**Young Indian Women's Construction of Sexuality and Risky Sexual Behaviour in a Newlands School**

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**A research study submitted as the 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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**December 2013**

'As the candidate's supervisor **I agree** / do not agree to the submission of this dissertation'.


Signed        ………………………………………………….


Name        **Professor Deevia Bhana…**
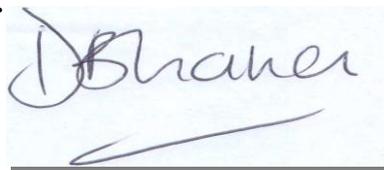

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# DECLARATION

I, **Natasha Chunderduri** 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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# ACKNOWLEDGEMENTS

# TABLE OF CONTENTS

## APPENDICES

Appendix 1: Ethical approval certificate

Appendix 2: Letter of consent and information for parents

Appendix 3: Letter of consent and information for participants

Appendix4: letter of consent and information for the school principal

Appendix5: Semi structured interview schedule for individual and group interviews

Appendix6: Turn it in Originality Report

## LIST OF TABLES AND ILLUSTRATIONS

# ABSTRACT

This study explores the sexual identities of a group of young Indian women who are 16 and 17 years old. It also investigates the multiple ways in which these young women give meaning to their sexuality and gendered identities in the context of HIV and AIDS. These young women emerged from working class to low middle class backgrounds in the Newlands West area in Durban. The study sought to understand how the young Indian women construct their sexuality, what these young Indian women understand by sexual risk, as well as how their constructions of sexuality are related to sexual risk.

A Social Constructivist model was used to understand how the young women in this study construct their sexualities, particularly in a time of HIV and AIDS. Feminist theory was used as it links gendered identities and social constructions of young women. Focus group and individual interviewing techniques were employed to generate relevant research information.

The findings of this study illustrate how some young women offer resistance to accepted gender role norms and cultural beliefs by openly expressing their sexuality. Many of the young women in this study also attempt to explain why they (and others) engage in risky sexual practices, despite their awareness of HIV and AIDS and early pregnancy. The findings reveal that peer pressure is a factor that often strongly influences young women to engage in unprotected sexual activities with their partners. This study also found that fear of experiencing early or unwanted pregnancies deterred many of the young women in this study from engaging in risky sex.

Recommendations were made in an attempt to curb the further spread of HIV and AIDS and encourage safer sex practices amongst young people in Durban, KwaZulu-Natal.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Introduction

*Young Indian Women's Constructions of Sexuality and Risky Sexual Behaviour in a Newlands School* is the title of this study. The study discusses and explores the constructions of sexuality and risky sexual behaviour among a group of young Indian women in the age category of 16 and 17 in Newlands West.

## 1.2 Background and Outline

A study shown by the national household HIV sero-prevalence survey indicates that HIV and AIDS are very prevalent in South Africa (Peltzer & Promtussananon, 2005). However HIV prevalence in South Africa's total population has stabilised at11% according to the 2002, 2005 and 2008 survey. Many South African youth are infected with HIV and AIDS because they engage in risky sexual behaviour (Peltzer & Promtussananon, 2005). Moreover there has been a slight decrease in HIV prevalence among young people, by 1.7% in the 2008 survey. According to the national household HIV sero-prevalence survey conducted in South Africa, the rate of HIV is higher among young women than among men (Peltzer & Promtussananon, 2005). This coincides with the national HIV survey 2008, as HIV infection rates remain disproportionally higher for women compared to men ( Shisana et al, 2009) This shows that women are more prone to HIV infection and a large percentage of young women are becoming infected with sexually transmitted diseases (Peltzer & Promtussananon, 2005). Further the most concerning finding of the 2008 survey is the constant high levels of HIV infection among young women, which calls for urgent attention for effective HIV prevention for young women in their prime (Shisana et al., 2009). Other reasons for young women engaging in sexual risk behaviour could be poverty, acquiring financial gains and peer pressure (Bell, 2011). Furthermore, due to poverty girls seal love in consumerist ways (Bhana & Pattman, 2011). Some young people sell sex to men and women as it is the best way to gain money (Ntozi et al., 2003). My study focuses on young Indian women's sexuality, the

problems that are encountered around sexuality, the risks that they may take in sexual relationships and their reasons for adopting risky sexual behaviour patterns.

As an educator in a Newlands West school, I have observed many young (Indian) women who are reserved and afraid to speak during discussions on sexuality. I had a few discussions with these young women about their sexuality and decisions with regard to boyfriends and sex. Most of the young women shy away and refuse to talk openly on the topics discussed. Being involved in gender studies has opened my eyes on some of the ways in which young women develop their sexuality. Young women need guidance and assistance in the area of sex, sexuality, relationships and confidence to make informed decisions to protect themselves from gender inequality, HIV and AIDS, teenage pregnancy and sexually transmitted infections.

## 1.3 Aims and Objectives of Study

The aim of my study is to explore the reasons for sexual risk behaviour among young Indian women in the Newlands West area and to find methods and strategies to assist them and others in preventing them from becoming victims of HIV and AIDS, teenage pregnancy, sexually transmitted infections and gender inequality. UNICEF (2010:21) states *"The divergent drivers of the epidemic and corresponding differences in the demography and behaviour of young people at risk make developing a widely effective preventions strategy complex."* Peltzer and Promtussananon (2005) state that there are few articles on the scope of young people's behaviours. This finding was brought about in a reviewed study of sexual behaviour of school students in Sub-Saharan Africa. Therefore, the purpose of this study is to understand the behaviour and constructions of young women's sexuality in the context of HIV and AIDS.

Being a young Indian female and coming from a traditional Indian home, I found that it was taboo to speak about sexuality in my home and amongst my family or with parents. Sex is therefore "taboo". Discussion around sex is uncomfortable and in most situations avoided. I could not openly have a discussion with my mother/parents about boyfriends, sex, and relationships; these topics were always avoided and never discussed in my home. This had instilled the perception that these activities were wrong and should not be discussed in the home. In order to seek advice I would then have to turn to my older sister or friends for

assistance in this area. Having an older sister and many older cousins in my extended family, all of them including myself had to seek alternative means of educating ourselves in the area of sexuality as our mother's/ parents had no inclination to discuss this with us. The mothers in our family only took the initiative to discuss these matters when a particular young lady would be married; alternatively, they would elect an aunt to have the "TALK" with the bride to be. This made speaking about topics on sex and sexuality difficult for us. In my own experience, I have never discussed any matters regarding sex, relationships, or love with my parents. My sexuality was silenced due to fear of not only consequences, but also of discussing these topics. However, becoming an educator and further doing research in gender studies has opened a window of understanding in the area of sexuality for me. I am now able to voice my opinions and discuss matters regarding sexuality. I further initiate discussion on sexuality among the older and younger women in my family during our family gatherings, to assist the younger women in our family. I would like to assist all young women to be able to speak about matters of sexuality, as sexual interaction among young people is increasing daily.

A pictorial illustration of  my extended family

Attending an Indian school; there too; discussion about sexuality with the educator was extremely uncomfortable and not everyone was willing to speak out, including the educator. Although there has been transformation in the Indian community, this norm of silence on these practices is still occurring in Indian homes and in the community. The aim of this research is to add new knowledge and information on young women's sexuality and to further

assist young women to be able to come out and speak about sexuality in order to acquire more information and avoid sexual risks including HIV and AIDS, teenage pregnancy, teenage parents, and other sexually transmitted infections. The knowledge generated in this study may also assist young women to make informed decisions by not following myths and misconceptions on sex, contraception, relationship and HIV and AIDS.

My qualitative study will explore the ways in which young Indian women give meaning to sexuality and risky sexual behaviour and how gender impacts on their sexuality. The research study will explore sexual behaviours and sexualities of young women who are sixteen and seventeen. It will focus on young Indian women's constructions of sexuality and how they lead to acts of risky sexual behaviour in a high school in Newlands West, North of Durban. It will also explore their understanding of sexual practices in a changing society. I too am an Indian researcher and felt that selecting Indian participants for my study would allow me to gain more perspective to better understand the (sexual) experiences and beliefs of these young Indian women. In this way I could relate to their sexual experiences and understand the pressures felt by these young women, as I came from a similar background of Indian identity. I thus selected all young Indian women for this study from the Newlands west area..

### 1.4 Key research questions

In order to understand this phenomenon, the following key research questions were formulated:

1. How do the young Indian women in my study construct their sexuality?

2. What do these young Indian women understand by sexual risk?

3. How are their constructions of sexuality related to sexual risk?

**1.5 The Research Site: Newlands West**
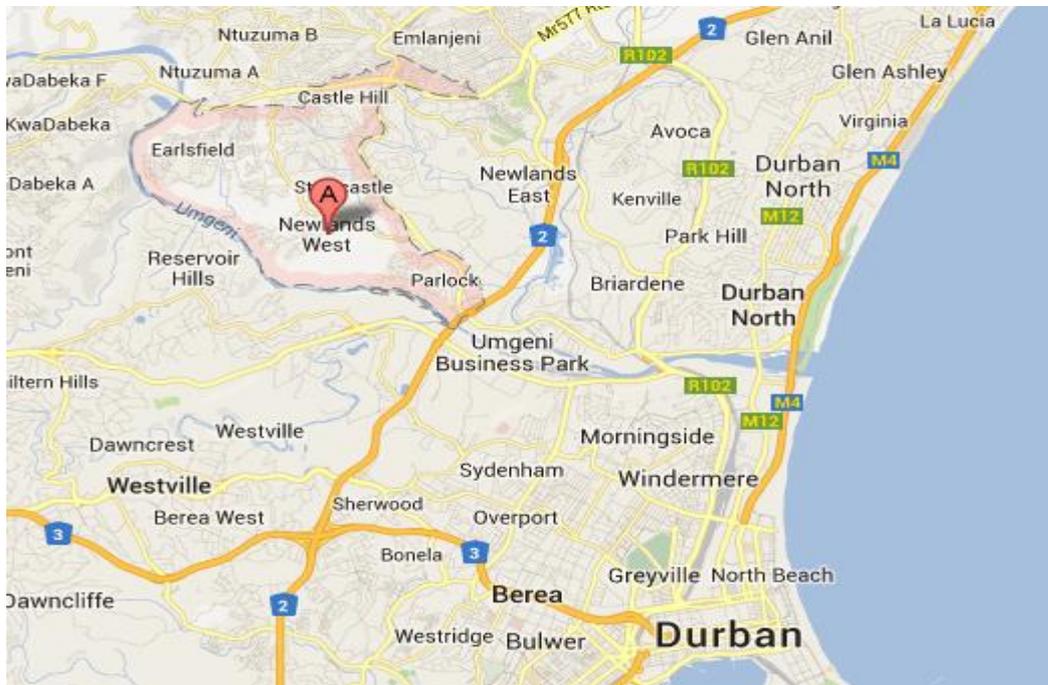
This study was conducted in 2012 in the suburb of Newlands West, which was predominantly home to Indian families. Newlands West is about 15 km north-west of the city centre of Durban, KwaZulu-Natal in South Africa. I work as an educator in the area; hence my study is located in Newlands West. Newlands West has many neighbouring areas, including Hillgrove, Castelhill, and Riverdene. The Newlands West area was previously occupied by many working class Indian families. Newlands West is now home to many Indian, Coloured and African working class families as well as lower working class and poor working class families. There are many schools in this area, however many of them are over-populated. Some parents travel to work and many children are left unattended or with their grandparents. There is little or no parental involvement in many of the children's lives in Newlands West. This area faces many challenges such as social problems, abuse, HIV and AIDS, single parents, drugs, alcohol and poverty. The research site is a school in the neighbouring area. There are 1215 learners who attend the school and with the majority of the African community living in the area, a minority group of Indians attend this school. There are 200 Indian women learners. This school was an ideal choice for my study.

## 1.6 Indian Identity in South Africa

KwaZulu-Natal's rich combination of cultural inspirations has sprung from all periods of its history. The port city of Durban dates from 1824 when the British built a trading post on the northern shore of the Bay of Natal (Department of Economic Development and Tourism, 2012). A strip of coastal land quantifying 35 miles along the coast and 100 miles inland was later granted to the British by the Zulu King, Shaka (Department of Economic Development and Tourism, 2012). The importance of the port of Durban as a trading post for the British on the route to India meant that from 1860 onwards increasing numbers of Indians were brought in to KwaZulu-Natal to work in the sugar plantations on the coast (Department of Economic development and Tourism, 2012). This historic connection to the sub-continent has continued to this day and KwaZulu-Natal now has the largest population of Indians in the world outside India itself (Department of Economic Development and Tourism, 2012).

The Indian community in South Africa is unique in many ways. There are many religions, social backgrounds, cultures and diversity amongst the changing lifestyles of the Indian community. This research seeks to explore the behaviour of young Indians, as they are the newer generation of the Indian community, with different perspectives in life compared to their grandparents and parents' lifestyle. On arrival in South Africa Indians were separated according to religion and social group. The class differences that existed among Indians were in relation to the caste and occupation of the people (Pahliney, 2001). Moreover, two main categories of Indians existed, wealthier traders who came into South Africa free as the minority group, and the very poor majority who came under contract (Pahliney, 2001). The migration of Indians to South Africa took place from 1860 to 1911; they were the indentured farm labours or mill operators in the sugarcane plantations who came to Natal. The Indian community comprises 1.15 million living in South Africa, which is 2.5% of the South African population. Notably 80% of this community lives in KwaZulu-Natal (High Commission of India, 2012).

In South Africa, Indian identity has shifted in the last forty years and continues to do so. The traditional norms and practices have been changing in the transition to Indian South Africans (Kumar, 2000). In South Africa, Indian identity has changed economically and socially over the years, where opportunities for jobs and the creating of enhanced quality of life for Indians

have developed (Mahadev, 2006). However, with this transformation, the traditional heritage and Indian life styles have also changed. There are both positives and negatives attached to this change for young Indian people in South Africa. The transformation of changing Indian identity has taken place over many years. There has been change in language, while traditional rituals still remain evident (Kumar, 2000). The roles of parents have further undergone greater transformation and Indian children are no longer kept within strict traditional rules. Desai (2000) asserts that parents are no longer available to supervise young people and the norm of both parents having to work to provide for their families exists. Through this change, young people learn family and social behaviours that they adopt for their changing identity.

As change takes place, behaviours of young women and men too change. Parents in the Indian community place many demands on their children and they are expected to follow these requests and instructions. Gender and sexuality are regulated among Indian families. Many young women in this study contest this regulation, as sex is considered shameful and taboo by most parents. The IWHC (2007) reports sexual behaviours and attitudes are sensitive and even taboo among parents, teachers and others in some countries. Therefore, discussion on sexual behaviour and gaining appropriate information on sexual knowledge among young Indian women becomes difficult, creating barriers to making sound sexual decisions. In the past, there were many challenges with "traditional expectations of (Indian) women, such as acceptance of fate, glorification of motherhood and virginity, deference to male authority and, above all, worship of the husband, which was endorsed by religious scriptures" (Desai & Vahed, 2007). Women were also financially dependent on men, as they remained at home doing household chores. There have been many cultural expectations and social pressures which were placed on (Indian) women and girls. However with the change to post-apartheid South Africa, many of them now have freedom and equity in relation to their male counterparts. As transformation takes place, young women and men today are reacting to increased authoritarianism and conservatism by confronting their parents (Desai, 1996). Many parents do not have control over their children and there is a lack of parental influence in the lives of young people. This places young (Indian) women at a great disadvantage as their most reliable source of information, the parent, is now unable to assist their child in making decisions in life, including safe sexual decisions. In the Indian community, there is still the notion that young women must be passive and obedient to the Indian lifestyle, however, young women want to enjoy modern lifestyles, as do young men. Therefore, young

Indian women play the role of docile daughters; however they live lifestyles of relative freedom at schools, work and college (Desai, 1996).

There has been cultural and gendered transition over many years away from the previous situation, where young (Indian) women were governed by cultural and social norms. "In South Africa changing gender identities have been noted" (Bhana & Pattman, 2009). It is therefore in the context of 'Indianness' that the young women in this study talk about sex and relationship dynamics. Young women are becoming fast changing people in the modern world, and this reflects in young people's relationships; some young women now have a degree of freedom and equity in relationships. This clearly shows that some young women are no longer passive recipients of male dominance and sexual power. Bhana and Pattman (2009) argue that young women are more agentic than research has pointed to, acting on desire and pleasure, and are not simply passive victims to gender roles and norms. Young women make sexual decisions that may not lead to safe practices and could involve risky sexual behaviour, thus creating barriers in their life, which include teenage pregnancy, HIV and AIDS and dropping out of school.

## 1.7 Structure of Dissertation

Chapter One of this study contextualizes the study by introducing the research participants as well as the Newlands West community and school where the research was conducted. It provides the rationale for conducting the research and presents the problem statement as well as the research questions. It furthermore provides the aims and objectives of this study.

Chapter Two explores South African and international literature relevant to the study of young women. This review is based on the constructions of young women's sexuality and risky sexual behaviour of young women.

Chapter Three provides a description of the research design and the rationale for the methodology. It discusses the different methods used in this study to collect useful data. Other measures taken to increase validity and reliability, while ethical considerations are also described.

Chapter Four provides an analysis of the data collected. A discussion of the analysis and relevant literature to validate the analysis is provided

Chapter Five contains a summary of the dissertation. It also goes on to provide the main findings of the analysis and possible recommendations for young women in the context of HIV and AIDS, to assist young women in making safer decisions in sexual practices.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

AIDS is a serious development issue that affects the lives of millions of people. Combating HIV and AIDS is one of the Millennium Development Goals, along with many declarations which strive to combat the AIDS pandemic (UNAIDS, 2012). An estimate of 5.5 million people, more than 11% of the population in South Africa, are living with HIV and AIDS, making this one of the largest national totals of people living with HIV and AIDS in the world (HSRC, 2007). The UNAIDS estimated that globally, in 2007, 33 million people were living with HIV and AIDS and 1.9 million new infections occurred in Sub-Saharan Africa (UNAIDS, 2008). According to Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay, Mbelle, Van Zyl, Parker, Zungu and Pezi (2009), the prevalence of HIV by sex and age in 2008 indicated that HIV prevalence peaked in females aged 25-29 years at 32.4%. Moreover gender variations in HIV prevalence are to be established in younger groups as one of the concerns in the 2008 survey; among 15-19 year olds, young women's prevalence is 2.7% higher than men (Shisana et al., 2009). In Southern Africa, at least 1 in 20 young people are living with HIV and AIDS; in Botswana, Lesotho and Swaziland, more than 1 in 10 young people are living with HIV (UNICEF, 2010). UNICEF (2010) also informs us that world-wide more than 60% of all people living with HIV are women, and that young women in many countries face the greatest risk of HIV infection before the age of 25 years. In South Africa, remarkably little research has been done on how Indian South African young women construct their sexuality in the modern post-apartheid South Africa (Bhana & Pattman, 2008). According to a study on young South Africans, there is danger in love, as young men and women perform masculinity and femininity in ways that generate unequal relationships of power and in turn increase sexual risk among young women and men (Bhana & Pattman, 2011).Young Indian women's constructions of sexuality are seldom visible in research as the prevalence rate of Indians with HIV is relatively low. This is revealed by the Human Science Research Council

(2005), which reports that 1.6% of young Indian women are infected as compared to 13% of young Black women.

Despite the low rate of HIV prevalence among Indian women in South Africa, this study seeks greater understanding of the constructions of sexuality by young Indian women's constructions in the context of HIV and AIDS. This research will offer information that will assist other researchers examining young Indian women's behaviour and vulnerabilities. It will further assist young Indian women by discussing behaviours and risks taken to make informed decisions about their lives and their future when engaging in sexual acts.

Globally HIV and AIDS is a catastrophe. It reaches its peak in Sub-Saharan Africa. The epidemic in Africa is enlarged by the lack of capital that is needed for life saving antiretroviral treatment (Institute of Medicine, 2010). "The key modes of HIV transmission in young people are unprotected sex and injecting drugs using unsafe needles." (UNICEF, 2010:18). The toll of HIV and AIDS infection on young people in the world and mainly on young women, means that they need ways to protect themselves. They also need to engage with the social, political and economic factors that create risk and vulnerability (MacQueen & Karim, 2008). Young women are still carrying the greatest burden of infections and are at larger risk by the age of 25 (UNICEF, 2010). According to Peltzer and Promtussananon (2005), in South Africa, studies conducted on HIV and AIDS found that young people aged between 14-35 years are very aware of AIDS and know that it is a fatal disease that can be sexually transmitted. The above study further informs us that among these young people there is less knowledge in the area of HIV, how it is transmitted from person to person and ways of preventing HIV, as well as the fact that they have many misconceptions about contracting HIV infection (Peltzer & Promtussananon, 2005). This leads young people to become victims of sexually transmitted infections and sexually transmitted diseases (STD) in South Africa, a reality which needs to be addressed through proper information and knowledge for all young people in South Africa. The emphasis on risk groups means that while Indians are often seen to be immune to HIV and not a significant area of concern, the lack of sexual values including multiple partners, unprotected sex, time of sex and peer pressure to engage in sexual activity among young Indian women needs to be addressed. This study will significantly examine the sexual identity of young Indian women in South Africa.

According to UNICEF (2010), in South Africa alone, young people infected with HIV prenatally would increase from 7 000 per year in 2008 to 23 000 a year by 2030. The World Health Organisation (2010) states that many young people engage in sexual activity without taking into consideration the consequences of contracting sexually transmitted diseases, including HIV and AIDS. A study in South Africa, Uganda and Zimbabwe found that young women engage in sexual acts for economic and social status (Hallman, 2009). This puts these young women at risk of contracting HIV and AIDS as they mostly have a relationship with older partners. Furthermore, these young women are at a higher than average risk of HIV and AIDS infection, concurrent relationships, and low condom use (MacQueen & Karim, 2008). UNICEF (2010) states that many young people with HIV do not have access to treatment as they may have never been tested. Moreover the International Women's Health Coalition (2012) argues that sexual health services that offer, for example, HIV testing, condoms, or abortions, are often reluctant to serve young people or that these young people may refuse the service due to cultural norms or restrictions, where parental involvement is required, while being unaware of the need for these services. In some countries, acquiring consent from parents prior to being tested becomes a barrier (UNICEF, 2010). HIV and AIDS can be prevented among young people if appropriate services can reach the most vulnerable of young people through programmes, discussion and access to information for age specific groups (IWHC, 2012).

The research study seeks to explore how young Indian women in the age category of sixteen turning seventeen construct their sexuality in the context of HIV and AIDS. In South Africa it is important to focus on all young people in the country to find contextually specific understandings of sexuality and risky sexual behaviour in the wake of HIV and AIDS. Moreover, what do young Indian women understand by sexual risk in the changing society and the world of risk? Tsakani et al. ( (2011: 3) state that among South African teenagers, *"The rate of sexual activity among teenagers is said to have increased by 56% amongst boys and 73% amongst girls."* This shows that young women have become more sexually active over the years, which puts them at risk of contracting sexually transmitted infections and also leads to teenage pregnancies and parenting (Tsakani et al., 2011). As mentioned by Marston and King (2006), qualitative research shows that although condoms are distributed, this is not enough to change the sexual behaviour of young people. Further, strong social and cultural forces shape sexual behaviour of young people (Marston & King, 2006). Among South

African Indians, social and cultural forces do impact on the shaping sexualities and change. This study focuses on a particular group of South African Indian women aged 16 to 17 in Newlands West, who shape their lives and sexuality from their life situations and experiences.

## 2.2 Constructions of Young Women's Sexuality:

Young men and young women in almost all countries and social groups are very eager to learn about the changes that are taking place in their own bodies, their sexual and reproductive abilities and the feelings of love and romantic relationships (IWHC, 2007). This makes young men and young women develop ways of constructing their sexuality. Boyce et al. (2007: 4) state: *"Like sex sexuality is ambiguous, constituted in social, moral, cultural and legal contexts, whilst potentially experienced as intrinsically personal"*. Therefore, young women construct their sexuality around these contexts, which in many cases are not always the best or safest decisions made. This resonates with the view of the WHO (2002), that sexuality is also influenced by social, cultural, political, economic, ethical, religious, spiritual and legal factors. Bell (2011) is of the view that young people feel that having sex is natural and appropriate and is further influenced by their stage of development. They feel new sexual urges and desires which they need to experience and this is associated with maturity and growing up (Bell, 2011). As Boyce et al. (2007) argues, sexuality is not simply a cultural construction but an embodied practice; sexuality practices are open to reinterpretation by social actors. Reddy and Dunne (2007: 159) argue that *"Appropriate behaviours of young people are learnt in schools; families and communities that are gendered sites, and dominant definitions are reinforced and reproduced"*. The Girls Education Movement states that culture is acquired through socialisation and the practices of culture and beliefs are inherited through this socialization (Wilson, 2003). Therefore young women construct their sexuality on the basis of the learnt behaviours that influence their decisions. A South African study conducted by Reddy and Dunne (2007) found that young women's desire to love and be loved was one of the main reasons for engaging in sexual relations and unsafe sex practices. Furthermore, young women constructed casual sex as a strategy for the possibility of love in a long-term relationship, yet this construction is contradictory as casual sex creates risk (Reddy & Dunne, 2007). Today, many young

women's sexuality is created through their social setting and pressures of life, this includes young Indian women.

## 2.2.1 Indians in South Africa

There is vast diversity in the Indian community: *"According to the figures provided by the Department of Education and Culture, in the Province of KwaZulu-Natal, the linguistic break-up of the Indian community is as follows: Tamil 51%, Hindi 30%, Gujarati 7%, Telugu 6%, Urdu 5% and others 1%"* (High Commission of India in South Africa, 2012: 1). This shows that the Indian community has many diverse forms of upbringings, making the needs for every cultural background different in terms of upbringing. Indian culture has lost many traditional ancestral legacies as Indians have transformed into South Africans over the past 40 years (Kumar, 2000). As the transformation of Indians in South Africa took place, language was no longer an aptitude as English became the dominant language used by the majority of the second and third generation of Indians in South Africa (Kumar, 2000). Although language has changed, the majority of Indians still continue to engage in traditional forms of rituals, which is one of the dominant orientations that remain (Kumar, 2000). Moreover, patriarchal extended families have gradually disintegrated as many family members spent hours away from home working due to the economic strain of South Africa. (Desai, 2000). Parents were no longer available to supervise their children, divorce and suicide increased, and the lack of parent and child communication occurred (Desai, 2000). The norm of both parents working today is important for parents to provide and maintain a stable family lifestyle. Culture and communication play a large role in the lives of not only young Indian people, but all young people. Young people construct their lives through the learnt behaviours of families and their community.

## 2.2.2 Constructions of Young Indian Women's Sexuality

In post-apartheid South Africa, opportunities are created for young women in the schooling context to envision innovative ways of understanding sexuality and race (Bhana & Pattman, 2008). South African Indian identities are changing economically as well as socially, as job opportunities, create an enhanced quality of the Indian lifestyle (Mahadev, 2006). However,

in South Africa, there still exists cultural intolerance among many Indian families, putting many young Indian women in difficult positions. Although these are innovative ways of understanding sexuality and social change, *"the social and cultural pressures to 'do Indian girls' encourage a version of femininity which legitimises sexual shame and places great prestige upon the maintenance and performance of respectability and reputation"* (Bhana & Pattman, 2008:104). This makes it difficult for young Indian women to openly explore areas of sexuality and construct appropriate behaviours. Among the Indian communities, traditions are gradually disappearing due to the lack of communication in the household (Mahadev, 2006). Further, Mahadev (2006) argues that social exploration of the Indian community in South Africa is very limited, with little research having been conducted in this particular area. This creates a greater need for the investigation of young Indian women's perceptions and understanding of their sexuality as it may assist in understanding their vulnerability to HIV and AIDS, this could aslo inform other race groups with high rates of HIV and AIDS.

## 2.3 Sexual Risk Behaviour

In South Africa, many young women are affected by the pandemic of HIV and AIDS. A survey on South African youth found that 94% of young people knew how to avoid the infection of HIV and yet still participated in risky sexual behaviour (Ibid). The link between risky sexual behaviour and HIV and AIDS is not solely a South African concern, but has been studied by researchers across the world (Mudaly, 2006). It is documented that a large majority of youth in Sub-Saharan Africa participate in risky sexual acts despite elevated rates of HIV and AIDS infections (Groes-Green, 2009). Further, Groes-Green (2009) states that the major factors reported as primary to risky sexual behaviour among young people are male domination and socioeconomic inequalities. *"A variety of sexual coupling patterns place young women at risk including trends towards partnering with older men who are most likely to be infected, concurrent relationships and serial partnerships, low rate of condom use and limited skills in negotiating safer sex practices"* (MacQueen & Karim, 2008: 1). Despite knowledge on sexual risk, the major cause of HIV infections take place due to unprotected sexual intercourse; in most parts of the world, heterosexual sexual interaction is a common cause for infection (Boyce et al., 2007). This shows that young people globally are engaging in risky sexual behaviour from an early age, although they may know the implications of contracting HIV, STDs and pregnancies. Sex further has been at the root of HIV and AIDS

from the early days and it became evident that unprotected sexual practices were the most common cause of HIV and AIDS transmission globally (Boyce et al., 2007). According to Tsakani et al. (2011), almost one million girls become pregnant each year. Another study on sexual behaviour has shown that young African people, including 69% of young men and 24% of young women, have already had sexual intercourse by the age of eighteen. This leads to the risk of early parenting and financial strain as young women have to raise their child (Tsakani et al., 2011). Moreover, young people between the ages of thirteen and nineteen years have already encountered more than four sexual partners, which shows that they experiment with and explore sexual intercourse, which exposes them to risky sexual practices (Tsakani et al., 2011). Social rewards or penalties also sway the behaviour of young people, as gendered expectation for young men to have many partners may raise status, as with chastity and stability for young women (Marston & King, 2006).

**2.3.1 Health Risk Behaviour**

Risky sexual behaviour is not the only form of health risk among young people in the world. Due to the changes in their bodies and desire to experience life, young people may engage in many health risk behaviours which have many implications. Brener et al. (2003) state that a youth risk behaviour survey shows that six categories of health risk behaviour among young people exists: violence, cigarette smoking, alcohol and drugs, sexual habits, unhealthy eating habits and physical inactivity. Therefore risky sexual behaviour among young people can be called health risk behaviour as risky sexual behaviour has a direct influence in the overall health of any young person (Brener et al., 2003).

**2.3.1.1 Drugs and Alcohol Behaviour**

Another explanation for women's high vulnerability to HIV infection includes high-risk and careless behaviour, such as substance abuse (Casale et al, 2011). Many young people indulge in alcohol and drugs, however, they fail to realise the consequences that stem from drugs and alcohol (Ibid). When young women indulge in drugs and alcohol while visiting clubs and social gatherings, they tend to become easily vulnerable to the possibility of engaging in sexual acts with any man (Casale et al., 2011). This leads to risky sexual behaviour as they may not be in the correct frame of mind to make the right decision about protection and who

they may engage with in sexual acts. There are other forms of risky sexual behaviour which could lead to health risk behaviour.

### 2.3.1.2 Financial Risk Behaviour

Sexual risk behaviour may include transactional sex. The understanding of transactional sex is complex, as transactional sex can be defined in multiple ways. Jewekes, Morrell, Sikweyiya, Dunkle and Pennn Kenkana (2012) emphasise that transactional sex is open to multiple definitions, which many fail to define appropriately. In transactional sex, the perception and perceptions of motivation may differ from person to person in sexual interaction and there is also the contesting of transactional acts and transactional relationship definitions which make the understanding more complex (Jewkes et al., 2012). However, in South Africa and in many other countries, transactional sex occurs daily. The racialisation of unemployment and poverty in South Africa sees African men marginalised from income; however, gendered material realities provide men and African men with the ability to provide (Bhana & Pattman, 2012). Therefore, many young women and men engage in sexual acts for financial gains, as they assume this acceptable behaviour however, they may fail to see the risk of contracting HIV and other sexual transmitted diseases. In South Africa, this is further connected to the modern day providers of men or masculinity as they are linked to the disposal of income and consumption, and to the widespread use of gifts and money in exchange for love and sex. (Bhana & Pattman, 2011). In a Ugandan study, young people reported having relationships for several reasons; these involve satisfying emotions and feelings, responding to social pressure from peers and community, and receipt of financial and material support from boyfriends, which was identified as very important for young women (Bell, 2011). Their sexual agency was evident in negotiations over the exchange of financial and material support for sex (Bell, 2011).

In South Africa, the conceptualisation of transactional relationships with a main partner or a secondary partner may change over time and transactional sex may include exchanging cash for sexual acts (Jewkes et al., 2012). Young people, especially young women, exchange sex for capital, special treatment and merchandise, and their inspiration for this is to acquire economic opportunities, which becomes risky as the partner involved is generally older, has power, and may not want to use a condom during intercourse (Hallman, 2009). The use of protection when engaging in sexual acts may be influenced by a partnership and the nature of

relationship, and sexual behaviour in general (Marston & King, 2006). Vulnerable young women may feel that sex can strengthen a relationship and please a partner, therefore they practice unsafe sex; which may also be due to their social position (Marston & King, 2006). Furthermore, due to poverty, girls seal love in consumerist ways (Bhana & Pattman, 2011). Hallman (2009) shows that KwaZulu-Natal young people who come from underprivileged backgrounds may still become victims to high risk sexual behaviours as they lack opportunities. They may engage in sexual acts, safe and unsafe, to improve social security, gain social networks and have the feeling of self-worth (Hallman, 2009). Receiving financial support for sex is transactional sex. Transactional sex is risky, as multiple partners could be involved for transactional sex, putting young women and men at high risk of contracting sexually transmitted infections.


## 2.4 Moving Forward From Risky Sexual Behaviour

There are many other factors that characterise young people's engagement in risky sexual behaviour. Young people should be introduced to programmes that assist them in making non-risky decisions that will lead to long, healthy lives for them. The spread of HIV has remained weak for mostly the first 25 years of the HIV epidemic and considerable advances have been made since February 2010 (Karim, Humphries & Stein, 2012). The ABC approach provides basis for making apt sexual decisions that lead to sexual risk (MacQueen & Karim, 2008). A is "Abstain from sex and other risky behaviour such as drugs"; "B is "Be faithful to one partner", and "C is "Use condoms with all sexual partners" (MacQueen & Karim, 2008). This could be an effective method of making young people aware of sexual risk and practicing safe sex. However, this method is inhibited by contextual factors, legal factors, ethical factors and economic factors (MacQueen & Karim, 2008). Therefore many options have become available: abstinence, shared monogamy, the use of condoms by males and females, knowledge of HIV status, medical male circumcision and the treatment of any sexually transmitted infections. There are still many gaps, however, in these prevention methods (Karim, Humphries & Stein, 2012).

**2.5 Peer Pressure and Sexual Coercion**

Sexual coercion is a common tool that affects many young people, which leads to emotional, physiological and social consequences, and adolescents are particularly at high risk (Soomar et al., 2009). This is supported by Mahadev (2006), who argues that peer pressure occurs every day worldwide and peers may have both a negative and positive influence on one another. The negativity could be in the form of encouraging sexual encounters and indulgence in drugs and alcohol, whereas positivity could be in the form of influences towards abstaining from acts of sex, drug use and violence (Mahadev, 2006). Mahadev's view resonates with that of Bell (2011: 288), who states: *"For boys peer influence included verbal encouragement from male peers and observing others enjoy being in relationships. Young women in and out of school complained of pressure from adults and older boys trying to persuade them in sexual relationships"*. Young women and some young men become especially vulnerable to sexual coercion during the early adolescent years, and this leads them to become exposed to unprotected sex, multiple partners and emotional consequences (IWHC, 2007). According to a study conducted in South Africa, peers are a factor which influences teenagers to engage in sexual relationships and sexual intercourse; this involvement gives the young people recognition as being members of their socially accepted groups (Tsakani et al., 2011). The same study further showed that peers are a source of information about sexual issues as they discussed these issues with peers and shared their own sexual experiences. The experiences discussed may not necessarily give correct information to their peers, leading other peers to risk taking actions (Ibid). As stated by Soomar (2009), the physiological effects of early sexual coercion and abuse can have a big impact on adolescents' decision-making around sexual activity and other risk behaviour. Further, the IWHC (2007) shows that adolescents of both sexes, and especially young women, are vulnerable to violations of their sexual rights by peers and adults; including their own family members. The IWHS (2007) shows that a desire for acceptance combined with notions of infallibility leads some, mainly young men, to engage in risky sexual behaviour and other behaviours that have consequences. Peer pressure and coercion make life difficult for young people to live a healthy life without having to engage in risky acts of sexual behaviour and other unsafe acts to fit into their social group. Marston and King (2006) find that in a South African study, young women were told by other friends to keep silent about

coercion and violence by boyfriends as spilling the beans could damage their social position. This is a sad reality; young people need to be moulded into strong individuals to overcome the pressure of peers and society to achieve the best possible life styles for healthy living.

## 2.6 Parental Influences

Parents are an important influence in the life of young people, and if they are unwilling to speak openly to their children about issues, this may have negative effects on their children. Young people then seek information on topics like sex and love from other sources, which may not be the most reliable. In one study by Tsakani et al. (2011), young people's culture played different roles in sexual health dialogues and discussions with parents about sexual health issues. In Kenya and other parts of Sub-Saharan Africa, "*similar cultural barriers deter members of one group, the 'parents', from discussing matters of sex with another age group, 'the children' or people of the opposite sex*" (Tsakani et al., 2011: 17). In a British study, many factors occurred around communication about sex among parents and children. These factors included the lack of parent alertness to the need for sexual education for young people as they felt that sex education was not their task, the feeling of discomfort when speaking about the topic of sex with young people and hesitation on what they should speak about (Hyde et al., 2010). Moreover Muslim mothers, in Griffiths, French, Kanwal & Rait (2008), felt that they could not have direct discussion about sex with their children. This brought about many barriers to communication, as it was indecent to speak about and embarrassing. This was just as in the data collection process in this study, where the young Muslim women who were chosen to participate in this study declined even before asking for parental consent.  Further, Hyde et al. (2010) note that in one study, parents revealed the unwillingness to discuss issues or pass information related to sex and sexuality to young people, as it affects the culture of preserving appearances and good nature.

## 2.7 Culture and the Community

Many cultures have stigmas attached to them, and typically parents have the perception that sex talk is of a taboo nature. Bhana and Pattman (2008) find that young Indian women emerge from families where the families are still a patriarchal institution and that this has

powerful influences over these young women's lives. "*In South Africa Indian Muslims are heirs to Islamic traditions and practices in India that became firmly established in South Africa*" (Vahed, 2000). Furthermore, this did not occur only in the Muslim Indian community, but among Hindu Indian groups. Indian women in families have the primary task in life of bear children, and being dutiful wives and devoted mothers (Jithoo, 1991). According to Griffiths, French, Kanwal & Rait (2008), in South Asian communities there is the significance of shielding the public honour of one's people and community. They observe that "*this public and family honour relies upon each individual member of the family maintaining accepted religious and cultural norms and therefore masking shameful or deviating behaviour*" (Griffiths, French, Kanwal & Rait, 2008: 3). This protection of honour requires social control that directs how young people have to live within this context, where parents and children have to behave in order to keep their respectability within the community with regard to sexual behaviour and personal relationships. This teaches young people not to have a voice or be open in acquiring information on sex that could help them make safe sexual decisions free of diseases and difficult consequences. It puts young people at a disadvantage because they are unable to be open in exploring and discussing issues of sexual behaviour and relationships within their community, and could lead to sexual risk and bad behaviour of young people. The social control of men being in power and women's respect of men creates gender inequalities. Gender inequalities in turn place many women at risk of sexually transmitted disease and indicate loss of control over making appropriate decisions in their life.

**2.8 Gender and Power**

Gender can be regarded as something very powerful in this world as it is considered to underpin the very organisation and system of daily life in a way that seems natural and may not always be obvious to people (Dowsett, 2003). "*Gender is positioned as a universal category with universal norms of masculine and feminine identity*" according to Gacoin (2010: 432). It refers to the commonly shared norms within a society about suitable male and female behaviour and the characteristics and roles that should be played by males and females (Gupta, 2000). Further observations by Gupta, Ogden and Warner (2011) are that power, status and privilege are conferred in gender and in any society, creating continual and pervasive inequalities between women and men, and that gender inequalities play an

important role in HIV epidemics in some settings. According to Ali et al. (2011: 1), *"Gender inequalities are a global phenomenon, also deeply rooted in many Asian societies resulting in discrimination of women and girls, inextricably linked to gender based violence with subsequent serious mental and physical health"*. This is also evident in South Africa, as Albertyne (2011: 140) states, *"South Africa was and still remains a patriarchal society in which women have been subordinated to men in public and private is situated in the context of different degrees of power within relationships and gender- differentiated norms of sexual behaviour"*. Further, society is strongly patriarchal, and violence against women is widespread in South Africa. The intimate partner violence against women is six times the global average (Jewkes & Morrell, 2010). In some settings, gender norms encourage multiple, simultaneous sexual partners for men, and can include acceptance towards violence against women. Both are known risk factors for HIV (Gupta, Ogden & Warner, 2011). *"Moreover data from South Africa shows that women who have experienced intimate partner violence and have greater gender power inequity in relationships are at elevated risk of acquiring HIV"* (Jewkes & Morrell, 2010: 2). Women lack the power to negotiate sex and the reason for the lack of power is thought to result from a number of structural factors rooted in gender relations, for example, societal expectations, responsibilities and norms for men and women (Bui et al., 2010).

### 2.8.1 Power and Relationships

In South Africa, risk behaviour is situated in the context of different degrees of power in relationships (Hoffman et al., 2006). Gender differences happen to both men and women and stem from social structures where institutionalised conceptions of gender differences and the subordination of women are formed (Ali et al., 2011). Many young men sanction unrestricted control over their partner's body: there is little communication in the relationship and men tend to have conditions as to when intercourse can be conducted as this is defined by them (Hoffman, 2006). Hegemonic masculinity represents the prevailing culture reproduction of idealised manhood (Jewkes & Morrell, 2010). Jewkes and Morrell (2010) argue that in South Africa, hegemonic masculinity mobilises and legitimates the power and subordination of women by men. Young women may feel that sex can strengthen a relationship and please a partner; therefore, they practise unsafe sex. This may be due to their social position (Marston & King, 2006). Gender norms of male behaviour can encourage young men to become perpetrators of sexual force upon young women, which is associated with social, economic,

personal tensions and deprivation in the family and community (IWHC, 2007). Gender inequalities noted by Gacoin (2010), such as gender-based violence or unequal power relations when negotiating condoms, have very real consequences for women's lives and their vulnerability to HIV infection. Culture stereotypes are ingrained in both men and women; these form the foundation for the different circumstances that men and women face, but the expressions of gender inequalities vary between cultures and countries, being overt in some countries and less prominent in others (Ali, 2011). Given unequal gender relations, this affects the social and economic status of all women, the control over their bodies and livelihood (Albertyne, 2011).

## 2.9 Theoretical and Conceptual Frameworks

### 2.9.1 Social Construction

The study explores the sexual constructions of young women in the context of HIV and AIDS. It takes place in a Newlands West school setting by trying to find what meanings young Indian women give to their sexualities. Young women construct their own identities and sexuality as they are gendered individuals. Through these constructions, their identities and lives are formed. *"The explanations offered by Social constructionists are more often in terms of dynamic of social interaction."* (Burr, 2003: 9). The social constructionist framework opens the lens for my exploration of how young women's social constructions influence their sexuality and construct their sexualities. Through the lens of the social constructionists, the views of how young women construct their identity which lead to the construction of their sexuality will be gained through interaction with the participants. Therefore Burr (2003) states that as people we construct our own and others' identities through everyday encounters with others in social interaction. Using the interpretive paradigm integrated with the social constructionist theory will make the understanding of young women's sexuality and risky sexual behaviour clearer from their point of view. As stated by Cohen et al. (2008), the main endeavour of the interpretive paradigm is to understand the subjective world of human experience.

**2.9.2 Feminist Theory**

In this study, the theory of Hegemonic Masculinity by Connell (1987) is used as it specifically relates to gender and power, and the understanding of masculinity gives a valid reading of unequal relationships with women (Jewkes & Morrell, 2012). Feminist theorists argue that for a long time the lives and experiences of women have been ignored or misinterpreted (Eadie, 2004). *"Naturally all feminists have fought to gain women greater freedom and more opportunities"* (Saul, 2003: 2001). Women have been suppressed through gendered norms and young women learn these norms through their cultures and society, making their choices of sexuality difficult (Bui, 2010). In the heart of feminist theory lies the assumption that realities are socially created and that there is a close link between oppression and practices of the individual and society at large (Eadie, 2004). Jewkes and Morrell (2012) find that many investigations on femininity share with Connell (1987, 1995) the social construction of gender identities, as this links numerous gendered identities with hierarchies of power. In South Africa, the social construction of masculinity and femininity positions many young men and in particular many young women, at risk of HIV infection (Pettifor, MacPhail, Anderson & Maman, 2012). There are many social pressures and limitations which young women experience; this directly affects their ability to make decisions about safe sexual practices and happiness. These social structures therefore articulate limitations that lie in a given form of social organisation, and these limitations on social practice function through a difficult relationship of powers (Connell, 1987). Through societal change there are shifts in the relationships of power, enabling more young women to construct their sexuality and sexual practices that will protect them from effects of sexually transmitted infections. Therefore the social constructionists lens and the feminist theory will bring out the experiences of young women's abilities and decision-making around sexuality in their lives.

**2.10 Conclusion**

This literature review has concentrated on young people's risk behaviours. Themes were used to discuss the various ways that young women become victims of sexual risk in South Africa. Young women are becoming aware of the changes of their bodies and want to explore the areas of love relationships and their body functions. The constructions of young women's

sexualities are identified and influenced by society, its norms and culture. It is noted that many young people participate in risky sexual behaviour worldwide, which has implications of contracting HIV and AIDS, sexually transmitted infections and early pregnancy among young women. Further, young people's acts of engaging in risky sexual behaviour take place with multiple sexual partners as they are exploring and experimenting with sexual intercourse. Risky sexual behaviour is not the only health risk that young people practise worldwide; there is other unsafe behaviour that has implications which affect their living healthily. Moreover, young women engage in risky sexual behaviour for financial gain, which could be the result of economic status. This is transactional sex. Young people engage in risky sexual behaviour as they may be pressured and coerced into taking these risks to fit into their social group. This may have a physiological effect on young people which can have a big impact on the decisions surrounding young people's sexual activity. Peer pressure and coercion make it difficult for young people to live a healthy life without having to engage in risky acts of sexual behaviour. Parents and the community play a large role in the decisions of young people's sexual behaviour, as in many communities children are not allowed to speak to elders regarding the topic of sex. It is noted that gender inequalities are a global phenomenon. In South Africa and elsewhere, sexual risk behaviour is set in the context of different degrees of power within relationships and gender initiated norms of sexual behaviour. HIV and Aids are connected to risky sexual behaviour and are occurring worldwide. Almost half of the new infections of HIV and AIDS are occurring among young people between the ages of 15 to 24 years. This puts many young women at health risk. Clearly, a study which examines the risks associated with sexual behaviour among Indian young women would have some impact then.

# CHAPTER THREE

# RESEARCH DESIGN AND METHODOLOGY

## 3.1 Introduction

This chapter provides a description of the participants, instruments, procedures and type of analysis used. The purpose of this qualitative study was to investigate the ways in which a group of young women between the age of sixteen and seventeen years in Newlands West Secondary School give meaning to their sexuality and gender in the context of HIV and AIDS. It further sought to understand how the constructions of young women's sexuality lead to sexual risk. This study also investigates how culture and gender inequalities give meaning to the lives of young women.

## 3.2 Research Design

A qualitative approach has been used in this research. It allowed me to explore what makes young Indian women indulge in risky sexual behaviour and ways in which they may construct their sexuality. The qualitative research approach is an inquiring process of understanding, where the researcher develops a complex image by analysing words and reporting detailed views of information on research conducted in the most natural location (Creswell, 2008).The qualitative approach was suitable for this study as it assisted me in gaining greater understanding of the study and participants. Using the qualitative approach provided me with information in an attempt to understand the social situation or the events through interaction with the participants in their environment.

## 3.2.1 The Qualitative Approach

With the use of the interpretivist paradigm, qualitative research was conducted. Qualitative research as described by Creswell (2008) finds that the researcher attains a deeper

understanding of the interpretations of an individual or group of individuals but does not compare groups or variables. This assisted the researcher's deeper understanding of the young women's actions of risky sexual behaviour and constructions of sexuality in the context of HIV and AIDS. Unlike the quantitative research method, the researcher may seek to find different variables and measure the findings. A quantitative researcher may test the theories about reality, look for roots and results, and use quantitative procedures to gather data and test the hypotheses (Meer, 2010). Qualitative research is where the researcher may go out into a field to where individuals live, to gather their stories and write convincing literary versions of their experiences (Meer, 2010). Going into the school was appropriate as it allowed the researcher to enter a specific field of the young women's lives. Their school setting was safe and comfortable. This gave them the confidence to relate their experiences on sexuality, stories about other young women's actions in their school, and gather information that they could provide. This was achieved through the individual interviews and the group interviews. Unlike quantitative research, qualitative research is appropriate when one is trying to produce new theories or hypotheses, attain a deeper understanding about a particular issue or present thorough descriptions to describe a person or process (Murray & Beglar, 2009). The quantitative method was not appropriate for this study as a deep understanding will not be achieved in this process. The use of the qualitative approach assisted the researcher in understanding the social situations of a particular culture or social circumstance through interaction with the young Indian women. Qualitative research is concerned with the understanding of procedures and social and cultural circumstances as various behavioural patterns and with understanding the WHY question in research (Meer, 2008). The qualitative approach helped the researcher answer the WHY question and gain a better understanding of the young Indian women's experiences. Further, it was through the qualitative approach that in-depth information was gained in this study, to enlighten one on the how, what, and why of young Indian woman's constructions of sexuality and risky sexual behaviour. The key characteristics of qualitative research approach include discovering and comprehending a central phenomenon which is the concept explored in qualitative study (Creswell, 2005). The qualitative approach has been chosen over the quantitative approach as it assists in gaining a detailed description of the social reality with regard to the young Indian women's lives. Murray and Beglar (2009) argue that the qualitative method gives emphasis on the individual and gains a detailed understanding of the context of that person.

### 3.2.2 The Interpretivist Paradigm

The paradigm that was used in my study was the interpretivist paradigm, which describes the concerns of an individual. As revealed by Cohen et al. (2008), the main endeavour of the interpretive paradigm is to understand the subjective world of human experience. Therefore this paradigm assisted me; the researcher; in finding out why these young Indian women behave and think in a specific way. In the study that I conducted, my aim was to understand the reasons young Indian women engage in acts of risky sexual behaviour and how they construct their sexuality. Therefore the interpretivist paradigm allowed me access to information from the young Indian women and to understand their behaviours and choices from within. These young women have given me information through an interview conducted in their own natural environment. The interpretivist paradigm provided me with an opportunity to gain information and compare the many experiences that I could access from the interviews conducted with the young Indian women. Through this, the aim of understanding the behaviours and thinking of these young Indian women was achieved. The interpretive researcher aims to understand how reality goes on at one time and in one place, and this is compared with what goes on in a different time and different place (Cohen et al., 2008).

### 3.2.3 The Context

In pre-democratic South Africa, the suburb of Newlands West was predominantly home to Indian families. Newlands West is about 15 km north-west of the city centre of Durban, KwaZulu-Natal, in South Africa. In the apartheid era, Newlands West was an area that housed a large number of Indians, creating their own community. This was due to the Group Areas Act which allowed for only the Indian race to live in this area. The Group Areas Act of 1950 was created to ensure that land used in cities were determined on racial bases; this was possible through the Population Registration Act of 1950, where all South Africans were given racial appellations, namely, White, Asian, Coloured and African (Morris, 1998). The democracy of South Africa, the removal of apartheid and the withdrawal of the Group Areas Act created the freedom for all races to now have equal opportunities. This created the opportunity for all other races to move into the area of Newland West. With this transformation and integration process, a small percent of African families of more affluent

status, such as government workers, teachers, warders, nurses and policemen who obtained a subsidy and could afford to buy housing in the area, took the opportunity to live there.

Many of these families came from rural areas, creating the difficulty of overcrowded houses and schools in the Newlands West area. This overcrowding was partly resolved through the creation of the sub economic area of Westrich. The families of Indian and African origin that moved into these low income houses were not affluent or educated. Some were unemployed or had baseline jobs with very little income. Through this, many difficulties arose, for example, drug abuse, alcohol, teenage pregnancy, HIV and AIDs, theft and high jacking. To date, the area is still not the safest area as many under-privileged community members commit offences in order to live, and this includes both Indian and African community members. This development led to many affluent Indian and African families migrating from the area. The less affluent families and other families who were of middle class status and were already established in this area, remain today. Many Indian and African families have learnt to live in the area with different classes of people and low and middle income families of both races, as this is a skill for living safely.

Due to the high cost of living, both parents in many Indian and African homes work to provide for their families. The less affluent parents who have no academic qualification occupy low profile jobs. These jobs require shifts and long hours which create the absence of parents in the household. This leads to  lack of parental involvement in the lives of many children in the Newlands West area. Only a small percent of parents push the issue of creating equity for their children by engaging in homework tasks and being actively involved in the lives of their children. Due to the absence of parents, many children take on larger responsibilities, including household chores and caring for siblings. This gives many young people the idea that they are adults. This however is a wretched reality as the ideology of being an adult entices young people to engage in other adult actions, for example; sex, drugs, alcohol, and relationships with older men and women. The lack of knowledge exposes young people to HIV and AIDs, STDs and teenage pregnancies (Tsakani, 2011). This produces risk for many young people that could lead to HIV and AIDs, teenage pregnancy, alcoholism and drug addiction, as young people are not experienced in adult activities. Moreover, this is risku behaviour, as Africa (2008) states empirical research links adult health behaviours to young years as the emergent economy prevents parents from spending more time with the young people, leading to young people being disadvantaged of adult guidance, which then

contributes to their ignorant decisions which lead to health risk behaviours. Further not taking schooling seriously produces poor academic performance and a decreased opportunity for many young people to attend university and attain better jobs than their parents.

**3.2.3.1 The School Context**

The research site is a school situated in a sub section of Newlands West. There are 1215 learners who attend the school. The reason for the choice of this school is three-fold. Firstly with the majority of the African community living in the area, a minority group of Indians attend this school, namely, two hundred Indian young women. Secondly, I work in a sub-section of Newlands West, in is a primary school that is five minutes away from the place of research. Thirdly, the research site environment, appearance and structure appealed to me as it was clean, safe and fully secure.

**Number of staff members by race and gender in the school**

| Gender | Indian | African | Coloured | Total |
|--------|--------|---------|----------|-------|
| Male | 18 | 4 | - | 22 |
| Female | 25 | 8 | - | 33 |
| Total | 43 | 12 | | 55 |

The school is based on an elected system and all teachers participate equally in all schooling activities. It seems as if the school is more of a friendly and relaxed surrounding for learners and educators, as on many occasions when attending the school, learners are out in the corridors socialising and educators are in meetings or elsewhere.

**Number of learners by race and gender in the school**

| Gender | Indian | African | Coloured | Total |
|--------|--------|---------|----------|-------|
| Male | 110 | 500 | 5 | 615 |
| Female | 90 | 500 | 10 | 600 |
| Total | 200 | 1000 | 15 | 1215 |

To gain access to the school I had to make prior arrangements with the school deputy principal.

### 3.2.3 Gaining Access

I gained access to the context by firstly contacting the school's deputy principal who assists researchers and others with regard to information and aspects that do not affect the running of the normal school system. He was accommodating and willing to listen to my proposal as I had only spoken to him telephonically about my study. A meeting was arranged to meet the deputy principal and upon reaching the school on the date arranged, he was not there as he left for an alternative meeting. I, however, was half an hour late for the meeting that I had set up with him. Upon calling and rearranging, another meeting was set up and then I finally met the deputy principal. We had a brief discussion on my topic of research and the type of participants I would like to choose. He then went through my letter of information and consent for the school. He was happy to assist me with the study and opened up a file where he could keep records of the on-going research that was going to take place.

### 3.2.4 Sampling

Purposive sampling is often a feature of qualitative research, as mentioned by Cohen et al (2008). Purposive sampling means a researcher will specifically choose people to include in his/her sample, allowing for the researcher to target a specific group of people. This conforms to the qualitative approach and interpretivist paradigm. The sampling method that I have chosen is purposive sampling, to gain in-depth information on the behaviours and constructions of sexuality by young Indian women. As mentioned by Cohen et al. ( (2008), it is used in order to access *"knowledgeable people"* that is those who have in depth knowledge about a particular issue. The target group was young Indian women who were in the age category of sixteen and seventeen. The target grade was Grade 11 learners. I asked the deputy principal to assist me in asking the Grade 11 educators to recommend learners to join me in a meeting about the research. My choice of sample was chosen from one particular school in the area as this was also convenience sampling. The use of convenience sampling is to allow for young Indian women in the particular area to freely participate in the interviews. Convenience sampling can also be called accidental or opportunity sampling (Cohen et al., 2008).

On the allocated day I arrived at the school and the deputy principal had ready all the Grade 11 registers on his table. We went through this together and randomly chose 12 names; taking into consideration race, age, gender, and religion. Through this process, the participants were chosen. He further informed me that I should call him a day in advance if I was coming to the school to do interviews so he would arrange for me to use the boardroom. Moreover, he requested that I took all the participants' communication details and also made arrangements a day in advance with them to meet them in the school. This was a good idea as each time I went to do an interview, the participant was awaiting my arrival in the school waiting area, which saved us time. The deputy principal made an announcement on the school intercom system calling all the young women on the list of chosen participants to the office for a meeting with me privately in the school board-room. Upon meeting the young women, they showed interest in what I had to offer for the research. However, not all of them expressed their feelings about and understanding of the research, showing some doubt about participating. I handed to them two consent forms, one for their parents and one for themselves. Each participant had to have parental consent and the participant also had to sign the consent form in acceptance of participating in the study. An explanation of both the forms and the study was given to them. I reassured them about the ethics of the study and that their information would remain confidential. It was their choice to participate in this study. There were ten young women chosen to participate in one-on-one interviews and the same ten young women to participate in two focus group discussions. However, this did not work accurately as many of the girls did not consent to the interview process.

There was a variety of religions among the young women. Muslim law is taught holistically as it covers all parts of Muslim life, including domestic relationships, economics, prayer, procedure and the details of everyday life (Vahed, 2000). However, the two Muslim young women declined the invitation to participate the next day. Their consent forms came the next day only signed by themselves with the indication tick "NO" on the form. The parent consent was not signed; which indicates that the two Muslim young women did not even give their parents the opportunity to look at the consent form to allow them to take part in this process. Vahed (2000) states that in Durban, many Ulamas that have come from India in the post South Africa, have a large influence on young Muslims and that the Ulamas in-still proper Islamic teachings as the correct way of life. This could be one of the reasons these young women refused to participate. From the rest of the girls, eight young women had returned

signed consent forms from their parents and were eager to participate in the process. This took two weeks to collect. On many occasions when I went on site to collect the consent forms, they had forgotten them at home or I was unable to make contact with them. Three young women brought their forms back within the first week of collection. The use of the snowball sampling method was used as many of the consent forms came back with responses of not wanting to participate and I was unable to contact a few of the participants. I was now at a short fall for the number of participants. This method helped me to access new participants via their friends. This was appropriate as it allowed for young Indian women who were willing to participate be a part of this study.

## 3.3 Snowball Sampling

The snowball method is a method used where a population is difficult to find or where a researcher has interest in a group of inter connected people (Meer, 2010). The snowballing process was used after the return of the consent forms were at a short fall. At first only six participants returned the consent forms which were signed by both their parents and themselves. The snowball method was used to help me gain access to other participants who previously were not involved in the study. Cohen et al. (2010) finds that snowball sampling is beneficial for sampling a group of people where access is challenging, maybe because it is a complex topic. This is due to the nature of sexuality and sex being a difficult topic for many young women to talk about. Upon making arrangements with the young women to start the interview process, the first three interviews were conducted at the school on the same day at different time slots. I had asked all the participants to tell their friends about the study and welcome them to participate. This was the starting point to the snowballing process. Meer (2010) argues that the starting point for snowballing is making contact with one or more participants in the same population group who may have the same characteristics and can be contacted next. The table below gives the number of participant who took part in the interview process.

**Number of learners participating in the study**

| Participants' Name | Participants' Grade | Participants' Age |
|---|---|---|
| 1.  Sammy | 11 | 17 |
| 2.  Amy | 11 | 16 |
| 3.  Kayleen | 11 | 16 |
| 4.  Esha | 11 | 17 |
| 5.  Presha | 11 | 16 |
| 6.  Anita | 11 | 16 |
| 7.  Leeaan | 11 | 16 |
| 8.  Sharisha | 11 | 16 |

Participant two, Amy, had brought her friend who was enthusiastic to participate in the study. I then briefed her on the study, handed her the two consent forms and she returned the forms with the next group of interviews conducted. Further arrangements were made with participant three, Kayleen, four, Esha and five, Rita to do their individual interviews at a different venue. This was the school where I am currently based. The reason for this was that their third term examinations had begun and they were not writing exams on that particular day and could meet with me at the venue of my choice with the consent of their parents. I successfully did Kayleen and Esha's interviews. Participant five, Rita, did not show up for her interview and thereafter made many excuses; this now ruled her out of participating. The young lady who was snowballed into the research process was then conducted on another day. She is now participant five, Presha. There were only six interviews conducted and I was still at a shortfall. I asked the participants to further invite other friends to participate in the study.

Further in the data collection process, it was drawing to the time for the two group interviews. I had sent out texts to all the participants on the time and date we would meet. I then called each of them two days in advance to inform them that we would meet on a particular day.

Two of the participants informed me that they had a friend, each who wanted to participate in the study. These young women put me in touch with others. Others who qualified for inclusion identified others in turn, and this is termed snowball sampling (Cohen et al., 2008). This was a bonus for me as I needed more participants. I made arrangements with the participants to meet me with their friend the next day at lunch break so I could hand them forms and they could start by first participating in the group interviews then the individual interviews. I then settled with eight participants for the study purpose and worked only with these eight participants. All the names used are pseudonyms; this is to protect the identity of the participants.

### 3.3.1 Bio-Sketch of Participants

The bio-sketch is a description of each participant. It gives a back-ground description of each participant. The reason for doing the bio sketch of each participant is to show the different homes, beliefs and qualities each individual has in them. This was noted during the single interview process and the group interview process. There was also some contact with parents during the process and this may be valid for the data analysis and study.

- Participant one: Sammy

  This young woman is a Hindu. She is the only daughter and her time is spent mainly with her family. Her mum is a house wife. She informed me that she is her dad's baby, and is always favoured by him. She has a good relationship with her mum and has a lot of respect for her dad as he is superior in their home. She is very shy and speaks with a childlike voice. She feels that she is still very young and has a lot to learn about life and sexuality. She is more comfortable around her friends and in her comfort zones. However with me she pulled back and did not speak as much as I wanted her to. She does not have a boyfriend and intends to find a boyfriend after school.

- Participant two: Amy

  She is a Christian. She enjoys attending church and youth group activity. Both her parents work and it was clear that she is her father's prized possession, from having a conversation with him on one occasion, as I contacted Amy to make arrangements for

an interview. She is greatly influenced by her father's guidance. She is out spoken and has her own ideology about life. She is critical and judgmental in all aspects. She believes that she will do what she wants and does not care what others think. She seems to be strong-headed and a potential leader. She had a lot to say about others in the group discussion.

- Participant three: Kayleen

Kayleen is a Hindu. This young participant is a friendly young woman who was eager to participate in this study. She is guided to a certain extent by her parents. She is the eldest of two children. She is sweet and has many friends. She was shy to speak about the topic of sexuality as it is not spoken about openly in her life. Her choice for not having a boyfriend is to concentrate on her schooling; she feels that at her age she is not ready for a relationship as she may not make the right choice.

- Participant four: Esha

She is a Christian by faith. She seemed to be more reserved and was shy to talk at first. She values her parent's desires and aims to please her parents. She feels that she needs to concentrate on school and respect her parents' wishes and that is the reason she does not have a boyfriend. Further, her reason for not having a boyfriend is to not disappoint her parents or lie to them as they do not want her to be involved in a relationship. Her parents are strict and do not always allow her to socialise after hours. She also has the ideology that at her age young women should not have boyfriends as they are not mature enough.

- Participant five: Presha

She is spiritual, which is related to her upbringing. She is a Hindu and Tamil speaking. She enjoys attending her place of worship.  She is protected and suppressed and in many ways as she is not given the opportunity in her home to make decisions and her opinion is not always taken into consideration. She is guided by her parents and aims to make them proud. In doing so, she wants to achieve at school to make them happy. She feels that her family members have too tight a hold on her. Furthermore, she believes that her family should trust her more as she is a good young

lady. However, she does have a boyfriend that she really cares about and she feels that she is mature enough to handle a relationship. This is a hidden relationship.

- Participant six: Anita

Participant six is an outspoken young woman who is also very strong in her ideologies about life. She believes in working hard and doing her best. She is a Hindu and from a Hindispeaking family, although she never speaks the language. She is ambitious and wants to achieve only the best in life. Both her parents work but still has great influences in her life decisions and give her support and assistance. She further enjoys spending fun times with her friends as her parents are aware that she is responsible, and thus allow her some privileges. However, she feels that she cannot tell her parents everything she does with her friend as she would not want to lose their trust.

- Participant seven: Leeaan

Leeaan is a Hindu. Leeaan is ever willing to take on a challenge, which could be positive or negative. She does not think about the consequences of her actions. She has participated in many forms of risky behaviour but she does not mention any sexual interactions. She has a shy nature and an ill-disciplined mind in certain areas of her life. She comes from an extended family, which makes her slightly different from the other young women. She is the only child and is completely suppressed by her mother in the home. She therefore rebels when the opportunity arises. She has a boyfriend and feels she is mature enough to handle a complicated relationship.

- Participant eight: Sharisha

Sharisha is a Hindu. She comes from a home where both her parents work and have some academic qualification. She wants to have a career and be able to do things for herself. She has an ambition to go to university and is eagerly waiting to experience the new world of university. She enjoys partying and having fun with others. She had indulged in some risky practices. She is popular with many friends. She is the only young lady who says that she has been to a club and goes out at night with friends. Clearly, she has experienced a more adult lifestyle than others and is very trusted by

her parents. However, she does not have a boyfriend and feels she will finish school before having a boyfriend.


## 3.4 Data Collection

The method of collecting data was the individual interview method and focus group method. Firstly, there were individual interviews with each participant at different times. This was a mammoth task as getting the participants to fit into the schedule around my leave taking and accommodating their time and availability, was challenging. The interview questions were open-ended and were inscribed on an interview schedule. In qualitative research, the researcher serves as a tool of data gathering, he/ she may question the participants with broad open-ended questions (Ivankova et al., 2010). There were eight individual interviews conducted. As stated by Walliman (2001), interviews are a flexible tool with a wide range of application and can be carried out in a variety of situations. An interview schedule was developed but interviews in a semi-structured method were conducted as it allowed the researcher to gain in-depth information and understanding from the participant. This method enables the researcher to acquire numerous answers to set questions and allow for thorough responses (Struwig & Stead, 2003). Further, I conducted two focus group interviews at the school. As mentioned by Struwig and Stead (2003), focus group interviews are designed to obtain perceptions on a defined area of interest that is in a non-threatening environment and is accommodating. In addition, the focus group helped me gain an understanding of the young women's views from a different perspective. This helped them open up and discuss issues of sexuality and behaviour with their peers that included agreement, disagreement and experiences that they may not want to discuss in a one-on-one interview with me.


## 3.4.1 Individual Interviews

The data used for this research were based on the interview process. There were eight individual interviews with participants. The first batches of individual interviews were with four young women at their school and a week later, another two individual interviews at my school of employment. After doing the first interview and transcribing it, it was found that I had incorrectly done the interview and asked too many leading questions. This was the pilot

interview as it was a pre-test of the interview and the questions asked. A pilot study is intended to test the similar people proposed to be the sample as this will anticipate any problem of comprehension or other causes of confusion (Walliman, 2001). There-after I made changes in the rest of the interviews with the other young women. After the group interview I made arrangements to redo Participant One's interview, which she gladly accepted. In total I conducted nine interviews, two interviews with Sammy and one interview each with the other seven participants. The time range for each interview varied according to individuals. Sammy's interviews were twenty minutes and the other was thirty three minutes in duration. The interview conducted with Amy was forty three minutes long. The next interview conducted with Kayleen was twenty-one minutes long as she was also a little reserved. Esha's interview was thirty minutes long. Esha had the flu with a congested nose and this limited her speaking. Young Presha's interview was forty-three minutes long; she had a lot to say. Anita enjoyed talking and her interview was about twenty-four minutes long. Likewise, Leeaan's interview took about twenty-five minutes. Additionally Sharisha interview was twenty-eight minutes long and she was the last of the individual interviews. I reminded the participants at the start of each interview that I would be recording our conversation as they did give me permission to record their interview with me. A dicta-phone was used to record all the interviews as it assisted me in receiving all the information that I could go back and listen to for information. The recordings were transcribed to analyse the data. All valuable information was collected by recording on the dicta-phone.

The use of semi-structured interviews helped to gain a thorough picture of the young women's beliefs, perceptions, understandings and experiences. Semi-structured interviews assists an interviewer to prompt and probe; prompting helps the interviewer clarify topics and questions and probing helps the interviewer to ask the participant to explain further, clarify, elaborate more or give more details (Cohen et al., 2008). The semi-structured interviews assisted me in gaining face-to-face contact with the young women so that I was able to gain access to the participant's experiences as expressed in their words, which may follow up "the why question" of research (Cohen et at., 2008). The young women were comfortable with me and opened up well during the interview process. Further, Sammy was the only really shy young woman of the lot. It took her time to ease into the interview and answer the questions; but she still struggled to speak in the interview with all the probing I did. We spoke generally about my life and what type of girl I was at school. Then she spoke about herself and we

related to a few aspects. This helped her to open up and speak to me. This was by far the most difficult interview.

### 3.4.2 Focus Group Interviews

A focus group interview uses group interaction to collect information and is used in social science to explore areas where little is known (Struwig & Stead, 2003). Dawson (2006) informs that focus groups can be called discussion groups or group interviews where people come together to discuss a certain issue, and are led by an organizer who controls the discussion. There are many advantages and disadvantages to focus group interviews, as listed by Dawson (2006) and Struwig and Stead (2003):

Advantages:

- A detailed discussion of the topic and a wide range of responses can be received.

- Participants can overcome inhibition and fear of criticism with known people and a secure environment.

- Group results are useful resources in data analysis processes

Disadvantages:

- The researcher could be biased to some or intimidating to others in the group.

- Not everyone my disclose their thoughts or contribute to the discussion.

- The analysis process becomes difficult to extract individual viewpoints.

The focus group interview was unlike the individual interviews. During the process some of the advantages and disadvantages were noted to have occurred in the interview process. Upon attending their school, six participants arrived for the group interview. These six participants were the same participants who participated in the individual interviews. The reason for the other two participants not attending the group interview was unknown as I did confirm with them the time, date and venue for the group interview. It was pleasing to see six participants attend as arrangements were made in advance and all the young women were eager at that time. At the beginning of the group interview, muffins and cool drinks were distributed to get

everyone comfortable and relaxed. This strategy was positive as the young women forgot who I was and socialised through the interview process. I informed the young women that they should all take a turn in giving their contributions to the topics or questions. I also asked them to say their name before they spoke as this would help me identify who was speaking during the transcription. I also reminded them about the recording of the interview, as they did grant me permission to record all interviews.

The group interview brought about many differences in opinion and in some instances accusations with regard to certain behaviours. Many secrets were revealed and even a gossip session arose when speaking about other young women in their school. One very interesting secret was how other young women in their school became pregnant in the G Block of the school. This sparked the gossip of who it was? When it happened? Which boy was involved? The group interview informed the young women about what was happening in their school and they learnt new things about each other. This was interesting as much of this information was not mentioned in the individual interviews. This interview was fifty-five minutes long and at the end of the interview they girls did not want to go back to their class but rather sat and chatted with me without the recording of the dicta-phone. In a group interview, participants interact with each other rather than with the researcher and through this, views of the participants can emerge and data can be created (Cohen et al., 2008). The group interview may produce insights that may have not been mentioned in an individual interview (Cohen et al., 2008). Further, the young women laughed and had fun during the group interview. There were also tears and reassurance for another participant. This interview was positive for the young women as it unlocked many realities of life. It added value to their precious long lives ahead of them.

The second group interview took a different angle as the topics of discussion were different from what was happening in the school but about how change could take place. The same process of group interview one was followed. They had treats and were relaxed. Only five participants arrived for this interview. On enquiry about the other participants, I was informed that one participant did not attend school on that day and they were unsure about the others. This interview had less debate around the topics and everyone gave their valid contributions.

## 3.5 Analysis

Data snalysis is based on the morals and meanings that the participants observe in their world (Ivankova et al., 2010). The data collected were analysed through listening to the audio tape recordings of the interviews. The audio interviews were then transcribed verbatim and interview transcripts were developed. Cohen et al. ( (2008) state that some researchers feel adding verbatim data keeps the flavour of the original data. Therefore all interviews were transcribed accordingly. This was a very difficult task to achieve as acquiring the ability to type each word, while listening to the audio tape, was a new skill to me. Deep concentration was needed to type out the transcripts. There were many times I did not correctly hear what the participant had said and had to go back a few seconds to listen again to ensure I had typed correctly. This took time and also created frustration in certain instances. The focus group discussion was then audio-taped and transcribed. The same process of the individual interviews was used .Thereafter each transcript was read and reread. I took the entire interview transcripts back to the participants to read. This was for them to evaluate that what they had said was typed out correctly. This also gave them the opportunity to add to the transcripts. Descriptive validity refers to whether the information provided is truthful and correct and comprehensive or whether it has been partly distorted (Struwig & Stead, 2003). This is where the participants assist the researcher in examining the accuracy of the data. There will be numerous reads of the transcripts to gain an understanding of each participant and for themes to be derived. According to Dawson (2006), everything needs to be recorded and stored systematically, so good organisational skills are important if one wishes to understand participants. From the interview transcripts, the broad themes are selected to assist the researcher. This is thematic analysis. Dawson (2006) states that data analysed by themes are called thematic analysis and the analysis is highly inductive; themes which emerge from the data are not imposed upon by the researcher. The theoretical frame work was the lens that I used when analysing the data and the themes were used via the framework to attain the best possible information from the data analysis.

**3.6 Validity**

Validity is an imperative key for active research (Cohen et al., 2008). In any study, validity is not easily gained as many processes have to be followed. As Cohen et al. (2008) finds, if pieces of research are invalid it is worthless, therefore, the strength in qualitative data is through the honesty, depth and richness of data achieved, the participants approached and the extent of triangulation. In my data collection I used one-on-one interviews and a focus group. This makes my data valid as triangulation of semi structured interviews and focus group interviews occurred. Triangulation is powerful as it is the use of two or more methods of collecting data in a study of some aspect of human behaviour (Cohen et al., 2008). With the collection of data from the one-on-one interviews and focus groups, validity will be shown through the results. Creswell (2008) and Maree (2007) describe triangulation as a method where a researcher uses two methods of collecting data simultaneously about the same happenings and the data used in both methods are compared and contrasted. The different results will provide a well-validated conclusion. Triangulation can also be termed "concurrent"; as this is less confusing and not taken as a mixed method study; it gives an understanding of its use and the process of how themes could be developed in qualitative research (Ivankova et al., 2010).

**3.7 Ethical Issues**

The ethics of any study has to be given priority. Meer (2010) argues, that no researcher can conduct research without obtaining ethical clearance from an ethics committee. Before conducting the research here, ethical clearance was received from the University of Kwa-Zulu-Natal and an ethical clearance certificate was also received. I am well aware of the issues related to speaking about sex amongst the Indian community. This may be a sensitive topic for the young women to discuss. Therefore my responsibility was to inform all the young women about the universal principals of autonomy, non-malfeasance, anonymity and the benefits of their contributions to the study for other young women. Further, due to the sensitivity of the study, I would strictly abide by the ethical regulations of the University of KwaZulu-Natal. A letter was first given to the school deputy principal asking him for permission to enter the school to conduct research. I had made arrangements with the deputy

principal as he is the person who deals with researchers and outsiders who want to access learners and staff outside the teaching and learning programme. Thereafter I spoke to all 10 participants. This was to inform them about the study and what it entails as they could go home and relate this to their parents. The consent form informed all participants that all information that they provided was to be kept confidential and their name would be anonymous during this study. Pseudonyms, for maximum confidentiality of the participants, were used in the study. The consent form gave them the opportunity to accept or decline the offer to participate in this study. I further asked for consent from all participant's parents as they are minors. This was done through a letter and a consent form to the parents. The letter and consent form were to reassure the parents of what their child would be doing in the study. The participants were all aware that the interviews were to be recorded as they had given consent to record the interviews. This allowed me to concentrate on the interview instead of writing notes. Further, the participants may not answer questions that they are uncomfortable with or do not want to answer. I also informed the young women that they may withdraw from the study at any given time. The young women were further informed that the information gathered was solely used for this research study. The data would be stored at the University of KwaZulu-Natal storage facility for the next five years, thereafter it would be destroyed.

## 3.8 Limitations

Many limitations may occur during the process of collecting data. These young women conclude their school time at 2h30 daily and I was able to be at the school promptly to interview the participants but many had problems with remaining after 2h30 as transport arrangements for travelling home after school was already arranged from the beginning of the year. Being Indian, I have experienced the restrictions that are placed on young Indian women with regard to sexuality by parents who have certain ideologies through the norms of culture and society. It was assumed that these restrictions existed in particular among the Muslim young women as they did not participate in the study. When I made arrangements with a particular participant to do her interview, she said that she would be available at a particular time to do the interview at school. On arriving at the school, I found out that she did not attend school because the bad weather and the rain prevented her from waking to school on that day. This was to my disadvantage as I had already taken time off to conduct

this interview. On another occasion, Participant Eight was a new recruit who I had to interview. Upon calling and making arrangements with her a day in advance, on arrival at the school I was informed that the learners were dismissed early and she had gone home an hour before.

There were a few occasions where I had called the deputy principal to inform him I would be attending his school to do interviews and he would agree. On reaching the school, if he was not at school or in a meeting; no arrangements were made to accommodate me despite the prior notification of my visit. The secretary refused to allow me to start the interview that I had planned for the day. She would say that I would have to sit and wait for the deputy principal. This took up time on two occasions and all interviews that needed to be conducted on those two days were not completed due to time wasted. Another limitation that occurred was the examination period that had begun and hence the young ladies did not attend school on the days that they did not write exams. This was a disadvantage as I had to wait for the days they were writing exams and came to school so I could do an interview in the session when they were not writing an exam. I had made arrangements to meet three of the young women at my place of work, which is the nearby primary school. Two participants arrived for the interviews; however the third participant did not attend. The other young women said that she did not have transport to come to my place of employment. When I called to check on her whereabouts, her mum mentioned that she was sick and unable to attend. There-after every attempt to get hold of her failed and she dropped out of the interview process. Many Indian parents may not be willing to allow their child to participate in interviews that require information about sexuality and to speak about sex to anyone.

During the one-on-one interview, the position held by the researcher due to age, experience and being an educator in the community, may have intimidated some of the young women. Participant One was extremely shy and reserved. Clearly she assumed I would judge her. The interview process with her was wasted time as there was no data collected during the interview process. The research was further conducted only in one school; this limited the generalizability of the findings. Furthermore, qualitative research studies the central phenomena and the viewpoints of participating in this study. This created another limitation for the study as the findings only apply to the sample used, who come from only one school in the Newlands area.

**3.9 Conclusion**

This chapter has focused on the different strategies that were used for this study. It further discussed the appropriateness and positive aspects of making use of the qualitative approach to the research design. The interpretivist paradigm within the qualitative approach enhanced the study. A detailed description of the Newlands area, parental involvement and the school environment created an overview of the context in which the study was conducted. The many positives and negatives of this context were conveyed in the description. Additionally, the process of gaining access to the participants and the methods used to invite them give significance to the purpose of the particular group of participants. A biographical sketch of the participants provided greater understanding of the participants within the study. A flexible tool for collecting data was the interview method. Two methods of interviews were employed, enriching the data collection and the validity of the data. This included the one-on-one and group interview method. The detailed description of these methods shows the advantages and disadvantages of the collection process. The validity of the study was further shown through triangulation. Likewise, evidence as to the ethical concerns of the study inform one that the correct ethical considerations were used. No study can be free of limitations. The limitations in this study reflect the restrictions that occurred during the process. All of the above was presented to ensure the credibility of this study.

# CHAPTER FOUR

# ANALYSIS

## 4. 1 Introduction

In this chapter, an in-depth analysis on the constructions of eight young Indian women's sexuality and risky sexual behaviour will be presented. These girls are between the ages of 16 and 17 and come from the Newland West area. This analysis also centres on the high rate of HIV prevalence in South Africa among young women in the age category of 15 to 24 years. In South Africa, of the five million people estimated to be infected with HIV, over 50% become infected before the age of 25 years. The HSRC (2009) household survey shows the striking gender disparity, as HIV prevalence remains disproportionally higher for young women when compared to young men (Bhana & Pattman, 2012).

The theory this analysis draws on includes Connell's theory of gender and power (Connell, 1987) and the social constructionist framework, as young women's social constructions often influence their attitudes and behaviours with regard to constructing their sexuality. Jewkes and Morrell (2013) argue that gendered identities are replicated against the context of gendered histories, cultures, cultural ideals and material circumstances. Many young women are influenced by these gendered identities and are often victims of gender inequalities, which place them at risk of contracting HIV and other STDS.

In South Africa, Connell's framework is a useful means of attaining greater understanding of patterns of gender inequalities and highlighting how social structures shape new gendered identities and social relations (Pettifor, MacPhail, Anderson & Maman, 2013). Therefore, the social structures will express the limitations in a given form of social organisation through different relationships of power (Pettifor, MacPhail, Anderson & Maman, 2013). The aim of this analysis is to understand the diverse views of young Indian women with regard to their sexuality and how this intersects with race, gender, class and culture. Few studies have been conducted on Indian women, in particular, and how they construct their sexualities in contemporary post-apartheid South Africa (Bhana & Pattman, 2008). Individual and focus group interviews were used to generate useful data for my study. Five themes emerged from the data and these themes include:

- Culture, gender and change

- Young women, sex and relationships

- Love, honesty and trust

- Sex and teen pregnancy

- Google and Sexuality

In this analysis, pseudonyms are used to protect the young women's identity. As mentioned, the eight pseudonyms that will be used are Sammy, Amy, Kayleen, Esha, Presha, Anita, Leeaan and Sharisha. These young women come from working class homes in the Newland West area. However, with the development of the sub-economic area of Westrich, where low income and unemployment is rife, the Newland West area faces many difficulties and social problems such as, drugs, alcohol, teenage pregnancy, HIV and AIDS, theft and hijacking.

## 4.2 Culture, Gender and Change

In this section, the ways in which gender and sexuality are regulated and contested by Indian girls in relation to their families and parents are discussed, where sex is often considered to be shameful and taboo. Some of the girls in my study offer resistance by openly voicing their opinions about sex and expressing themselves with regard to sexual matters. They do, however, feel uncomfortable and shy during the group discussion. Research on sexual attitudes and behaviours are highly sensitive and even taboo in some countries; parents, teachers, policy makers, health care providers, and other gatekeepers often object to such inquiries (IWHC, 2007). This section also illuminates that there has been a cultural and gender role shift over the last four decades, where (Indian) women and girls exercise agency and freedom of choice in a more gender equitable society. When the participants were asked questions based on expectations of Indian young women, Amy's view below is informative.

*Researcher: What are the expectations of the Indian community on Indian gGirls?*

*Amy: The older Indian people, they may talk to the young girls and expect them, like at my age, people normally say that Indian girls supposed to be in the house, cook, clean, you need to do whatever they expect.*

The expectation of young Indian women to play the role of house-wives which includes cooking and cleaning, is more that of older members of the family and their cultural or traditional beliefs. The young women in this study spoke about how older parents often have the perception that (Indian) girls must perform household duties and become domesticated and because of this, little or no emphasis is placed on career and education. "Baking was a women's skill, built upon a heritage of material knowledges, large family sizes and the alchemy of thrift and pleasure" (Vahed & Waetjen, 2010:248). This is in relation to indentured norms and traditional patriarchal dominance (Vahed & Waetjen, 2010). In the past, there were many challenges with "traditional expectations of (Indian) women, such as acceptance of fate, glorification of motherhood and virginity, deference to male authority and, above all, worship of the husband, which was endorsed by religious scriptures" (Desai & Vahed, 2007). There was also the gendered imbalance as women were dependent on men for rations, the absences of kinship networks and the lack of recognition of marriages (Desai & Vahed, 2007). However, in recent years, there has been a shift with regard to accepted gender role norms, where many women now resist their patriarchal order, taking a stance for their greater freedom by challenging men, despite many difficulties that perplex women as they are often faced with violence and strong traditional expectations (Desai & Vahed, 2007). In other words, many cultural expectations and social pressures were placed upon (Indian) women and girls; however, with transformation and change in South Africa, many of them now have more freedom and equity in relation to their male counterparts.

This transition is due to the change that has been taking place over the past forty years amongst the Indian community in South Africa, when the Group Areas Act was passed (Desai, 2002). The deconstruction of extended families took place; women had to go out and find jobs to support their families and the youth took to the streets (Desai, 2002). In 1990, the Group Areas Act was repealed and in 1994, the ANC came into power and this generated change among women, men and children for their future (Desai, 2002). Amy explains how many young women of today are no longer subjected to the home lifestyle of cooking, clearing; being a house-wife and respecting men as the authority in the home. Young women are more liberal and less involved in domestic chores and activities of family lifestyles in (Indian) homes. The young women's lifestyles are moving from the traditional norms of Indian culture, domestic chores and vulnerable to men in their homes.

> *Researcher: Is that still the same as before?*

*Amy: It's still the same (laugh), No, you need to know how to make your roti's and curries whatever. Nowadays I swear oath if you take any girl from my school they don't know how to do crap, they really don't know how to do it, because there hasn't been any parental guidance. It's mostly like sometimes the children tell the parents what to do, because they just put up with enough and the parent just go with the flow; they can't really do anything about it.*

It is evident in the extract above that some young people are now reacting to increased authoritarianism and conservatism by confronting parents (Desai, 1996). Amy expresses how young people are now voicing their opinions and do not always listen to parents. There is a lack of parental assistance as parents no longer have control over their children and choose to allow their children to make their own decision. Amy has also internalised her role in the home as she somehow appears to be unhappy or disapproves of today's young women and the fact that most young women cannot do house hold chores such as cooking curry and make roti.

*Kayleen: They always like expect you to be that good girl and polite and timid and you have this good values and virtues and stuff.*

In the Indian community, many families still have the view that girls must be passive. However many young women want to live modern lifestyles, as Amy points out earlier. Amy's good girl phenomenon is based on being an obedient young lady with respect for elders, not having a boyfriend, doing house hold chores and up holding her parent's name. Young Indian women play the role of obedient daughter at home and at religious ceremonies; however, they live open ended lives at university or the workplace (Desai, 1996). Such lifestyles occur in schools as well. Hence, the open-ended lives of many young women may involve and encourage agency but many of them place themselves at risk in loosened lifestyles of sexual activity, sexual relationships and desire to experience (Desai, 1996). Moreover, Presha expresses her feelings on the expectation of young (Indian) women.

*Presha: The olden days people only expected young women to like go to school, come home , do all the house work, cook, clean, take care of small brothers and sisters then sleep and go back to school. Then maybe when they go to standard 3 or even first year of high school they want them to drop out and stay at home and become a house wife or a house girl or whatever, and they want them to get married at the age of 16*

*and stuff. But now they don't want Indian girls to do household chores and stuff but to study and get a nice job and a nice man, money, a nice house and car and stuff.*

Presha clearly highlights a shift in cultural and gendered roles. She points out how girls were expected to behave and how they were to take on specific roles of Indian homes in the past. She shows furthermore, how transformation and the expectations of young women have changed in this current day. Transformation towards gender equity for young women is increasing with the ability of young women who come from traditional Indian homes to be given opportunities to become independent individuals. Women (in Vahed & Waetjen, 2010) reveal that gaining power in the public sphere was achieved by group philanthropic of womanhood although there were constraints imposed by apartheid and boundaries by patriarchal guidelines and supporting powerful men as the tread with gendered circumspection.

It has become clear that there has been cultural and gendered transition over the last four decades, where young (Indian) women were governed by cultural and social norms. Young women were regarded as an asset to men and their families and it was the gradual introduction of formal education that showed a change in the thinking of Indian families; this was a gradual process (Jagganath, 2008). Furthermore, within the context of marriage, educated women were not recognised for their independent identity, rather for the value they brought to their marriage (Jagganath, 2008). However, there appears to be some sort of shift in traditional gender role norms of young (Indian) women. This produces a shift in gendered roles where many young women now aspire to become professional career women. "In South Africa, changing gender identities have been noted" (Bhana & Pattman, 2009). "The move of gendered roles among young Indian men and women also occurs today creating positive heterosexual relationships. Gender norms are not static and fixed." (Bhana & Pattman, 2009). Although many young women now have intellectually demanding positions that carry power in the workplace, they may still not be able to achieve agency in practice in their households.

### 4.2.1 Parents and Sex Talk

Very often discussions around sex and sexuality are regarded as taboo, especially by many parents of teenagers. Remes et al. (2013) claim that parenting and monitoring one's child, valuing education, being a good role model and appropriate communication adviser, are all lacking among parents and care givers. In a society that is constantly undergoing changes, parents need to be able to speak to their children about sex and risky sexual behaviours, in which many young people are currently engaging. "Research on sexual attitudes and behaviours is highly sensitive or even taboo in some countries, and parents, teachers and policy makers, health care providers and other gate keepers often object to inquiries" (IWHC, 2007). The attitudes and behaviours of parents of my participants towards sex often creates an awkward and tense atmosphere in the home, that sometimes prevents these young women from discussing sex/sexual matters with their parents or elders. There is clear evidence of this in some of my participants' responses.

> *Researcher: Can you speak openly to your parents about sex?*

> *Presha: No it is awkward. Sometimes my mother closes the topic, or she will talk to me for a little while about it and then she changes the topic.*

Some parents in Indian homes evade the topic of sex or the topic with regard to the consequences of engaging in sexual activity. This was also evident in the interview with Sharisha, as she points out that many young people in her family and at school do not discuss sex and issues around sex with their parents. She further explains how parents may fear such a discussion because this could perhaps encourage and promote early engagement of sex amongst their children.

It is in the context of 'Indianness' that the young women in my study talks about sex and relationship dynamics. According to Bhana and Pattman (2008), young women emerge from Indian families where Indian families as patriarchal foundations still apply a powerful influence over young women's lives, although Indian families had to compete with powerful discourse about agency, passion and desire that young women themselves exhibit.

> *Researcher: The parental discussion, as young people do not talk to their parents: do you think it is happening with all Indian youngsters?*

*Sharisha: Like from what I know and the people I know it's something like that, because most of my friends, my cousins and them they all don't talk to their parents about sex*

*Researcher: Why do you think parents don't talk about sex?*

*Sharisha: I don't know, maybe they think that if they talk to their children about sex they will want to go and do it, to go see what it feels like or something*

*Researcher: Do you think there should be an implementation that should be put in your school to help the parents and the children?*

*Sharisha: Ya there should be?*

*Researcher: Why?*

*Sharisha: So like we won't get like much cases of pregnancy and like the parents will learn to talk to talk to their children about it, so they will feel secure at home and everything.*

Sharisha expresses her desire for her parents to be more open and inviting around the topic or issue of sex. As a young woman, Sharisha clearly feels that discussing sexual issues with parents could potentially prevent early pregnancy and in other cases HIV and STDS. Studies by Ramadugu et.al., Gupta et.al., Romer et.al., Shittu et.al. & Ramadugu et.al. (2011) concur with Sharisha's understanding of parents in these studies, as people who should monitor and communicate with young people with aspects of sex and help young people avoid risky sexual practices.

In the group discussion, Presha, Amy, Anita and Sammy spoke about how their parents would evade topics of discussion do not speak about sex to them, assuming then that the child will not engage in sexual activity. Change needs to take place as parents in Indian homes and in all other races need to play a greater role in passing knowledge on sexuality and risky sexual behaviour to young people. The parental role has a negative effect on young people as parents should be a trusted source of information for their children. Many parents are failing in their responsibility of providing positive healthy behaviour among their young people (Remes, et.al., 2013). The lack of information on sexual behaviour among young women leads to sexual risk as the traditional method of sexuality education has weakened (Luke, 2003). The silence on the topic of sex may lead young women to sexual risk behaviours. This

is in relation to the void of information on sex, reproduction and relations with the opposite sex by education and adults, weather parents, elders, teachers or others. This void is filled with peers as a source of information which in most instances has a negative emphasis on sexual procedures (Luke, 2003).

> *Researcher: So if I ask you the question about what part do your parents play in assisting you with making decisions about sex?*

> *Anita: They will tell me like what's right and what's wrong , but they won't stop me from doing what I want you know because they know they taught us and expect us to live up to their expectations and we know what's our limit and the way they brought us up . They obviously know that we not going to ruin their reputation and do things that we weren't supposed to.*

Drawing on Anita's words it is clear that there are many expectations placed upon her as her parents' reputation is equally as important as her reputation. 'There is a dominant expectation that South African children will be submissive to parental and adult control" (Jewkes & Christofides, 2008: 5). Their expectations could be both positive and negative for Anita as it is associated with Indian family tradition or values of attaining an education, independence, having equity in relationships and following parental rules. This is challenged by the process of biological, physical and intellectual maturation which creates opportunities for teenage power and vulnerability of young women (Jewkes & Christofides, 2008). Anita's understanding as a young women expresses the ideals of femininity and her knowing her place and limits as a young women.

In the group discussion, the young women discuss how approaching parents and speaking about sex is a topic that creates discomfort among parents, making the young women uncomfortable when talking about the topic. They also fear that their parents will assume that they are participating in sexual activity if they speak about sex. This reveals that there is stigma attached to sex and if girls talk about sex very often, it is assumed that they are sexually active.

> *Researcher: Can you speak to your parents or elders in your community about sex?*

> *Presha: No*

> *Researcher: Why not?*

*Presha: Because ok my point of view like some parents think that you are an angel and you know you're still a small child and even though you're a teenager you'll still be treated as a baby, so now when you bring up the topic about sex they shut it down or they talk to you for a little while and they just like change the topic.*

*Anita: True mostly the Indian homes.*

*Presha: Ya.*

*Anita: The topic about sex is totally avoided they don't talk about it something is wrong they don't speak about all that.*

*Amy: And they will wonder why the child ends up getting pregnant.*

*Sammy: Exactly!*

*Researcher: Do you speak about sex in your home?*

*Amy: No, more than a clap [slap] will come my way.*

Some of my participants highlight that it is often assumed that if a young women speaks about sex, she is engaging in sexual activity. This deters many young women from seeking advice or guidance from their parents. The young women in this study appear fearful with regard to discussions on sexuality and this is evident in Amy's case when she states that she may get hit if the topic of sex is brought up with her parents. This develops an unclear channel of communication among young people and parents with information on sex, time for sex and all necessary information which constitutes sex education. Similarly, in a study conducted by Bell and Aggleton (2012), it was argued that independent decisions by young people were forbidden by parents, as parents were respected individuals who felt that young people should not make any decisions as they were too young to do so appropriately. This produced implications for HIV prevention and sexual health as young people may be discouraged to seek advice from parents, especially if the topic is sensitive. This silence confines young people's capacity to fully participate in their community, deliberate on sexual health needs and pursue health services (Bell & Aggleton, 2012). Sex as a topic of discussion with the young women's parents is clearly taboo. "There is also a restriction on young people's sexuality and the expectation that a relationship will include sexual activity, which also means that relationships are kept from parents, even if these do not involve sex" (Remes, Renju, Nyulali, Medard, Kimaryo, Changalucha & Wight, 2013). This could perhaps make

young women vulnerable to sexual activity and HIV risk infection, as they may not have the correct information or protection when making decision to participate in sexual activity. Contextual factors also play an important role in HIV infections and there is greater need for intervention (Remes et.al., 2013).

> *Sammy: I know of some parents who do talk but they do not tell the girls anything.*

> *Anita: Ya.*

> *Sammy: Mostly the guys they usually talk about sex, not girls.*

> *Natasha: When you say guys talk about sex, you mean?*

> *Anita: To their fathers.*

> *Sammy: Parents.*

> *Amy: To their fathers, everybody.*

> *Amy: It's common I mean in families or whatever the boys always get the upper hand gender inequality?*

According to my participants, it was noted that speaking about sex to boys in Indian homes was an approachable topic of discussion. The young women felt that young men have a superior position in discussions with parents about sex. They also felt that boys were given more opportunities to experience sexuality in Indian homes, whereas girls are not allowed to speak or engage in sex as teenagers. This gives young (Indian) men privileges and freedom to explore sexual behaviours. Similarly, in a study by Bell and Aggleton (2012,) young women were likely to be judged more negatively than young men with regard to sexual conduct; young women were to remain in control of their sexuality and young men were allowed to venture their sexuality. Young people experiment with sexual activity and are exposed to sexual risk activities, hence the need to establish dialogue between parents and young people might be the correct way of passing the correct information to young people so that they may make informed decisions about sexual life (Tsakani et.al., 2011).

Desai (1996) asserts that just as drugs become prevalent, night life more reachable and relationships with the opposite sex take place earlier and more regularly, many parents' reaction is to reach back into family life as these above-mentioned are viewed as western values. Desai (1996) also link, that fathers have started to reassert themselves more strictly

and violently as young people become more assertive and demand to walk their own paths. In this way, discussing sex and sexuality is perhaps becoming more difficult for many teenagers in South Africa, particularly young women. Esha explains why she respects her parents and does not have a boyfriend as she is regulated by their rules.

> *Researcher: Do you have a boyfriend?*
>
> *Esha: No.*
>
> *Researcher: Why*?
>
> *Esha: (laughs) Well mainly because I don't want it to affect my school because I haven't been (mmm) performing very well so I'm trying to focus more so I don't need that kind of distraction and I don't think I'm ready I think after school like when I can be honest with my parents, because right now my parents don't want me to have a boyfriend so I don't want to lie to them I don't want to disappoint them so I will get a boyfriend after school when they allow me to.*

Young women are regulated by rules of their home and lifestyle. Parents give their young people specific instruction on what is expected of them and this has to be obeyed to receive parental approval and attain the benefits that parents have to offer them. Young women's sexuality is policed by parents within their social and cultural identity (Bhana & Pattman, 2008). The consequences for young women's reputations among parents and the community suggest gender difference, as young men are given more privileges compared to young women. This is evident in Presha's interview where her brothers get to do what they want and have no restrictions. Bhana and Pattman (2008), demonstrate how young women's sexual and gendered scripts are regulated not only by Indian boyfriends but by families and family gate keepers.

## 4.3 Sex and Relationships

Intimate or dating relationships play an important role in young people's psychosocial development and wellbeing (Gevers, Jewkes, Mathews & Flisher, 2012). Young people identify intimate relationships as important; however, a study in Cape Town indicated that they experience difficulty in relationships leading to physical violence among partners

(Gevers, Jewkes, Mathews & Flisher, 2012). Such violence is related to risky sexual behaviour and an increased risk in HIV infections (Jewkes, 2002, 2010). Young people are experimenting with sex in South Africa and in other countries as they want to explore with feeling, considering changes that transpire in their teenage years. Boys often initiate relationships by asking girls out (Gevers, Jewkes, Mathews & Flisher, 2012). There is also an indication of flexibility in gender roles, where girls prefer to maintain the gender status quo. However, a study conducted amongst a group of Indian girls revealed that girls no longer follow the status quo but develop agency and approach young men in the development of relationship, whether casual or long-term relations. Amy describes a 'friends with benefits' relationship that is widespread and common in her high school.

> *Anita: Ya there is a lot of young people who actually do these weird things.*

> *Amy: Now a days it's like no strings attached or* **friends with benefits,** *that's the kinds of relationships and it is surprising to see that if I had to like date a guy, like the girl will directly go to his best friend or something like that knowing that they are best friends. She will still do her crap with him and do whatever, this is what's happening in this school trust me. Friends will go out with her boyfriend's friends and do all of that crap; it's basically friends with benefits as long as your main boyfriend and girlfriend does not find out at the end of the day you are safe.*

Amy expresses how young women in her school are becoming more actively involved in multiple 'friends with benefits' partnerships. She relates how girls go out with their best friend's boyfriends and other young men at the same time. Friends with benefits are defined by Urban Dictionary.com (2013) as "two friends who have a sexual relationship without being emotionally involved and typically two good friends who have casual sex without a monogamous relationship or any kind of commitment". Amy felt that young people do not think about safe sex practices and feel that it is okay to have multiple partners who young women and men call 'friends with benefits'. Clearly, Amy disapproves of such behaviour as multiple partnerships could lead to risk of HIV and teenage pregnancy. This is evident above as she refers to the multiple relationships and behaviours as "crap". Research by (Grello et al., 2006; Manning et al., 2006) in Furman and Shaffer (2011), reveal that a greater amount of young people would engage in sexual behaviours with friends than with casual acquaintances. Amy did not claim to have multiple relations; however, she knew of other young women her age, who engaged in multiple relations. She expresses her agency here in

terms of how other girls get involved in activity with multiple partners creating risk. Developing discourses that contribute to young women's agency, as positive can contribute to increased gender equality in heterosex (Goiclea, Torres, Edin, Ohman, 2012). Having multiple partners develops the risk of contracting HIV and AIDS. Both young men and young women conform to this risk taking by participating in 'friends with benefits' activity. The careless behaviours that young people conform to place young women at risk. As Amy says, you are safe if your boyfriend or girlfriend does not find out about the other relationship you have. However, this is contradictory as the young women may be safe from a relationship breakup but not from sexual risk.

> *Anita: mmm (thinking) but it's so stupid, I mean we learn all about these things in LO, how can you not know about the risks of having sex and what could happen to you when you learning about it. But some people will just choose to ignore whatever they learn.*

Anita demonstrates an awareness of risks of unsafe sex-disjuncture, between policy, sex education and practice. Despite an awareness of risk, Anita feels that young people still engage in unsafe sexual practices. There has been faith in the development of sex education initiatives in schools to provide relevant knowledge and life skills to assist young people to avoid HIV and AIDS (Bhana & Pattman, 2009). However, Anita feels that young people still engage in unsafe sexual practices despite information that is easily accessible to them. Young women receive educational information on topics of sex, sexual risk and use of protection through school subjects such as Life Orientation. She indicates that young women choose to ignore the knowledge they receive at school. For schools to play an effective role in HIV prevention, there is the need to consider what young people think and feel in relation to gender and sexuality and how it can be incorporated into the life orientation programme, rather that concentrating on moralistic judgements on sexuality and HIV (Bhana & Pattman, 2009). Young people have an understanding and are knowledgeable on sexual risk and HIV infection, and know that the major cause is unprotected sexual intercourse (Boyce et al, 2007). However, they still choose to ignore the guidance and direction of safety when participating in sex. In KwaZulu-Natal, interviews conducted among other young people show similar gendered patterns of concurrent sexual partners, which include girls engaging in multiple partner relationships (Gevers, Jewkes, Mathews & Flisher, 2013).

*Sharisha: You hardly find relationships like a decent relationship where they just love each other and nothing else. Nowadays it's only sex that's all and when they (boys) slept with the girl they just leave them.*

According to Sharisha, there is more emphasis on sex, getting the practice and feeling the experience of having sex instead of love, understanding and trust in a relationship. This occurs as young people are experiencing puberty with the physiological and emotional changes this period entails, such as physical growth, emergence of sexual awakening, curiosity and the maturing of their sexual body (IWHC, 2007). Sharisha expresses her frustration about how young men want relationships just to have sex with no responsibility attached to their actions of sex. The prevailing discourse on heterosexuality strongly emerges as well as the notion that men need sex, are focused on sex, are ever-ready to have it and it is outside of their control (Shefer & Ruiter, 2008). Furthermore, "women on the contrary are viewed as less sexual, with sex representing relation and love" (Shefer & Ruiter, 2008: 41). Today's young men's testosterone and male sexual awakening are linked with socially constructed notions of male dominance and risk taking in complex and strengthening ways (IWHC, 2007). This coincides with Sharisha, as she expresses her feelings that boys today do not want a relation for love and the joy of having a friend. This shows the social norms of young men and sexual practices.

However, this point in the direction of young women's vulnerability to the social constructions of male dominance among peers, adults, and family members (IWHC, 2007). This was noted earlier as Indian boys are given more opportunities to experience sexuality in Indian homes. The desire of social acceptance combined with the notion of infallibility leads young women towards becoming victims of sexual risk as many young men engage in sexual and risk taking activities with disregard for the consequences to themselves and young women (IWHC, 2007). Therefore hegemonic masculinity of men impacts on young women's sexuality. The gendered socialised attitudes and behaviours of hegemonic masculinity create vulnerability for young women as young men engage in sexual activity with multiple partners, putting these young women at greater risk of contracting sexually transmitted infections (Shefer & Ruiters, 1998).

Young men in a study on masculinity develop relationships with girls not for love but from sexual desire (Shefer & Ruiters, 1998). Sharisha too points this out in the extract above that young men place emphasis on sex rather than love. The sex-love dichotomy suggests that "men interpret heterosexual relationships; the essential beliefs of men's uncontrollable biological urges and the notion of men are always ready for sex" (Shefer & Ruiter 1998). This then reinforces gender inequalities within schools, for example. In Sharisha's case, some boys use girls for sexual gratification. This creates danger for young women as young men may get satisfaction from having sexual relations with young women, putting young women at risk of contracting STDs, HIV and AIDS or even teenage pregnancy. These risks put young women at greater disadvantage of prospering in life's opportunities and attaining equitable and safe relationships.

> *Researcher: When we look at being in relationships, do you think guys are still the dominating factor?*
>
> *Amy: Actually not this year, I don't know what's in the year it's a leap year or something but the guys are much more soft-centred, they much more gentle in a way in that your relationship is based on equilibrium your both have sides you'll agree on certain things but I think it's mostly the girls that call the shots should I say.*

Change and redirection of the traditional lifestyle of young Indian people are taking place as many girls hold positions of being in control in relationships, as Amy points out. Young women are becoming fast changing people in the modern world even in young people's relationships; whereby some young women now have some sort of freedom and equity in relationships. This clearly shows that some young women are no longer passive recipients of male dominance and sexual power. Bhana & Pattman (2009) argue that young women are more agentic than research has pointed, to acting on desire and pleasure and are not simply passive victims to gender roles and norms. Amy clearly highlights that girls are no longer passive and young men are welcoming agency of young women, creating some power or dominance for young women in relationships. There has been new research in South Africa on men, which suggests that there are constructions of different forms of gendered roles, which are less biased and more open to respect and equity (Bhana & Pattman, 2009). This is a site for reparation to bring about a safer society for both men and women (Bhana & Pattman, 2009).

Anita also states:

*Yes it is because nowadays you can't find a guy that is willing to give up everything just for you and take care of you. He is worried about himself. So it is good that girls are independent and working on their own to get what they want and live the life they want.*

Anita feels that some young men do not care about young women and every young woman has to become someone on her own to achieve what she may want in life. Therefore, she feels that many young women should take on the role of becoming independent and gaining freedom in society, where they make choices that cater for successful futures, and for women's empowerment and agency. The interplay with individual career ambition and social practices has led to the reconfiguration of once stereotyped gendered roles, responsibilities and social positioning in the context of socio- spatial relations (Jagganath, 2008). However, only a proportion of young women manage to develop relationships in which their needs are given importance, including the refusal of sexual intercourse (Holland et al., 1990).

In the interview with Esha, she believes that young men are mostly concerned with the attainment of sexual gratification in heterosexual relationships with young women. The young women remain in this disadvantaged context as love, trust and a long-term relationships place them under many pressures to obey men. This develops gender inequality and has a negative effect on the social constructions of femininity. It articulates with Holland, Ramazanoglu, and Sharpe and Thomson's (1998) study, which finds that femininity constructed sexual risk and conventionally feminine behaviours put young women at risk. Furthermore, to be conventionally feminine is to appear sexually naive, to desire a relationship, to let sex happen, to hope to love and make men happy. This develops question in relations to power, trust and female agency in sexual relationships (Holland, Ramazanoglu, Sharpe & Thomson, 1998).

*Researcher: What kinds of relationships do boys and girls have today?*

*Esha: (Mmm, thinking) well I think that its many well I think that girls actually fall for boys because they think that, that's their life partner and they gonna be with this person forever and all of that, but boys just want to be with girls because of the sex and that's the truth.*

In this study, young women looked for a relationship that was long-term. The long-term relationship status created the construction of who they are, which does not always include

engaging in sexual practices with their partners. Moreover, most of the girls in this study did not speak of being involved in any sexual relationships. Reddy and Dunne (2007) assert that many young women construct casual sex as a strategy for the possibility of love and long-term relationships. Double standards that are highlighted, where women are expected to express their sexuality in monogamous relationships and men may be encouraged to have multiple partners, are still prevalent in South Africa and in other places (Shefer & Foster, 2001). In this study, the girls look at a long-term relationship as security and being faithful to their partner. However, young men develop relationships to gain sexual desire before moving to another relationship, gaining sexual gratification. Mankayi (2008) affirms that men may have many sexual partners as part of their manhood, proving it to other men and themselves, whereas women's bodies are used for the sake of sexual pleasure and help make up manhood and male sexuality. Likewise, in my the interview with Esha, I discovered that young men today use young women to gain sexual desire and experience before they may move to the next partner, not taking the young women's feelings, sexuality, transfer of sexual disease, or HIV into consideration. Risky sexual practices of men are strongly associated with less gender equitable attitudes and gendered influences inform masculine gender identities and their role in legitimizing male ascendancy over other women in society (Shai, Jewkes, Nduna & Dunkle, 2012). Esha does not appear happy about the behaviour of young men. She disapproves of this behaviour of young men towards young women. These beliefs foster many inequalities that disadvantage young women as this leads to risky sexual and social practices.

**4.3.1 Young Women, Peer Pressure and sex**

The pressure of fitting into a group and attaining social status is prevalent among young men and women today (Soomaar et al., 2009).Young people feel pressure to engage in sex form an early age of their social lives (Varga, 1999). The consequences of peer pressure could lead to emotional, physiological and social concerns, and young people are at a higher risk of peer pressure (Soomaar et al., 2009). Coercion is allied with social, economic, personal tensions and deprivations in the family and community, and this contributes to occurrences of non-consensual and unprotected sex, multiple partners, HIV, undesirable pregnancies, harm to self-esteem and other negative physical, social and emotional consequences (Soomaar et.al., 2009). "Research has found depressive symptomatology among youth to be associated with

early sexual debut, higher number of lifetime sexual partners, concurrent, multiple, and casual sexual partners, substance use at last sex, pregnancy, non-use of contraception" (Nduna, Jewkes, Dunkle,Shai & Colman, 2010: 2). Young women relate to these forms of sex in situations of peer pressure, substance intake and relationship phenomena.  In South Africa, young people are vulnerable to HIV infection and negative peer pressure which may impact high risk sexual behaviour (Selikow, Ahmed, Flisher, Mathews & Mukoma, 2009). Young people asscribe to peers' social norms as they give more consideration to peer opinions than to adults (Selikow et al., 2009). They are subjected to the peer pressure from others of the same sex or even potential partners as peer pressure is multidimensional (Varga, 1999). In a study by Varga (1999), two participants had the following to say about peer pressure and how it affects them. "Often you will feel pressure to sleep with a boy because your friends are doing it" and "they can even make you agree to love someone and have sex with them" (Varga, 1999). This relates to the girls in my study as similar pressures from friends are experienced.

> *Esha: If you don't have (mmm....thinking) I'm talking about our school, if you don't have a boyfriend in this school you seen as like a nerd or something and people generally tease you cause you not able to, let's say you not pretty enough to have a boyfriend so because boys don't like you and ( mmm...thinking) in order you just take anything that comes to you because you don't want to be teased or discriminated against because you don't want a boyfriend so (mmm...thinking) eventually you going to have to I would say bow down to what everyone else wants you to be.*

> *Kayleen: Yes certainly they do that because if they have like this group of friends that is like always doing this then they feel like out of place and then they also like to do it to prove to their friends like you know what I can do it too.*

> *Kayleen: I think it's only because they want to fit in. It's like a trend if one person does it they all want to experience it.*

> *Sharisha: Okay there is this one group where all of them are engaging in sexual activities and like one girl isn't, so now she feels left out and she wants be involved so she can fit in with them.*

This could have a negative effect on these young women's sexuality as they want to be accepted by friends and be popular among their peers. Sexual relationships are an important

part in young people's peer groups and social structures and many young people feel pressured to become involved in sexual relationships to fit in and gain social status among their peers (Selikow et al., 2009). It is evident that many learners in the Newlands High school experience similar pressures from their peers. The young women in this study do not have the will power to say no and hastily choose to do things that are socially acceptable by their friends to fit into social groups. It was found in South Africa that peer coercion to engage in sexual relations or intercourse, gave young people the acknowledgement of being members of their social group (Tsakani et al., 2011). Schools are the most common place for peer pressure among young people. Schools become a locus for sexual activity and the school environment creates opportunities for sexual interaction (Selikow et.al., 2009).

There is pressure on young women in this high school to have a boyfriend as well as engage in sexual activity with young men. Esha makes it clear that if you do not have a boyfriend you are seen as an outcast or "nerd". The girls in this study feel uncomfortable and offended by the pressure of friends as the burden of engaging in sexual activity or having a boyfriend may disadvantage them. They feel disadvantaged because they may not want to be sexually active or in a relationship but rather concentrate on school and attaining good grades. It is noted earlier in this chapter that young women are often vulnerable, and are not well prepared with sexual knowledge and risk of sexual practice. However being pressured into sexual activity by peers can produce greater risk of contracting HIV, sexually transmitted infections, teenage pregnancy, and dropping out of school to become teenage parents. Below the young women in my study give examples.

> *Leeann: Ummm…. I've been pressured to engaging in sex but I told that person that umm I don't want to and trust that, that other person is not here for me to do it*
>
> *Researcher: Explain it to me!*
>
> *Leeann: See this person number one told me that I should do it because I'm small because my build is small, so ya that person told me to do it so I'd grow.*
>
> *Researcher: Do you and your friends speak about sex?*
>
> *Anita: Mmm yes we speak about it especially when we think it is the right time to like let go either than that it's the only time when we going do it.*

*Leeann: Like when we in Bio class and we have that discussion our whole class will talk about it.*

*Researcher: And out of class?*

*Leeann: We talk about how it happens, the moments, when it's going to happen and the feelings.*

Friends are not always the best source when attaining information about sex as in the group discussion, the young women, both Leeann and Anita informed that friends cannot always be trusted. Leeann discusses how her friends or some people have influenced her to have sex as it will help her put on weight. This is misinformation and a myth that could lead Leeann to engage in sexual behaviour, which firstly is risky and secondly, will not change her weight situation. In South Africa, a study addresses the situation of young people who have influence on peers engaging in sexual activity (Tsakani, 2011). Friends may be misinformed with regard to sexual activity, positioning friends like Leeann in unsafe situations like the above. The advice given by these people is dangerous not only for Leeann but also for themselves, as it is clear they have a misunderstanding of, or misinformation on, the idea of sexual activity. This influence creates negative attitudes for young people, developing sexual risk among young women and men (Tsakani, 2011). Furthermore, young people may be further influenced to engage in sexual activity by peers during parties, when indulging in alcohol and drugs.

### 4.3.2 Fun and Pleasure: Alcohol and Drugs

Young people of today do not consider the negative effects of teenage pregnancy, HIV, STD when experimenting with sexual activity. They have enquiring minds and want to experience life on their own (IWHC, 2007). Therefore, many young people do not take advice from older people, which could assist a young person in a difficult situation. This creates greater risk for young people as they may not have a sound understanding of sexual risk, their reproductive capabilities when engaging in sexual activity and reasons for these choices. Young people in almost all countries and social groups are eager to learn about the changes that they are experiencing, about their sexual and reproductive capabilities, and about love and romantic relationships (IWHC, 2007).

*Researcher: So what do you think, will you wait for marriage?*

*Anita: Depends, I mean young people want to explore and try out things so you can never say what can happen.*

*Anita: Yes, clean fun.*

*Researcher: And what is clean fun? Having alcohol and smoking?*

*Anita: It's better than having sex, ya.*

The word 'fun' can be described in many ways. However, the young women in this study felt that fun was indulging in alcohol and smoking. Young people do not see the negatives of abusing these substances. Anita felt that sex was not fun as there were consequences for the action but indulging in alcohol and smoking was okay for young people as it does not put them in situations that could be life-changing through pregnancy and HIV. However, she felt this only pertained to young people who knew how to control the use of alcohol and smoking, like herself. The use and abuse of alcohol can be dangerous for several reasons, yet this participant regards these substances as fun. If the use of alcohol and drugs are abused, it is potentially dangerous and risky for young women, including Anita. However, this is contradicted by Sharisha, as she explains how young people she knows tend to engage in sexual activity when they are drunk.

Young women and men become vulnerable to high risk of HIV infections and health risk when they indulge in unconcerned behaviours like taking drugs and alcohol. Drug use, including alcohol, crack cocaine and methamphetamine, may lower reserves for sexual transactions; it increases the probability of high sexual risk behaviour, such as not using condoms correctly and prevent women from negotiating sexual risk decline (Wechsberg, Parry & Jewkes, 2008).

*Amy: You might find very decent children and they end up joining the wrong people just to be popular could I say they end up drinking, smoking, zol is one of those big things that's everywhere and common with the Indian people, it is the zol and the drinking that draws the other decent children we have left into doing this*

*Researcher: Ok, do you think young people know about the bad effects of sex?*

*Sharisha: I don't think many young people know they just do it anywhere any time, so I don't think they will know what will happen after they do it., and a lot of people do it when they are drunk too.*

Young women indulge in substance abuse that changes their frame of mind, making them become vulnerable to sexual activity. This puts young women at high risk of HIV infection as this is in reference to high risk and careless behaviours which is found to make young people cool and popular.

*Presha: No, but I know that my friends have been; the boys.*

*Researcher: And what have they told you about the night club?*

*Presha: Party on (big smile) that's all you can do and the music you just start dancing, drinks galore.*

*Researcher: They are obviously under age, but are they indulging?*

*Presha: Yes, we all are (laughing).*

*Researcher: What do you regard as fun?*

*Sharisha: Like we (smile and hesitate) drink some times (covers her face and smiles)*

Young people find pleasure in partying and having a good time. They call this fun. Dancing, drinking and attending nightclubs are some of the few pleasurable activities they choose, places like night clubs, house parties and social gatherings are sites of vulnerability for young people as alcohol and drugs are involved in changing their frame of mind. When young women indulge in drugs and alcohol in social get-togethers, they become easily vulnerable to engage in sexual activity with any man (Casale et al., 2011). Young women place themselves in situations where they trust peers and boyfriends in their social settings, under health risk circumstances which may lead them to increased vulnerability.

## 4.4 Love, Honesty and Trust

South Africa has demonstrated alarming tendencies in the ways in which young women construct their femininities and increase their vulnerability to disease and reproduce gender and sexual hierarchies (Reddy & Dunne, 2007). Young women become vulnerable to gendered norms and sexual risk as they fall in love and feel comfort and security in relationships (Reddy & Dunne, 2007). They need greater recognition of the diversity of sexual identities and nuanced ways in which they are produced by actors in specific social locations (Bhana & Pattman, 2008). During the individual interview, the young women were asked to respond to questions related to love: What is the meaning of love? And have they found love? Some of their responses follow.

> *Amy: Love is basically an emotion that you can't really explain. There is no definition to it. It gives you butterflies and goose bumps all at the same time you can't really explain it. It's only between you and someone special and you either going to have to wait for that person or go looking for it. She is talking about dating here again…so be careful, no mention of sex… your analysis must therefore focus only on what the girl is saying-so rework this*

The desire to be loved and going to look for love could construct risky sexual identity for Amy. This could lead to sexual activity and unsafe sexual practices of Amy, hence "go looking for it" could lead Amy to initiate a relationship with an individual who she may assume she is in love with as her goose bumps and butterfly feelings may give her the wrong idea of love. This relates to a study in South Africa as Wood, Mafaroh & Jewkes (1998) show that love is dangerous: young men and women perform masculinity and femininity in ways that produce unequal relations of power and increase sexual risk for women.

> *Esha: love mmm (laughs) I'm not quite sure how to put it but I think that love is when you are willing to share the inner part of you with someone else when you are (mmm) when you are able to love somebody else not for their outer appearance but because of how they are on the inside and because of their values and morals and stuff.*

The young women had different views on love. Amy described love as an emotion that gives you a certain feeling from within. She touched on how love can only be felt with the right person. However, Esha described love as coming from within a person where looks and appearances do not carry weight but ethics and good standards of life pay a role in love. This

relates to Kayleen's definition of love, as trust and understanding, which are values and morals of life. These girls' idea of love was more of security, morals and virtues of life rather than sex and pleasure.

*Kayleen: Mmm (thinking) love for me I think it's like mmm being with a person that really cares for you and understands you well and like you know that you have trust in this person and they like won't take you for a ride or anything.*

The understanding of love is closely linked to trust. These young women associate trust with dating or relationships, and love and trust are significant or important to them in relationships. Research also shows that sex, love, trust and caring are often intertwined. Holland et .al. (1990) relate young women's control over safety and risk of sexual practise as constrained by confusion of their beliefs related to sexuality with their expectation of romance, love and caring. Research shows that sex is often seen as a means of demonstrating that you love and trust someone (Holland et al., 1990). This concurs with the desire to love and be loved, as researchers suggest that young women link sexual activity and love, where love is the legitimate reason for sex (Reddy & Dunne, 2007). A safe sex practice in not just an inquiry about using protection in relationships; it is also a matter of trusting the one you love (Holland et al., 1990). However, passion, trust, and romance are unreliable with mistrust of strangers, social subordination to men, fear of unprotected sex, the use of physical force and anxiety of reputation (Holland et al., 1990). Therefore, although trust may articulate a symbolic meaning, it may offer little protection from HIV and AIDS (Holland et al., 1990).

The ideals of love define the concept of masculinity and femininity. This regulates sexuality and the young women are able to make informed sexual decisions. In this way, the young women are able to construct and manage themselves sexually. Challenges to hegemonic concepts of masculinity and femininity could open spaces for a broader range of reconstructed identities that ensure sexual safety among young people (Reddy & Dunne, 2007). Sometimes girls' beliefs about love and sex have the potential to place them at risk when engaging in risky sexual activities. As, women secure multiple partners and see this as a benefit to secure prospect of marriage and employment for their future (Casale, Rogan, Hynie, Flicker, Nixon & Rubincam, 2011)

*Esha: Coz mmm if you choose a boyfriend for personality people are not going to understand that because all they think about is your outside appearance so I must say if the guy is not very good looking, he's ugly, but he has the best personality in the*

70

*world, no one is gonna see that all they gonna see is that you weren't able to get a cute boyfriend.*

*Researcher: How would you pick a boyfriend, what would you look for?*

*Kayleen: A good looking guy but he must be like a decent person.*

The ideal boyfriend is the socially accepted boyfriend. There are expectations of young women to have boyfriends that are of their social standards. Esha feels the need to be mindful of appearance and religious beliefs and the fitting in of the boyfriend when developing a relationship. Kayleen also has the same perspective of a boyfriend; however, she described this as being decent or socially acceptable.

*Researcher: What is the meaning of love?*

*Presha: When you accept like I'm a girl and you a boy and I can accept him no matter what his personality is, the way he looks and how he wants to led his life.*

*Esha: Well I would want somebody who's willing to love me for the person I am and not because of the way I look mmm everyone says that but I mean like I would want somebody to love me with my flaws and everything mmm okay not to love but to accept me because it's very easy for you to say that you love somebody but it's harder for you to accept them with all of their flaws and everything so that is what I would want from somebody just for them to accept me and in turn I will accept that person*

For Presha, the ideal of love is when nothing else except love matters. The expression of love and desire fall under the gaze of sexual danger which many scholars have missed (Bhana & Pattman, 2009). Esha feels that love should be the acceptance of young women regardless of who and what they are. This is a contradiction as young women see the ideal boyfriend as socially accepted and love as being exactly who they are and not what they are expected to be.

*Researcher: Have your friends found love?*

*Esha: (shakes her head side to side indicating no)*

*Researcher: Why?*

*Esha: I don't think its love now because we very young and its... it's... it's impossible okay it is possible but I don't feel like you can love somebody right now you still have your whole life ahead of you and you need to experience things that are mmm when mm by yourself like when you are an individual like you can't do it when you have somebody else there, so I don't think its love, it's just infatuations.*

*Researcher: What about sexual relationships with boys and girls today?*

*Kayleen: Mmm (thinking and laughs) that I think is going a bit too far because children need to know like you are a certain age supposed to do things that is meant for that age and nothing that is like totally out things are there for you to do at a certain time and like if it's not for you to do it, then you mustn't.*

*Kayleen: No you still young you still have your life ahead of you need to focus on a career a good job all these things come later generally after marriage.*

According to Bhana & Pattman (2009), sexual danger is transmitted into daily sexual desires, thrills, and love romances of young people. The young women felt that at their age being in love was not real. They related they were young and still need to experience life. The age at which young women should engage in sex varies from person to person, context and understanding of sexual perception (Woods & Jewkes, 1998). However, many young women engage in sexual intercourse in advance of age appropriateness. The sexual relationships and conflicts they endure are a significant source of emotional stress and disappointment among young men and women similarly (Woods & Jewkes, 1998). The young women mentioned that there was a time for everything and at their age they still needed to concentrate on things that young people should do. They feel that love and sex happens or occurs when they are older. Their beliefs about love and sex could potentially protect them from HIV infection and other risks of sexual activity as they understand the risk involved in sexual activity which could prevent them from engaging in sex, particularly in the time of HIV and AIDS. These young women are sexual agents as most of the girls discussed in their interviews: they know of others engaging in sexual activity but not themselves. Kayleen believes that sex should be practised after marriage. In Anita's individual interview she spoke of how she and her friends were different from other girls.

Anita: *"We like totally opposite, like you get a group of girls who are on their own and think they like you know these big deals and like we down there and they are untouchable."*

Anita expresses how girls who have boyfriends and have sex are popular and well known, these sexually active girls felt that Anita and her friends are beneath them because they do not have boyfriends and do not have sex. However, that was how other girls felt; Anita believed that she wants only the best in life and will wait for the correct time to pursue adult activities.

Presha: *"I'll wait until we are really serious also I'm afraid of being pregnant"*.

This shows that Presha is aware of one of the sexual risks, which is teenage pregnancy; knowing that sexual activity could disadvantage her she chooses to wait for the correct time. Presha, Kayleen and Anita speak about having sex at the correct time in their life.

## 4.5 Sex and Teen Pregnancy

Teenage pregnancy is extremely common in South Africa and its problematic nature reflects patterns of sexual activity which puts young people at risk of HIV infection (Jewkes, Vundule, Maforah & Jordaan, 2001). Teenage pregnancy rates have been very high; however, it has declined drastically in South Africa as there have been efforts in empowering women and improving gender equity over the last fifteen years (Jewkes, Morrell & Christofides, 2008). Moreover, teenage pregnancy is not 'a problem' for Indian and White South Africans, so there is little research with them (Jewkes, Morrell & Christofides, 2008). The statistics of teenage pregnancy in South Africa, with focus on school going learner rates, are as follows: " the teenage fertility rates of Whites (14 per 1000) and Indian (22 per 1000) South Africans mirror that of developed countries, while higher rates are reported among Coloured (60 per 1000) and African (71 per 1000) for the year 2001" (Panday. Makiwane, Ranchod & Letsoala, 2009). However, there has been a decrease in the pregnancy rates among fifteen to nineteen year olds in all races between 1996 and 2001, with the largest decline of pregnancy rate among the White race and the lowest decline among the Indian race (Panday, Makiwane, Ranchod & Letsoala, 2009). Premarital exposure to the risk of pregnancy has increased with increasing sexual activity prior to marriage and a widening gap amongst sexual introduction and age of marriage, which places young women at risk at the age of socially and economically vulnerable (Williamson, Parker, Wight, Petticrew & Hart, 2009). In the group and individual interviews conducted with the eight young women, most if not all participants had a fear or concern of becoming pregnant.

*Researcher: That's good to hear. Do you feel young people should be practising sex?*

*Amy: No, hell no because it no use having a child and not knowing what to do with it.*

The young women associate sex with becoming pregnant. which is a health risk. The young women like Amy, Anita and Kayleen have the perception that if young women engage in sexual activity they may become pregnant. There are many consequences for young (Indian) women becoming pregnant including being a single parent and being disowned by parents. Drawing on Holland, Ramazanoglu, Sharpe and Thomson's (1998) study on young people, as young women were concerned about sexual health, as fear of sexually transmitted diseases reduced in light of their fear of pregnancy and the loss of sexual reputation.

*Researcher: Do you think having sex means having a child?*

*Amy: People no, people do it for satisfaction and by mistake they have a child but at the end of the day mostly the girl is like left alone with the baby the guy doesn't really care about it he just had a ride or whatever (laugh with some discomfort) that is it, then she is left to do whatever with the child.*

*Kayleen: Ya to an extent it is because her life is cut short now because she has a child to take care of and ya also another story was my cousin (mmm) also got pregnant when she was in matric and (mmm) just this weekend was her wedding but it's actually happy that she and the guy are willing to take responsibility of the child.*

*Presha: Even though I love my boyfriend it's scary to first do it with a person and then you know that idea of them leaving you so I'll wait until we really serious also I'm afraid of being pregnant because I'm a kid and to have another kid like I don't want to go there.*

Fear of pregnancy makes these young women aware of risky sexual behaviour and this fear and awareness has the potential to act as a deterrent so that they do not engage in risky sexual activity with their partners. The fear of becoming an outcast in their community and among their family is instilled in them as pregnancy implies stigma. Further, familial experiences of early pregnancies could deter young women from engaging in sex, as Kayleen speaks about how a cousin of hers became pregnant and she had to be married to that boy and drop out of school. Young women who are unmarried and fall pregnant in Indian homes bring dishonour, disgrace and shame on their family name, their reputation and their social status. Williamson,

Parker, Wight, Petticrew and Hart (2009) point out that the synthesis of studies conducted indicate that there were considerable amounts of disapproval in society of premarital sex and pregnancy. Therefore, the expectations of these young women give them fear and uncertainty about participating in sexual activity. Evidence suggests that extra-marital pregnancies are less acceptable among Indian and White families (Jewkes & Christofides, 2008). Jewkes and Christofides (2008) argue that due to the stigma of pregnancy, responses to pregnancy are toward termination of the pregnancy or expecting the pregnant parties to marry. The words of my participants indicate that they are very aware that teenage pregnancy is often also a sexual risk and could affect their life or future, as they could be rejected by their parents and become single parents, subjecting themselves to further gender inequality, as the father may not take responsibility for the baby, or drop out of school, preventing them from becoming independent women of South Africa. The young women in this study do not want to place themselves at risk or become prone to teen pregnancy, they may choose to abstain from sexual activity as mentioned above.

*Researcher: What do young people do when their family write them off? Do you know anyone?*

*Anita: Aah yes! They are family friends she finished school like two years ago, she ran away with her boyfriend, she didn't expect to but she did, and they are Hindu and her boyfriend is Christian and the father doesn't like that, you must be the same religion as her, and they didn't know about it he made her pregnant and her father had such high expectations for her because he is a very wealthy man. I know he wanted to send her to college, and make her do certain things, and give her all the inheritance and whatever but after she fell pregnant he completely wrote her off. She stays with the guy's family and has nothing to do with her family and her siblings or anything of that sort; she only brings her child to see her mother, the mother only want to see the child. The brothers, father does not want nothing to do with the baby because of what she did, it's just the mother.*

Gender has universal categories and universal norms of masculinity and femininity (Gacoin, 2010). It refers to the commonly shared norms of a society and the appropriate behaviours of young men and young women and their characteristics and roles that they should play (Gupta, 2000). These norms create gender disparities when a young woman falls pregnant due to unprotected sex, first encounters of sex or even peer pressure (Gupta, 2000). Anita

may have to face the consequences of no longer being accepted as part of her family if she brings disrepute to the family. Young women in the Indian community are regarded as bringing disrepute to their parents' name. However, the young man who is also responsible for the action of the pregnancy is generally given no attention in terms of committing a wrongful act. Young women becoming mothers is often perceived to be a problem (Bhana & Mcambi, 2013). This is in relation to young women being faced with the challenges of becoming mothers and taking responsibility for their actions, dropping out of school and even being disowned by family. Having a child hampers progress at school, leads to dropping out of school and forecloses the likelihood of financial and educational achievement (Grant & Hallman, 2006). Young women are placed at a greater disadvantage when they become pregnant or become a teenage mother. Scholars including Bhana and Mcambi (2013) explain that teenage pregnancy complicates efforts in the direction of the legal growth to girl empowerment. Furthermore, Bhana and Mcambi (2013) show that the ability of teenage mother or pregnant young women to exercise their freedom in schools remains problematic although young women have agency and exercise this agency, it is constrained by the ethos of sexual shame and othering. "There is little research on teenage pregnancy among Indian and White South Africans" (Jewkes & Christofides, 2008: 7). Evidence suggests that premarital pregnancy is generally unacceptable among White families and Indian families; it is highly stigmatised and the pregnancy is treated with termination or expected marriage. This could perhaps explain why many of the girls in my study have a fear of becoming teenage mothers. There is limited expectation of young men's involvement in childcare and many young men do not agree to financial commitment (Jewkes & Christofides, 2008). Thus the social space is created as young men father children with no expectation of long-term expectations of involvement or financial assistance in child care (Jewkes & Christofides, 2008).

## 4.6 Google and Sexuality

In most of the individual interviews, the girls spoke about technology as a source of information. They felt that Google was the number one informant and the most reliable source. Young women turn to other sources for sex education. IWHC (2007), findings on sexual education adds to additional modes of communication and learning for young women. These include print media, radio and television which is targeted at young people, telephone

hotlines and the internet. According to the Research ITC Africa, South Africa is a country that is still trying to overcome the legacy of dramatic racial inequality. Cell phone use in the past decade has grown, with almost 60% of all South Africans over the age of 16 owning a cell phone (Kreutzer, 2009). This relates to my study as all the young women who participated in this study owned a cell phone. Many of them carried it to school and even sent me text (bbm, blackberry messages) as we communicated. Further, their cell phone provided them with access to the internet.

*Researcher: What will you do? Where will you go?*

*Anita: Google*

Anita expresses that Google is the first source for information. Google is a site that she will turn to for information if she cannot get the information elsewhere. The information gathered on Google is a source of information for young people. This is a site for information that other young people fall back on as reliable information on sex and sexually transmitted diseases.

*Researcher: Where do people your age find information on how to use protection when having sex?*

*Sammy: I think from Google*

*Researcher: Only from Google?*

*Sammy: That's the thing that most of them go onto now I don't think anything else. That's where they get their information from.*

It is noted that these young women have access to the internet. It provides a greater help to them in decision-making and educating them in the area of sex and risky sexual behaviour. Sammy believes that's where all the information is. Presha below speaks about YouTube which she accesses over Google and she can view correctly what she needs to find out. In a study by Kreutzer (2009), Google was found to be the dominant gateway to all kinds of information. Although Google may be the common source of information for young people, it could also be negative, as discussed below.

*Researcher: Where do people your age find out information on how to use protection when having sex?*

*Presha: Internet.*

*Researcher: How do you get it on the internet?*

*Presha: Google, You Tube maybe and you can type there how to use a condom and a whole lot of stuff comes up, or if they have a condom they will read the instructions on the back or something.*

*Researcher: Would you ever go to a clinic or a hospital to get information?*

*Presha: No.*

*Researcher: Why not?*

*Presha: It is kind of embarrassing.*

*Researcher: How can it be embarrassing?*

*Presha: If you go to the hospital or clinic and sometime s people will say why you don't know about protection, what's your age, what world you living in so I rather keep to myself about it.*

Presha feels that she would rather choose the internet as opposed to going to a clinic or seeking professional help. She feels embarrassed that she does not have a vast knowledge on sexuality. Many of the other girls also claimed that they will not go to a clinic for assistance. These understandings relate to a study in Mali, where health services were for married women and young women feared receiving negative reception from clinic staff (Williamson, Parker, Wight, Petticrew & Hart, 2009). The young women felt that they will be classified as bad or cheap girls and that technology was their safest and secret option (Williamson, Parker, Wight, Petticrew & Hart, 2009). Technology is very popular among young people as cell phones and computers are accessible among most young people in this community. All of the young women have Blackberry cell phones. These phones have internet access and they can browse on Google even if they do not have internet access at home. However, it is contradictory to say that Google is the most reliable source of information. All information researched on the internet may not be from a reliable source, which could lead young people to be misinformed especially on information on sexual behaviour. This information could lead to risky sexual behaviour for these young women, and is supported by some researchers in the field of sociology and social psychology. These researchers are predominantly

interested in the potential danger that cell phones and internet use contribute to young people, as they may develop many social, educational and physiological problems (Kreutzer, 2009).

**4.7 Conclusion**

This analysis highlights the various ways in which the young women in this study construct their sexual identities in the context of HIV and AIDS in South Africa. The analysis was drawn together to display how young Indian women give meaning to sexuality in the context of HIV and AIDS. It attempted to provide information that relates to the behaviours and sexual understandings, beliefs and perceptions of young Indian women in the Newlands West area. Firstly, it draws on Indian identity, and the social norms, expectations and perceptions of young Indian women. Moreover, the learnt behaviours from theirgendered role and feminine identity are developed through these perceptions and norms. It also focuses on the regulation of sexuality by parents and how young women in the Indian community are now developing agency, and are no longer passive victims of gender roles. Secondly, it attempts to understand why young women choose to engage in risky sexual behaviour and relationships, how the effects of coercion and health risks influence sexual behaviour, as well as the way in which young women speak about how young men want relationships for sex which put them at a disadvantage in the context of love, trust and long term relationships. Thirdly, the analysis tries to gain greater understanding of love and trust among young men and women, because gender inequalities place young women at higher risk of contracting HIV and AIDS as they become vulnerable to sexual demands. Fourthly, this analysis addresses how young women understandings of risky sexual practices lead to pregnancy and HIV. Additionally, pregnancy brings disrepute to Indian homes and families, making young Indian women aware of the sexual risk attached to sexual practices creating pregnancy. Finally, it was revealed that technology plays a role in imparting information for young women to make positive choices in sexual exploration which is assumed not to be always positive.

In the following chapter, the main findings of this chapter will be synthesised and presented. The relevant findings of this chapter are intended to benefit young women in South Africa in order to generate knowledge in a gender equitable society.

# CHAPTER FIVE

## CONCLUSION

### 5.1 Introduction

In this chapter I will present a consolidation of all four previous chapters of this study. This chapter will also highlight main findings of my study and will provide possible recommendations. These recommendations aim to assist young women in making informed decisions about HIV prevention in their school and community. The recommendations will further try to encourage gender equity, allowing for young (Indian) women to be able to voice their thoughts. The findings and the recommendations will be provided from the perspective of an educator because I am an educator. This chapter will also show the importance of sex education for young women as sex education, relationship skills, and information on these topics empower young women, especially in the context of HIV and AIDS. Although statistics indicate that young women are not always vulnerable in these areas, it is important to attend to these issues, especially that of sex education. The chapter goes on to provide recommendations for young women to make safer decisions when engaging in sexual practices with their partners, and ways in which they could communicate better or more effectively with adults regarding sexual matters and advice.

This study focused on a group of eight young Indian women in a secondary school, in the age category of 16 and 17. These girls come from a working class background in the Newlands West area. This study explored the numerous ways in which these young (Indian) women construct their sexualities in the time of HIV and AIDS.

### 5.2 Summary of chapters

In Chapter One, which is the introduction of this study, an outline of the background and focus as well as aims and objectives of this study was provided. This chapter also highlighted the key research questions of this study. In addition, the research site was described and a

detailed discussion on Indian identity in South Africa was provided. This chapter also provided reasons for the exploration of young Indian women's constructions of sexuality in the context of HIV and AIDS.

Chapter Two presented a literature review on the various studies and awareness of sexuality and behaviours among young women in South Africa. Many studies have been conducted in South Africa and in other countries on HIV and AIDS, gender and sexuality, risky sexual behaviour and culture and sexuality. However, not much attention has been drawn to the constructions of sexuality among young (Indian) women in South Africa. There were seven themes that were discussed in the literature review: constructions of young women's sexuality, sexual risk behaviours, moving forward from risky sexual behaviour, peer pressure and sexual coercion, parental influences, culture and the community, and gender and power. The theoretical and conceptual framework section addressed the social constructionist perspective and feminist theory.

Chapter Three provided a description of the participants, instruments, procedures and type of analysis that was used in the research process. The research design included a qualitative approach and interpretive paradigm, as well as a description of the research site and broader context. Purposive sampling, which is a feature of qualitative research, and snowball sampling were used including, along with a biography of each participant. The two interview methods, the focus group and individual interviews, were explored in this chapter. The data analysis, validity, ethical issues, and limitations of this study were discussed here.

Chapter Four was a presentation of an analysis of my study. Interview transcripts were analysed and discussed including literature to validate finding of the analysis. Data were presented verbatim to enrich the main findings of the study. Connell's (1987) theory was used to understand the constructions of young (Indian) women's sexuality. Five themes were developed from the data which have been formed in the study. These themes included

- Culture, gender and change

- Young women, sex and relationships

- Love, honesty and trust

- Sex and teen pregnancy

- Google and Sexuality

## 5.3 Findings

This study has established that many cultural expectations and social pressures that were placed upon (Indian) women and girls previously still exist although there is change in society. There is transformation and change in post-apartheid South Africa. The participants explained how many young women are still faced with cultural expectations however not all young women are now subjected to traditional or domesticated lifestyles which involve cooking, cleaning, being house wives and respecting males as authoritarian breadwinners in the home. Young women are more liberal and are less involved in domestic chores and activities of family lifestyles in (Indian) homes. There is a clear indication that there is a slight shift in accepted gender role norms. It was also noted that some young women are now voicing their opinions and offer resistance more freely regarding sex and sexual matters, and do not always listen to their parents. However most young (Indian) women are still restricted by cultural and social norms.

In this study, further findings are that the attitudes and behaviour of (Indian) parents when discussing the topic of sex with young women, often create an awkward and tense atmosphere in the home because "sex talk" is taboo. This in most instances prevents some of the young women in my study from discussing sex or sexual matters with their parents and other adults. It was noted that many parents in Indian homes in particular, evade the topic of sex.

Despite the many factors, such as poor communication with parents, which has the potential to increase vulnerability of young women to HIV and AIDS, there is still a low rate of HIV infection among young (Indian) women in South Africa.  This finding could be low, as young (Indian) women fear of rejection by parents or being disowned  by their family is a reason young women may refrain from sexual activity, thus protecting themselves from HIV infection or associated infections. There are many young (Indian) women who  are also still restricted to cultural and social norms, which may prevent these young (Indian) women from turning to sexual practices.

The 'friends with benefits' phenomenon was found to be common and widespread in the research high school in the Newlands West area. A participant in my study pointed out that many young people do not think about safe sex practices and feel that it is okay to have multiple sexual partners who they refer to as 'friends with benefits'. The young women also demonstrated an awareness of how unsafe sexual practices could lead to teenage pregnancy or HIV and AIDS. Furthermore, it was revealed that many young women are engaging in unsafe sexual practices and are well aware of the consequences of their actions. Young women learn about pregnancy, HIV and AIDS yet still pursue unsafe sexual practices. This study also found that all eight young women did not suggest or mention any engagement in sexual intercourse with their partners. The findings reveal many young women (Indian) and other races, still adapt to unsafe sexual practices although they have an understanding of dangers associated with multiple sexual partners.

This study found that peer pressure was also a common factor that encouraged young women to engage in sexual activity. It was established that many young women would conform to socially acceptable pressures to fit into a social group. The young women in this study felt uncomfortable and offended by the pressure of friends, the burden of engaging in sexual activity or having a boyfriend may disadvantage them. Further anxiety over sex may lead to young women avoiding groups and thus becoming isolated from popular groups of friends. Young women are disadvantaged by peer pressure because they may not want to be sexually active or in a relationship but are sometimes forced to do this due to peer pressure at school, or become an outcast to a group of friends.

It was found that young (Indian) women also feared becoming pregnant. The consequences of falling pregnant could lead to many young women being ostracised from their families and homes. The fear of becoming an outcast in their community and among their family is instilled in them, as stigma is attached to pregnancy, especially amongst the Indian community and in the Indian culture.

Lastly, "Google" was a source of information for many of the young women in my study regarding sex, information on contraception, relationships, and various topics. The young women claimed that Google was a reliable source of information when educating themselves in the area of sex, contraception, sexually transmitted diseases and HIV and AIDS. Google

was the most common source of information which they acquired over their cell phones via internet.

## 5.4 Recommendations

There is a shift in gendered roles and young people are voicing their opinions and standing up to parents. This may have both, a negative and a positive circumstance on a young person's life. Parents are finding it more difficult to control young people and parental assistance is often lacking in many homes today. As an educator, my view is that parents play an important role in young people's lives. Young people may be rebellious and hard to control; however, parents who show initiative in young people's interests create a safe environment for young people. Such an investment in young women's sexuality and emotional feelings could help them to make more informed decisions and choices regarding sexual matters and their sexuality. If parents support their children more, by openly discussing and listening to children; there could be HIV free communities. As parents are a reliable source of information that can support young women in making sound sexual decisions. Parents who play the supportive role; who educate their children and who discuss sexual matters and issues related to romance and dating, sex and so on, could perhaps encourage children more easily to make safer choices in a society where HIV and AIDS and teenage pregnancy is rife.

Parents need to play an active role in discussing matter of sex and sexuality with young people. They should be more open and inviting to the topic of sex and discussion on sexual desires and issues amongst young people. Schools should also implement programmes where parents and children can learn how to communicate with each other. In this way they will create an atmosphere where parents and young people will be able to openly discuss matters such as sex with each other. This will also assist young women and men to make informed decisions with regard to safer sexual practices, HIV, contraception and pregnancy. This concurs with Ramadugu et.al., Gupta et.al., Romer et.al., Shittu et.al., in Ramadugu et.al. (2011), as parents in these studies who communicate with young people about aspects of sex helped young people avoid risky sexual practices.

Teachers need to take on the initiative or duty to grow young people in the area of sexuality at school. In schools, programmes and implementation on HIV and AIDS, risky sexual

behaviour and multiple partners, need greater attention, especially where sexual activity, teenage pregnancy, HIV and AIDS are a huge problem among young people. These topics need to be given special attention as in most instances in schools, they are side-lined and young people ignore and avoid them. Despite an awareness of risk of multiple partnered relationships, many young people still choose to engage in these risky or unsafe sexual activities. Therefore, greater emphasis needs to be placed on all young people in schools where most of the risky sexual behaviour occurs. A "Sex Day" programme should be implemented, on a particular day in each month. On this day the whole school should get involved. Each grade or class can have talks, make posters, design hand-outs and provide information to their peers in the time allocated, on a specific topic. In this way teachers can become involved by assisting young people in making "Sex Day" a success.

Support groups during Life Orientation lessons should also be formed in classrooms. In this way, a group of young people can have debates and open up discussions on peer pressure and other issues that they are facing as South African youth. There is the need to consider what young people think and feel in relation to gender and sexuality and how this can be incorporated into the Life Orientation programme rather than concentrating on moralistic judgements on sexuality and HIV (Bhana & Pattman, 2009). Peer pressure may not only entice other young people to engage in sexual activity but to engage in the use of alcohol and drugs. If support group discussions occur, this could help young people who are victims of peer pressure to open up to their teachers and peers as a means of making positive behavioural changes in their own lives, which could lead to healthier lifestyles.

In the current time of technology, many young people own cell phones, computers and i-pads. They have access to the internet where they search for information on sex and other issues. However, searching for information on Google or any search engine may not always be the most reliable source of information. As a result, schools should recommend during the Life Orientation or computer lessons possible sites that are informative and accredited, from which learners or young people can gain or obtain useful and trustworthy information on matters of sexuality. Technology is fast growing in South Africa, so schools should implement the use of the smart board system and the iPpad or  tablet if financially possible, as possible applications (apps) could be downloaded for useful information not only on topics of sex, gender and HIV, but also subject such as mathematics, science and language. This in

turn will help these young people choose the correct search engine, and find reliable information for an interesting and effective learning experience.

## 5.5 Conclusion

Young Indian women's lifestyles in South Africa have transformed over the years. There is greater opportunity and freedom for many young women. However there is still the need for transformation in social and cultural setting of Indian family homes. The extent where males in the Indian home are still accorded a prestige compared to women and household chores including family dynamics still remain a woman's duty need some attention for change to occur.

Many recommendations have been given above. However, it is difficult to implement all immediately. Teachers and parents should strive towards discussing matters of sexuality, including dangerous, risky sexual behaviour, and HIV and AIDS in schools and in the home, more effectively. These recommendations are to assist young people, teachers and parents in the area of sexuality in the context of HIV and AIDS. It is positive to note that the young women in this study choose to implement and become ambassadors of safe sexual practices. I hope that these recommendations can assist young, people, parents, and teachers to provide a bright, risk free future for all young people in South Africa and the world preventing HIV and AIDS creating future leaders.

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# Appendices

# Appendix 1: Ethical Clearance

**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

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17 April 2012

**Mr/Ms Natasha Chunderduri (206512710)**
**School of Educational Studies**

Dear Mr/Ms Chunderduri

**PROTOCOL REFERENCE NUMBER: HSS/0088/08S**
**PROJECT TITLE: Young Indian Women's Constructions of Sexuality and Risky Sexual Behaviour in a Newlands School**

**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 Deevia Bhana
cc Mr N Memela/Mrs S Naicker

**1910 - 2010**
**100 YEARS OF ACADEMIC EXCELLENCE**

Founding Campuses: ■ Edgewood   ■ Howard College   ∴ Medical School   ■ Pietermaritzburg   ■ Westville

# Appendix 2: Consent letter to parents

20 May 2012

Dear Parent:

| Young Indian women's construction of sexuality and risky sexual behaviour in a Newlands School |
|---|

My name is Natasha Chunderduri and I am currently reading towards a Master's Degree in Gender and Education at the University of Kwa Zulu Natal. As part of the requirement's for the degree, I am required to complete a research dissertation. My study aims to:

1. Explore the reasons of sexual risk and behaviour among young Indian women and find methods to assist young Indian women in preventing themselves from becoming victims to sexual risk out of acts of risky behaviour.

2. Assist young women to be able to come out and speak about sex and sexuality in order for them to acquire more information and avoid sexual risks.

3. To add new knowledge and information on young women's sexuality and risky sexual behaviour.

In order for the study to be a success, I require 6 grade 10 or 11 young Indian females to participate in one focus group discussion and each young Indian female to participate in one, one on one interview with me the researcher to participate in my study.

If you choose to allow your child to participate in this research, she will be invited to respond to questions in an interview and participate in a focus group. This method is aimed at gaining an understanding of how young people give meaning to their sexuality and if they aware and understand the risks of risky sexual behaviour if practiced. The completion of the process will take two hours over two different days. This will take place at your child's school.

Participation is completely voluntary, and you have the right to withdraw your daughter and (your daughter has the right to withdraw herself) at any time. Confidentiality and anonymity will be maintained at all times and in the analysis of the data and the completion of the Masters in Gender and Education.

A summary report will be made available to the participants.

If you would like any further information or are unclear about anything, please feel free to contact me via email: natasha.chunderduri@mtnloaded.co.za or telephonically on: 0837627118

Your cooperation and your daughters participation is valued and appreciated.

Kind Regards

_____                               _____

Miss Natasha Chunderduri                                Professor Diviya Bhana

PARENT/GUARDIAN PERMISSION:

I Mr, Mrs, Miss_____ the parent/ guardian of _____hereby grand permission for my child/ ward to participate in the research study conducted by Nastasha Chunderduri at the place of my child/wards school .

# Appendix 3: Consent letter to participants

Natasha Chunderduri

Cell: 0837627118

Home No: 0314098695

Email: natasha.chunderduri@mtnloaded.co.za

Young Indian women's constructions of sexuality and risky sexual behaviour in a Newlands school.

20 May 2012

Dear Student:

Please take note that the reason for conducting this research is to acquire information from young women about how they construct their sexuality. Further the research will acquire information about risky sexual behaviour among young women. Moreover my choice of purposive sampling is young Indian women as you will allow for me; the researcher; to acquire information on the knowledge and behaviours of young Indian women.

I know speaking about sexual things is not always the most comfortable topic to speak about. However I will try my very best to make you as comfortable as possible so you are not intimidated by me or the questions asked.

As part of the study you are required to answer questions in the form of an interview asked by me the researcher and participate in a discussion with a group of young women from your school. The interviews and group discussion will be recorded with your permission and then transcribed verbatim and used as the data for the findings of the study.

There are a few benefits for you in this study as you can learn more about sexuality and the risks of sexual behaviour from peers and me. Further, your assistance will help other young women in the big world. Moreover you will be able to now speak openly about sex and sexuality to others.

Confidentiality is very important in any study therefore your name will not be used in any of the findings and your details will be kept with concealment for your safety and respectability.

Your parents have to be informed about the study and information will be provided for them to understand the study. At any point in this study if you confide in me about any acts of harm done to you or you are in a situation that needs assistance. I will assist you to the best of my ability to get you the help you need.

At any given point you can contact me if you want to extend your knowledge about this study that you are unsure about on 0837627118

You may at any time leave this study and no longer participate if you are unhappy. There will be no acts of punishment or penalty if you withdraw. As this is a voluntary task and your decision to participate or withdraw, will be entirely your choice.

■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■ ■■

Do you understand this study and are willing to participate?

Yes: \_\_\_\_    OR   No: \_\_\_\_


_____        _____

    Student Signature:                        Date:

# Appendix 4: Letter to Principal, including consent form

20 May 2012

Principal

Hillgrove Secondary School

Project Information:

My name is Natasha Chunderduri and I am a Master's in Education student at the University of KwaZulu Natal. I am conducting research on teenage sexuality in the field of Gender and Education under the supervision of Professor Deevia Bhana.

The aim of the research is to:

- Explore the reasons of sexual risk and behaviour among young Indian women and find methods to assist young Indian women in preventing themselves from becoming victims to sexual risk out of acts of risky behaviour.

- My aim is to add new knowledge and information on young women's sexuality and to further assist young women to be able to come out and speak about sex and sexuality in order for them to acquire more information and avoid sexual risks.

- Moreover the aim is to understand the behaviours and thinking of these young Indian women

- The study will contribute to a project titled 16 Turning 17: Young people, gender, and sexuality in the context of AIDs.

The research will be significant in two ways:

- The research will add new knowledge on young people's sexual behaviour as findings indicate there are a low number of articles in research found when considering the scope of young people's behaviours.

- Further it will assist young women to be able to come out and speak about sex and sexuality in order for them to acquire more information and avoid sexual risks and allow young women to make informed decisions and acquire the correct information to practice safe sexual activities.

Research plan and method:

A qualitative research design will be used to explore what makes young Indian women indulge in risky sexual behaviour and ways in which they may construct their sexuality. The use of the qualitative approach will assist in understanding the social situations of a particular culture or social circumstance through interaction with the young Indian women and will deepen the researcher's understanding of the young women's actions of risky sexual behaviour and constructions of sexuality in the context of HIV and AIDS. The researcher has chosen the purposive sampling method targeting a group of 16 year old grade 10 and 11 Indian women from your school. The researcher is well aware about the nature of speaking about sex amongst the Indian community. This may be a sensitive topic for the young women to discuss. If a learner requires support as a result of their participation in the study steps can be taken to accommodate this. Therefore the researcher's dutiful responsibility will be to inform all the young women about the universal principals of autonomy, non-maleficence, anonymity and the benefits of their contributions to the study for other young women. The principal, parents and participants will be asked to sign informed consent forms. Only those who consent and whose parents consent will participate in this study. There will be six young women participating in one-on-one interviews and six young women participating in a focus group discussion. All interviews will be an hour long. All interviews will be conducted by me the researcher. All information collected will be treated in the strictest confidence and the school nor the individual learners, will be identifiable in any reports that are written. The data will be stored at the University of Kwa Zulu Natal storage facility for the next five years thereafter it will be destroyed. Participants may withdraw from the study at any time without penalty. The role of the school is voluntary and you the principal may decide to withdraw the schools participation at any time without penalty.

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

- Arrange for informed consent to be obtained from participants parents.

- Arrange a time with your school for data collection to take place.

- Obtain informed consent from participants.

Thank you for taking time to read this information.

_____                 _____

Natasha Chunderduri                                              Professor Deevia Bhana

Researcher                                                               Supervisor

UKZN                                                                       UKZN

School Principal Consent Form

I give consent for you to approach learners in grade 10 and 11 within the age category of 16, to participate in the study of Young Indian women's constructions of sexuality and risky sexual behaviour in a Newlands school.

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

- The role of my school is voluntary.

- I may decide to withdraw the schools participation at any time without penalty.

- Indian female learners in grade 10 and 11 will be invited to participate and that permission will be sought from them and also from their parents.

- Only learners who consent and whose parents consent will participate in the project

- All information obtained will be treated in strictest confidence.

- The learner's names will not be used and individual learners will not be identifiable in any written reports about the study.

-  The school will not be identifiable in any written reports about this study

- Participants may withdraw from the study at any time without penalty.

- A report of the findings will be made available to the school.

- I may seek further information on the project from (Natasha Chunderduri) on (0837627118).


_____          _____

Principal                                                      Signature

# Appendix 5: Semi structured Interview Questions

**INDIVIDUAL INTERVIEWS:**

**Biological Questions:**

1. What is your name

2. Where do you live

3. How many brothers and sisters you have

4. Do you have a mum and dad?

5.  What are their names?

6. What religion are you?

7. What race do you belong to?

8. What is your age?

9. Who are your friends?

10. How often do you and your friend s go out

11. Where do you'll hang out in your free time?

12. Do and you friends ever go out at night, clubbing, dancing, parties?

13. Do you think you and your friends are mature enough to have boyfriends?

14. How many of your friends have boyfriends?

15. Do you have a boyfriend?

**Constructions of Sexuality:**

1. Do you know what the meaning of sexuality is?

2. Can you tell me your definition of sex?

3. Do you and your friends speak about sex?

4. What is the meaning of love?

5. Do you think you or a friend has found love, and why?

6. Do you know of young people your age participating in sexual act?

7. Is there pressure from friends in your school to engage in sexual acts to fit into a group?

8. What is an ideal boyfriend?

9. How will you or your friends pick a boyfriend or how have you pick your boyfriend if you have one?

10. What kind of relationships do boys and girls have today

11. Do you think being an Indian female there are stereo types for choice of boyfriends?

12. What are the expectations of the Indian community on Indian girls

13. Do you think anything has changed from the past expectation of young women in the Indian community and now?

**Risky sexual behaviour:**

1. Do you feel young people should be practicing sex?

2. Do you and your friends know about protection?

3. Do any of your friends know how the different types of protection work?

4. Where do people your age find out information on how to use protection when having sex?

5. Can other friends assist friend who want to have sex with information?

6. What do you think about using a condom when having sex?

7. Is sex something that gives young people status?

8. Do you know of young people experimenting with or having sex?

9. Are young people doing it for fun?

10. Do you think young people know a lot about the bad effects of sex

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**Focus Group Questions:**

1.  **Sex :**

Many young people are exploring, discuss reasons and influences for this.

2.  **Sexual activity is vast among young people which have many ricks attached to these acts**

Are young people aware of the dangers of participating in sexual activity?

3.  **Boyfriend and girlfriend**

Does having a boyfriend mean love, trust and respect? What do girls these days look for in a man/ guy?

4.  **The Indian community**

What is the influence of the community with regard to the sexuality?

5.  **Peer pressure:**

Are peers a good or bad influence, with regards to making decisions about sex.

# Appendix 6: Turn It In Report

Turn It In Originality Report

Young Indian Women's Construction of Sexuality and Risky Sexual Behaviour in a Newlands School by Natasha Chunderduri

From 16 Turning 17: Youth, Gender and Sexuality (Gender Education Master Students Year2)

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