkes & Morrell, 2012). Emerging from deep, rural KwaZulu-Natal, traditionally, cultural values are used to maintain and reproduce gender power imbalances, limiting the ability of young women to take control of sexuality incorporating values such as respect (*ukuhlonipha*). In KwaZulu-Natal, there is evidence that women particularly in rural areas are accorded a lower status in decision-making as opposed to their male counterparts. The patriarchy of the society is entrenched as from young ages through the upbringing of young men and women (Bhana, 2010). Young women are expected to treat men from their household with *ukuhlonipha* (the highest degree of respect) and later in life when they get married they have to transfer this respect to their husbands (Varga, 2003).

Nozipho Mvune (NM): How did the relationship begin? Who took the first step?

Zoleka: [pause then smile] my boyfriend took the first step and asked me for love, after a few months the relationship started.

NM: Who initiates sexual activities in your relationship?

Zoleka: My boyfriend initiates sexual activities because he knows that I am shy.

NM: What would happen if you start initiating sexual activities for a change?

Zoleka: [Eyes wide open] Miss, that would shock my boyfriend, he would ask himself who has been teaching me because he knows that I am shy and he always say that he loves me for being shy.

Being shy is meant to explain docility and submissiveness; young women play that role, fuelled by *ukuhlonipha*. Young women know their place in a heterosexual relationship; they continue to be shy and reproduce it. Zoleka prides herself on being shy in order to full-fill the expectations of her boyfriend and that of the society. Female ignorance on sexual matters is applauded by males and viewed as a symbol of innocence and purity; young women are thus under enormous pressure to appear sexually inexperienced in order to present themselves as innocent and pure (Reddy & Dunne, 2007). Reddy & Dunne (2007) suggest that this has a negative impact on the young women's ability to take necessary precautions against STIs and unwanted pregnancies. They find that protected sex would indicate sexual knowledge and would result in young women being stigmatised and labelled as 'cheap' or 'loose' by their partners. It is, however, acceptable for men and boys to be highly heterosexually active and appear as 'teachers' (Shefer & Foster, 2001). Zoleka's statement supports the gender norm of a boyfriend having authority to do the noble duty of 'teaching' in a relationship. Young men and women who participated in a study by Reddy & Dunne (2007) unanimously agreed that sexual experience is a necessity for males, while females viewed virginity and abstinence before marriage as crucial for themselves.

This puts pressure on young men to appear sexually knowledgeable before their partners. Dilger (2003) found that young men from rural Tanzania sometimes refused to accept condoms during distribution campaigns because of uncertainties about correct use. These young men risked STI, HIV infection and unintended pregnancies than appearing less knowledgeable before their partners. This shows that the constructions of masculinity as sexually experienced can sometimes increase sexual risk for boys and their partners.

Most young women make every endeavour to act out their innocence and purity role in heterosexual relationships. In a study by Wood, Maforah & Jewkes (1998), participants stated that women were not allowed to demonstrate desire and initiate sex, saying initiating sex will cause them to be regarded as 'loose' or *indlavini*. Zoleka understands her role in an intimate relationship as being a passive recipient. Morrell, Epstein, Unterhalter, Bhana & Moletsane (2009) suggest that relationships that are characterised by gender

power inequalities have an increased risk of HIV infection and intimate partner violence. In these kinds of relationships, women embrace feminine sexual identities which promote male dominance (Harrison, 2008).

There is, however, a noticeable trend of transformation of gender norms through contestation and resistance (Pettifor, MacPhail, Anderson, & Maman, 2012).

Thandekawe all have choices and our decisions must be respected [looking away].

Zoleka: As a girl I must learn to be content with what I get from home and not expect anything from my boyfriend, and then I won't have to beg for anything from him.

The above narrative by Thandeka indicates that some young women see the need to challenge gender norms by suggesting that individual choices must be respected. Thandeka's statement supports previous studies that have documented a change of women's attitude in post-apartheid South Africa (Hunter, 2005; Morrell, 2001; O'Sullivan et al. 2006; Shefer, Crawford, Strebel, Simbayi, Dwadwa-Henda, Cloete, Kaufman & Kalichman, 2008). These scholars have added to the existing body of knowledge that has constructed young women as facing a higher risk of HIV infection due to limited power in intimate relationships. A study by O'Sullivan et al. (2006) conducted among young people from KwaZulu-Natal, found that there are people who challenge traditional norms surrounding heterosexual relationships; however, traditional gender norms are still dominant for most young people. Zoleka's statement shows that economic power that the boyfriend has in a relationship gives him more power to stipulate the terms and conditions of sex. Zoleka states that this kind of a relationship reduces a young woman to a 'beggar'.

During focus group discussions, participants stated that their boyfriends used power to engage sexually with them. Holland et al. (1990) argue that gender power imbalances limit young women's ability to negotiate safe sex. Gender power inequalities are displayed in coerced sex and gender-based violence. Based on the idea that traditional gender roles have placed more power on men than women, the Sonke Gender Justice

Network (2008) suggests that men can play a crucial role in shaping the future of HIV in Africa.

Andiswa: ...Yes Miss I mean boyfriends. They use all kinds of tricks to confuse us girls.

NM: What are those kinds of tricks, how did your boyfriends trick you?

Sthembile: My boyfriend told me that if I don't want to have sex with him it means I don't love him. When he wanted us to have sex, I asked him to use a condom; he asked me whether I don't trust him.

Fezile: I remember when my boyfriend asked me for a relationship, he was nice and respectful. I told him that I was a virgin and not ready for sex. He promised to respect me and my decisions, but after the relationship started things changed. He wanted things done his way.

NM: What are those things that have to be done the boyfriend's way?

Fezile: Its many things like when and where we meet, when and how to have sex. When our relationship started, I told him that I was not ready to have sex but he begged me until I said its ok, the next month I found out that I was pregnant....

Gender power inequalities emerged as a strong reason for risky sexual behaviour leading to unintended pregnancies among young women from Minenhle High School. In the narrative by Zoleka, she cites the age of the boyfriend (two years older than she is) as one of the factors giving him more power in a relationship. Research views a gap of five years and older as age-disparate (Leclerc-Madlala, 2008).

Zoleka: When I suggest that we use a condom my boyfriend refuses. I think it's because he is older than me. One day he asked me if I suspect him of anything like a disease because he does not have any. It feels like he over powers me.

NM: How old are you and how old is your boyfriend Zoleka?

Zoleka: I am 17 and my boyfriend is 19 years old.

NM: Is he still at school? If yes, which school is he attending? If not, what is he doing?

Zoleka: Yes he is still at school but not same school as mine, doing Grade 11.

The above extracts show that that irrespective of age, women's inferior status offers them limited power to protect themselves by insisting on condom use and voicing unwillingness to have sex (McPhail & Campbell, 2001; Ngubane, 2010).

News of pregnancy was not favourably received by participants and their families, but not condemned. In the extract below, Zoleka pities herself for falling pregnant.

NM: How did you find out that you were pregnant? What was your reaction?

Zoleka: My boyfriend told me that I was pregnant. At first I did not believe him because sometimes it would happen that I miss a month of my period and continue the following month. He told me that my breasts are much bigger than their usual size. As time went by, I started noticing it myself but still couldn't believe it. My aunt confronted me about it. At first I lied to her saying I am not pregnant. At the end I told her the truth. She phoned my father and told him the news. My father became very angry. It was a very tough time for me. I was heartbroken and sad thinking that if I stayed with my father this would not have happened [With a sad voice].

Researcher: How many months of pregnancy are you now?

Zoleka: I am 7 months pregnant.

During individual interviews, it emerged that pregnancies were not planned by participants and their partners. The narrative by Andiswa shows that pregnancy is sometimes kept a secret because of fear. This poses a threat for both pregnant young woman and her unborn baby. In a study that was conducted by Karra & Lee (2012) among teenage mothers from rural KwaZulu-Natal and urban Cape Town about the consequences of teenage pregnancy, it emerged that the rate of babies underweight at birth (weighing below 2.5 kg) was high among teenage mothers (17%) compared to 4% of babies born to adult mothers.

Andiswa: It was my boyfriend who told me that I was pregnant after I told him that I had flu and sometimes vomit in the morning. It was so hard to believe

him; I just laughed thinking he was joking. As months went by I started to believe him but we kept it a secret. I was so scared to tell anyone, even my sisters. My boyfriend told his mother and asked her to come and tell my mother that I am pregnant. Both my parents were very angry, especially my father. I was afraid that my father would chase me away from home, luckily he did not. I felt bad knowing that I have brought shame to my parents.

NM: How many months of pregnancy are you now?

Andiswa: I am 7 months pregnant, Miss.

NM: How did your boyfriend's family react when they heard that you were pregnant?

Andiswa: My boyfriend's family was not shocked because they knew about the relationship and supported it, unlike my family who knew about but never supported it.

It emerged from one participant (Andiswa) that older men were preferred by some of the parents or caregivers. This indicates that parents unconsciously condone transactional sex due to socio-economic conditions. Andiswa's statement shows that there is association between teenage pregnancy and poor socio-economic conditions. This leads to the prevalence of 'sugar daddy syndrome,' where young women involve themselves with older working boyfriends in order to acquire material items or as a response to poor socio-economic conditions (Jewkes et al. 2009; Leclerc-Madlala, 2001; Petersen, Bhana & McKay, 2005). Bhana et al. (2007) and Hunter (2010) affirm this by finding that transactional sex in some young women may be motivated by the love for fancy clothing, money, cell phones or airtime. While literature states that young women are motivated by cash, cellphones and clothes, this study finds that parents are motivated by cash since they are embedded within poverty.

Andiswa: What made things worse for me is that my boyfriend doesn't have a stable job. My father was so angry, he told me that it was going to be better if I was impregnated by a man who has a good job who will be able to pay *amahlawulo*, support me and the baby financially.

NM: What kind of a job does your boyfriend do?

Andiswa: He does temporary jobs here and there for example in taxis and hotels. He did not pass Grade 12. In taxis, he collects money as the

driver's assistant and in hotels he works in the kitchen.

Boys who participated in a study by Dilger (2003) in rural Tanzania, spoke firmly about their right to claim an 'equivalent value' from their partners after giving money or presents; according to their understanding 'equivalent value' meant uninterrupted ejaculation or unprotected sex. This indicates that economic power in men further perpetuates gender power imbalances. One of the participants (Andiswa) spoke strongly about transactional sex as a strategy used by young men to 'use then dump' young women. This indicates that some young women see the need for self-sustainability and challenging the societal norm whereby boyfriends must provide for girlfriends. This contradicts Nkani (2012), where all participants indicated that they have older working boyfriends who are able to provide financially for them.

Andiswa: You know, sometimes it feels like my boyfriend uses money to buy having sex with me and act as if he loves me. Money is not love because my love is not for sale...

NM: What makes you feel like he is buying sex, Andiswa?

Andiswa: It's just because most of the time when he gives me something like money or a gift he asks for sex, it feels like I'm being used....

Jewkes & Morrell (2009) argue that much of the literature has only focused on one side where men are providers in transactional sex, and overlook the view of women providing and men becoming recipients in transactional relationships.

4.3 Falling pregnant and the contradiction of *ukuhlolwa kwezintombi* (virginity testing)

In the context of this study where virginity testing was both practised and valorised, I asked participants questions about these cultural practices, how and why they did not work to prevent pregnancy. In rural KwaZulu-Natal, high value is placed on virginity. Some scholars argue that social pressure to maintain virginity can lead to other risky sexual behaviours such as having anal sex (Leclerc-Madlala, 2001). As a strategy for

conserving virginity in order to prevent unwanted pregnancies and HIV infection, young women are encouraged by parents to take part in *ukuhlolwa kwezintombi* (virginity testing). In a study that was conducted by Taylor et al. (2007) among secondary school learners from rural KwaZulu-Natal, it emerged that there is a high regard for *ukuhlolwa kwezintombi*, since 58% of the participants had undergone *ukuhlolwa kwezintombi* and 70.5% indicated that they were in favour of the practice, and would opt to participate. One participant from this study (Jabu) participated in this cultural practice before falling pregnant. *Ukuhlolwa kwezintombi* has gained momentum in modern KwaZulu-Natal due to the spread of HIV. Some parents view *ukuhlolwa kwezintombi* as a form of contraceptive. Macleod & Tracey (2010) found that in some parts of Eastern Cape and KwaZulu-Natal, parents held a strong belief that virginity testing will save their daughters from unwanted pregnancies and HIV infection; they also regard this traditional practice as a contraceptive. Taylor et al. (2007) found that young women whose mother had a lower class of education were more likely to have undergone virginity testing. Young women taking part in this traditional practice undergo virgin tests once or twice in a month to ascertain that they are still virgins. Jabu indicated that there was no sexuality education accompanying *ukuhlolwa kwezintombi*; it was just there, as a mere test. As a reward for virginity, virgins attend *Umkhosi Womhlanga* (Reed Dance ceremony); an annual cultural celebration that is held at Nongoma, North of KwaZulu-Natal at the Zulu Royal monarchy.

Researcher: Are there any cultural practices and ceremonies that you'll like to tell me about, where you take part?

Jabu: There is *ukuhlolwa kwezintombi* (virginity testing) that is practised in the area.

NM: Please tell me more about *ukuhlolwa kwezintombi*.

Jabu: I took part in *ukuhlolwa kwezintombi* before falling pregnant. It was done once a month to check if we were still virgins. Every September, we went to Nongoma for *Umkhosi Womhlanga*.

NM: Is there a form of education that forms part of virginity testing?

Jabu: There is no education that is offered, only virginity is checked then a white dot on the forehead and a certificate to confirm virginity.

The cultural practice of virginity testing has been criticised by previous studies as one that leads to increased vulnerability in young women; taking into cognisance the myth that sex with a virgin cures AIDS (Leclec-Madlala, 2001; Remes et al. 2010; Shisana et al. 2005). Leclec-Madlala (2001) suggests that young women participating in virginity testing are at a risk of being raped due to the publicity that comes with this cultural practice and the value of having sex with a virgin (Harrison, 2008). Remes et al. (2010) found that young virgins from rural Tanzania were preferred by most men since they were viewed as low HIV-risk. Young women from rural KwaZulu-Natal, who participated in a study conducted by Harrison (2008), attested to this, stating that having sex with a virgin made a young man proud. Some young women would be under pressure to prove their virginity by consenting to sex. It is, however, not all parents from Mgugu who encourage their daughters to participate in cultural practices such as *ukuhlolwa kwezintombi*.

Fezile: My mother did not want me to take part in *ukuhlolwa kwezintombi* because of the church rules.

NM: Which are those church rules Fezile?

Fezile: I'm not sure because my mother never explained these things to me. She only encouraged me to attend church activities.

Contrary to the findings of Nkani (2012), where it emerged that most parents had a strong belief that virginity testing was the answer to the problem of teenage pregnancies and HIV prevalence, which also provide a platform for teaching young women about sexuality and moral behaviour, this study finds that it is not all parents who encourage their daughters to take part in *ukuhlolwa kwezintombi*. Out of six participants who took part in this study, only one participant participated in *ukuhlolwa kwezintombi*. Fezile's statement indicates that some parents have less faith in traditional practices because of Christian morals. This affirms the findings of a study by Delius & Glaser (2002) that the morals of Christianity are to be blamed for loss of value and regard for ancient forms of regulating sexuality among young people. Another incentive that is used by most isiZulu-speaking parents to motivate their daughters to keep virginity is *umemulo* (coming-of-age ceremony).

Umemulo is a cultural celebration that is performed by IsiZulu-speaking parents as a reward for a young woman who has preserved her virginity until marriageable age (Magwaza, 2008). Some participants from this study indicated that they respect this cultural practice, and stated that they felt bad for having fallen pregnant thus disqualifying themselves for *umemulo*.

NM: Would you like to tell me why *umemulo* has such an important value for you?

Andiswa: As a young Zulu woman, *umemulo* is important to me because it would be an indication to me and to the entire community that I have behaved according to the Zulu tradition. Unfortunately, for me I will not get *umemulo* because I fell pregnant, I am very angry at myself for falling pregnant at this age. If I give birth to a girl, I wish she could keep her virginity until 21 years of age, unlike me so that I give her *umemulo*. [With a sad look]

Magwaza (2008) suggests that *umemulo* is a milestone for both daughter and her father who uses *umemulo* to publicly confirm that he is ready to enter into *ilobolo* (bridewealth) negotiations for his daughter, and to plead with the ancestors to bless his daughter with a husband and children. Andiswa's statement indicates that having *umemulo* goes beyond the family of the young woman and indicates to the community at large that she has satisfied cultural behaviour standards. However, not all parents can afford to give their daughters *umemulo* due to socio-economic conditions, especially, in this era post- global recession, since a goat and a cow have to be slaughtered in the honour of *intombi emulayo* (a young woman coming-of-age). *Umemulo* has become a distant fantasy for many young women given the socio-economic status of most households from rural Kwazulu-Natal which make up some of South Africa's most economically disadvantaged areas (United Nations Development Programme, 2006).

Thandeka: Even if I did not fall pregnant, I don't think I would get *umemulo* because my mother earns very little and cannot afford to give me *umemulo*.

Magwaza (2008) suggests that *umemulo* is highly gendered, since it only prepares a young woman to become an ideal wife; whereas there is no similar cultural practice performed to prepare a man to become an ideal husband. This implies that only women are responsible for the success of marriage.

Zoleka: My father did promise to give me *umemulo* if I kept my virginity until 21 years of age but I knew that he wouldn't have enough money to give me *umemulo*.

Socio-economic conditions in rural KwaZulu-Natal have led to the weakening in value of *ukuhlolwa kwezintombi* as a cultural practice; due to the inability of parents to provide *umemulo* as a reward for keeping virginity.

4.4 Falling pregnant: culture, contraception and myths

Comparable data from two Demographic and Health Surveys in succession indicate that there has been a decline in teenage births in South Africa over the past two decades (Department of Health, 1998, 2003). However, South Africa has more than twice the number of teenage births as compared to the United Kingdom where teenage births are the highest in Western Europe (Jewkes et al. 2009). In spite of the legislative framework that allows children from age 12 years and above to autonomously access contraceptives in South Africa, studies show a minimal access and use of these services (Kharsany et al. 2012, Ramathuba et al. 2012). The prevalence of contraceptive use among South African young women is estimated at 51% (Ramathuba et al. 2012). Previous studies have found that teenagers' poor understanding of contraceptives and their effects has led to the development of myths, for example, a belief that using contraceptives will result to weight gain or infertility (Ehlers, 2003; Wood et al. 2006). In this study, it emerged that participants hold a variety of myths that contraceptives have on reproduction, and those myths are preventing them from accessing and using contraceptives.

Zoleka: I didn't use the injection because I was scared that it will affect my

body badly. I heard that when a girl uses injection her private part becomes wet and the body too soft. I was afraid that would happen to me.

Thandeka: If I use injection before having children, my body will become soft and shake when I walk. It becomes easier for people to see that I am engaging *ezindabeni zabantu abadala* (in the affairs of the adult people).

The above extracts show that insufficient information can hinder young women from using contraceptives. This affirms findings of a study by (Harrison, et al. 2011) that one of the barriers to effective contraceptive use is lack of accurate information. The above extracts attest to that. Zoleka states that using injection will make the body become soft and make the private parts wet. This supports the findings of a study by Leclec-Madlala (2003, p. 92), where it was stated that virginity in isiZulu culture is often associated with a 'dry and tight' vagina. This belief has led to women using a variety of substances like coarse salt, ice cubes, talcum powder and snuff to clean and tighten the vagina (Leclec-Madlala, 2003). It is this belief that has led Thandeka to the myth that using the injection makes the vagina wet and softens the body such that it shakes when walking.

Thandeka takes it further by suggesting that using the injection will soften her body such that it will reveal that she is having sex. But a soft body is about how the body must be sexually desirable, and that having a desirable body is good for boyfriend as well. Nkani (2012) suggests that young women's constructions of body image largely reflect expectations from society and media. Participants from this study are expected to have a tough, strong body in order to prove that they do not engage in sex. Regulating their bodies to meet these standards meant avoiding the use of contraceptives. In order to protect her secret of having sex, Thandeka rather refrains from using contraceptives.

NM: What do you girls think of contraceptives?

Andiswa: I did think of a condom but we did not use it on our first day because things happened very fast and I became confused. The next month I found out that I was pregnant.

Sthembile: I suggested that we use a condom, but my boyfriend said it means I don't trust him. So, I then decided that even if I don't trust him I will continue

with unprotected sex so that I satisfy him and do as he wishes so that we are both happy.

When discussing contraceptives, the participants' immediate response was about condoms. Andiswa's response indicates that condoms have become the first kind of contraceptive that comes to mind. McPhail et al. (2007) suggest that there has been over emphasis of condoms as a strategy for prevention of HIV and unwanted pregnancies. The condom that has been promoted is the male condom. Little or nothing has been done to promote the female condom. The male condom has been criticised by researchers as posing a challenge since its use largely depends on the willingness of the male partner (MacPhail et al. 2007). One participant in a study by Wood et al. (2006 p.16) stated that the main disadvantage of condoms is that young men want 'flesh-to-flesh' in order to be satisfied, hence Sthembile wants to satisfy her boyfriend as well. Sthembile also brought up the issue of trust. She risks getting infected with HIV and other sexually transmitted infections (STIs) because she wants to prove to her boyfriend that she loves and trusts him. Reddy & Dunne (2007) found that young men regarded sexual satisfaction as their right whilst satisfaction for young women meant being content that they have made their partners happy. Coupling love and trust are features which place many young women in danger of HIV infection (Firmin, 2011).

NM: What is your understanding of protected sex?

Zoleka: My understanding of protected sex is that it is a good thing because condom protects a girl from pregnancy and AIDS but for me and my boyfriend it became difficult to start using a condom late in a relationship if we started without using it. Sex was not going to be enjoyable to both of us.

Zoleka's statement indicates that she understands the significance of using condoms but her understanding has gaps because according to her knowledge, only young women need to be protected from AIDS; not young men. Zoleka thinks because biologically men do not fall pregnant, they are also immune to HIV infection and other STIs. The knowledge that she has is not enough to convince her to insist on protected sex because sex will no longer be enjoyable. The constructions of sex as pleasurable support the findings of a study that was conducted by Undie et al. (2007)

among 14-19 year olds in Malawi, where it emerged that sex was constructed as enjoyable among young teenagers. Both young men and women who participated in a study by Dilger (2003) associated the sexual act with ejaculation; hence condoms were viewed as an impediment to sexual pleasure. As a result, both males and females objected to the use of condoms.

The first patterns of sex and contraceptive are important as Zoleka implies that if a condom was not used at the beginning of a relationship, it is likely that it will not be used later in a relationship. Dilger (2003) suggests that risk to HIV is the highest among young people who are beginning their sexual experience. Consistent condom use requires long-term individual commitment (Steyn et al. 2009). Steyn et al. (2009) also found that existing knowledge about HIV infection is not enough to change behaviour. This supports findings of a study conducted in rural Mwanza, Tanzania among youth and community members by Remes et al. (2010) on factors contributing to vulnerability in young women. It was found that there were a number of misconceptions associated with condom use such as the following: condoms reduce sexual pleasure; condoms may prevent pregnancy but not HIV, since they (condoms) are contaminated with HIV, and condoms will remain in the vagina and cause health problems. One participant in a study by Wood et al. (2006, p. 17) stated that her partner refused to use a condom because 'plastic' made him 'sweat'.

Andiswa: I see condoms as important for two people in a relationship. If I ask my boyfriend to use a condom, he says it means that I don't trust him. Sometimes we use protection and sometimes we don't.

Sthembile: Miss, my boyfriend told me that if I do not want to have sex it means I do not love him or when I ask him to use a condom it means I do not trust him.

Fezile: We used condoms at the beginning of the relationship but when we trusted each other we decided to stop using them.

The above narratives from Andiswa, Sthembile and Fezile brought back the issue of trust: for young women, love is always coupled with trust, even if it places them at an increased risk of HIV infection (Firmin, 2011). Reddy & Dunne (2007) found that young women were reluctant to suggest protected sex because that would undermine

love and trust, resulting in suspicion and putting love in jeopardy. Marston & King (2006) found that condoms can be stigmatising; young people worry that insisting on condom use would imply that they think their partner has a disease. Hence young people risk HIV infection in order to prove love and trust for the partner. Young women who participated in a study conducted by Reddy & Dunne (2007) presented a strong belief in the discourse of romance and its accompanying promises. That was cited as a major reason for commencement of sexual relationships and risky sexual practices. Love became a major reason for sex (Reddy & Dunne, 2007). 'Love and trust' was viewed by young men who were participants in Dilger (2003), as protection against HIV infection, where trusting your partner meant you can have unprotected sex and not get infected.

In the extract above, Sthembile is expected to have sex with her boyfriend in order to prove love. Refusing sex nullifies love. Reddy & Dunne (2007) suggested that the need to be loved is so strong and determines the extent to which young women were prepared to compromise their agency.

Fezile: Each time we were together my boyfriend would say if I love him I must have sex with him. I ended up agreeing because I loved him and didn't want to lose him even if knew that I wasn't ready for sex.

The above statement by Fezile indicates that young women feel a sense of obligation to have sex as a way of proving love for their boyfriends. The need to be loved is deep rooted in young women and it confirms their femininity. When it is coupled with the fear of being dumped or rejected by the boyfriend, young women feel compelled to consent to sex, even if it is against their will. Reddy & Dunne (2007) suggest that young women associate love with trust where loving and trusting equates to unprotected sex, thus contradicting the discourse of protected sex. Unprotected sex was viewed as an opportunity for love, strengthening the bond, and resulting in a long-term relationship (Reddy & Dunne, 2007). The prospect of a long-term relationship with commitment, leading to marriage, poses a threat to HIV prevention strategies.

In a study conducted by Wood et al. (2006), participants stated that they were

discouraged by their mothers and boyfriends to use contraception with the understanding that it would cause infertility. It is, however, not the case in this study because issues about sex are never discussed with adults. Sex discussion between adults and children is taboo in the African culture. Remes et al. (2010) found that parents were scared of discussing sex with their children because that would discourage intergenerational respect. One study found that teenagers were forced by parents to use contraceptives once menstruation commenced, without any explanation (Wood et al. 2006). In some cases, teenagers are encouraged by their parents to take part in *ukuhlolwa kwezintombi* (virginity testing), with no reasons given. Some scholars link this intergenerational silence to ideas of Christian morality which supports the idea that sex is shameful, should not be discussed and should be restricted to married people (Delius & Glaser, 2002; Harrison, 2007; Jewkes et al. 2005). Harrison (2007) found that parents did not want to provide their children with sex education. This was based on the belief that sex is for adult married people, irrespective of the fact that there is a low rate of marital arrangements among African communities. Nkani (2012) suggests that this lack of communication on issues of sexuality between parents and their daughters rob parents off a golden opportunity to equip their daughters with life-saving skills. One of the studies found that parents have been reluctant to give sexual reproductive health education (SRH) because they equated it to sex education and feared that discussions on SRH will result in sexual activity (Remes et al. 2010). The following extracts indicate that inability to communicate with adults on issues of sexuality has been socially constructed and is a norm.

NM: Why is it difficult to tell your parents that you are going to the clinic to get contraceptives?

Zoleka: It is not easy because as a girl I am not expected to discuss those things with adult people. That is why we keep it a secret. The only time you are allowed to talk about boyfriends, is when a man wants to send people to your home to negotiate *ilobolo* (bridewealth).

The above statement by Zoleka shows that communication with adults on issues of sexuality, including the use of contraceptives, is strictly forbidden. Previous studies have found that poor communication between daughters and parents has aroused

curiosity, led to high levels of pre-marital sex, HIV infections and teenage pregnancy (Delius & Glaser, 2002; Singh, 2005; Wood et al. 2006). In cases where information around sex is received, it is vague and limited with statements such as ‘run if you see boys’, ‘don’t sleep with boys’ (Wood et al. 2006, p. 8).

NM: How do your parents advise?

Zoleka: When my father heard that I had a boyfriend, he said “If you ever fall pregnant, I will chase you out of my home”.

NM: Did your father chase you out of the home when you fell pregnant, Zoleka?

Zoleka: My father was very angry about pregnancy but he did not chase me away.

Zoleka’s narrative indicates that some parents lack communications skills that would enable them to provide sexuality education to their daughters. This affirms findings of a study by Harrison (2008), where it emerged that young people were not expected to be sexual. Singh (2005) suggested that parents need to accept the fact that their children are becoming sexually active at a younger age and stop withholding important information.

Jabu: What would happen when I arrive *emzini wendoda* (at a man’s home) and I’m unable to have children because I have been using contraceptives before having children? [The whole group laughs]

NM: What will you be doing in a man’s home, Jabu?

Jabu: I mean when I get married, Miss. His family will call me names if I don’t bear children.

Preston-Whyte (1988) found that fertility has a cultural value in the construction of identity among African-Zulu women and confirms femininity. Jabu states that using contraceptives as a teenager will result in her inability to have children when she marries. Thus, using contraceptives will result in failure to meet her feminine obligations. She further states that, that may result in her being called names due to infertility. A woman who cannot bear children is called names like *inyumba* (barren) (Hunter, 2010).

It emerged that some participants in this study have high regard for marriage and child-bearing.

NM: What does it mean to you to be a young black woman?

Zoleka: [Pause] Being a young black woman for me means that I must respect and keep my tradition.

NM: Which tradition/ traditions do you respect the most?

Zoleka: For example, if I get lucky and get married, I would ensure that I do both Christian and traditional wedding because if I don't do the traditional wedding, I would not be able to have more children after marriage because the ancestors do not know me and will not bless me with children.

NM: Why do you consider getting married as being lucky?

Zoleka: If I don't get married, my brother and his wife will call me names like *iqhasha* (a woman who has children but not married) or *ushimile* (you are not lovable to men your age). That will force me to go and start my own home without a husband and live an unhappy life with my children. I wish that would never happen to me.

Other studies revealed that some young women deliberately get pregnant to prove their fertility and earn social respectability (De Villiers & Kekesi, 2004; Wood et al. 2006). On the contrary, Varga (2003) found that young women are now aspiring to get a better education and hence make it a priority.

4.5 Sex as secret: clinic as public in deep rural KwaZulu-Natal

So far in this chapter it has been shown that gender power inequalities are deeply embedded within arguments about getting pregnant, together with cultural practices and values contribute to the vulnerability of young women in rural KwaZulu-Natal, and to unintended pregnancies at large. On the matter of accessing contraceptives from the clinic, participants from this study indicated that they had failed to access and use contraceptive services because going to the clinic to get contraceptives will be disclosing the secret that they are sexually active. Hence, they view the clinic as

public and sex as a secret. Mkhwanazi (2010) suggests that the fear of going to the clinic is one of the reasons why young women do not take contraceptives.

4.5.1 Young people are not expected to be sexual

Research indicates that adult people deliberately avoid discussing issues of sexuality with young people (Delius & Glaser, 2002). One 45 year old participant in a study by Madhavan, Harrison & Sennot, 2013) stated that it is the responsibility of the young woman to ask for forgiveness from her parents after falling pregnant. The emphasis on forgiveness results from the discourse that sex is wrong and young people are not expected to be sexual. This contradicts one of the early studies which found that sexual activity among young people was not forbidden but regulated through peer mechanism structures (Delius & Glaser, 2002). Only penetrative pre-marital sex was prohibited. Participants from this study attested to the fact that they are not expected to be involved in sexual relationships.

NM: Did you receive any advice from your parents? At what age did they start advising?

Fezile: I have never received any advice from my father only my mother gave me advice when I started menstruating at 14, she told me to stay away from the boys because I have grown up.

MN: Did you understand what your mother meant when she said you have grown up?

Fezile: Yes, because we had learnt about puberty in LO.

A study by Harrison (2008) about constructions of sexuality where participants were young women from rural KwaZulu-Natal, found that sexuality was constructed under the central discourse which emphasises that 'sex is wrong'. Hiding a relationship was a strategy that was used by young women in order to fulfil social expectations (Harrison, 2008). Only one participant (Zoleka) from this study indicated that her aunt knew about the relationship with her boyfriend and openly accepted it; five participants kept their relationships a secret. Harrison (2008) found that young women were under enormous pressure to ensure that the secret remains uncovered; however,

boys did not experience the same amount of pressure but went along in order to accommodate fears of their partners. A hidden relationship was beneficial to some boys because it meant multiple partners for them, resulting in increased risk to STIs and HIV infection for them and their secret partners. Five participants in this study stated that they were not allowed to be in sexual relationships.

Forbidding young people from being sexual has never stopped them from having sex. Instead it arouses curiosity and become a motivating factor to play the 'game' wisely. Harrison (2008) suggests that sexual activity will remain unsafe for as long as young people are told that sexual expression is dangerous, bad and wrong, and thus hidden and stigmatised. Harrison (2008) found that becoming openly sexually active at an early age was viewed as a violation of good behaviour standards. Young women who participated in a study by Harrison (2008) viewed their sexual relationships as 'wrong'. One participant stated that she ended a relationship with her boyfriend after realising what she was doing was wrong because she was young. This discourse about young people not expected to be sexual justifies keeping a relationship a secret. In this study, there were contradicting views; one participant (Zoleka) stated that her caregiver preferred to know about the relationship in order to monitor and regulate it.

Zoleka: My father is very strict and wants his rules to be followed. He does not entertain sexual relationships in young girls, unlike my aunt who always insist on knowing my boyfriend and allows me to see him. My father is more caring because he is my parent than my aunt who is not my real parent.

Hunter (2005) suggests that the responsibility of *umnumzane* (homestead head) is providing guidance and support for his family. IsiZulu-speaking people view fathers as figures of power, discipline and authority (Mcambi, 2010). In the above narrative by Zoleka there is a contradiction between the views of Zoleka, Zoleka's aunt and her father. Zoleka's socialisation and society norms make her object to her aunt's wish of wanting to know about the relationship. According to Zoleka, the relationship must be kept a secret from the adults until negotiations for *ilobolo*. The statement by Zoleka also indicates a shift in the ideology of parents where sexual activity in young people is acknowledged and regulated as opposed to the idea of being forbidden and condemned. The ancient Zulu cultural practices, included peer mechanism structures

(*amaqhikiza*), who were put in place in order to guide and monitor young people's sexuality and ensure a smooth transition to adult sexuality (Delius & Glaser, 2002), as opposed to contemporary Zulu cultural practices where there are no systems in place to guide young people to adulthood.

4.5.2 Cultural practices in deep rural KwaZulu-Natal value virginity

In rural KwaZulu-Natal, abstinence and virginity are emphasised in young women. In a study by Harrison (2008) conducted among young people aged from 14-19 years in rural KwaZulu-Natal, it emerged that both young men and women value *ukuziphatha kahle* or 'good behaviour' in a partner, where 'good behaviour' was used to describe desirable or undesirable features in a partner. One of the indicators for 'good behaviour' in young women was virginity. Five out of six young women who participated in this study indicated that they were forbidden from having intimate relationships with boys in order to protect the treasure of virginity.

Fezile: My mother advised me that *ngingaqomi* (I must not involve myself in intimate relationships with boys) because boys will destroy my life, but when I grew older I met friends and everything changed. I started *ukuqoma* (involved myself in intimate relationships) then after some time I began to have sex then fell pregnant.

Fezile's statement confirms that in order to preserve virginity, abstinence is recommended by parents and caregivers. Unfortunately, that has not prevented young women from having sexual relationships. Instead, it has led to the contestation of sexuality, accentuating generational differences between young people and their parents where youth view sexual openness as 'modern' while parents view sexuality in terms of marriage and reproduction (Harrison, 2008). This discourse of sexuality leads to stigmatisation of out-of-wedlock sexual activity and thus restricts young people's access to relevant sexuality information, as young women in this study indicated that they were too scared to go to the clinic for contraceptives.

Management of young people's sexuality followed a structured process centralised

around cultural practices in the isiZulu-speaking people (Harrison, 2008). Contemporary isiZulu-speaking young people still follow the structured process to some extent. In the statement above, Fezile states that after *ukuqoma*, sometime needs to pass before the next step which is having sex. Participants in a study by Harrison (2008) made a distinction between *ukuqoma* (public acceptance of a lover), which is classified as a serious relationship and *ukujola* (having fun together). Most young women who participated in Harrison's (2008) study were more inclined to *ukuqoma* as opposed to *ukujola*. Harrison (2008) found that having a serious relationship with the possibility of marriage earned a young woman better status among her peers since it is viewed as an accomplishment of an important goal. After *ukuqoma*, more formal steps of *ilobolo* (bridewealth) follow, and virginity plays a crucial role during negotiations with higher bridewealth paid for a young woman considered pure (Ngubane, 1981). Thus virginity earns a young woman and her family social respectability. This further explains the amount of pressure that is exerted on young women in ensuring that they keep their virginity. Young women who participated in a study by Reddy & Dunne (2007) indicated that they imagined themselves as virginal brides in future, hence associating virginity with respect.

Also, Wood et al. (2006) found that nurses' attitude towards young women contributed in discouraging them from accessing contraceptive services. Participants who were pregnant young women described nurses as rude and short-tempered. Lack of privacy also contributed to making contraceptive services less popular to young women (Wood et al. 2006). In this study, the major factor stated by pregnant young women from Minenhle High School was fear of disclosing the closely-guarded secret of sexual activity.

Sthembile: It's not easy to go to the clinic to get injection or pill because my parent would want to know why I went to the clinic and may be want to see the medication that I got from the clinic. It will not be easy to tell my parent the truth that I went to the clinic for contraceptives because I will be revealing my secret that I am now having sex. It is not easy to talk about issues of relationships and sex with parents.

Andiswa: *Ngeke bakwethu!* (No, guys!) [Shaking head and frowning] Do you

mean I can just go to the clinic by myself and get contraceptives? Or will I come up with a story and pretend to be sick each time I have to go for injection or collect my pills? I do not think it is the right thing to do at my age.

In the above extracts, both Sthembile and Andiswa have been unable to access contraceptive services from the clinic because they want to appear pure and maintain childhood innocence before the eyes of their parents. Andiswa raises the issue of age; she feels that she is too young to go to the clinic and access contraceptives by herself. The Children's Act (2005), spells out clearly that children aged 12 years and above can, on their own, access contraceptives, consent to HIV testing and treatment and obtain information on sexuality and reproduction (Kharsany et al. 2012). However, such information has not been provided to young people. In this study, it also emerged that participants knew only about condoms, pills and injectables. The other alternatives such as the emergency pill and termination of pregnancy (TOP) were not considered by these participants. Wood et al. (2006) found that most nurses were not familiar with the emergency pill and stated that they do not stock it in their clinics. All the participants indicated that TOP was not an option to solve the problem of teenage pregnancy.

NM: In our last discussion we talked about different types of contraceptives but we did not talk about termination of pregnancy (TOP). What is your view of TOP?

Zoleka: *Hhayi!* [Shaking her head] for me it's a no. How can I kill my baby?

Fezile: TOP is a sin according to the Bible.

Andiswa: What will the community say about me? People will ask me about what I did with the baby.

Jabu: Miss, I think it is better to have my baby and not do TOP so that my boyfriend's family pay *amahlawulo*. Now that I have lost my virginity and became pregnant, if I do TOP no one will pay *amahlawulo*, it will mean I lost my virginity for nothing.

Thandeka: I think doing TOP will bring me and my family bad luck.

NM: How will TOP bring bad luck to you and your family, Thandeka?

Thandeka: Because my family will not know and so there will be no cleansing like it is done when someone has died.

All the narratives above indicate that some young people have developed a negative attitude towards TOP because of cultural, religious and other social reasons. TOP is viewed as a violation of culture among many Africans (Mkhwanazi, 2010). Jewkes et al. (2009) found that TOP could be the reason for the low rate of teenage pregnancies in White and Indian school-going young women as opposed to the high rate for Africans and Coloureds. Some young women go through the whole term of pregnancy in order to abide by the norms of the society. Andiswa's statement indicates that pregnant young women opt not to terminate out of fear of rejection by their families and communities. Nkani (2012) cited fear of stigma as one of the factors preventing pregnant teenagers from terminating pregnancies.

Jabu raises the issue of the payment of *amahlawulo/ inhlawulo* (damages), and that opting for TOP will rob her family off an opportunity to be compensated for her loss of virginity and pregnancy. Payment of *amahlawulo* (damages) is viewed as a traditional way of accepting responsibility by a man who has impregnated a woman out of wedlock (Jewkes et al. 2009). Nduna & Jewkes (2012) suggest that payment of *amahlawulo* grants the young woman power to consult the man's family irrespective of his involvement. Because of financial constraints owing to unemployment and poverty, some young men deny paternity in order to avoid assuming financial responsibility for the child (Jewkes & Christofides, 2008; Mkhwanazi, 2007; Varga, 2003). If paternity is denied, a young woman is stigmatized as the one who sleeps around and hence does not know the man who has impregnated her (Nkani, 2012).

All the young pregnant women who participated in this study indicated that in their view, the payment of *amahlawulo* (damages) was crucial for an out-of-wedlock pregnancy. Payment of *amahlawulo* symbolises the fulfilment of cultural responsibility by the man responsible for pregnancy. Madhavan et al. (2013) view payment of *amahlawulo* as one of the steps in legitimising non-marital pregnancy, since there is a low rate of marital arrangement among African communities (Harrison, 2007), South African women marry late at a mean age of 28 years, (Morrell et al. 2012), hence, about 40% of South African households are headed by women. Half (3 out of 6) of the participants who took part in this study stayed in women-headed households.

Zoleka: My father asked me about my boyfriend's family saying it would be better if his parents would be able to pay *amahlawulo* and maintain the child so that he (my father) does not raise my baby.

NM: Please tell me more about *amahlawulo*.

Sthembile: My boyfriend or his family must pay two cows and a goat. One cow is for my mother and another one is for my father. The goat is to cleanse the home.

NM: Have your boyfriends paid *amahlawulo*?

Sthembile: My boyfriend accepted the pregnancy and his parents promised that he will pay *amahlawulo* once he starts working because he is still at school.

Andiswa: My boyfriend has paid part of *amahlawulo*; his uncles brought a goat and a R1000 as a payment towards my father's cow. He still has a balance to pay.

Madhavan et al. (2013) cite financial constraints as one of the factors contributing to the non-payment of *amahlawulo*. Failure to pay *amahlawulo* results in denial of fatherhood rights (Hunter, 2006; Kaufman et al. 2001; Varga, 2003). Nkani (2012) found that fathers who fail to pay *amahlawulo* are denied the right to see the child or have a relationship with the child. This puts an extra burden on the teenage mother. The high expectation of *amahlawulo* payment puts pressure on the pregnant young woman, especially given the financial standing of most households in rural KwaZulu-Natal.

4.6 Peers and constructions of sexuality

Poor communication between parents and their daughters has resulted in teenagers relying on their peers for advice and information regarding sexuality issues. From the responses given by participants, it was evident that peers influence and shape ways in which these young women construct sexuality. Even with all the gender empowerment strategies which inform decision-making processes, young women still succumb to the pressure from their peers. Some scholars view peer pressure as an encouragement for young women to engage in sex (Jewkes et al. 2010; McPhail &

Campbell, 2001; Wood, Maforah & Jewkes, 1998). These studies have found evidence that peer influence leads to vulnerability and increased sexual risk because it becomes very powerful.

Zoleka: My boyfriend always told me about things his friends were doing with their girlfriends, telling me that they are having sex and he wants us to do it as well because he does not want to become a joke among his friends. It also happened to me, some of my friends would laugh at me if I tell them that I haven't had sex because I'm not ready; sometimes I would lie and say I'm doing it even if I'm not.

NM: How did that make you feel when other girls teased you for not having sex?

Thandeka: That made me feel bad....

In a study that was conducted by Wood et al. (2006) amongst pregnant teenagers, it was found that young women who were not sexually active were not popular amongst their peers and were excluded in discussions relating to sexual matters. Wood et al. (2006) referred to this as peer exclusion. In a study by Wood et al. (2006 p.9), one participant stated that "You sometimes hear your friends at school talking about weekend issues, where they went with boys, in such a way that you admire and you want to go too". Peer exclusion forced many young women into sexual initiation by men in order to gain knowledge about sex and have a sense of belonging in a group (Wood et al. 2006). During teenage years, peer influence becomes powerful and young people do things to please friends and to fit in a group. Young people are driven by social norms and peer pressure to engage in high risk sexual behaviour (Wood & Jewkes, 2001). Zoleka states that if you are not having sex you become a joke such that you pretend that you are engaging in sex even if you are not. Wood et al. (1998) found that most young women were motivated by the need for peer acceptance; hence, they remained with male partners in abusive relationships.

Thandeka: I would hear girls here at school telling interesting stories about their babies; sometimes I would wish to have my own baby so that I also have a story to share.

The statement by Thandeka proves that most teenage pregnancies are not planned, but they are as a result of pressure to prove worth to the group. The above extract emphasizes the role peers play on each other. According to Rivers & Aggleton (2000) peers have become an important source for sexuality education since there is a frightening intergenerational silence on issues of sexuality (Delius & Glaser, 2002).

NM: With whom do you girls openly discuss issues of sexuality?

Jabu: We discuss with our Life Orientation teacher but most of the time we discuss with our friends. With our friends we see each other as equals unlike when we discuss with the adults. I also discuss with my cousins who are like my sisters; if there is anything that I do not know, I ask them.

The above narrative by Jabu is an indication that intergenerational differences impact negatively on communication around issues of sexuality. Carrim (2011) cited age discrepancies between pregnant learners and their teachers as a contributory factor to the constructions of young women who become teenage mothers.

4.7 Conclusion

In this chapter I presented a discussion of the results from the data collected through focus group discussions and semi-structured individual interviews of six pregnant teenagers from a rural high school. I analysed data according to themes that emerged. It emerged that gender power inequalities influence gender roles in heterosexual relationships. Participants indicated that irrespective of the boyfriend's age, decision-making authority when it comes to sex rested on his shoulders. Connell (1995) suggested that gender inequalities are socially constructed. It also emerged that some young women want to challenge the norm of gender power inequalities. Pettifor et al. (2012) suggest that socially-constructed gender relations are maintained by social processes and transformed by contestation and resistance. Love and trust (Reddy & Dunne, 2007) discourse emerged as a strong reason for unprotected sex, where sex with a condom meant that there is no trust. Young women who participated in this

study felt obliged to prove their love and trust by having unprotected sex even if it was against their will; thus compromising their sexual agency.

It emerged that participants held a variety of myths about the effects of contraceptives on reproduction. These myths have hindered the access and use of contraceptives. Wood et al. (2006) found that teenagers have not been provided with any useful information around issues of sexuality and the significance of using contraceptives.

Contrary to previous studies which found that virginity is highly valued in rural KwaZulu-Natal, and that there is pressure put on young women by families and society to preserve it (Harrison, 2008), this study finds that virginity was not emphasised. However, participants indicated that they were not expected to be sexual. Cultural practices such as *ukuhlolwa kwezintombi* and *umemulo* that are used by parents in an attempt to help young women keep their virginity are less popular at Mgugu, as compared to other areas in rural KwaZulu-Natal (Taylor et al. 2007), where there is high regard for these cultural practices. *Ukuhlolwa kwezintombi* and *umemulo* have failed due to loss of value associated with socio-economic conditions. Only one out of six participants used to undergo *ukuhlolwa kwezintombi* before the pregnancy. All participants indicated that loss of virginity and pregnancy should be compensated through payment of *amahlawulo* (damages). Payment of *amahlawulo* emerged as a strong reason for participants not opting for TOP. Nduna & Jewkes (2012) suggest that payment of *amahlawulo* gives the young woman power to consult the man's family about matters pertaining to the child, irrespective of his (the man's) involvement. Madhavan et al. (2013) view payment of *amahlawulo* as one of the strides towards legitimising non-marital pregnancy. It also emerged that peers play a major role in influencing the sexual behaviour of other peers. Peer influence becomes powerful in teenage years and peers go to greater lengths of risk-taking sexual behaviour in order to earn a place among the peer group. Wood et al. (1998) found that teenagers were sexually initiated by men in order to get peer acceptance and belonging.

Chapter 5

Conclusion

5.1 Introduction

This is the concluding chapter of my study. It outlines the summary of the content and the structure of the four chapters of this dissertation. This chapter consolidates the primary findings of this study. It also provides recommendations in order to promote healthy sexuality and minimise vulnerability to teenage pregnancy, HIV infections and other sexually transmitted infections in young women living in Umbumbulu and other areas, especially rural ones.

This research draws from a qualitative study of six pregnant teenagers from Minenhle High School, aged between 16 and 17. These young women emerge from an area called Mgugu in Umbumbulu which is deep rural and mostly disadvantaged. This study explored how these pregnant young women narrated their pregnancy experiences and the factors that exacerbated vulnerabilities to teenage pregnancy and STIs, especially in the era of HIV and AIDS.

In Chapter One (introductory chapter), I outlined the background, focus, rationale, aims and objectives of this study. I presented a brief discussion on the reasons that have been cited by different researchers for the prevalence of teenage pregnancy, especially in rural KwaZulu-Natal, which is the context of this study. I also cited the three Critical Research Questions guiding this study:

1. How do pregnant teenagers understand sexual risk in the context of AIDS in rural KwaZulu-Natal?
2. How do forms of femininity contribute to sexual risk in the context of AIDS in rural Kwazulu-Natal?
3. What meanings do African pregnant teenagers from rural KwaZulu-Natal attach to femininity?

I then presented a brief discussion of gender and sexual power in order to provide the

reader with knowledge on how male dominance perpetuates female submissiveness and results in sexual risk. I also provided my personal reasons for exploring reasons for falling pregnant given by pregnant young women aged between 16 and 17, from a rural high school. I provided a detailed narrative of my niece who fell pregnant at the age of 15 and my involvement with HIV and AIDS programmes in the Ugu District DoE, as a subject advisor responsible for implementing, monitoring and supporting these programmes.

In Chapter Two I presented a detailed review of related literature. Various studies have been conducted internationally and nationally on teenage pregnancy and numerous reasons have been cited for the high prevalence of teenage pregnancy. Related literature was reviewed under these broad themes: femininities and sexual power; culture and sexuality; and use of contraceptives. Chapter Two also presented findings of other studies focusing on gender, culture and sexuality of young women in the context of HIV and AIDS.

In Chapter Three I provided a detailed discussion of the research design and methodology relevant for this study. The qualitative approach was discussed as well as its appropriateness for my research. Purposive sampling and the biographies of participants were outlined in the data collection. Methods of data collection (semi-structured individual interviews and focus group discussions), data analysis, validity and reliability, ethical issues as well as limitations of this study were presented.

In Chapter Four, the analysis of findings was presented. Extracts indicating participants' responses were used to support the findings. The extracts were translated from isiZulu to English and every endeavour was made to keep the translation as close as possible to what was said by the participants. Gender-power theory (Connell, 1995) was used in order to show how male dominance increases vulnerabilities to unwanted pregnancies and HIV infections in young women. Data were analysed under the themes that emerged during data analysis.

Other studies on gender and power; femininities and sexuality; masculinities and sexuality, and HIV and AIDS were incorporated in the discussion and analysis of the findings.

5.2 Main findings

The next section of this chapter summarises the main findings of this study. Findings will be summarised according to themes that emerged. These are the themes that emerged in this study:

1. Becoming sexual, falling pregnant and reduced power in intimate relationships
 2. Falling pregnant and the contradiction of *ukuhlolwa kwezintombi* (virginity testing)
 3. Falling pregnant: culture, contraception and myths
 4. Sex as secret: clinic as public in deep rural KwaZulu-Natal
- 4.1 Young people are not expected to be sexual
 - 4.2 Cultural practices in deep rural KwaZulu-Natal value virginity
5. Peers and the constructions of sexuality

Gender power relations became a major contribution which hindered the participants' ability to negotiate sex, which resulted in unwanted pregnancies in all the 6 young women from Mgugu participating in this study. *Ukuhlonipha* (highest degree of respect) is one of the values that were embraced by participants in this study. Participants indicated that they felt obliged to show *ukuhlonipha* to their boyfriends by allowing them to dictate how and when sexual activities happen. This female submissiveness as a result of gender power inequalities (Varga, 2003), increases the risk to teenage pregnancy and sexually transmitted infections (STIs). Due to societal norms in rural areas of KwaZulu-Natal, it emerged that pregnant young women who participated in this study were expected by their boyfriends to appear shy and sexually inexperienced (Reddy & Dunne, 2007), in order to maintain their status of 'good girls' (Harrison, 2008). The pressure to appear sexually inexperienced has impacted negatively on these young women's ability to take necessary precautions, for

example, by having a condom before the sexual activity.

This research goes on to find that gender power inequalities play a huge role in how participants negotiate sex; irrespective of the boyfriend's age. Male dominance coupled with fear of being dumped by the boyfriend has resulted participants in consenting to sex against their will. The limited power that these young women have in intimate relationships, have resulted in inability to negotiate safe sex, hence, leading to unplanned pregnancy, HIV and other sexually transmitted infections (STIs) risk. However, one participant indicated that she is challenging gender norms by suggesting that individual choices should be respected. It emerged that all the pregnancies were not planned. The findings of this study indicate how much participants value being loved and always combine it with trust, making every endeavour to prove that they trust their boyfriends even if it means having unprotected sex.

It was also found that young women feel obliged to satisfy their boyfriends sexually; and that male sexual satisfaction meant unprotected sex. It emerged that participants found themselves compelled to prove love and trust for the boyfriends through unprotected sexual activity (Reddy & Dunne, 2007). The need to prove love and trust compromised the participants' sexual agency. This was further worsened by the fear of being dumped by the boyfriend.

This study also found that the economic power that boyfriends have, aggravates gender power imbalances. One participant (Zoleka) viewed herself as a 'beggar' in this kind of a relationship. Another participant (Andiswa) indicated resistance towards exchanging sex for money (transactional sex), stating that her love is not for sale. It emerged that there is a close association between teenage pregnancy and socio-economic conditions. Because of poverty that is rife in most rural areas of KwaZulu-Natal, some parents of the pregnant young women in this study unconsciously condoned transactional sex. One young woman who participated in my study, (Andiswa) indicated that her parents preferred that she was impregnated by a man who was able to provide for the entire household; thus using the daughter's pregnancy to bring some form of economic relief.

Virginity is highly valued in rural KwaZulu-Natal (Harrison, 2008). Cultural practices such as *ukuhlolwa kwezintombi* (virginity testing) and *umemulo* (coming-of-age ceremony), which promote abstinence, are used in order to preserve virginity in young women. It emerged that both participants and their parents have lost faith in these cultural practices that are meant to regulate sexuality in young women. As a result, parents and caregivers of participants were not eager to encourage them to take part in *ukuhlolwa kwezintombi*. Out of six pregnant young women, only one took part in *ukuhlolwa kwezintombi* which is both practised and valorised in most rural areas of KwaZulu-Natal, especially among secondary school young women (Taylor et al. 2007). This is attributed to the loss of value in this cultural practice as a result of Christian influence. The participant (Jabu) who took part in *ukuhlolwa kwezintombi* before falling pregnant indicated that there is no comprehensive education that accompanies this practice. All these factors have contributed to the weakening in the value of *ukuhlolwa kwezintombi* as a preventive strategy for unwanted pregnancies and infections by STIs.

Socio-economic conditions of most households in Mgugu which is deep rural and disadvantaged, with most working class households, has seen *umemulo* becoming a distant fantasy for most of the young women who participated in this study. The absence of *umemulo* meant that there is no reward for keeping one's virginity until 21 years of age.

This study also finds that all the participants had failed to access and use contraceptives because of the socially constructed myths on reproduction resulting from a lack of accurate information. These myths include the belief that using contraceptives results in permanent barrenness, soft shaky body and a wet vagina. This supports findings by Leclerc-Madlala (2003) that virginity is associated with 'dry and tight' vagina in the isiZulu culture. Fertility proved to have a cultural value in the development of feminine identity (Preston-Whyte, 1988) of the pregnant young women in this study. One pregnant young woman indicated that she did not want to use contraceptives because that would lead to permanent barrenness when she gets married later in life. Another reason cited by the participants for failure to access and use contraceptives is fear of the parents or caregivers finding out that they are having sex. In order to safe-guard their secret of having sex, all the participants from this

study had refrained from accessing contraceptive services from the clinic.

Findings of this study also indicate a high level of intergenerational silence on issues of sexuality between the participants and their parents or caregivers (Delius & Glaser, 2002; Singh, 2005; Nkani, 2012). This is an indication that young women are not expected to be sexual in rural KwaZulu-Natal. As a result, sexual relationships in five participants out of six were kept a secret from parents until pregnancy. For all the participants, pregnancy was kept a secret until it started to show. It however, emerged that the family of the boyfriend of one of the participants, knew and supported the relationship; as a result he did not have a problem accepting pregnancy as opposed to the family of the young woman who had difficulty coming to terms with the fact that their daughter was pregnant, as she was not expected to be sexual (Harrison, 2008). Findings indicated that some parents are willing to know about sexual relationships of their daughters in order to monitor and regulate them.

It also emerged that participants had a very limited knowledge of various kinds of contraceptives and their specific side-effects. When asked about contraceptives, their most prompt response was about condoms followed by injection. There was so mention of other kinds like a pill, emergency pill or IUD (loop). This supported the findings of McPhail et al. (2007), that male condoms have been over-emphasised to the detriment of other contraceptives. Findings also indicated that none of the participants ever considered termination of pregnancy (TOP) as an alternative to unwanted pregnancies. All the young women cited socially constructed religious as well as cultural reasons why they did not think of TOP. For example one participant referred to TOP as a 'sin'. Payment of *amahlawulo* (damages) emerged as a strong reason why TOP was not an option. All the participants viewed payment of *amahlawulo* as crucial for an out-of-wedlock pregnancy and a compensation for loss of virginity and pregnancy.

Some of the young women who participated in this study failed to insist on protected sex because unprotected sex has been constructed as pleasurable (Undie et al. 2007); a condom was hence viewed by participants and their boyfriends as an impediment to sexual pleasure (Dilger, 2003). Having unprotected sex with their boyfriends, which resulted in pregnancy, served as proof that there is love and trust in a relationship.

The findings of this study indicate that another factor that has contributed immensely to the pregnancy of six young women from Minenhle High School is the role that is played by their peers in the constructions of sexuality. One participant indicated that young women who have babies tell interesting stories about their babies, such that she wished to become a mother herself. Another participant stated that sometimes they had sex so that they gained acceptance in a group. Wood et al (2006) found that some young women were initiated into sex by men in order to fit in a group.

5.3 Possible recommendations

According to Harrison (2008), there is a compelling need to reduce teenage pregnancy in South Africa since it has become one of the major forecasters of HIV infection among 15-24 year-olds. Interventions and programmes need to address broad social issues including the context of these young people. There is a need for alignment between national programmes, awareness campaigns and cultural practices. For example, virginity testing needs to be coupled with intensive sexuality education because the test on its own has done nothing to regulate sexuality in young women, hence lost value.

In spite of sexuality education that is part of Life Orientation and awareness campaigns by various government departments and NGOs, gaps still exist in knowledge about contraceptives and their effects. There is a need for advocacy regarding the access and use of contraceptives. Accurate knowledge about sexuality and contraceptive use can prevent unwanted pregnancies, need for TOP and minimise maternal and infant mortality (Ramathuba et al. 2012). Harrison (2008) suggests that the Health Ministry should issue a statement that will not mislead young women, about the availability of contraceptives to those who need them. Life Orientation should cover in-depth content on contraceptives, including types, side-effects and accessibility. This is essential since this study revealed major gaps on the understanding that young people have about contraceptives.

A multi-sectoral collaborative approach is necessary where all the sectors of the government, non-governmental organisations (NGO's), religious and traditional leaders, parents, youth ambassadors and other key figures of the community would, together with young people, jointly implement prevention campaigns that can monitor and regulate sexuality in young people, other than judging them once they start becoming sexual. The above-mentioned campaigns need to adopt a youth-friendly approach which will see young people actively participating as opposed to being passive recipients of initiatives and programmes. Undie, Crichton & Zulu (2007) argue that the challenge with sexuality education currently in place throughout the African continent, is that the content is not tailored to youth culture. Adapting existing programmes to make them youth-friendly, would spark interest and maximise involvement in young people. This would be an acknowledgement that young people have problems as well as solutions regarding their own sexuality. Community dialogues could be used as a vehicle for carrying positive, non-judgemental messages which will break intergenerational silence. Using community dialogues would also provide young people with a platform from which they will be able to make their voices heard, and needs presented and where they will be supported in formulating solutions to the problems they encounter regarding issues of sexuality.

The role that young people play with their peers needs to be appreciated and acknowledged. NGOs such as Love Life and Dram Aide could play an active role in providing sexuality education and empowering young people from Minenhle High School and other rural high schools to become peer educators both in and out of school. In turn, they would then shape and influence their peers positively through youth-friendly strategies like poetry and drama, and simultaneously address gender stereotypes through context-based activities. Teenage mothers should be empowered and encouraged to share their life stories about the experiences of teenage motherhood and teenage pregnancy in order to effect behaviour change and influence peers positively.

5.4 Conclusion

As a subject advisor who is hands on in the implementation of HIV and AIDS

programmes in Ugu District, and a former school-based teacher who fully understands rural context (of this study), I am aware that I would have to play a major role in implementing the strategies I have recommended above. I would thus use every possible platform to advocate for the needs of teenagers on the issues of sexuality.

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APPENDICES

APPENDIX 1



18 July 2013

Ms/Mrs Mornica Nozipha Mvune 200400528
School of Educational Studies
Edgewood Campus

Protocol Reference Number: HS5/0088/08U
Project Title: Gender, culture and sexuality: Teenage Pregnancy in rural KwaZulu-Natal

Dear Ms/Mrs Mvune

Approval and change of project title

I wish to confirm that your application in connection with the above mentioned project has been approved.

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

Best wishes for the successful completion of your research protocol.

Yours faithfully

Professor U Bob (Chair) and Dr S Singh (Deputy Chair)

/px

cc Supervisor: Professor Deevia Bhana
cc Academic Leader Research: Dr MN Davids
cc School Administrator: Ms B Bhengu

Humanities & Social Sciences Research Ethics Committee
Professor Unmilla Bob (Chair) and Dr Shenika Singh (Deputy Chair)
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Website: www.uqn.ac.za
Funding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



APPENDIX2



University of KwaZulu-Natal
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Westville Campus
Private Bag x54001
Durban, 4000
Tel No: +27 31 260 3587
Fax No: +27 31 260 4609
Email: ynr@ukzn.ac.za

17 April 2012

Ms/Mrs Mornica Noelpho Mvuna (220400528)
School of Educational Studies

Dear Ms/Mrs Mvuna

PROTOCOL REFERENCE NUMBER: HSS/0088/08U
PROJECT TITLE: Pregnant teenagers' constructions of sexuality in the context of HIV and AIDS in rural KwaZulu Natal

NEED FOR ETHICAL APPROVAL WAIVED

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

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

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

Yours faithfully


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

cc Supervisor: Professor Deepla Bhana
cc Ms N Mornica/Mrs S Nelcher

APPENDIX 3

Letter to the parents/guardians or caregivers requesting their daughters or wards to participate in the study

A840 Umlazi

P. O. Umlazi

4066

Dear Parent/s or Guardian/s

PERMISSION TO YOUR DAUGHTER / WARD WITH REGARD TO TEENAGE PREGNANCY

I am currently studying towards my Masters in Education at the University of KwaZulu-Natal. One of the requirements of the degree is to write a dissertation on a problem within Education. At the schools in our district (Ugu), I have noted a high number of teenagers who fall pregnant whilst still at school. It is for this reason that I decided to do my dissertation on **teenage pregnancy in rural KwaZulu-Natal**.

In order to complete my dissertation, I need to interview pregnant teenagers. The interviews will be voice recorded and analysed. All the information presented by the learners will remain confidential and will not be used for any purpose other than the purpose of the study. Learners, who will be participating in this study, will not be identified. Their real names will not be used; they will be given false names. After dissertation has been completed, learners will be given an opportunity to read and make adjustments to what has been written before the dissertation is submitted to the University.

I hereby request permission to interview your daughter/
ward.....

Thanking you in advance and anticipating your support

Yours Faithfully

MN Mvune

APPENDIX4

A840 Umlazi

P.O. Umlazi

4066

Dear Participant

My name is Nozipho Mvune. I am a student at the University of KwaZulu-Natal. I am currently completing my Masters in Education Degree. As part of my degree, I have designed a research study that seeks to understand how pregnant teenagers construct sexuality in the context of HIV and AIDS. Your participation in this study will be highly appreciated. Please consider the following:

- As part of the study, I am going to ask you some personal questions. Your answers will remain very confidential. Your identity will be anonymous.
- The questions will be divided into focus group discussion and individual interviews. Focus group discussion will last approximately 1 hour and individual interviews will also last about an hour. Each session will be voice recorded.
- You do not have to answer any question you do not wish to answer and you may end the interview any time you wish to. However, I will greatly appreciate your total contribution since this will give me insight about constructions of sexuality of the pregnant teenagers in the context of HIV and AIDS.
- You may ask to listen to the audio tapes or view transcripts at any time. However, these remain my property.

I have read
the above statement and do hereby agree to participate in this study of my own
free will and under conditions set out above.

.....

.....

Participant's Signature

Date

.....

.....

Researcher's Signature

Date

APPENDIX 5

Letter to the principal requesting permission to interview pregnant teenagers at the school

A840 Umlazi

P.O. Umlazi

4066

Dear Sir

REQUEST FOR PERMISSION TO INTERVIEW PREGNANT LEARNERS

I am a student at the University of KwaZulu-Natal, presently completing my Masters Degree. I am in the process of completing my dissertation and humbly request permission to interview six pregnant teenagers at your school. Any information divulged to me will be treated with strictest of confidence.

Thanking you and anticipating your support

Yours Faithfully

.....

MN Mvune

Student no 200400528

APPENDIX 6

Semi-structured interview schedule for individual and group interviews

FOCUS GROUP DISCUSSION QUESTIONS

1. What is your view about the use of contraceptives?
2. How does the society view teenage pregnancy?
3. Why do you think programmes, awareness campaigns, virginity testing and Life Orientation as a school subject, are failing to curb teenage pregnancy?

INDIVIDUAL INTERVIEW QUESTIONS

1. What is your name?
2. How old are you?
3. Who do you stay with?
4. What grade are you doing?
5. What are your ambitions about your future?
6. What does it mean to you to be a young black woman?
7. How old is your boyfriend?
8. Is he still at school? If yes, which school is he attending? If not, what is he doing?
9. How did the relationship begin? Who took the first step?
10. Who initiates sexual activities in your relationship?
11. What is your understanding of protected sex?
12. How did you find out that you were pregnant? What was your reaction?
13. How did your boyfriend and family react when you told them that you were pregnant?
14. What kind of support do you receive from teachers whenever you cannot come to school because of the pregnancy?

15. How long are you going to away from school, to give birth?

Appendix 7: Turn-it-in report

Turnitin Originality Report

Gender, culture and sexuality: Teenage Pregnancy in rural KwaZulu – Natal by
Nozipho Mvune

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