

*How do young black women communicate about
sexually related issues in their families?*

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ABSTRACT

As youth in South African are affected by HIV/AIDS, risk reduction research has highlighted the needs of young people for information about sex, sexuality and risk. South African research has looked at young people's sources of sex information and their preferred sources. This thesis examines communication about sex with young people in their families as a protective factor in risk resilience and general problem-solving skills. The study explores how young Zulu women between the ages of 14-15 years understand communication about sex in their families, how and with whom sex is talked about, and how the young women understand the cultural 'taboo' on talking about sex in their families.

This study employs an interpretive thematic analysis in analysing semi-structured interviews with eight rural district Zulu-speaking young women. The interview schedule drew on themes related to mother-daughter communication about sex from an American study by Brock and Jennings. The girls felt that there was minimal communication about sex within their families, and this reflected negative verbal and non-verbal messages. The girls wished that their biological parents could communicate with them about sexual issues freely and comfortably, as they would like to do with their own children when they grow up.

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CHAPTER 1: STATEMENT OF THE PROBLEM

1.1 HIV/AIDS in South Africa: the 'youth crisis'

Sub-Saharan Africa has high rates of *Human Immuno-Deficiency* virus and the *Acquired Immune Disease Syndrome* (HIV/AIDS). The World Health Organisation estimates that in 2006, there were 4.3 million new infections (globally), with 2.8 million (65%) of these occurring in sub-Saharan Africa (WHO, 2006). LoveLife (2004) states that South Africa has the largest number of people living with HIV/AIDS in the world, with peak incidences in people between 21-49 years of age. Furthermore, South African women are disproportionately infected with HIV/AIDS (Dorrington, Bradshaw, & Budlender, 2002). Women and young people, particularly girls, are seen as high-risk groups for HIV-infection for various biological, psychological, social and economic reasons (Baptiste et al., 2006; Leclerc-Madlala, 2002a; LoveLife, 2004; McPhail, Williams & Campbell, 2002).

Leclerc-Madlala (2002a & 2002b) argues that there are many factors that put women and girls at risk of HIV/AIDS, and these include: early age of unprotected sexual intercourse; low condom use; transactional sex for material reward; and sex with multiple partners. She further argues that patriarchal traditional culture in South Africa plays a role in that women's social inferiority is reinforced by financial dependence on men, having to prove their reproductive fertility to men, as well as men's perception of their entitlement to unprotected sex. Within these adverse conditions for negotiation of safer sex options, women are also biologically or physiologically more at risk of contracting HIV from an infected partner than are heterosexual men (Campbell, 2003).

Several South African public health researchers, responding to findings of sexual risk behaviour among young adults, have argued that there is a need to intervene before youth become sexually active to protect them from HIV-infection (e.g. Bhana & Petersen, 2005; Campbell, 2003; LoveLife, 2004). MacPhail, Williams and Campbell (2002) feel that there needs to be a strong focus on young people with regards to HIV/AIDS prevention for three reasons. Firstly, sexual risk behaviour in the form of unprotected sex in the age group of 15-21 years is high. Secondly, the incidence of infection in this age-category, and subsequently in later age-categories, is higher among young women than among men. Thirdly, the increasing rate of HIV-infection among young women as they enter established sexual partnerships provides the best evidence for the need to impact on interventions with younger people. MacPhail, Williams and Campbell's three motivations find support from recent South African sero-positive survey data (e.g. HSRC, 2002) and actuarial modelling research (e.g. Dorrington, Bradshaw & Budlender, 2002).

Thus, intervening with health education messages when young people are below 15 years of age makes sense as the majority of this age group, both girls and boys, are not yet sexually active and are HIV-negative. There are several ways in which interventions with youth have been attempted, e.g. mass media campaigns, peer-lead support, adolescent-friendly health services, community participation projects, etc. (Kelly and Ntlabati, 2002). Regarding interventions into how parents communicate about sex and risk with young people, Paruk, Petersen, Bhana, Bell and McKay (2005) have argued that strengthening communication, including sexual communication, in families serves as a protective shield against uninformed youthful risk-taking behaviours. The motivations for this are examined below. Within this field,

my study explores how young people perceive or understand existing communication about sex in their families (as baseline material before an intervention).

1.2 Family communication interventions to reach youth

Paruk et al. (2005) point out that HIV/AIDS interventions aimed at the sexual and lifestyle choices of young people ignore the family's role in informing, facilitating and moderating those choices. They argue that South African families, in whatever shape or form, play a crucial role as supportive networks for developing young people; and families make up the communities in which young people live and negotiate sexual and lifestyle choices. Campbell (2003) agrees that families should be able to play a role in decreasing the risk of young people of HIV/AIDS, and excluding families in prevention campaigns would be foolish.

These South African researchers view well-functioning families as a protective factor against sexual risk behaviour amongst young people (cf. Paruk et al., 2005). These researchers draw on international evidence that sexuality education, open communication about sex and risk, and parental involvement and support during adolescence, improves the chances of young people delaying first sexual intercourse, and making informed and responsible decisions about safer sex (e.g. Donenberg, Paikoff & Pequegnat, 2006; Grunseit, Kippax, Aggleton, Baldo & Slutkin, 1997; Rivers & Aggleton, 1998). Thus, Bhana and Petersen (2005) argue that families may positively influence young people's sexual behaviour through parental monitoring, warmth and support, positive attitudes towards sexuality, and open communication about sex and sexual matters with young people. Bray and Heathering (1993) state that it is through communication processes that parents and children express their needs, wants, concerns, as well as their love and admiration for one another. Poor communication can thus lead to numerous family

problems including excessive family conflicts, ineffective problem solving, rebelliousness, weak bonding and other behavioural problems in children.

The lack of communication about sexually related matters in South African black-African families has been noted in several studies and reviews (e.g. Campbell, 2003; Delius & Glaser, 2002; LeClerc-Madlala, 2002b; LoveLife, 2003; MacPhail, 1998; Paruk et al., 2005). Different socio-historical reasons are given to explain this. For example, Delius and Glaser's (2002) historical review finds that the conversion of black people to Christianity – as part of centuries of colonial occupations of Southern Africa – discouraged premarital sex, and defensively set up a taboo on talking about sex. Apartheid migrant labour systems broke up family units, and broke down communication between parents as authority figures and children (Liddell, Kvalsig, Shabalala & Masilela, 1991). Waves of student-protest from 1976 onwards further loosened patterns of parental control as youth activists used powerful political group-memberships to fight for liberation from apartheid oppression, and to reject their parents' rules (Campbell, 1997). Campbell (1997) found that black youth did not seek information about sex, risk or relationships from their parents, who were seen as old fashioned, poorly educated, authoritarian and punitive. More recently, this was so with talking about HIV/AIDS in families, because parents were inadequately informed about HIV/AIDS risks and inexperienced with handling open discussions with their children (Campbell, 2003; Paruk et al., 2005).

My study has been nested within one intervention project aimed at improving family communication around sex in order to protect young people from risks related to sexual activities. This skills-based, micro-media, community-participation project is called the Collaborative HIV/AIDS and Adolescent Mental Health Programme (CHAMP), and it stresses the importance of families talking about “difficult” topics, such as puberty, sex, relationships

and risk (these topics are not easy to talk about for some of the reasons stated above). CHAMP aims to give parents communication skills and parenting tools to be able to communicate with their children. In baseline research before the intervention was designed, Bhana, Petersen, Mason, Mahinthso, Bell and McKay (2004) reported that these topics – puberty, sex, HIV/AIDS risk, falling in love, giving birth, etc. – were rarely discussed in their sample of black-African families. Parents reported feeling embarrassed about such topics that decreased their authority with children, and that there was a perception (amongst parents) that they would be promoting sexual activity if they talked to young people about such things. Paruk et al. (2005) further found that resource-poor, semi-rural parents in KwaZulu-Natal were fearful and uncertain about how girls should be socialised for womanhood, and there was currently no support system that guided parents on parenting developing young people in high-risk conditions of an HIV/AIDS epidemic in their communities.

1.3 The current study

The current study utilizes a sample of young *Zulu* women not yet exposed to the CHAMP intervention from the same sites as those exposed to the CHAMP interventions. Thus, it does not attempt to evaluate any CHAMP interventions, but contributes to qualitative research on communication patterns about sex in black families in order to understand how young black women experience their family interactions and the wider contexts of sex and risk to which they are exposed. Given the findings that poor communication patterns exist between parents and children about sex (see above), the aim of my study was to explore how black (Zulu) women perceive and understand whatever communication about sexual matters occurs in their homes.

My study will use individual semi-structured interviews in Zulu to create a space where girls can talk openly about their sexual and family lives and feel comfortable with the (black, Zulu-speaking) interviewer. My study partially replicates an American study entitled '*Sexuality education: What daughters in their 30s wish their mothers had told them about sex*' by Brock and Jennings (1993). Brock and Jennings' study interviewed young women about their communication about sex with their mothers. The methodology and findings of this study are discussed later. My study partially replicates this study, because it provided the themes that guided my literature review, interview schedule and interpretive thematic analysis; but it was adapted to explore a very different context – viz. HIV/AIDS risk in South Africa, and mother-daughter communications about sex in resource-poor, black families.

CHAPTER 2: LITERATURE REVIEW

In the literature review the following will be covered: the contexts of youth sexual activity in South Africa; socio-historical studies of black South African families; western standards of communication about sex in families; and studies on black South African families' communication patterns about sex and risk.

2.1 CONTEXT OF YOUTH SEXUAL ACTIVITY IN SOUTH AFRICA

Amon (2002) has stated that as risks associated with youth sexual activity rise – for example, sexually transmitted infections, HIV/AIDS and unwanted pregnancies - research on how sex, sexuality and relationships are understood and constructed by young people can inform research on youth risk prevention. Bhana et al. (2004) argue that, as part of a healthy developmental process through adolescence, young people have to negotiate sexual risks; and it is important that parents should understand the pressures that young people face. Ideally, young people should be able to identify risks, and communicate with their parents about such issues. However, it is important for young people to communicate with their parents, because they may not be able to identify risks themselves, or their perception of risks may be limited, due to their developing cognitive and emotional capacities (Bhana et al., 2004).

2.1.1 Youth and patriarchy

Leclerc-Madlala (2002b) feels that South African women tend to be prisoners of their own inferiority. The true meaning of patriarchy becomes apparent in sexual relations, where men demonstrate power in heterosexual relationships. The Human Sciences Research Council's

household survey found that the factors that are known to increase the risks of HIV infection among women in South Africa include the low social status of women and economic independence on men (HSRC, 2002). Young people are socialized by school and friends on how to be girls and boys, e.g. boys are taught how to be men by enforcing power over girls, and girls are taught how to sit like ladies and to be weak, unthinking, and unadventurous (Izugbar, 2005). Parents should try, through open communication with their children about gender, patriarchy and power, to encourage change of patriarchal beliefs that spread HIV/AIDS among young women through them failing to stand up for themselves. Parents could communicate with them about how to best handle such situations.

The United Nations Development Fund for Women (UNIFEM, 2003) has expressed that men's traditional role as economic provider who takes care of the welfare and survival of the family, has traditionally meant that women are expected to be caregivers. Extra challenges for HIV prevention arise from stereotypical expectations that men should have sexual intercourse as frequently as possible (often with more than one partner), and exercise authority over women. Parents in this instance should ideally guide young people, through role modeling and discussion, on how to resist the pressures to conform to these patriarchal roles, stereotypes and norms.

2.1.2 Youth sex and love

Pattman (2005) used focus group discussions to explore African youth's sexualities and identities in relation to ideas about HIV/AIDS education. The research investigated how young people viewed cross-gender friendship. Pattman showed that young people in the discussion groups constructed boys as the active subjects who had sexual feelings, and girls as the passive

objects of sexual desire. This polarized gender and sexuality, made it impossible for cross-gendered friendships as equals to occur, and put boys in more powerful positions over girls. Pattman argues that this should be paid attention to by the HIV/AIDS education programmes: they should target girls' lack of decision-making power in heterosexual relationships, harassment by boys and older men, being unable to publicly express sexual desire for boys, and being subjected to multiple restrictions in their everyday lives in comparison to boys.

In the discussions between young people in Pattman's (2005) study, it was apparent that sex roles and expected sexual behaviours for girls were limited and oppressive. It was further shown that parents played a role in girls not being assertive sexually, because girls were verbally and physically punished by parents if they were found to be expressing interest in sex. Pattman argues that boys and girls should adopt friendship relations with one another, rather than intimate romantic relations, so as to eradicate the problem of boys and girls constructing themselves as different, with nothing in common, and in opposition to each other. These unequal power relations are fueling the AIDS epidemic, he writes.

2.1.3 Youth and coercion

There are a number of risk factors that impact on young people's sexualities and sexual activities in South Africa. Wood, Maforah and Jewkes (1996), in a large study conducted with the Medical Research Council, looked at Xhosa-speaking young women's experiences of male violence in their sexual relationships. These young women reported being controlled by their boyfriends, through violence, which most frequently involved being coerced into unprotected sex. One in four South African women is regularly beaten by her male partner, one in three will

be raped at some time in her life, and 50% of marriages involve physical and sexual violence (Wood et al., 1996).

Kaufman and Stavrou (2002) described coercion as being an integral part of youth sexual relationships in South Africa. These sexual relationships often pivoted on economic exchange, which involved exchange of gifts or money for sex. Risk-prevention researchers are concerned about transactional sex, because it is usually characterized by large age differences or power imbalances between girls and men (e.g. students and teachers, or 'sugar-daddies'), and sexual risk behaviours. Since topics related to gender, power, coercion, sex and relationships are prohibited in many black-African families, young people are left vulnerable, having to deal with such issues on their own, or to rely on unwise advice from peers.

Donenberg, Paikoff and Pequegnat (2006), in their meta-analysis of American family-based intervention studies, described four ways in which parents or families can be protective with regards to the risk factors that youth face. Firstly, parental monitoring helps young people to engage in less risky sexual behaviour, have fewer sexual partners and increases condom usage. Parental monitoring involves parents' knowledge of young people's whereabouts at all times, knowing their friends and their friends' parents, and making sure that leisure activities are supervised (Bhana & Petersen, 2005).

Secondly, Donenberg et al. (2006) found that parental warmth and support towards young people predicted less adolescent risk-taking. Thirdly, parental attitudes to sex played a strong role in shaping youth sexual behaviour, whereby positive attitudes modeled health promotion and responsibility (Donenberg et al., 2006). Finally, frequent parent communication with young people about various sex issues, safer sex options and responsible sexual behaviour was also a protective factor (Donenberg et al., 2006).

The World Health Organization study on risk and protective factors affecting adolescent reproductive health in developing countries, found that factors such as living with both parents (rather than in a single-parented family) and strong family connections are important in delaying first sexual intercourse (WHO, 2004). Living in an urban (rather than rural) area, and having a higher socio-economic status, can also play a role in young people's sexual health.

Thus, it was important to view the context in which young people in South Africa live, in order to understand the sexual dynamics that exist in their lives (Kelly & Parker, 2000). It is also important to review the history of black families in South Africa in order to get a background of how these families have changed, and how some psychosocial dynamics remain unchanged today.

2.2 SEXUAL SOCIALIZATION IN BLACK FAMILIES IN SOUTH AFRICA

It is important to review historical aspects of sexual socialization in black South African families to understand impacts of those colonial and apartheid histories on present family dynamics, parenting styles and communication patterns. As mentioned in Chapter 1, South African research evidence has suggested that communication about sex is lacking in black-African families, that such communication is said to be a 'cultural taboo', and that this has high sexual risk implications for black-African youth. A number of different papers will be reviewed to explore the origins of the so-called cultural taboo on talking about sex between parents and children, and how present communication practices have been influenced by past histories of sexual socialization of youth.

2.2.1 Historical perspectives on the role of families in sexual socialization

Delius and Glaser (2002) reviewed literature on sexual socialization of youth back to the 19th century in pre- and early colonial times in African tribal societies in Southern Africa, such as the Xhosas, Pedis and Zulus. Delius and Glaser's main argument is that the cultural taboo on talking about sex was historically constructed; it is not a natural, static or traditional cultural phenomenon. Their argument is explained as follows.

In the 19th century, there were differences between Christian and traditional teachings. For example, there was sexual openness in African society where Pedi children were exposed to sexual practices and sexual language used by their parents; whereas Christians found this immoral and forbade it.

Most traditional African tribal societies had strong prohibitions and sanctions against pre-marital pregnancy, but sex was not prohibited. Young people had sex together, but they practiced sex in a manner that did not result in teenage pregnancy, e.g. thigh sex. If sex resulted in pregnancy, the girls suffered consequences, such as name-calling, shame, harshness, ridicule, etc. Communities designated elders to educate young people about different ways to have sex without breaking girls' virginity or impregnating girls. Thus, youth were not educated about sex by their own parents in traditional societies. Sexual monitoring and management was done by the extended family and neighbours, but most effectively achieved by peer groups and positive peer pressure.

However, the 19th century saw many social upheavals and transitions that put pressure on and changed these sexual educational strategies for youth. Delius and Glaser mention socio-historical processes of wars over land, conversion to Christianity, and industrialized capitalism that established the migrant labour system where men as breadwinners left their wives/partners

and children on poor rural homesteads to work in the urban areas and goldmines. Most traditionalists converted to Christianity, which emphasized Christian morality, western education and abstinence from sex for young people. Christian forms of youth sexual socialization downplayed or moved away from the traditional forms of youth socialization, and viewed sexual initiation as immoral or dangerous. Although abstinence was emphasized as the new ideal youth practice, Christianity failed to lessen sexual impulses of young people and there was evidence of illegitimate babies. Sexual socialization and initiation practices shifted; for example, boys' circumcision and girls' virginity testing was only practiced in traditional communities.

It can be seen from these socio-historical processes that sexual education and cultural rules about sexuality of young people fell away at community-level, parents were ill prepared to take on this role and task, and urban youth were largely left to learn about sex from one another (Delius & Glaser, 2002). These patterns are evident in contemporary empirical studies with young people and parents.

2.2.2 Contemporary sexual socialization in black families

Campbell (1997) conducted focus group discussions with 40 young people, aged between 17 and 23 years, from a township in Durban. She wanted to investigate the process of identity construction in the rapidly changing social climate of the early 1990s, using Social Identity Theory. Using this theory, Campbell wanted to show how self-esteem and self-efficacy were built up in young people through positive peer-group memberships and peer-referenced life-styles, and this was sometimes in conflict with what their parents expected.

For example, membership of political organisations fighting against apartheid oppression during the 1980s (e.g. ANC Youth League, or “Comrades”) taught young people that they should make decisions and act in terms of personal integrity and social democracy, rather than turning a blind eye and just following what they regarded as outdated, undemocratic, authoritarian or illegitimate. Thus, Comrades (a broad term referring to anyone identifying with, or involved in seeking, political change in South Africa prior to 1994) taught youth not to be obedient to adults and authorities, but rather to favour democracy, equal participation and self-regulation. Campbell argues that young people had to negotiate between conflicting roles, where peers and parents expected different identities and lifestyles. Some of Campbell’s findings are mentioned below that have relevance for understanding youth sexuality, and understanding their relationships with their parents as authority figures and role models.

Campbell noted different views of family life coming from the younger generation, particularly from the young women in the discussion groups. These young women said that their mothers expressed the traditional values of family life by adhering to patriarchy, being the dutiful and submissive wives, and taking care of the children. But these young women said they did not want to follow these patriarchal norms, and the example given by their own mothers, of marrying men to get financial stability and then only to find husbands being unable able to provide for or support a wife and children financially and emotionally, and involved in infidelity and alcohol abuse. Instead, they wanted to be economically independent, to hold power in sexual relationships and to care for and support their children on their own. In this way, they rejected their mothers’ role modelling for their sexual lives as women.

Campbell found that, because of social changes that happened in South Africa in the 1990s, young people were ambitious for the benefits of education and economic success that

their parents did not have. The young people were very aware that educated people had more social status in their township than uneducated people, like their own parents who were largely employed in manual, unskilled, poorly paid work, or were unemployed. Thus, while young people were loyal to their parents, and grateful for the sacrifices they had made for their education, the information and advice they offered them was very limited. For example, their family members could encourage the youth with a better vision of their future, but they had no understanding or experience of careers or tertiary education.

The implication of Campbell's (1997) findings is that these social changes, social identities of young people and family dynamics undermined the authority of parents in young people's lives. It is likely that young people would not listen to what their parents taught them about sex or HIV/AIDS, for example, because they felt that their parents were old-fashioned, uneducated, ignorant and authoritarian. It would be difficult to ask for information about HIV/AIDS from a parent who does not have accurate information; and to discuss sexual issues with a parent who does not understand them, and wants the young person to simply listen and obey to stay out of trouble. This could lead to the breakdown of family relationships, with young people preferring supportive relations outside the family, such as friends. These implications are supported by Paruk et al.'s (2005) findings.

Paruk et al. (2005) did an ethnographic study in a semi-rural area near Durban, South Africa, where parents were interviewed about how they raised their adolescents and their experiences, expectations and feelings were interpreted. The study was aimed at risk-prevention; it tried to understand how families could be more involved in helping youth make healthy lifestyle choices, especially with regards to sex and decreasing HIV-risk.

Paruk et al. (2005) found that the parents lacked information and control in raising their children, which left parents feeling afraid and uncertain of the future. The community used to have strong traditional leadership that guided them on such matters as the sexual socialization of youth and development of sexuality, but this practice did not exist anymore. For example, parents were now expected to educate girls about womanhood, and they were confused by the contradictory views about what they were supposed to teach girls. One parent noted that there are different views in her community about communication about sex with children - some people said it promotes sex, and others said it helps to prevent risk.

Parents revealed that they felt disempowered in the way in which they were parenting their adolescent children because of a 'generational gap' – that is, parents were less educated than their children, and did not have accurate information about HIV/AIDS. They perceived that young people did not respect their traditional authority, or their instructions for appropriate behaviours, and were more influenced by western cultural norms and their peers. This produced a clash of traditional and western parenting practices as parents resorted to authoritarian parenting styles and corporal punishment, such as violent beating, to try to control their children. Thus Paruk et al. (2005) found that communication with children was often directive and full of instructions and threats, promoting the need to intervene and provide communication skills.

2.2.3 Changing forms of African parenting as a result of HIV/AIDS

It is evident in the reviewed literatures above that these socio-historical transitions in South African communities, political policies, families, parenting responsibilities and youth identities have impacted on the current epidemic of HIV/AIDS, and confusion about what to do

to stop HIV-infections. This has led some parents, who were raised with different practices and beliefs, to discover now that these teachings are not acceptable or effective in raising their children (Kelly & Ntlabati, 2002; Paruk et al., 2005). Thus, parents and young people have been negatively affected by the unstable structure and functioning of black-African families, and the enduring tensions between traditional and modern values about healthy development of sexuality (Bigombe & Khadiagala, 2003).

However, styles of sexual socialization, and communication about sexually related issues, are heterogeneous, even in a single community or 'cultural group', and it is problematic to make wild cultural assumptions, stereotypes or generalizations (Wilbraham, in press). Rivers and Aggleton (1998) point out that in some traditional African societies, the provision of information about sex might be fairly formally done as part of ritual initiations into adulthood; in western societies, communication about sexuality might be informally achieved through democratic conversations with children; and in particular contexts, discussion of sexual matters between parents and children may actually be very rare (e.g. some Zulu-families). It is important to note the differences presented in different contexts, cultures and families as to how communication about sex takes place between older and younger people, and how they affect the sexual beliefs, sex activities and risk-behaviour of young people.

In many parts of the developing world, recent and rapid urbanisation and migration, and the socio-economic impacts of HIV/AIDS, have meant that traditional community and family networks have become very dispersed and fragmented. This may have impacted negatively on sexual socialization, sex education, and risky sex behaviours of young people (Rivers & Aggleton, 1998). Bigombe and Khadiagala (2003) state that HIV/AIDS has produced a great deal of change in African family structures. For example, single-parented (usually mother-

headed) households have become increasingly normative in South Africa due to death, divorce or desertion by male partners. In trying to cope with this situation due to reduced income or the death of a parent due to HIV/AIDS, the child is often taken to live with relatives, usually grandmothers or aunts, while surviving parents drift towards urban centres for employment (Van Dyk, 2000).

Thus, due to poverty, most African families do not follow a nuclear family pattern (father married to mother, with their own biological children); but live in looser extended households that include grandparents, aunts, uncles, cousins and other children (Bigombe & Khadiagala, 2003). This has mixed implications for sexual socialization. On the one hand, the African extended family system provides a range of adult caregivers and role models for children within the kinship network (Bigombe and Khadiagala, 2003). On the other hand, responsibilities for primary socialization of and bonding with children might be diffused with an increase in the risk of sexual abuse and exploitation of young people (Campbell, 2003).

2.3 WESTERN STANDARDS OF COMMUNICATION ABOUT SEX IN FAMILIES

2.3.1 Adolescence as a developmental stage

Dobson (1999) wrote that adolescence involves an age of dramatic change, which includes rapid physical changes of the girl's body including the onset of menstruation. Psychologically, the adolescent is still at immature stages of cognitive, psychosocial and moral development, and he or she may feel inferior and lack self-esteem. Thus, the young person might be easily influenced to make unwise or quick decisions by conforming to their peer-group and following norms, especially with regards to sexually related issues. Dobson says that

confusion may also be part of young adolescence, because young people are confused by things that they believe in, versus the things that they are told by their parents or peers.

Noller and Callan (1991) stated that even though adolescents draw increasingly on their peers and friends for support, and appear to move away from or rebel against their parents, the relationships with their families are very important for healthy psychological development. Communication affects the quality of the relationship between the parents, children and family as a whole. Family members should be able to share their thoughts, feelings, interests and issues; and adolescents that are unable to talk about such things can end up being frustrated, unhappy or isolated (Noller & Callan, 1991).

Noller and Callan (1991) stated that adolescents pass through a number of developmental milestones to achieve mature adulthood and healthy psychosocial functioning. These include: emancipation from parents; psychosexual differentiation; gaining self-effective skills of life; and developing realistic, stable, positive identities. These ideal developmental milestones were established in America and Europe; and so it is difficult to expect young people in developing contexts, with social problems such as poverty, early sexual activity, HIV/AIDS and unwanted teenage pregnancy, to develop in the same ideal ways. As discussed above, South Africa also has diverse styles of parenting, monitoring and communicating about sex with young people.

Rappoport (1998) noted that sexual development of young people is an anxious stage not only for youth, but for their parents as well. Parents tend to worry about young people having sex, getting pregnant, and contracting HIV/AIDS. Parents are mostly concerned about whether their children will make the right decisions about sexual activities. Greathead, Devenish and Funnell (1998) agree that parents are in the dilemma together with young people, especially

with regards to their role in preparing their children for sexual activity. Since there is a high risk of HIV-infection amongst youth in South Africa, most parents feel that they must educate young people about safer sex options, including abstinence, masturbation and condoms; but at the same time they feel that they might be promoting sexual experimentation if they talk about it (Wilbraham, in press).

2.3.2 The purpose of democratic communication about sex in families

Rogers (1999), in an Australian study on the effectiveness of communication about sex between parents and young people, aimed to evaluate whether such communication helped young people avoid sexual risk behaviours. Significantly, his study found that when mothers discussed condom-use before young people initiated sex, these young people were three times more likely to use condoms when they had sex than young people whose mothers never talked about condoms, or if this talking was done after the young person had had sex for the first time.

Critically speaking, this finding could be due to the fact that these Australian young people were exposed to sexual health education resources other than their mothers (cf. Kelly & Parker, 2000). However, Rogers (1999) also revealed that young people who discussed sex and sexuality with their parents were more likely to talk to their sex partners about HIV/AIDS and safer sex options, than those who had not had such discussions with their parents. Thus, Rogers showed that communication about sex with parents was important, because even though it did not always guarantee that young people would delay sexual activity, young people who had talked with their parents about sex were more likely to communicate with their sex partners and to negotiate protective precautions.

Noller and Callan (1991) agree with the above benefits of parents talking to young people about sexually related issues – notably to guide children and youth towards healthy, responsible and age-appropriate decisions about their sexuality and well-being. They add that parents' key role might be to get rid of any sexual confusion young people may be experiencing about misleading sources of information, peer pressure and strong sexual feelings. To achieve this aim, frequent conversations are needed as issues arise. It is noted, however, that the exact frequency with which parents discuss sex remains debatable due to conflicting reports from parents and young people. Parents often report greater frequencies of such discussions than young people (Campbell, 2003).

Measor, Tiffin and Miller (2000) have drawn attention to the important issues involving gender when parents communicate with young people about sexual issues. Although it might be assumed young people would be more comfortable if mothers spoke to daughters, and fathers to sons, Measor et al. did not find this to be true in their British samples. They found that where communication about sex was present in families, girls were more likely to be given much more information than boys; and mothers usually talked to the girls and the boys. In Measor et al.'s study, 62% of the girls said that they had talked to their mothers about sexual issues; and 42% of the boys felt that they would consult their mothers if they wanted to know something about sex. Only 13% of the girls, and 22% of the boys, said they would feel comfortable discussing sexually related issues with their fathers (Measor et al., 2000). Similarly, Noller and Callan (1991) argue that young people – girls and boys – feel that they can talk with their mothers more openly about a wider variety of sexual topics than with their fathers. However, when British fathers did talk about sex with their children, it was most likely to be with their sons (Measor et al., 2000).

Thus, LoveLife (2003) argues that young people who have spoken to their parents about sex and HIV/AIDS are more likely to engage in safer sexual behaviours. However, they further state that it is not just the content of what parents talk about to young people that matters; *how* parents communicate with their children is also important. Noller and Callan (1991) describe a 'democratic parent' as one who communicates and negotiates together with a young person. Democratic parents tend to foster a sense of independence in young people, but at the same time increase the bonds of affection and closeness between parent and child.

2.3.3 Parents as sources of sex information

Jordan, Price and Fitzgerald (2000) conducted a small study on how American rural parents talked to their 'teenagers' about sex. Their study was motivated by the growing body of literature on 'parent-teenager' communication about sex that report disappointing results. They mention three trends among these disappointing empirical studies. Firstly, parents provide minimum education about sexual issues to young people. Secondly, mothers seem to do most of the communication about sex. Thirdly, young people still tend to prefer talking about sex to their peers than their parents.

As mentioned in Chapter 1, my study partially replicates Brock and Jennings' (1993) American study in the field of mother-daughter communication about sex. Brock and Jennings interviewed 30-year old adult women about what they wished their mothers had told them about sexually related issues. This sample was chosen because the researchers felt that the maturity of this age group would offer valuable perspectives. This feminist study was aimed at encouraging future mothers to talk openly to their daughters about such issues; in other words, to learn from the mistakes mothers had made. Their descriptive thematic analysis found that most women

remembered the communication about sex with their mothers as being extremely limited, with very negative non-verbal messages and a high number of rules and warnings. Most of these women wished they had had comfortable conversations with their mothers about a wider range of sexual issues when they were growing up. They felt that their mothers provided inadequate information about birth control, anatomy/physiology, psychological aspects of sex and homosexuality. These young women felt that they will provide the opposite for their own children, in terms of accurate information, discussion of issues, and a sex-positive emotional atmosphere where sexuality can be talked through.

In support of these findings, Chilman (1990) stated that mothers are less likely to tackle sensitive sexual issues, such as feelings, values, sexual desire and pleasure, masturbation and the validity of homosexual relationships; but that they rather stick to safer biological information, such as menstruation and reproduction. Thus, Morey and Corley (1991) stated that the benefits of ongoing in-depth discussions between mothers and young people about sex and sexuality are enhanced if (mothers) feel more comfortable with their own sexuality. The family may also benefit from open communication, adjusting more successfully to the young person's developing sexuality.

2.3.4 Western standards of good communication

Sypher and Applegate (1984) found that there are three elements that constitute good communication between adults and adolescents and which help in getting information through from a source to the recipient. Firstly, both parties need to participate completely, and listen to each other; secondly each party has to show some form of respect for each other; and thirdly these parties should both be willing to give to and take from the conversation. This means that

each must let the other party have a say, and there must be equal times for each to have a say in the whole conversation.

Sypher and Applegate (1984) also looked at why communication may fail between adults and adolescents, and they gave three reasons for this. Firstly, the one person may not take into account the needs of the other, and pursues their own agenda; secondly, the one person is not willing to listen to the other person (usually the adult); and thirdly, one person is demeaning and sarcastic to the other. Noller and Callan (1991) clearly found that adults had little confidence that young people would listen to them or value their opinions during communication about sensitive topics. On the other hand, young people felt adults should show them some respect, listen to them, take their views seriously and treat them as having equal partnership in the conversation (Noller & Callan, 1991).

Thus, McConnon (1990) emphasises that anyone who thinks that communicating about sex with young people is a simple matter of getting values and information right is oversimplifying things.

2.4 BLACK SOUTH AFRICAN FAMILIES COMMUNICATION ABOUT SEX

2.4.1 Cultural barriers to open communication

There is a growing amount of South African research literature on sexual communication that looks at parents as a source of sex information particularly in the context of HIV/AIDS risk. This literature often blames parents as weak sex educators who, knowingly or not, put young people at sexual risk.

LoveLife survey research based on largely urban sampling produces quite a confusing picture on what is going on between parents and young people. LoveLife (2004) found that for

young South Africans, the primary source of information about sex is from friends (37%), while 14% report getting information about sex from a family member, i.e. a parent, guardian or sibling. An even lower percentage (8%) report first learning about HIV/AIDS from one or both of their parents. This research reported that 15% of young people surveyed perceived information about sex and HIV/AIDS from parents as useful and accurate. However, an earlier LoveLife survey found that when young people were asked if they had ever talked to their parents/guardian about sex and HIV/AIDS, 44% said yes (LoveLife, 2003). Females were slightly more likely than males to report talking to their parents (48% vs. 39%).

On the one hand, South African parents are well aware of their responsibilities to talk to their children about sex, to help young people to delay sexual activity, challenge peer pressure, increase safer sexual decision-making, and prevent risks of sexually transmitted infections and unwanted pregnancy (e.g. Campbell, 2003; LoveLife, 2003; Wilbraham, in press). However, on the other hand, studies such the one by Campbell and MacPhail (2002) on peer-led sex education, found (black-African) young people in their focus group discussions saying that parents punished them if they asked any questions about sex. This was because raising sexual issues with parents signified lack of respect for elders, interest in sexual activities or experimentation, or a direct challenge to parental authority if parents did not know the answers to the questions (Campbell & MacPhail, 2002). Therefore, these young people, fearing punitive responses, would prefer not to discuss sex with their parents; they did not initiate discussions and avoided parents' interrogations if possible. Thus, Campbell (2003) has stated that youth have participated in the taboo on communication about sex.

However, this did not mean that *no* communication about sex occurred in black-African families due to these cultural barriers. The young people in Campbell and MacPhail's (2002)

focus groups stated that the problem was that when mothers communicated about sex, they issued orders, instructions and threats about pregnancies and diseases; they told girls to stay away from boys; and they expected obedience not discussion in return. The implications of this for communication are that while mothers issued some information, their interaction style did not allow an emotionally close, trusting relationship to develop through openness to listen to their children. They remained authoritarian figures who punished wrong behaviours (Paruk et al., 2005).

Lambert and Wood (2005), in their comparative study of taboos on communication about sex in Xhosa and Rajasthani (in India) cultures, similarly found that it was culturally inappropriate for young people to explicitly talk to biological parents about sex. However, these taboos did not apply to other members of the extended families. Thus, young people could communicate much more openly to aunts, cousins or older siblings about sexually related issues, and these relatives often helped with practical decision-making (e.g. getting hold of condoms) and problem solving (e.g. pregnancy scares, HIV tests) when young people approached them.

2.4.2 Absent fathers

Montgomery, Hosegood, Busza and Timaeus (2005) have examined South African men's involvement in South African families in the context of HIV/AIDS. They found that the titles 'parent' and 'child' in black-African families is not a biological label but rather a social process. Thus, parental rights are held by multiple individuals such as grandfathers, stepfathers or uncles, who might potentially play a role in nurturing, protecting, communicating with and providing good role models for developing children in extended families.

However, in South Africa HIV/AIDS has weakened families and questioned the roles of men and fathers in children's and young people's lives. Morrell and Richter (2006) state that the Human Sciences Research Council's Fatherhood Project was developed to respond to three central problems that have emerged out of HIV/AIDS research in social sciences as follows. Firstly, rates of child sexual abuse are very high, and this abuse is mostly perpetrated by men; secondly, fathers are largely absent from households where children are developing, and needing their financial support and psychological nurturing; and thirdly, the deaths of mothers due to AIDS require fathers to play active roles in daily care of their children.

Bhana and Petersen (2005) state that while men and fathers could play an important role in risk prevention through communicating with children about sex, relationships and feelings, they are perceived as authoritarian, unapproachable and not easy to talk to by young people.

2.5. CONCLUSION AND RESEARCH QUESTION

This chapter viewed research literature on young people in South Africa and in developed countries. A number of factors were highlighted especially differences between black South African youth and western youth. Western literature stated that good communication about sex in the family, combined with levels of parental monitoring, enhances good sexual health for young people. Most western literature reviewed concluded that sexual risk factors might be reduced through effective communication about sex between parents and youth. In contrast, the South African literature suggests a need for intervention in young people's communication with their parents on sexually related issues. However, communication should involve a multiple-layered intervention approach that will include more than just the parent or the family as an individual unit. This multiple-layered intervention should include peer-led

education, school-based programmes, various media elements, government policies, etc. (Campbell, 2003).

My study of communication about sexually related issues in the families of a sample of young black women will try to ascertain how communication about sex works, and ways in which the so-called taboo on talking about sex is maintained. Given the obvious limitations of examining only the parents' perspectives of parent-youth communication about sex (e.g. Campbell & MacPhail, 2002; Measor, et al., 2000), it is important to document young people's perspectives on the communication about sex that exists between themselves and their families. This study will explore whether there are any other members of their immediate or extended family who provide opportunities for communication about sexual issues.

The research question that will guide this investigation is how do young black women communicate about sexually related issues in their families?

CHAPTER 3: METHODOLOGY

3.1 Qualitative research design: an interviewing study

Ulin, Robinson, Tolley and McNeill (2002) outline different principles of qualitative research. They consider the fact that people differ in the way they experience things and the ways that they understand their experiences. It is important then to pay careful attention to how the participants describe their experiences, even when participants speak in the same language as the researchers. It is important to consider how participants' stories are shaped by their social positions, meaning that a social phenomenon cannot be understood outside its own context. Thus, it may be possible to interpret why some participants differ or are the same as other participants, to understand the research problem better. Qualitative research is also unique in the sense that it takes time to grasp a variety of aspects related to the phenomenon. The researcher will take time to question, reflect, rephrase, analyze, interpret and verify. Qualitative research proceeds on the basis of in-depth exploration of small slices of life, or non-representative samples. Because of this, qualitative research has limited generalizability of findings to the broad population.

Cresswell (1998) explains that transferability is achieved to some extent in qualitative research by providing as much contextualizing detail as possible about the research process, context, sample and interpretations. Ulin et al. (2002) supports this notion by showing that qualitative research findings are used to support theory, refine theory, limit generalizability of theory or postulate an alternative theory.

Part of qualitative research is thus about (1) being reflective on one's position, perspective or bias as a researcher; and (2) providing as much detail as possible so that the

reader can follow how the research design decisions were reached. I will explore two aspects related to the assumptions I make in this study.

Firstly, this study emerged out of a bigger project called the Collaborative HIV/AIDS Prevention and Adolescent Mental Health Project (CHAMP). CHAMP is based in the Children, Youth, Family and Social Development Unit at the Human Sciences Research Council (HSRC). CHAMP is an HIV/AIDS intervention programme aiming to decrease the level of HIV infection among pre-adolescents in the Valley Trust community in Durban, and it does this by involving young people's families. It stresses the importance of talking in families about 'difficult' topics such as puberty, sex and risk. CHAMP tries to give parents communication skills and parenting tools to be able to communicate more openly with their children, especially about sexual issues that also involve HIV/AIDS (Bhana et al., 2004). CHAMP's basic aim is to strengthen families of pre-adolescent children and their social networks, so as to strengthen the adult and community protective shield for children. The project uses cartoon-based storylines to introduce various topics, and workshops with multiple family groups, facilitated by trained community facilitators. Some of these topics include puberty, HIV/AIDS, sex, hard to talk about subjects, and communication in general.

I am currently working with CHAMP as a fieldworker on the CHAMP parenting-intervention, as a supervisor for facilitators, as a Zulu translator in workshops and in ethnographic research follow-ups with interviews in the targeted communities. My study used a sample group not yet exposed to the CHAMP intervention in the Valley Trust randomised controlled trial, to qualitatively explore family communication about sex through girls' accounts. As part of the original design of the CHAMP study, randomised intervention groups were used with the idea that those in the control group would receive the intervention

subsequent to the conclusion of the CHAMP study. It is this 'CHAMP deferred group' that was recruited into the present study. More detail on the sample is given below.

Secondly, my study was a partial replication of Brock and Jennings' (1993) study which was a qualitative feminist study done in America on mother-daughter communication about sexuality education. Themes from this study were used to set up broad/specific questions in the interview schedule. Themes used from Brock and Jennings were as follows:

- Topics related to sex and sexuality that were discussed with mothers;
- How sex and sexuality were talked about by their mothers (e.g. negative nonverbal messages and use of warnings and rules);
- What open communication about sex and sexuality with mothers should be like (e.g. how they would do a better job of communicating with their own children).

The interview schedule for my study can be found in Appendix B, which shows thematic questions and more specific probes. The main thematic questions, which later structure analysis and discussion (see Chapters 4 and 5), are as follows:

1. Family communication in general;
2. Talking about sex and sexuality within the family (including topics and non-verbal messages);
3. No-one to talk to about boyfriends and peer pressure;
4. 'Taboo' on talking about sex and sexuality; and
5. Better ways to communicate about sex and sexuality.

As can be seen above, my interview schedule was adapted from Brock and Jennings' (1993) themes, and questions expanded to explore the particular South African family-contexts of and sexual issues faced by young Zulu women. The expansions were based on research literature reviewed in Chapter 2. Thus, for example, question/theme 1 was added to explore how communication about sex occurs in relation to more general family interactions and atmosphere between parents and young people. This included probing questions such as: when and where does the family communicate best; how does the communication work in general about everyday issues (e.g. eating, money, television, household chores, plans for the next day); and does the family do things together (e.g. eat, watch television, go visiting to family/friends, and go shopping)? Question/theme 3 was added to understand who (who else, if anyone, besides mothers) young people turned to for advice about problems with boyfriends or peer pressure to have sex; and was a significant part of exploring the 'taboo' of certain topics in black-African families (question/theme 4).

Semi-structured interviews were used to collect data. Semi-structured interviews are designed to have a number of interview questions prepared in advance to group data (Ulin et al., 2002); the subsequent questions cannot be planned in advance but must be approached in a careful and sensitive way. Semi-structured interviews require planning in that most of the informants' responses cannot be predicted in advance; therefore improvisation is important. Semi-structured interviews are successful if preparation before the session is possible, creativity in the session is possible, and more time for analysis and interpretation after the session is available (Ulin et al., 2002).

Just like any other data collection method, semi-structured interviewing has its strengths and weaknesses. Some of the important strengths are that it provides depth of information,

unexpected themes can emerge since respondents can influence the topics, researchers can probe for clarification to understand people's experiences better, and the schedule guide ensures that a core list of questions is asked in each interview (Ulin et al., 2002). Some of its weaknesses are that there needs to be probing without being directive or judgmental; it can also be difficult to analyze findings which must be done by the researcher themselves; and analysis is time consuming and findings are difficult to generalize (Ulin et al., 2002).

In my study, the interview schedule was given in English but was translated for each of the participants by myself during each interview. This produced some strengths and weakness. The one strength was that since the translation into Zulu was not formally done, it gave me the space to think about the questions *in-situ* (in the actual interview). Thus, questions were tailored to individuals' circumstances and were contextually appropriate. The weakness of *in-situ* translations was that the questions that were asked were phrased differently to different participants. Sometimes, I could have asked the question differently and different probing could have emerged from the translated question. A problem in my interviews in this study was that I missed important material to probe, because I was concentrating on translating a question while the participant was answering a question. Participants' responses were thus quite 'thin' on details and brief, making interpretation difficult later on.

3.2 Sample

The sample consisted of black-African, Zulu-speaking young women (or girls), aged between 14 and 15 years, living in the Embo community near Durban. Embo is a semi-rural community where most people work in low-income jobs, such as domestic workers and security guards. All these young women were in grade 8 and 9 at the time. CHAMP had previously

negotiated access to the school, which had an agreement with the project. I spoke to the principal of the school and explained the reason for the research, and further explained that I wanted young women who were in the deferred group of subjects, who had not yet received the CHAMP intervention. A list of names from the CHAMP database was used to establish this accurately. As the deferred sample group for the CHAMP intervention, these young women were in a different grade at the same school as the learners who had earlier received the CHAMP intervention. My study thus explored communication about sex in these young women's families, from their accounts of it. This material would also be useful to CHAMP to understand their findings with regard to communication about hard to talk about issues.

The young women were living at home with their parents or guardian. No attempt was made to control the variation of forms of families or custodianship in this study, and hence, the selected participants came from a large range of different familial backgrounds. See Table 1 below for a selective summary of participants' backgrounds, taken from interview transcripts. This is important to mention, because these familial arrangements would definitely influence opportunities for communication about sex between mother and daughters, and the number of other people around who might usefully contribute to communication about sex.

For example, six young women were living with their biological mothers, except for two girls – whose mothers were either deceased or living elsewhere with a stepfather. Two young women were living with both their biological parents (mother and father), and three were living with their mothers and stepfathers. Five of the young women had minimal contact with their biological father since they were deceased, remarried or working elsewhere. Six young women were living in extended families that included grandparents, uncles and aunts.

There was greater similarity amongst the selected participants in terms of socio-economic status. All eight young women were from working class (or resource-poor) households. Two of the young women's mothers were domestic workers, and the rest were unemployed. Typically, the families were also supported by contributions by older siblings, pensions or disability grants. Most of the young women's mothers had reached a primary school educational level, and three had reached high school, but had not matriculated. Six biological fathers had matriculated.

A further factor that variably influenced what the young women said about communication about sex in their families was whether they were involved in a romantic relationship or had a boyfriend. This was sometimes quite difficult to establish from their accounts, and since there was no direct question relating to this, it had to be interpreted. Three of the young women currently had boyfriends, but presented themselves as not sexually active. Only two young women were sexually active: one was sexually active in the past, but currently does not have a boyfriend; and the one young woman was currently sexually active.

Table 1: Participants (selected dimensions)

| Participants | Parents marital status | Parents Employment Status | Who do they talk to about sex? | Previously had a boyfriend? | Previously been sexually active? |
|---------------------|---|---|---------------------------------------|------------------------------------|---|
| 1. | Single-parent mother. Father remarried. | Mother is a domestic worker. | No-one | No | No |
| 2. | Mother and stepfather. | Stepfather is a security. Mother is unemployed. | Mother | Yes | No |
| 3. | Single-parent mother. Father deceased. | Mother is a domestic worker. | No-one | No | No |

| | | | | | |
|----|--|--|--------------|-----|-----------------------|
| 4. | Mother & stepfather. Father deceased. | Stepfather is employed. Mother is a domestic worker. | Mother | Yes | No |
| 5. | Lives with mother & extended family. Father works far away. | Mother is unemployed (alcoholic). Father employed. | No-one | No | No |
| 6. | Single-parent mother. Father & stepfather deceased. | Aunts & brother are employed. | No-one | Yes | Yes |
| 7. | Lives with grandmother. Mother lives elsewhere with boyfriend. | Grandmother is a pensioner. | Older sister | No | No |
| 8. | Single-parent father. Mother deceased. | All unemployed. | No-one | Yes | Yes. She has a child. |

3.3 Data collection and processing procedures

Access was granted to School X based on permission and ethical clearance already negotiated by the HSRC/CHAMP. Parental and young people's (including boys' and girls') consent was organized when CHAMP started in 2002. The original consent form specified that any future research done by CHAMP would be covered by this informed consent agreement, signed in 2002 (see Appendix A).

Where convenient interviews were conducted on the School premises. However, recruiting the participants provided more challenges than was anticipated. Firstly, finding the young women was a challenge, because the School-secretary did not know which classes they were in and as it was near to the examination period, some students were absent or the School closed earlier than the normal times. One young woman was interviewed in the CHAMP vehicle

outside her home, as she had not attended the School in 2006 due to financial problems and not paying her school fees. Secondly, the School's resource centre was used for the interviews, as it was an available space away from School's central buildings. This was to avoid the noise level, and to ensure privacy. Although the young women were told that what they said in the interview was confidential, and when asked they said they felt comfortable, the School environment could have negatively influenced what (and how much) they were willing to say about their parents and their sexualities. For example, the interviews were quite short, and lasted 30-45 minutes each. Because of these difficulties of access, only a single one interview was conducted with each young woman. Having follow-up interviews would have deepened the quality of the material, and this was an obvious shortcoming of my study.

All interviews were conducted in Zulu by me and were audio taped. The interview schedule (in English) was translated *in situ*, during the interview process, and this caused slight variations in how questions were asked with each participant. During transcription, I listened to the participants' responses in Zulu on the tape, and translated the sense of what was said by them into English. The serious weakness of my data processing step was thus that no one else checked or back-translated the transcription, which was my interpretation of the young women's verbatim accounts. As a result of this, in-depth meanings and thick descriptions, in the participants' own Zulu words and ways of expressing their experiences, could have been lost.

3.4 Interpretative thematic analysis

In general, Ulin et al.'s (2002) preferred approach to qualitative analysis is Grounded Theory; that is they find emergent themes from unstructured qualitative material from multiple sources, and inductively build an interpretive account of what is going on in a particular context

or activity. However, they also advocate a more practical shortcut approach, which they call “interpretive thematic analysis”. Unlike Grounded Theory, interpretative thematic analysis uses prior theory or research, meaning that it specifies a pre-existing set of general concepts and their relationships to one another; and participants are asked to respond to these. Thus, the research design includes a semi-structured interview schedule that uses thematic questions informed by research literature and/or a theoretical framework. In other words, the transcribed interview material from different participants is already grouped under these themes, although there should always be room for new ideas and themes to emerge.

Ulin et al. (2001) offer the following steps to guide the analysis process. Only the steps relevant to interpretive thematic analysis are mentioned.

- Immersion which involves rereading transcripts closely, and making notes on them, so that one becomes familiar with the material and begins to think interpretively about it;
- “Coding” means attaching a label to the chunks of material that represent the themes – here, themes may already be structured by the interview schedule questions;
- Thematizing is when each thematic area is explored by displaying the information relevant to each theme, across the different participants’ responses;
- Interpreting means searching for the core meanings that emerge in the thematic categories, that is looking for patterns in the experiences described by the participants, and in all the interviews as a whole;
- Reporting and validation are done through linking themes and interpretations to evidence from the transcripts, i.e. the participants’ own words. This also involves showing how thematic areas relate to one another, explaining how the networks of concepts respond to

the original study questions, and then suggesting what these findings mean beyond the specific context of the study.

Ulin et al. (2002) define “interpretation” as the important step whereby the researcher looks for commonalities, differences and distinctions between participants, which should reflect the context of the participants’ responses. These interpretations should thus be relevant to the interviews as a whole, a larger population in a particular society (based on existing research literature), and further provide insights based on any significance to theories. Ulin et al. see interpretive thematic analysis as a shortcut, because it involves grouping data into themes through the questions on an interview schedule. This means that a lot of coding work to find emergent themes is cut out, because “the interview data is already sorted into thematic dimensions, and needs to be ‘interpreted’ to find emergent patterns” (Ulin et al., 2001, p. 61). This approach was built into my study by grouping data into five core thematic questions, and then further probing of these questions (see themes in Chapter 2, and interview schedule in Appendix B).

3.5 Validation

As a black South African woman, counseling psychology intern and researcher, I was aware that my personal opinion on communication about sex in families, and my experience in my own Zulu family, could compromise objectivity during the research process. Firstly, I made every effort to minimize overt bias during all aspects of the study by, for example, involving the CHAMP team as peers and experts who checked my work. My supervisor also reviewed every step of the research process. Secondly, the research context, sample and analysis procedures are

set out to allow the reader to see how decisions were reached. Thirdly, confidentiality and anonymity of participants was assured to collect truthful data. Cresswell (1998) suggests that the above methods of peer review, thick description and sound ethical procedures are criteria for ensuring good quality control in qualitative research.

CHAPTER 4: THEMATIC FINDINGS

Five themes were evident from the interview material, using interpretive thematic analysis (Ulin et al. 2003). As explained in Chapter 3, the themes were found in the responses to the interview questions, which were partially informed by Brock and Jennings' (1993) study on mother-daughter communication about sexuality, and partially informed by research literature on the contexts of South African communication about sex in black families. These themes were as follows:

1. Family communication in general;
2. Talking about sex and sexuality within the family;
3. No-one to talk to about boyfriends and peer pressure;
4. 'Taboo' on talking about sex and sexuality; and
5. Better ways to communicate about sex and sexuality

It was found that the themes overlap at times but should be seen as complementary components of an integrated picture. The sub-themes under the five main themes emerged as a result of selected responses to the probe-questions asked in the interviews that produced similar and/or different responses from the young women. The thematic findings are thus selectively presented to provide an interpretive account, rather than describing everything that was said. However it is again noted that interview material was thin and short, that is expressed in factual ways that lacked details, stories of experiences and elaborations. This could have been caused by several factors, such as the interviewer not probing enough with follow-on questions; loss of meaning through the translation process from Zulu to English; the young women not wanting to share personal material about their lives fearing confidentiality leaks; or lack of follow-up interviews

with each participant to get more information. All of these weaknesses made it difficult to find ‘thick descriptions’ in the participants’ accounts.

4.1 FAMILY COMMUNICATION IN GENERAL

4.1.1 Daily communication and activities

The first set of the interview questions asked about the young women’s general levels of interaction and communication about ordinary daily activities in their own families. This theme tried to set up the interaction context and warm emotional atmosphere of support between young people and their parents/guardians in which communication about sex and sexuality (more specifically) might occur. More than half of the young women interviewed (Participants 4, 5, 6, 7 and 8) felt that there was closeness and friendly cooperation in the communication about day-to-day activities (e.g. household chores) in their families. They also participated in family-activities, such as watching television and visiting relatives together. This is illustrated in the following comments:

Participant 4: We usually do communicate together, with regards to house chores, food and stuff like that. We do almost everything together, such as eating and watching TV together and also shopping together, that’s the part that we all enjoy to do.

Participant 6: We talk when we come back from school, just about minor things, about school and so forth.

4.1.2 Family showing interest

All of the young women also expressed that their families showed a lot of interest with regards to their lives, and a high value was placed on their schooling and education. This was illustrated for most participants by the material things that their parents bought for them (e.g. school

uniforms, books, whatever they needed), and also by the high levels of encouragement and motivation to study hard at school. This is shown in the following quotes:

Participant 6: What can I say? As I'm still here at school, they love to see me finish school and progress further. My father used to be the one that supported us but since he has passed away, I had a lot of things that I needed, like books, school uniform; my mother then decided to buy those things for me. So then I realized that she is hoping for a better future for me. So they try.

Participant 8: Well, whenever I need something, my father usually tries by all means to get it for me, he never forgets us.

Participant 3: They say we should study.

Participant 7: My older sister wants me to get education...but it's just that I cannot explain it or put it into words but they show a lot of interest into everything that I do.

Participant 2's close relationship with her mother shows more depth in how she is able to learn from and get support from her mother. Her mother shares mistakes that she made in her own life (not specifically about sex or sexuality), and uses these to motivate her daughter to avoid them by explaining what went wrong, as follows:

Participant 2: My mom shows me in a lot of ways, she usually tells me about the things that used to happen to her when she was still growing up, she would tell me about things I shouldn't do and she would explain it.

4.1.3 Closeness with their mothers

Diverse family circumstances meant that young women in my study were not always living with their own mothers. Participants 7 and 8 (below) felt closest to their primary caregivers, namely a grandmother and a father, to whom they would go in times of stress or trouble, or who felt 'familiar' and reliably trustworthy. Participant 6 felt closest to her aunt, even though she lived with her unemployed mother. This poor bonding and communication was probably due to her mother suffering with alcoholism:

Participant 6: (felt close to her aunt) *It's just that my mother, I wouldn't speak to her about a lot of things, she drinks a lot and if you talk to her, she does not take you seriously, she is not a good person to talk to, cause of she drinks everyday. For example, my brother chooses to talk to my grandmother because you cannot talk to my mother because she drinks a lot. We have even asked another woman to speak to my mother to ask her to minimize the alcohol a bit.*

Participant 8: (felt close to father, mother deceased) *Because he is always there for me, he never forgets us, he tries his best to provide for us, whatever cent he gets, he tries very hard to provide for us.*

Participant 7: (felt close to grandmother) *It's because I have lived with my grandmother for a long time and my sister only just recently came into our lives, so I am closer to her.*

Participant 1: (felt closest to her sister): *She is the one I am used to and she is the one I like very much, like we usually talk about things and she usually gives me advice about things as well, she usually tells me to be a good girl and that I shouldn't do things that are done by other people.*

Three out of eight young women expressed that they were closest to their mothers, although they felt that the relationship had boundaries. Thus, the young women felt that they could be friendly with their mothers to a certain extent, but there were limits to what they would tell her about their own activities, because they maintained control over their lives in the stance of an authoritarian parent. Mothers were therefore perceived to be strict and punitive when their expectations or instructions were not met. The extracts below show that young people saw their mothers, not as friends, but people to guide them in life:

Participant 2: *She knows of all the things that I do...when I first started dating, my mother was the first to know and then she gave me advice, she told me of things not to do and that school comes first.*

Participant 2: *Our relationship is fine, it's just that most of time we have to minimize our friendship level in the sense that she hit you hard when you have done wrong; we can talk though while she is still smiling and laughing.*

Participant 4: *It's a good relationship; she understands. She is a good mother, she laughs with me but I know my limits, she can shout at the same time, she is very strict.*

Participant 7: *It's fine, but I don't see her often; but I do go and see her anytime I want to see her.*

4.2 TALKING ABOUT SEX AND SEXUALITY WITHIN THE FAMILY

4.2.1 Communication about sex and sexuality was limited

What was clear in the young women's accounts was that there was *not* a complete silence around or total absence of talking about sex in their families. In fact, all young women interviewed reported *some* communication did take place (even if this was only once or twice during their girlhood), and/or was occurring. The issue was rather that the young women felt dissatisfied by these conversations for various reasons. Firstly, the advice was limited, some topics could not be mentioned, and mothers failed to explain why certain behaviours were unacceptable. Secondly, the authoritarian tone of communication about sex meant that there was no real discussion of issues, and parents did not want to listen to their opinions. Thirdly, because of the authoritarian tone, the young women felt that they could not ask parents questions (see below), and therefore conversations only happened when parents brought up the topic. Thus, conversations about sex were infrequent, and came too late in that they were reactive to family events (e.g. a sister falling pregnant), rather than consistently and ordinarily done on a day-to-day basis:

Participant 7: *What can I say, I just came back from school and then my sister sat me down and she told me about how boys use girls,...and told me to behave well because she won't be able to talk to me anymore since she was getting married and moving away, and that my grandmother was old.*

Participant 5: *Well most of the things, my mother usually communicates with my grandmother...I don't know, maybe she is still going to talk to us about it, I don't know. All she tells us is that we should not rush [into sex].*

Participant 4: *She (mother) only told me about sex when my sister got pregnant when she was 18, when she was doing her matric last year.*

Participant 1: *...She (mother) usually says I must be a good girl, that's all.*

4.2.2 Use of warnings and rules about sexuality

This sub-theme was strongly dominant in all the interviews. The communication about sex that existed in these young women's families was characterized by warnings and rules, where the young women were warned that falling pregnant (as a result of unwise sex) has potentially negative consequences for teenagers. It was noteworthy that all participants mentioned that their mothers warned them about having unwanted babies – see the two extracts below – but none reported that their mothers had warned them against contracting HIV/AIDS through unprotected sexual activity. Participant 2 shows how confusing mothers' messaging can be, here advocating abstinence and condom-usage:

Participant 2: *It was when she (mother) first heard that I had a boyfriend and then she told me that I must not just sleep with a boy but also use a condom, and also that I should tell her when I want to have a child so that she can make decisions of whether I am ready for a child or not.*

Participant 7: *She said I mustn't have a boyfriend because boys won't do anything for you, she told me that a boy is nothing...We are not allowed to have boyfriends because you could end up falling pregnant and she told me that, boys nowadays, they deny you straight when you fall pregnant, unlike back in the days; they deny you because they see other 'fresh' girls with no babies.*

4.2.3 Fear of punitive responses

This was a dominant sub-theme in all the interviews – namely that negative messages about sex, warnings about consequences of unwise activities, and harsh authoritarian responses discouraged young women from directly approaching their mothers with questions or problems regarding sex or sexuality. All the young women expressed that it was difficult to communicate with their parents about sexually related issues. One of the young women (Participant 7) noted that young people do not tell or ask their family members anything about sex, because they are

inexperienced on how to deal with the situation. However, even for those young women that reported some talking with their parents about sex, the communication was a one-way lecture from the parents, and the young women seldom felt able to ask any questions or discuss issues and implications. All the young women indicated that they were rather scared of the negative and/or punitive consequences of talking about sex with their families. As the extracts below show, young women were scared of (a) being judged by parents that they were interested in sex or sexually experimental, active or promiscuous, (b) being verbally scolded through angry shouting, and/or (c) being beaten:

Participant 2: *No, I would just keep quiet because I would be scared.*

Participant 3: *They are usually scared of telling their family.*

Participant 6: *I would be so shy to even ask them...my mother would shout.*

Participant 1: *They are scared because their families will think that they are standing in the streets with boys.*

Participant 5: *Maybe she (mother) would beat me...she would think that I already have a boyfriend and she would shout at me, wanting to hit me, because she does not like nonsense.*

4.2.4 Empowered and disempowered by their mothers

Even though the young women expressed that it was difficult to approach their families about boys proposing to be their boyfriends, participants 1 and 5 (below) felt that it was important to talk to their mothers (or parents) so as to get empowering advice on how to deal with the situation and for their mothers to protect them. It was clear from this that being a “girlfriend” meant to these young women that they would be coerced into having sex with their boyfriends, and they felt unable to protect themselves. Participant 8, on the other hand, felt that she would not approach her mother for assistance since she would take over the whole situation

(e.g. visit the boy's parents, chase the boy away from her); and this was experienced as disempowering. Participant 8's response indicates that she would like to develop her own sexual negotiation skills to handle an interested boy's advances, and not simply have to boys avoid her due to parental or cultural rules:

Participant 1: It would be helpful because they will give you advice about what you should do when you start dating and how to protect yourself...example having sex...cause it can infect you with disease such as AIDS/HIV.

Participant 5: She would obviously advise me, that if a boy approaches you, this is what you are meant to do and this is what you are not meant to do.

Participant 8: because you can show your mother the boy and then your mother will approach the boy's family while he is also there and then he will never approach you again because he will be scared of your mother and his parents.

4.3 NO-ONE TO TALK TO ABOUT BOYFRIENDS AND PEER PRESSURE

The above themes have shown that, while mothers may occasionally raise the issue of 'sex education' with young people, this was largely reactive to external events, and was focused on biological reproduction and negative consequences. With a few exceptions, the limited communication about sex stayed at an abstract level, i.e. about giving information and instructions rather than personal problems and experiences, and on parents' terms, i.e. not responding to young people's questions. It was clear (above) that the young women interviewed did not communicate openly with their mothers about their own sexualities, or situations that may directly affect them concerning sex, boyfriends and peer pressure.

In my study, three young women reported being currently involved in relationships that involved talking and kissing; one participant seemed to be sexually active with her boyfriend (Participant 6), and one had had sex that had resulted in an unplanned baby (Participant 8). The aim of interview questions on this theme was to explore what kinds of sexual issues, personal

experiences and coercive social expectations young women were confronting in their own lives, and would like to talk to somebody about.

4.3.1 Having a boyfriend leads to love, marriage and sex

Most of the young women, six out of eight participants, spoke about having boyfriends in positive terms. Two main ideas emerged that concerned “love” rather than sex. In the short-term, young women perceived the benefits of companionship, fun and open communication with boyfriends (see Participants 2 & 4 below); and in the long-term, they wished to marry them (Participants 2 & 6 below). In terms of this ideal love-relationship, sex was perceived as an endpoint or product, rather than a process of intimacy in which their needs might be negotiated. Participant 6 – who was sexually active with her current boyfriend – speaks of how this ideal relationship is meaningless for most young women, because it is broken by frequent “break ups” with the boys one loves and has sex with:

Participant 4: well it means that we would just communicate about things, be together and not necessarily have sex...just someone to have fun with, to spend time with, to also do things together, that's all.

Participant 2: Nothing, just to talk, and then in long-term get married, and then having sex.

Participant 6: Well it doesn't mean a thing to me because you fall in love with a boy then you break up again, for some people it's fine because sometimes you can be together with a person for a long time and then end up marrying that person.

4.3.2 Girls' boredom and sexual desire

Several of the young women interviewed mentioned that it is not always the boys that desire to have sex in a relationship, but that young women also desire to have sex with boys for different reasons. These ‘reasons’ are noteworthy here as emerging from an internal locus of

control, i.e. what young women want and need themselves, rather than being coerced by external pressures, negative influences or exploitative interactions with boys. These internal reasons are given in the extracts below as escaping boredom, or actually 'wanting' sex (see Participants 5 and 7):

Participant 1: *People usually say it's just 'pushing life' (avoiding boredom)...which usually meant sleep together.*

Participant 5: *Boys and girls usually want to sleep together.*

Participant 7: *...Sometimes they (girls) may see him as handsome or else sleep with them just to 'push time'.*

4.3.3 Peer pressure from other young women to have sex

The reasons that young women have sex are frequently presented as an external locus of control, to which young women are apparently very suggestible and vulnerable. In the extracts below, participants represent other young women (not themselves) as pressed into sexual relationships with boys and men by their women friends. This means that young women like to have similar sexual experiences to share and compare amongst their friends, and that they encourage one another to experiment and try things out. This is called peer pressure:

Participant 2: *It does happen, in that some may have started the relationship in the first place because their friend may had started dating, so the same applies with sex, because at first she was influenced you to have a boyfriend, and then later on influenced to have sex.*

Participant 5: *yes, sometimes it happens that they are pushed by their friends...Maybe, I would tell my friend that there is a boy that wants me to be his girlfriend and she would tell me to go for it and then she would pressure me to that.*

Participant 6: *Well at this age...you know with us, at this day and age, we have taken it as a norm that we should be having sex at this age. It's a norm for lovers to have sex, cause you even see it here at school, some girls are even pregnant because of that notion....I think that some of them tell them that they are sexually active so they should also go and have sex but I wouldn't say it's forcing them really. They are just easily influenced.*

Participant 1: *They (friends) would pressure you to go to a boy who stops you in the street and say that I must go because, 'that one has money', 'he is rich', 'he has everything'.*

4.3.4 Sexual coercion by boys

Another reason for young women to have sex, as another external locus of control explanation, is that young women are forcibly coerced into sex through intimate violence, or rape. Young women are presented as victims in these circumstances:

Participant 1: *Usually boys beat up girls and say that they want to have sex with them and usually the girl is powerless in that situation.*

4.4 THE TABOO ON TALKING ABOUT SEX

4.4.1 Individual and family differences

In speaking about the so-called 'cultural taboo' on talking about sex in black-African families, there was a disagreement among the young women participants about whether such a taboo existed or not. Firstly, most of the young women felt that there was no such thing as a systematic and homogeneous cultural tradition that silenced communication about sex between black-African parents and their children. These participants felt that the taboo was explained better by individual family differences and not cultural tradition generally. They stated that black-African families communicate about sex in varying ways; and they made examples of other families in their neighbourhoods that did things differently with variable limits (see Participants 1, 2 & 4 below):

Participant 2: *Well I don't believe in such a thing, it's a lie because we differ from neighbour in the sense that the child next door does anything, they might be 'club goers', and it's different with different families in how you communicate. I don't know where this is coming from.*

Participant 4: *well I don't believe in that, people talk to their kids to a certain level, they have limits in what they tell their kids, but it's not to say that they don't completely speak to their kids about sex.*

Participant 1: *I don't know where this is coming from, but I believe that other families do talk about sex, and they do sit down and talk about sex as a family.*

Participant 8: *If sex was a cultural taboo, then black people would also not have sexual intercourse at all, talking would be the same as well.*

4.4.2 Silenced communication about sex

On the other hand, those young women who believed that there was a cultural taboo on talking about sex among black-African families drew on examples of strict and rigid parental rules without explanations in their own homes as evidence. These young women perceived the taboo as silencing open communication, with harsh punishments waiting for those who break the rules. These participants see the taboo in a negative way:

Participant 6: *Well I do believe that statement (cultural taboo among black people in communicating about sex) because we don't talk, if we were talking about sex, a lot of kids would not be pregnant...we are scared of what parents are going to say.*

Participant 5: *Well I usually see it in my family that if kids talk about sex, then they are beaten or punished by their parents.*

Participant 1: *We were watching a sexual health education programme called Tsha-Tsha, and we were watching with my friends and then my mother came, and she said, 'I told you that I don't like it when you watch this thing'.*

Participant 2: *Well we have a specified time to watch TV, like with 'Days of our Lives' and the 'Bold and the Beautiful', my dad does not want us to watch such things like but they have never told us the reason.*

4.5 BETTER WAYS TO COMMUNICATE ABOUT SEX AND SEXUALITY

4.5.1 Wish to talk more openly about sexual issues with mothers

The last theme that was discussed with young women in the interviews was the wish that their mothers would talk openly with them about sexual issues. Probing questions tried to get

young women to formulate better ways in which sex, sexuality and sexual issues could be talked about in families. In other words, based on their currently dissatisfied experience within their families, could they state what an ideal good practice should be like? All the young women expressed the wish and the need to have a more comfortable discussion with their mother about sex. The young women further explained that there are numerous things that they would still like to know from their mothers, such as childbearing, contraceptives and relationships. Participant 8 (below) was raised by her father following the death of her mother, and formulates her mother's ideal advice as preventing the negative consequences of her unwise sexual activity. Participant 7 (below) formulates how she would "ease" her mother into a more comfortable conversation about sex:

Participant 7: Yes of course, I can ask her what sex is but unfortunately I can't go and ask her because it is a bit far...if I wanted to approach her I would talk about a pregnant girl first or ease her a bit and then directly ask her.

Participant 8: Yes I think I would be different if my mother was still around because by her telling me and warning me, it would have kept me away from having sex at an early age, hence having a baby.

4.5.2 Wish to talk to their fathers about sexual issues

All the young women interviewed felt that their fathers or stepfathers were not involved in communicating with them about sexuality. Most of the young women saw the crucial role of fathers in providing support and advice regarding boyfriends and sex (see Participant 4 below), and wished for more open communication; but they stated that their fathers were not easy to approach in general. Participant 7 finds that not only are young people scared to ask fathers, but fathers are also be scared to talk to young people about sexual issues. It is not clear why they are afraid of talking:

Participant 7: *Yes I would talk to my father, it's just that fathers are scared of talking to their kids about sex...It's just that I hear from a lot of kids that they are even scared of speaking to their fathers about simple things, let alone sex.*

Participant 4: *He (father) usually tells me about respect and not beyond that... I wish he could talk to me about sexual issues, it's just that he shouts a lot, he is not an easy person to approach...I think there would be a difference if he speaks to me about sex, maybe I would even be out of the relationship with the person that I'm seeing at the moment.*

Participant 8: *well if my father was approachable about such matters I would ask him but he is not; sex/sexuality should be an ongoing talk between a child and parent, it shouldn't stop, so there is a lot we need to know and there is a lot that is going on out there, such as AIDS.*

4.5.3 Talking about sex and sexuality with their own children

All the young women mentioned that when they are older and have their own children, they would like to communicate with them about sexual issues while they are still young. Those that were very dissatisfied with the communication with their parents about sexual issues (Participants 1, 3, 4, 5, & 6), planned to do it differently from how their parents did it with them. Those that felt some communication existed (Participants 2 & 7) felt that they would talk to their children in much the same way their parents did:

Participant 8: *Yes I would talk to my children, because I would be doing it to help them to keep them safe and protect and warn them against bad things that might happen. I definitely would!*

Participant 6: *Yes I will...because a lot of kids at school have sex and fall pregnant, so I will try and educate my kids to avoid that because at least I will know that I spoke to them rather than just seeing them with a big tummy!*

Participant 7: *Yes I will educate my children. I would tell them exactly how my married sister told me, 'to be good to have a boyfriend when they are older'.*

Participant 4: *Yes I will educate them, so that they know that when you get a child there are a lot of opportunities that are closed for you. And not to hide things from me, like having a boyfriend and stuff.*

CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

Numerous South African studies have suggested that communication about sexually related issues in the family is significantly important in trying to minimize the sexual risks that young people face as part of growing up (e.g. Bhana, et al., 2004; Campbell and MacPhail, 2002; LoveLife, 2004; Paruk, et al., 2005). My study explored young Zulu women's reports of whether communication about sexual issues occurs in their families, what characterizes this communication, and how a 'taboo' on talking about sex works in the family to determine what can be said by whom, and how.

My study partially replicated Brock and Jennings' (1993) research, originally done in America, which looked at what adult daughters wished their mothers had told them about sexuality. My study's focus and central themes were adapted to fit local South African contexts of sexual risk and communication patterns in families in which young black South African women live. For example, in line with South African research literature reviewed in Chapter 2, questions/themes were added that focused on family interaction styles, and the taboo on talking about sex, within black-African families.

The contexts of the studies were very different. The Brock and Jennings (1993) study used 30-year old American women; and my study's participants were young black South African women between the ages of 14 and 15 years, situated within high-risk conditions of the HIV/AIDS epidemic.

Interestingly, some of the overall thematic findings in my study were consistent with Brock and Jennings' (1993) findings. These similarities were, for example, (a) that topics

discussed between mothers and daughters were limited, and (b) characterized by the use of negative verbal and nonverbal messages about sex, including the use of warnings and rigid rules. Because of their dissatisfaction with the communication patterns around sex in their families, both sets of participants, American adult women and young South African Zulu women, (c) wished for more open communication about sex, and wanted to do a better job with their own children. In addition to this, (d) the critical aims of the studies were quite similar, i.e. challenging and transforming restrictive norms. Brock and Jennings' (1993) feminist study wanted to encourage mothers to talk openly about female sexuality with their daughters, to naturalize and respect female sexuality, and thereby to empower young women in their negotiations of sex with men later on. My study was based on improving the CHAMP intervention into parents' communication skills, to strengthen the protective shield around young people facing sexual risks.

Some of the specific thematic findings are discussed in relation to the research literature in the sections below.

5.2 FAMILY COMMUNICATION IN GENERAL

The overall thematic finding of my study in terms of family interactional style within the Zulu-families of the young women interviewed was that most young women reported minimal communication in their homes about sexual issues, even where general communication about everyday activities was fairly warm, cooperative and supportive. This is consistent with both international (e.g. Baumeister, Flores & VanOss-Marin, 1995) and local research in this field (e.g. Mayekiso & Twise, 1993), which indicates that parents feel very uncomfortable in communicating with young people about sexual issues. In other words, a defensive and

authoritarian communication style might not generalize to other elements of ordinary family life with developing children.

Another finding of my study was that, in their diverse family arrangements, the young women were close to other guardians, primary socialization figures and role models who were consistent sources of love, protection, guidance and support in their lives. Bhana et al. (2004) stated that young people sometimes prefer to form close relationships with other members of the extended family since their biological parents enforce an authoritarian parenting style, which is characterized by non-negotiation and strict role-boundaries between the parent and the child. Communication is often limited and rule-bound due to status hierarchy between parent and child roles. Thus young people may feel more bonded and comfortable with aunts, uncles, grandparents and older siblings than with their own parents.

It is important then that interventions into improving parenting skills, like CHAMP, should be sensitive to a range of different parenting styles, and also open to the fact that communication about sex could usefully be multi-channeled with different adults and peers offering different kinds of useful advice to and practical support for young people at different times (Wilbraham, 2002). Thus, all intervention resources should not be targeted at training biological parents in isolation.

5.2 TALKING ABOUT SEX AND SEXUALITY WITHIN THE FAMILY

5.2.1 Communication about sex was limited

The so-called taboo on talking about sex in black-African families (cf. Delius & Glaser, 2002) had not completely silenced all communication. What my study found therefore was all young women reported that *some* communication about sex had occurred and/or was occurring,

but that this was inadequate to meet their needs and their expectations of their mothers in particular. Many of the topics were quite abstract and based on showing the negative consequences: for example: menstruation, biological reproduction and falling pregnant from sex (cf. Kelly & Ntlabati, 2002). The abstract topics that were raised did not stimulate discussion about options or sharing views between mothers and young women; and there were aspects of the young women's own experiences that were left out, e.g. handling boyfriends and peer pressure. This finding was consistent with the Brock and Jennings (1993) study, but the reasons underlying the similar styles of limited communication about sexual issues were probably different. Brock and Jennings did not link 'sexuality education' to parenting styles. However, the main reason underlying the limited topics in my study appeared to be, from the young women's reports, the authoritarian and teacher like tone of the communications. In other words, mothers gave young women instructions, and the daughters listened and did not dare to venture questions or turn conversation to focus on personal issues they may be facing.

This is what Bhana et al. (2004) called an authoritarian parenting style, which is characterized by parents being overly strict and bossy, believing in absolute obedience to authority and which leads to young people being afraid of their parents (e.g. in terms of negative judgements, harsh scolding, punishment or withholding affection), low in self-efficacy, and thus fearful of new challenges and experiences. Authoritarian parents tell their children what to do and do not explain why they want their children to do things. In terms of developing skills to solve-problems together with another person, to negotiate boundaries and compromises, the top-down authoritarian approach is not useful for young people.

5.2.2 Use of warnings and rules about sexuality

The young women in my study said that their parents used negative verbal and non-verbal communication through warnings and rules about sex activities. This finding was consistent with the Brock and Jennings (1993) study, except that the contexts of sexual risk in America and South Africa are different. In my South African study, the young black women were told that sex, assumed to be unprotected penetrative sex, caused problems such as unwanted pregnancies, sexually transmitted infections and HIV/AIDS.

There are two main problems with this communication style. Firstly, no explanations are given, or other alternatives explored, by parents. The young women are expected to “be good girls”, and to “stay away from boys”; but beyond these authoritarian instructions, the young women’s own complex experiences with sexual interactions, and understandings of their sexualities, are left out. It is noteworthy that the young women did not ask questions or explore further about the meanings of these negative messages with their parents; they said they had to accept it and to obey. Secondly, because the young women in my study could not approach their parents with questions about their own experiences and problems on a daily basis, the parents initiated the ‘sex education’ lectures reactively and on their terms. For example, sex was suddenly brought up when a young woman began to menstruate, or she got a boyfriend, or after her sister had fallen pregnant. This was a reactive, negative conversation about rule breaking behaviour, and was often the first and only conversation that occurred with their parents.

Andre, Frevert and Schuchmann (1989) feel that these negative messages may lead young people to think that sex and sexuality is something bad, wrong or naughty; and that even *talking* about it is bad, wrong or naughty, and so to be avoided (Pattman, 2005). The findings in my study about mothers communicating with orders and instructions, with biological messages

about menstruation and reproduction, and with negative messages about consequences, concur with many other South African studies with black parents or youth (e.g. Campbell & MacPhail, 2002; Kelly & Ntlabati, 2002; Paruk et al., 2005). The implications of these findings are that firstly, black parents need assistance (through community-sensitive interventions) to renegotiate parenting and communication styles that are more democratic and give respect and autonomy to young people, while still keeping their authority intact. Secondly, the scope of communication about sex with young people needs to be *more* than simply information, instructions and threats about sexual risks; it needs to be widened to promote a fuller understanding of responsible sexualities. CHAMP is trying to do this (Bhana et al., 2004).

5.2.3 Fear of punitive responses from parents

Given the above limits on topics that parents raised, the rules and warnings, and the authoritarian atmosphere of communication, it was unsurprising that most young people interviewed in this study said they were scared to talk to their parents about sexual issues. They reported being afraid to talk about their own experiences or problems related to sex, boyfriends or peer pressure to have sex. Even though the young women stated the importance of communicating about such matters, they avoided asking questions, initiating discussions and sharing too much with parents, because they feared parents' punitive responses. At one level, the young women's fear was of being beaten by their parents. Corporal punishment of particularly young women in black families been widely reported in local research (e.g. Bhana et al., 2004; Campbell & MacPhail, 2002; Kelly & Ntlabati, 2002; Paruk et al., 2005). However, my study also showed that possibilities for parent-youth communication were negatively affected by punitive responses from parents at many other levels, such as: being seen (by

parents) as interested in sex or sexually active, and therefore “naughty”; being scolded and shouted at; and in one non-verbal and threatening example, having a father switch the television off because he disapproved of the programme his daughter was watching.

In order to try and change these parenting practices, South African research has also tried to understand *why* parents respond punitively when young people raised sexual issues with them. In terms of traditional cultural customs and beliefs, Campbell and MacPhail (2002) found that talking about sex signified lack of respect for elders; and LoveLife (2004) found that parents were afraid that talking about sex would encourage young people to have sex. Paruk et al. (2005) stated that parents were fearful and uncertain about what to say to young people in case they did something wrong, and exaggerated sexual risk exposure. This then shows that not only are young people afraid to talk to their parents, but so are their parents afraid to talk to them – and the ‘taboo’ is maintained by the silenced communication.

Research findings such as the above emphasize the importance of family intervention programmes, such as CHAMP, which try to enhance open communication by working through different alternatives, information and techniques that challenge community/cultural norms, with parents *and* young people (Bhana, et al. 2004). Interventions like this are important because lack of open communication about sex, sexuality, problems and needs, and an atmosphere of fear in the home, may cause young people to look for love, support and communication elsewhere. Thus, this brings in problems of young women getting involved with older boys/men as father-substitutes (Richter & Smith, 2006), and risks of sexual abuse and exploitation by other boys/men (Morrell & Richter, 2006).

5.3 NO-ONE TO TALK TO ABOUT SEX, BOYFRIENDS AND PEER PRESSURE

Beside the restricted topics that young women's parents talked to them about, my study aimed to explore what the young women could not share with their mothers or fathers, namely their personal experiences and problems with sex, boyfriends and peer pressure. It was hoped that these findings could be used in the future to improve CHAMP and peer-education programmes to support the communication needs of young black women. From the young women's reports of their personal experiences, two explanations for why they would have sex (or do have sex) with boyfriends emerged. The explanations are about internal and external locus of control. Firstly, the young women in my study said that they (or "other girls" in general) might initiate and pursue sexual relationships with boys for several reasons that involved personal motivations and benefits to themselves. For example, they wanted: (a) love, marriage or a baby; (b) to kill time or escape boredom; (c) a companion to communicate and have fun with; (d) something to brag to their girlfriends about, and improve their status within their peer-group; or (e) to satisfy their own sexual curiosity, experimentation and desire. This is the internal locus of control, which means that they are choosing and controlling their own behaviours, from inside themselves.

This supports some South African research, which has stated that it is sometimes thought to be appropriate for young women to initiate sex with their established partners (e.g. O'Sullivan, Harrison, Morrell, Monroe-Wise & Kubheka, 2006). However, young women are mostly still traditionally expected to be passive sexual objects (Pattman, 2005). Frizelle (2005) has stated that young women's sexual desire, and their agency to act for what they want (sex), is missing from many risk-prevention campaigns targeting youth and parents.

Secondly, some of the young women interviewed in my study mentioned feeling pressurized by their female peers (girlfriends) into having sex with boyfriends, because everybody was doing this and they did not want to feel out of place. This is supported by other research findings. A World Health Organization study on risk and protective factors affecting young people demonstrated that young people who perceive their friends as sexually active are more likely to engage in sex themselves (WHO, 2004). The young women in my study also reported that boyfriends might violently coerce them into unprotected sex or rape, with risks of pregnancy and HIV/AIDS. This finding is consistent with many other studies of young black women, which report high levels of sexual coercion, and intimate violence as a means of controlling women in sexual relationships (Kaufman and Stavrou, 2002; Leclerc Madlala, 2002b; O'Sullivan et al., 2006; Wood, 2005; Wood, Maforah & Jewkes, 1996).

These last two findings, i.e. being peer-pressurized by girlfriends and coerced by boyfriends into sex, would be the external locus of control, which means that young women are being influenced by others and norms outside, and might see themselves as victims with nowhere to turn for help. In my study, one young woman said that boys forcing themselves sexually onto girls at school resulted in these girls being absent from school. Due to the lack of communication about sex in the family, the young women could not report these incidences to their parents, who might be able to protect them or give some advice on what to do. It can be seen from the above that it is very important to include communication training on these aspects of personal sexual experiences and problems in interventions with parents and young people in South Africa.

5.4 TABOO ON TALKING ABOUT SEX

There was evidence among the young Zulu women interviewed in my study that communication about sex was silenced in the sense that it was like a 'taboo' in their reports of their families' communication patterns about sex. From the above discussion, it can be seen that the taboo works in a two-way process of restricted interaction between parents and children. Young black children grow up and learn from their parent's non-verbal and verbal behaviour that communication about sex is not an appropriate topic in their home, e.g. switching off the television when there is sexual material, and punishing their children in various ways if they ask questions related to sex. The different reasons given by different South African research studies to explain why parents are uncomfortable with communication about sex, and respond punitively, are given above. The young women in my study clearly avoided initiating sexual topics, asking questions or sharing their experiences with their parents to escape punishment. They presented themselves to their parents as "passive", which is supported by Pattman's (2005) finding that authoritarian parents played a powerful role in making young women into unassertive sexual subjects. Thus the young women waited for their parents to raise certain sexual issues with them, and they waited for boys or men to take the first moves towards them in dating and sex.

However, it must be noted that some young women in my study did not believe the so-called 'cultural taboo' on talking about sex in black-African families. They said this taboo could not be a universal cultural practice, because different black-African families, even in the same community, had different communication styles around sex – some were more open, more comfortable, or more strict (cf. Wilbraham, in press). It is possible to interpret that some of the young Zulu women in my study talked about sex and sexuality in individually different styles

too; but mostly they did not share very much of their own experiences, stories and details. The interviews were quite quick, short and superficial, and followed the questions on the schedule too tightly. From being anxious and busy with the translation of the questions, I did not think to probe carefully to unpack many of the issues, and in this way the taboo or silencing of certain issues might be reproduced, although I did not intend this. This is called reflexivity about my role in the research process and analysis (Cresswell, 1998).

5.5 BETTER WAYS TO COMMUNICATE ABOUT SEX AND SEXUALITY

5.5.1 Talking about sex with mothers *and* fathers

The theme of young women wishing for more open communication about sex, sexuality and sexual issues with their mothers in my study was congruent with Brock and Jennings' (1993) findings of American adult-daughters. However, the young black women in my South African study included the wish for meaningful communication with their fathers. They reported that their own fathers (and/or stepfathers) were absolutely silent in such matters; that they were emotionally distant, not just in communicating about sex, but around communication in general; and that they were scared to approach them.

These findings about the inapproachability of authoritarian or absent fathers in daily rearing of and communication with children, which is still seen as women's nurturing work, are supported by international research studies on gendered communication about sex (e.g. Chilman, 1990; Jordan, Price & Fitzgerald, 2000; Measor et al., 2000; Noller & Callan, 1991), and in South African studies (e.g. Bhana & Petersen, 2005; Campbell & MacPhail, 2002; Lambert & Wood, 2005; Richter & Smith, 2006; Wilbraham, in press). Richter and Smith's (2006) research on the Fatherhood Project found that South African children (a) often turn to

male figures in their extended families for support if their biological fathers are absent from the home for whatever reason (e.g. divorce, faraway employment, desertion), but (b) desperately want a “relationship” with their fathers regardless. Bhana and Petersen (2005) have argued that the role of men in South African families needs to be strengthened and looked at afresh, as they play a very important role in family processes and in young people’s lives. The implication of this finding in my study is that it shows that parenting interventions might be flexible enough to accommodate training on a range of communications about sex that can be adapted to work in diverse family arrangements, and with multiple communicators - without tasking only *mothers* to talk to young people.

5.5.2 Talking about sex with their own children

This interview question/theme was intended to get participants to make up an ideal scenario based on adapting elements of communication about sex that they were dissatisfied with in the experiences with their own parents. In other words: how would they do it differently? Similar to Brock and Jennings’ (1993) study, most young women in my South African study wanted to do a better job with their own children in terms of sexual education than their parents did with them. However, compared to other American research that examined parental plans for sexuality education of their young children that was full of techniques, guidelines and theories for why they would talk in a particular way (Gleaser, Dannison & Edlund, 1995), the South African young black women struggled to conceptualize detailed plans. Their reports were too brief to understand how they would overcome the cultural norms and taboo restrictions to simply “choose” open communication. The implication of this is that it shows that parents and young people would benefit from intervention programmes involving

parenting and communication skills (Bhana & Petersen, 2005). CHAMP aims to make communication about sex and sexuality easier for all parties in families.

CHAPTER 6: CONCLUSIONS

The findings of this study lead to the conclusion that the South African young black women interviewed felt that the little communication about sex, sexuality and sexual issues that occurred with their parents was inadequately preparing them to negotiate a risky environment. It is not necessarily the case that this phenomenon is unique to black families and parents. However, black families face greater risk for a host of other reasons, including the lack of protective community influences outside the family, and issues related to poverty. It may thus be that socio-economic status, or social class, may be the more important predictor of styles of communication in families than “race” or “culture” itself (Kelly & Ntlabati, 2002; Kelly & Parker, 2000; Wilbraham, in press).

The communication about sex and sexuality in my study’s interviews with young black women was found to be limited due to its overly biological content; its “information” approach to sex that left discussion of sexuality out; and its reactive use of warnings, instructions, rules and threats. The overall style employed by the black parents reported on in this study was authoritarian, which set up parent-led lectures and punitive responses that left young women feeling fearful that sex (and talking about it in the home) was “naughty”. Fathers were particularly stern, and uninvolved in their lives.

The emotional atmosphere of this communication had several practical consequences. Obedience was valued above communication, problem-solving and decision-making skills. Young women could not ask questions, discuss implications of issues, or share personal experiences and problems with boyfriends, peer pressure or sex. Furthermore, young people drifted towards other sources useful advice about sex, practical support and trusting emotional

closeness – these sources included extended family members, siblings, teachers and/or peers. They preferred to talk about personal issues related to sex and sexuality with girlfriends, although these friends frequently pressurized them into unwise sexual decisions.

Open communication about sex and sexuality in families – including issues such as feelings, relationships, respect, gendered power relations, sexual coercion and peer pressure – were seen by the young black women in this study as a crucially important protection against sexual risk, setting the family and community relationships up as a safe harbour. They both *wanted* and *needed* more intimate communication about sex with parents. Thus, interventions have the willingness of young women as a firm foundation to build communication skills with parents. It would be a good idea to start by reassuring uncertain, confused or authoritarian parents that young people place a high value on communication with them.

It is important that interventions into improving parenting and communication skills around sex, sexuality and risk - like CHAMP - should be as inclusive of as many role-players, and be as culturally sensitive, as possible. Interventions should be tolerant of a range of different parenting styles and family arrangements, building skills as healthier communication alternatives that facilitate both parental authority and autonomy of young people. Communication skills should be able to be used by a range of different adults in extended families – not only mothers.

Interventions should include parents and guardians - mothers, stepfathers, aunts and grandmothers - as key role players in the lives of young women. An intervention programme such as CHAMP could be of use, but should be extended to include participation of peers and community members to directly challenge normative pressures. All these role players can

together strengthen a social web or network to support young people as they face difficult times in the HIV/AIDS epidemic.

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Appendix A: Informed consent forms

Collaborative HIV Prevention and Adolescent Mental Health Project (CHAMP-SA)

Id# _____ Date _____ Facilitator _____

CHAMP Family Programme

Family Information Sheet

Child's Name _____

Caregiver's Name _____

Family Address _____

Telephone # _____

Please name all the adults that live in the home:

_____ age _____ age _____

_____ age _____ age _____

Please name all the children that live in the home:

_____ birthdate _____ birthdate _____

_____ birthdate _____ birthdate _____

_____ birthdate _____ birthdate _____

If you were to move, please name one relative that would know where you were:

Name: _____ Address _____

Telephone #: _____

If you were to move, please name two more people that would know how to reach you:

Name: _____ Address: _____

Telephone #: _____

Name: _____ Address: _____

Telephone #: _____

What is the CHAMP Family Programme?

The CHAMP Family Programme is a research project. That means that we gather information from different people to help answer a question or solve a problem. The problem that we are interested in is HIV. We have created a programme that may help families keep their children from getting HIV/AIDS. Our research helps us to see if this programme works.

We hope that you will help us to solve this problem by agreeing to be a part of our project.

Being in CHAMP

If you decide to be in the CHAMP Family Programme, you will be asked to answer questions about:

- Yourself and your family
- How you solve problems
- What you do in your free time
- Time you spend with boy and girl friends
- Your experiences in risk situations
- Your feelings about the CHAMP Family Programme groups

It will take about 1½ hours to answer these questions. CHAMP staff members will be there to help you understand the questionnaires.

All the group meetings will be videotaped so that we can make sure that the groups are going the way they are supposed to go. You will be on the videotape only if you agree to be videotaped. At these 3 meetings, you will be asked to answer questions about how you think the group is going. It will take about 15 minutes to answer these questions. CHAMP staff members will be there to help you.

Bad Things That Could Happen -- Risks

Some of the questions that we ask may make you feel embarrassed or upset. If you are upset about a question, please let a CHAMP person know and we will try to help you. You do not have to answer any question that you do not want to answer. You can stop being in CHAMP at any time and nothing bad will happen.

Good Things That Could Happen -- Benefits

The time that you spend in CHAMP and the information that you share will help us find out if our programme helps children and families keep themselves protected from HIV and AIDS. This information will help us create programmes that can keep other families safe and healthy.

Keeping Things Private -- Confidentiality

What you and your family say and do is private and confidential.

- We will not talk about it with anyone else in your family, your school, or your neighbourhood.
- We will tell other group members not to talk about things that are shared in the group. But we can not guarantee that other group members will not share information with people outside of the group.
- Parents and children will not be allowed to look at each other's answers to questions.
- Your name will not appear on any of the paperwork that we use.
- We will give you and your family a code number so that no one will be able to figure out your information.
- No names will be placed on the videotapes that we use to record meetings.
- At the office, all of your information will be locked away.

All of the information that you share with CHAMP will be kept locked away. After the research has ended, the information will be kept for another 7 years. After the 7 years, all of the information will be

destroyed except for information that has been especially allowed by you and/or your parent to be used for educational purposes.

When We Can Not Keep Things Private

The only time that we can not keep things private is if we are worried that you are being harmed or that you are harming someone else. If we are worried that you are being abused or neglected, then we have to contact the responsible department. If we are worried that you are harming yourself or someone else, then a supervisor and your parent may be told. We will tell you if someone else must be told what you have shared with us.

Payment For Your Time

Your family will be paid R50.00 every time you and your parent(s) come to a group meeting. If you and your parent(s) complete the programme, your family will receive a R200.00 bonus at the final group meeting.

How Long Will CHAMP Last?

CHAMP will last for 4 years. If you agree to participate, then we will ask that you and your parent come back for another group programme that is especially for 6th and 7th graders and their parents. We will not talk to you at school or come to your house unless you agree to participate.

Questions?

If you have any questions, concerns, or worries, you can contact Ms. Zoleka Mahintsho. She is the research assistant for CHAMP. Her number is: (031) 2731400.

CHAMP CONSENT

What We Expect of You

1. Attend and take part in each group and family meeting – both parents and the child. Other household family members are encouraged to attend as often as possible.
2. Complete the family questionnaires and assessments.
3. Let us know if you are having problems with the programme.
4. Try to help other families by giving your best advice and support.
5. Tell us if you move.
6. Call us at an agreed upon time if you do not have a phone.
7. Respect others in the group and do not talk to others outside the group about what was said there.

What You Can Expect of Us

1. We will provide a programme that, if you use it fully, can help your family support one another and talk about important health issues.
2. The programme leaders will be available for phone contact between meetings.
3. Everything you tell us stays in the group. We won't tell anyone what you say or do, except for research or safety purposes. Any research information that is published or presented in public will not identify you. If we need to tell someone something regarding you, we will discuss it with you first before anything else is done.
4. We will let you know if we have problems with the way things are going.

ASSENT TO PARTICIPATE IN RESEARCH
Pre-Adolescent Child Consent Form

1. We are asking you to take part in a research study because we are trying to learn more about how children and families keep themselves protected from the HIV virus.
2. If you agree to be in this study then you will be asked questions about yourself, your family, how you spend your free time, your friendships, and your experiences in situations that could put you at risk for HIV. You may be asked to participate with your family in a CHAMP group.
3. Nothing bad can happen to you if you participate. You might be embarrassed or upset by some of the questions. If you are, then please let a CHAMP person know and he or she will try to help you.
4. If you agree to participate, you will help us find out how to help children and families keep themselves safe and healthy.
5. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say 'yes' you can still decide not to do this.
6. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
7. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call Ms. Zoleka Mahintsho at (031) 273 1400 or ask any of the CHAMP staff next time.
8. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.
9. add in

 Name of Child Participant

 Date

 Signature

 Age

 Grade in School

**ASSENT TO PARTICIPATE IN RESEARCH
Parent Consent Form**

1. We are asking you to take part in a research study because we are trying to learn more about how children and families keep themselves protected from the HIV virus.
2. If you agree to be in this study then you will be asked questions about yourself, your family, how you spend your free time, your friendships, and your experiences in situations that could put you at risk for HIV. You may be asked to participate with your family in a CHAMP group.
3. Nothing bad can happen to you if you participate. You might be embarrassed or upset by some of the questions. If you are, then please let a CHAMP person know and he or she will try to help you.
4. If you agree to participate, you will help us find out how to help children and families keep themselves safe and healthy.
5. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
6. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call Ms. Zoleka Mahintsho at (031) 273 1400 or ask any of the CHAMP staff next time.
7. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

I/we _____, along with my/our daughter/son, _____
_____, agree to take part in CHAMP. I/we understand that my participation is entirely voluntary and that I/we can withdraw at anytime. If we have questions after today we can call Ms. Zoleka Mahintsho on (031) 273 1400.

Parent's signature

Date

Parent's signature

Date

Appendix B: Interview Schedule

HOW DO YOUNG BLACK WOMEN COMMUNICATE ABOUT SEXUALLY RELATED ISSUES IN THEIR FAMILIES?

1. HOW DO BLACK FAMILIES COMMUNICATE (IN GENERAL)?

- Tell me a little bit about your family... (Size, structure, mom, dad, education & occupation, siblings, where you live, etc.)
- Do you still live with your family?
- What are the relationships in your family like?
- How does the communication – in general, about everyday issues like eating, money, television, household chores, plans for the next day – work?
- Does your family do things together? (e.g. eat, watch TV, go visiting to family/friends, go shopping)
- In what ways have your family taken an active interest in your life/development?
- When/where does your family communicate best?
- Who do you feel closest to in your family?
- Why do you feel close to them?
- How would you describe your relationship with your mother?
- How/when is emotion expressed in the family?
- How is conflict, or disagreements, expressed (and managed) in the family?
- What have you learnt (about relationships, intimacy or values) from your family's relationships with one another?

2. HOW DO BLACK FAMILIES COMMUNICATE – VERBALLY AND NON VERBALLY – WITH DAUGHTERS ABOUT SEX AND SEXUALITY?

- Who talked to you about sex/sexuality?
- When/how did your mother *first* talk to you about sex or sexuality?
- How was this conversation initiated? (By her/you – did you ask a question?)
- How would you describe her approach/attitude to sex?
- Describe a particular (more recent) conversation about sex with your mother... (Get a rich story full of details, even if they say the family reproduces a 'silence' about sex.)
- Did you both contribute to the conversation by saying things?
- Do you remember how you felt during this conversation? (And how do you think she felt?)
- What did you learn about yourself, your body, sex, your family/culture from this conversation?
- Did you ever see your mother (or father) without their clothes, or being affectionate/intimate?
- What rules did your family have about sex/sexuality? (E.g. touching, nudity, privacy in the bathroom, knocking on doors before entering, no friends in your bedroom, etc.)
- How involved is your mother in your sexual decision-making?

3. WHO DO YOU TALK TO ABOUT BOYFRIENDS/GIRLFRIENDS, SEX AND PEER PRESSURE?

- What does this mean to have a boy/girlfriend? What do you think boys expect of girlfriends? What do you think girls expect of boyfriends?
- Many of you say that you would approach your mother, a friend or a sister if someone wanted to be your boyfriend/girlfriend. How do you think it would be helpful to talk to them?
- There are others who would not approach anyone. What do you think are the reasons for this?
- What do think are the circumstances that lead young people your age to have sex?
- Probe: How much of this is related to peer pressure for girls/boys to have sex?

4. HOW DOES THE TABOO ON TALKING ABOUT SEX WORK IN BLACK FAMILIES?

- How would you understand this (so-called) 'cultural taboo' among Black people about talking about sex (with parents)?
- What are the rules of this talk-taboo in your family, and how were they made known to you?
- Did this talk-taboo include putting any limits on your social/sexual (or inter-personal) behaviour?
- Who policed these rules and limits?
- What happened if you broke the rules/limits? (E.g. Asked a question about sex, disobeyed a parent, etc.)
- Tell me about an instance when this happened...

5. HOW DO YOUNG BLACK WOMEN WISH THEIR MOTHERS HAD COMMUNICATED WITH THEM ABOUT SEX AND SEXUALITY?

- What did you need/want to know when you and your mother spoke about sex/sexuality?
- Do you think the communication system about sex/sexuality worked efficiently in your family? (Also, who do you compare your family-communication experience with?)
- What would you rather have talked about with her?
- What role did your father play in these conversations about sex? (Would you have liked him to play a more active role?)
- How would you be different today (in terms of your sexuality), if your mother had spoken to you differently about sex?
- What did your mother do right/wrong? What could she have done more of?
- Would another communication style be more useful?
- How do you talk about sex/sexuality with your friends or an intimate/romantic partner?
- How will you talk to your children about sex/sexuality? (How will you do it similarly/differently to your mother?)