

**Sexual socialisation and gender identities: The impact on risky sexual
behaviour in Ematyholweni**

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Declaration of originality

I declare that this dissertation is my own work. All references, citations and borrowed ideas have been appropriately acknowledged. It is being submitted for the degree of Master of Social Science in the College of Humanities, School of Applied Human Sciences, University of KwaZulu-Natal, Pietermaritzburg campus, South Africa. None of the present work has been submitted previously for any degree or examination at any other university.

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ABSTRACT

In South Africa, there is a high rate of HIV/AIDS infection and 12.2 percent of the population is HIV positive (UNAIDS, 2012). This can be traced in the dynamics that exist between gender and identity. To understand these dynamics, this study explored the gender and power dimensions of sexual relationships and how this influenced HIV risk. The purpose of this study was to find out how the youth are sexually socialized about sex, relationships and gender roles. It also explored how learning about sex, relationships and gender roles influences the construction of masculine and feminine identities. The study investigated how this creates risk for HIV among the youth of *Ematyholweni*, a rural area in the Eastern Cape province of South Africa.

A qualitative research design was adopted in this study. This study sampled data from a broader data set originating in an NRF study on sexual activity and risk behaviour. Seven focus groups and 12 individual interviews with female and male participants aged between 15-30 years were sampled for this study. The total sample size for this study was 58. Thematic analysis and a discursive framework guided the analysis of the data.

The analysis found that the youth are sexually socialized in and through different sites and processes such as schools, traditional *isiXhosa* games, clinics, the mass media, as well as through peers and parents. In this process youth learn about gender roles. For example young women learn the importance of being in a committed relationship, and young men learn the importance of sexual intercourse in a relationship. This study found that barriers to safe sex are influenced by dominant discourses and how young people learn about sex, relationships and gender roles. These ways of learning and the participants' investments in these discourses rationalized risky sexual behaviours.

Chapter 1: INTRODUCTION

In South Africa there is a high rate of HIV/AIDS. According to Statistics South Africa, it is estimated that 12.2% of the population are HIV positive (Statistic South Africa, 2014). The HIV-incidence among female youth aged 15–24 was over four times higher than the incidence found in males in this age group (2.5% vs. 0.6%). Almost a quarter (24.1%) of all new HIV infections occurred in young women aged 15–24 years (UNAIDS, 2012). Shisana et al. (2009), argue that with an HIV-incidence of 4.5%, black African females aged 20–34 years recorded the highest incidence of HIV among the analysed population groups. On the whole, the increased prevalence of HIV in 2012 was largely due to the combined effects of new infections and a successfully expanded ART program. Further, in this survey, the rural informal area residents had a significantly higher HIV prevalence than did urban formal area residents (UNAIDS, 2012).

These statistics indicate that young people are engaging in unprotected and risky sex. Some authors have argued that this is related to dynamics of gender and identity (Anderson, Macphail, Maman & Pettifor, 2012). Understanding these dynamics involves exploring the gender and power dimensions of sexual relationships and how this influences HIV risk. The question then is how do youth come to follow these ways of engaging in sexual relationships and these ways of relating to men and women, and follow particular gendered positions? This study is a qualitative exploration of these issues in a rural area in South Africa which will be referred to as *Ematyholweni*. This site is of particular importance because previous research has found a pattern of risky sexual practices amongst young people in *Ematyholweni*, for example, early sexual debut, multiple partnerships and unprotected sexual practices (Kelly, 2000). The term “site” in this context has two meanings, it firstly refers to the geographical area of *Ematyholweni*. The second meaning of ‘site’ refers to agencies of socialization as referred to by Beal (1994). This means that a place, such as a school, or the family, or public health service, or interactions with people such as peers, and the mass media are sites of socialisation.

Young people are sexually socialized about gender roles, sex and relationships differently. The literature suggests that sexual initiation and practice result from an assortment of social, economic and gender dynamics deeply rooted in family systems, peer relationships, and social institutions (Ampofo, 2001). Ampofo (2001) argues that it is generally accepted that the varied sex role assignments given to men and women in different cultures provide no evidence that the characteristics of maleness and femaleness are biologically determined. Rather, it is argued that these sex based variations in behaviour are borne out of cultural definitions of sex appropriate behaviours (Ampofo, 2001).

Ampofo (2001) argues that in almost all societies the particular personality differences observed between women and men are believed to emerge from the different ways in which sexes are socialized. Beal (1994) argues that socialisation is the process through which the child becomes an individual respecting his or her environment laws, norms and customs. Eccles, Jacobs and Harold (1990) argue that gender socialisation is a more focused form of socialisation. It is how children of different sexes are socialized into their gender roles and taught what it means to be male or female (Eccles et al., 1990).

According to Beal (1994) people learn gender roles through agencies of socialisation which are sites such as family, peer groups, schools and the media. These sites could reinforce particular gender roles, and gender differences result from the socialisation process, especially during childhood and adolescence. Gender roles for men and women vary considerably from culture to culture, as well as between social groups in the same culture. Being a woman or a man generally includes complying with strictly defined expectations and norms (Beal, 1994). Beal (1994) further argues that it is fairly consistent across cultures that one finds a distinct difference not only between women's and men's roles, but equally in access to resources and decision-making authority.

Michael, Pulerwitz, Verma and Weiss (2010, p. 283) argue that in:

Early in life, both boys and girls internalize societal messages about how males and females are supposed to behave. Often, these behavioural norms promote unequal gender roles and responsibilities, which can encourage behaviours that place men and their sexual partners at risk of various negative health outcomes, including HIV and other sexually transmitted infections. Examples of such

norms for men include initiating sexual activity early in life, having multiple sexual partners, and representing themselves as knowledgeable about sexual matters and disease prevention even when they are not. Gender norms that put men in a position of sexual dominance also limit women's ability to control their own reproductive and sexual health.

Michael et al. (2010) provided the example of the belief that it is the man's responsibility to acquire condoms, as a young woman who has her own condoms might be seen as promiscuous. Another is that men must be seen to know more about sex than women, who must project an impression of innocence. Michael et al. (2010, p. 283) argue that:

Gender based power dynamics exacerbate these issues and frequently result in women having less power than men in sexual relationships. Consequently, women often cannot negotiate protection, including condom use, and have less say over the conditions and timing of factors that put them at a disadvantage in terms of HIV risk.

The focus of this project was on the sexual socialisation of youth in a rural research context and how particular gender identities developed within this sexual socialisation. This study also looked at how gender identities are influenced by sexual socialisation that is how young people learn about sex, relationships and gender roles. Finally, the study also explored how learning about sex, relationships and gender roles in this way might create HIV risk. This data was analysed using thematic analysis and a discursive framework with the goal of determining how women and men construct gender and relationships. This study focuses on socialisation and in particular, sexual socialisation and its influence on gender identities in a rural context.

Chapter 2: LITERATURE REVIEW

In this chapter, the literature pertaining to how young people are sexually socialized about sex, gender roles and relationships will be outlined. The youth learn about sex, gender roles and relationships in various ways, and across different sites. The youth learn from different sites, such as schools, parents, mass media and clinics. What the youth are learning from these sites will also be explored. How these ways of learning may shape masculine and feminine identities within relationships will be explored. Finally, how these identities play a role in increasing risky sexual behaviour will be explored by using a discursive framework.

2.1 Sexual Socialisation in schools

Ahmed (2006) argues that the school environment which focuses on children and is committed to children's development is the perfect environment to teach learners about sex. Jennings (2006) argues that in South Africa, life orientation is the basis and foundation for learning. Life orientation is a school subject at South African schools and was introduced in South Africa in the 1990s (Ahmed, 2006). It is a holistic program, therefore, "sexuality education does not exist as a separate subject" (Ahmed, 2006, p. 628). Jennings (2006, p. 7-8) argues that:

This life skills curriculum is comprehensive and focuses on a variety of very important areas of learning. There are two curricula devised for different grades in schools. The curriculum devised for grade R - 9 involves teaching learners about the self in society which involves five focus areas: health promotion, social development, personal development, physical development and movement. The curriculum for grade 10-12 is somewhat different, it focuses on personal well-being. It also focuses on citizenship education, recreation and physical activity, careers and career choices.

However Francis (2010) argues that schools and teachers are given responsibility and control in respect of the implementation of the life orientation sex education programs. This entails that a variety of teaching can be used to meet different youth's needs (Francis, 2010). Jennings (2006) further argues that despite the fact that HIV/AIDS

awareness within the life orientation curriculum has been implemented in some schools in South Africa, very little change has been seen in the behaviour of young people. What has been seen is that daily more and more young people become infected with the disease.

Some of the reasons for this lack of change seem to be rooted in how the life skills curriculum in South African schools is implemented. Schools and institutions located in poorer communities often lack the resources to provide adequate training for their teachers to implement this life skills curriculum (Francis, 2010). For example, Ahmed (2006) commented that there is “insufficient time in the curriculum dedicated to life orientation and limited experience in implementing the lessons” (Ahmed, 2006, p.629). Ahmed (2006) argues that due to these factors such as “inadequate training and lack of resources, educators often lack the competence to communicate sexual health education in a successful manner” (p. 230).

Mitchell, Wash and Larkin (2004) argue that the youth are “often publicly referred to as children in need of protection, rather than as youth who have the right to relevant information about their bodies and sexuality” (p. 36). Francis (2010) argues that this leads to seeing young people as knower’s who bring with them knowledge about sexuality and their own experiences into the classroom context. Ahmed (2006) argues that educators often feel uncomfortable when teaching safe sexual behaviour, as the concept can conflict with how they would communicate about sexuality, which sometimes means teaching learners as if they are children. Therefore, “...educators experience a constant dilemma between providing safe sex education and adhering to their own personal or community values” (Ahmed, 2006, p. 267). An example of this might be the belief that talking to children about sex might contribute to engaging in sexual behaviour.

According to Altinyelken and Olthoff (2004) whether a specific school provides education on sexuality through the prescribed curriculum or not, every school is in fact involved in ‘educating’ its children and youth through a hidden curriculum. The ‘hidden’ curriculum means teaching children thorough specific school values and ideals. This informal curriculum enables or limits students to acquire knowledge and understanding about sexuality with peers and teachers within the school community.

Consequently, schools play an important role in socializing children and young people on various issues that are central to their life, including gender relations and sexuality (Altinyelken & Olthoff, 2004). Altinyelken and Olthoff (2004) argue that there are differences needs of boys and girls in sexuality education programs, as well as the level and the nature of their participation, when they are taught in mixed classes. Pattman and Change (2003) argue that in mixed classes, girls tend to be quiet and hesitant to express their opinions. These authors state that this suggests that single sex classes might be more conducive to offer sexuality education programs. However, comprehensive sexuality education incorporates discussions and negotiations of gender roles and expectations within societies and how they are displayed in sexual experiences. This requires interactions between girls and boys, in order for them to understand each other's perspectives and distinct lived experiences. Pattman and Change (2003) further argued that a large part of existing sexuality values, attitudes, beliefs and practices directly or indirectly relate to gender and power issues.

2.2 Parental sexual socialisation

Izugbara (2008) argues that “family sexual communication that is open and accurate motivates young people to discuss sexuality and sexual risks with their partners and reduces their tendency to conform to peer pressure and expectation on sexual behaviour” (p.575). Miller, Kotchick, Dorsey, Forehand, and Ham (1998) argue that “an open process of sexual communication involves parents having adequate knowledge, being able to listen, talking openly and freely, and understanding the feelings behind questions posed by young people” (p. 222). Although this type of sexual education has been proven useful some literature argues to the contrary. According to Olakunbi and Akinjide (2010) most African communities are governed by the ‘culture of silence’ when it comes to discussing sexual issues. This is because some topics are regarded as taboo in African culture. Olakunbi and Akinjide (2010) argue that the culture of silence has created a communication gap between children and parents about sexuality education. In Ghana for instance, if children wanted to discuss sensitive issues with their parents, they had to pass it through a respectable elderly person (Olakunbi & Akinjide, 2010). The youth were neither allowed nor encouraged to associate with members of the opposite sex. Carrera (2003) argued that young people in New York were naturally afraid to ask questions relating to sexual issues as they would be seen as

disrespectful and disobedient. Also, sexual issues were regarded as topics for adult discussion only. There was the misconception that children should not be educated on their sexuality (Carrera, 2003). Izugbara (2014, p.24) further argues:

This type of family sexual communication misinforms young people and leaves them with half- believed ideas, untruths, misinformation, and prejudices. As a result, young people who receive poor sexual knowledge are often incapable of safely negotiating sexual risks.

To further reiterate some of the challenges with parent-child sexual education, Nolin and Petersen (1992) in their study done in the United States of America, have argued that “parent-daughter communication extended over a large area of topics than parent-son communication for each type of sex education discussion” (p. 59). Parent-daughter communication most likely emphasised values and centered on moral discussions. Parent-son communication was most likely factual information about sexuality. This kind of sex education creates gender differences (Nolin & Petersen, 1992). Son and daughter variations were “largely due to the greater role taken by the mother in family sex education” (Nolin & Petersen, 1992, p. 59).

Nolin and Petersen (1992, p.59) further argued that:

“Sons may be more susceptible to cultural messages encouraging casual sexual encounters because lack of communication with parents has made them less certain of family norms for sexual behaviour gender differences in family communication about sexuality may result from, and serve to perpetuate, a sexual double standard”.

For young people this challenge may perpetuate gender dynamics in relationships which put them at risk for HIV.

2.3 Peer sexual socialisation

Ausubel (2003) argues that ideals and values are often communicated within the peer group, while feelings of frustration are reduced and problems eased.

A study done with young people in Nigeria revealed that peers exert great influence on young people through various means. These include exposure to pornographic films,

pornographic magazines and discussion of sexual issues (Tope, 2012). Andrews et al. (2002) argue that young people who perceive their friends to engage in certain risk behaviours are more likely to also engage in this behaviour. This holds for sexual risk behaviour such as not using contraceptives or having various sexual partners (Dilorio et al., 2001). Gibbons et al. (1998) argue that young people who perceive their friends as engaging in a specific risk behaviour may appraise this behaviour as socially acceptable and become more willing to engage in this behaviour in the future.

2.4 Mass media sexual socialisation

According to Buzwell and Rosenthal (1996) the importance of sexuality for young people increases and sexual curiosity peaks. To satisfy this sexual curiosity, young people use television, cellular phones and the internet as a source of information. Young people may be exposed to sexual content in these forms of mass media and social media during the developmental period when gender roles, sexual attitudes, and sexual behaviours are shaped (Brown & Newcomer, 1991). This exposure may influence decision making in initiating relationships and sexual intercourse. According to a study done in the United States of America on how television viewing related to young people initiating sexual behaviour found that watching television with sexual content predicts and may hasten young people's initiation of sexual intercourse (Buzwell & Rosenthal, 1996).

Ward (2002) argues that television and other forms of media are likely to play a critical role in educating young people about sexuality. Sexual content is pervasive in media, from primetime sitcoms and dramas to feature films. The media presents young people with countless verbal and visual examples of how dating, intimacy, sex, and relationships are handled (Ward, 2002). Brown and Keller (2000) argue that the media are often forthcoming and explicit about sexuality when others are not (others being schools and parents). In comparison to other sources, the media is more supportive of sex, typically focusing on the positive possibilities of sex rather than its problems and consequences (Brown & Keller, 2000). Strasburger (1995) further argues that the media covers topics such as passion and sexual pleasure that other sources may avoid.

2.5 Public health education (clinics)

The national youth policy of 2009-2014 identifies teenage pregnancy maternal mortality, reproductive and sexual health, HIV and AIDS as particular health challenges facing South African youth. According to Mabitsela (2014) the majority of young people in South Africa start sexual activity in their adolescent years, with an estimated national average age of first intercourse at 15 for girls and 14 for boys. Richter (1996) argues that young people's knowledge of the reproductive function and sexuality is generally poor and a substantial number have indicated that they need information on matters such as pregnancy, sexually transmitted infection (STI's), sexual intercourse and relationships. Mabitsela (2014) further argue that, for the majority of young people access to sexual and reproductive health information and services is difficult. Health care facilities can play an important role in preventing adolescent health problems, promoting sexual and reproductive health and shape positive behaviour (Mabitsela, 2014). This can be achieved by improving the quality of comprehensive services provided to young people.

Mabitsela (2014) argues that South African public health facilities are failing to provide young people with health services. The challenges for young people in accessing health services in clinics include stigma, negative attitudes of healthcare workers and lack of knowledge. Erulkar et al. (2005) argue that stigma exists related to young people accessing sexual reproductive health services. In particular, there is often a negative attitude toward young unmarried women who are sexually active. Because of this stigma toward young people's sexuality, the youth often report that they do not access sexual reproductive health services due to fear of being chastised, stigmatized or punished for sexual involvement.

The youth report that service providers in normal clinics treat them rudely or deny them services. Another barrier preventing adolescents from accessing sexual reproductive health services is lack of knowledge about where to access these services and lack of knowledge about what services are available (Biddlecom et al., 2007).

This section has provided literature on the various sites where young people are sexually socialized. The next section will present literature on the discursive framework

that will be used to understand the dynamics between sexual socialisation and gender dynamics.

To understand sexual Socialisation, gender dynamics and their impact on barriers to safe sex, this study used Hollway's (1984) discourses. The next section will begin by looking at what is a discourse and how do particular discourses relate to gender dynamics in relationships. This will be done by using Hollway's (1984) have/hold discourse and male sex drive discourse and their relationship to risky sexual Behaviour.

2.6 Using a discursive approach

Wilbraham (2004) argues that within a social constructionist approach it is theorized that language constructs social norms through discourses in this case, social norms around gender dynamics and safe sex practice. A discourse can be understood as a collection of statements and practices with specific historical and contextual origins which govern how people think and speak about specific objects and subjects in their daily lives (Wilbraham, 2004). Thus, discourses dictate how we should behave and what attributes we should have by normalizing certain ways of being.

Taylor and Stephanie (2001) argue that the starting point in research is that the researched phenomenon may have different meanings for people in diverse situations. The aim of research is, therefore, to explain and analyze these various meanings (Taylor & Stephanie, 2001). The focus strategy of a study may vary from micro-level analysis of language use to the macro-level exploration of social practices and processes and experiences of individuals (Taylor & Stephanie, 2001).

This discursive framework is important in understanding how the youth of *Ematyholweni* learn about what it is to be a man and woman and how it influences HIV risk. This discursive framework is important because it was not sufficient to descriptively report what the participants learnt about sex, and what might be different about how male and female children learn about being sexually active. A descriptive approach would not necessarily assist in understanding how this is linked to risk. Using a discursive approach on the otherhand enables an exploration of how discourses operate in society and how these potentially generate the conditions for risk.

Hollway (1984) identified three prevailing gender discourses which are still dominant today. These discourses suggest that particular discursive content exists for

rationalizing the Behaviour of men and women around sex and for constructing gender identity more generally. Through investigating the content of these discourses and the way they are deployed to justify behaviour around sex it may be possible to identify how gender may work to prevent safe sex.

Hollway (1984) proposed that female identity, and the sexual practice of women, is constructed using the have/hold discourse. The have/hold discourse is characterized by the desire for a family and security of 'keeping' a man rather than a desire for sex. Hollway (1984) comments that "this has as its focus not sexuality directly but Christian ideals associated with monogamy, partnership and family life" (p.232). Women are constructed as successful if they are able to maintain a monogamous relationship with a man and practice sex in pursuit of the pure goals of reproduction and holding on to a man rather than the 'tainted' desire of pleasure. This behaviour is deemed tainted because women are perceived as innocent and disinterested in having pleasurable intercourse. For example, in research conducted in South Africa, Varga (2000) concluded that a girl's respectability is gained by her being sexually available to her partner, allowing him sexual decision making authority, exhibiting shyness and resistance to his sexual advances, being sexually faithful, and avoiding pregnancy. Thus, women are expected to be monogamous and unquestioning of their partners' behaviour. According to Varga (2000) a woman's sexual fidelity is highly valued and having multiple sex partners compromises her respectability.

In contrast to the have/hold discourse Hollway (1984) argued that men are typically constructed using the 'male sex-drive discourse'. Within this discourse men are constructed as having a strong biological urge to have sex and as pursuing sex primarily to fulfill sexual drives or natural sexual desires. This urge is constructed as a biological necessity, where men must have sex as much as they can and with whomever they possibly can. Bowleg, Tetiame, Massie, Patel, Malebranche and Tschan (2010) argued that in their study in the United States of America on HIV sexual risk among heterosexual men argued that "ideologies of masculinity articulate that black men should have sex with multiple women' (p.1). The authors argued that the male participants believed that "being in a monogamous relationship is impossible" (p.1). This implied that it was normal for black men to have sex with many women. The male participants in the study described instances of being overpowered by their own sexual

desire for women or sexual desire of female partners. This sexual desire could be so overpowering that it often robbed these men of their urgency to use condoms, even with a sexual partner that they perceived to be risky (Bowleg et al, 2010).

In this discourse men are positioned as dominant sexual predators and women are positioned as passive and innocent prey who tempt these advances. The woman's goal therefore becomes to tame the virile man by attracting his sexual advances and satisfying his sexual desires sufficiently to hold on to him (again reflective of the have/hold discourse).

Research findings are illustrative of how people draw on the dominant gendered discourses such as the have/ hold and male sex drive discourse. Harrison, Kubeka, Morrell, Monroe-Wise and O'Sullivan (2006, p.709) argue that:

In South Africa, the major route of HIV infection is through heterosexual transmission, with the epidemic affecting adolescents and young adults disproportionately. In South Africa, as elsewhere, sexual risk behaviour is situated in the context of differing degrees of power within relationships and gender-differentiated norms for sexual behaviour. Recent investigations in South Africa addressing gender, relationship dynamics, and behavioural risks for HIV describe a pattern in which male dominated constructions of sexuality prevail. For example, in the views of both men and women, sexual intercourse is an integral component of romantic relationships, and men typically press for intercourse to occur early in the relationship as proof of the woman's love.

In the outcome of their study on gender dynamics in the primary sexual relationships of young rural South Africa Harrison et al. (2006) argue that the primary sexual relationship of young rural South African men and women revealed that men initiated most of the sexual interaction that occurred in their relationships. They found in their study that when women initiated relationships, they used subtle or indirect means relying more on paralanguage than language itself. Within the have/hold discourse Hollway (1984) comments that there is "a belief that women's sexuality is rabid and dangerous and must be controlled" (p. 232). This indicates that when women initiate sexual interactions they would be seen as 'rabid' and 'dangerous' hence they would then use indirect ways of communication.

Harrison et al. (2006) further argue that some men in their study implied that regular sex was essential for their healthy functioning. This is in keeping with the male sex drive discourse. Harrison et al. (2006) argue that male participants described how it is the man's 'duty' to initiate sex with their girlfriends and an essential aspect of being a man. Both men and women are invested in these discourses, for example within the male sex drive discourse they invested by identifying with the need to have sex with whomever they want and women perpetuate this idea by normalizing and accepting it.

Men and women also invest in the have/hold discourse in their belief that the role of a woman in a relationship is to tame the virile young man so as to maintain the status that comes with being in a relationship. The investment of men and women in these discourses affects safe sex. Hollway's discursive framework was particularly important for this study because it explores and unpacks how gender dynamics are perpetuated in society.

This chapter has highlighted that sexual socialisation can be both negative and positive, that is, it can impact on risky sexual behaviour and safe sex. What this chapter was able to show was that, sexual socialisation and gender dynamics are interconnected and cannot be seen or understood as separate. This interconnectedness influences risky sexual behaviour amongst young people in a rural context. This chapter then suggested that reasons for this can be found through using a discursive framework which aimed to understand gender dynamics in relationships which impacts on risky sexual behaviour.

Chapter 3: AIMS AND RATIONALE

Despite being informed about the risks of HIV/AIDS, young people continue to engage in risky sexual Behaviour. Some authors have argued that this is related to dynamics of gender and identity (Anderson, Macphail, Maman & Pettifor, 2012). Understanding these dynamics involves exploring the gender and power dimensions of sexual relationships and how this influences HIV risk. This study seeks to identify and understand where and what the youth of a rural area learn about sex, relationships and gender roles. The question then is how do youth come to follow these ways of engaging in sexual relationships and these ways of relating to men and women, and follow particular gendered positions? This study is a qualitative exploration of these issues in a rural area in South Africa which will be referred to as *Ematyholweni*.

This study will address what and how the youth in *Ematyholweni* learn about sex, relationships and gender roles. In an ongoing study in a rural area in the Eastern Cape (*Ematyholweni*), it has been found that youth take on particular gendered identities in relation to sex, for example in initiating relationships and in managing sex in relationships. This puts them at risk of HIV infection.

This research therefore specifically aimed to answer the following questions:

- Where are youth of *Ematyholweni* learning about sex, relationships and gender roles?
- What are they learning from these sites?
- How does what they are learning shape gender identities?
- What discourses did the participants draw on in relation to sexual activity and learning about sex?
- How were these discourses related to Hollway's (1984) gender discourses?
- Did they draw on them to justify risk in sex?

Chapter 4: METHODOLOGY

4.1 Research design

For the purpose of this study a qualitative design was used. The primary goal of a study using this approach is defined as describing and understanding rather than explaining human Behaviour (Babbie & Mouton, 2005). This study therefore attempted to describe and understand sexual Socialisation and gender dynamics that impact on risky sexual Behaviour.

The term ‘qualitative’ refers to a broad methodological approach to studying social action. The term is used to refer to a collection of methods and techniques which share a certain set of principles and logic. Qualitative studies typically use qualitative methods of data-collection, and for the purpose of this study, individual interviews and focus groups were used (Babbie & Mouton, 2005). Qualitative research tends to focus on how people or groups of people can have (somewhat) different ways of looking at reality (usually social or psychological reality) (Hancock, Ockleford, & Windridge, 2009). This study aimed to explore the different views of young men and women in *Ematyholweni*. Babbie and Mouton (2005) argue that qualitative research design “takes as its departure point the insider perspective on social action” (p.271). Within the study this was done through using open ended questions in the data collection process which seemed to have elicited participants’ perspective on sexual Socialisation.

This research study formed part of a broader NRF Thuthuka funded project on sexual activity and the management of risk and HIV. This study drew on data from that study and investigated how young people in a rural area in the Eastern Cape learn about different gender positions and how this influences the management of HIV risk in relationships.

4.2 Sampling

Kelly (2000) found a pattern of risky sexual practices amongst youth in a rural area in Eastern Cape, for example, early sexual debut, multiple partnerships, and unprotected sexual practices. This research site, given the pseudonym ‘*Ematyholweni*’ is a rural area with very little development. There is a lack of access to resources for residents. It also has high levels of unemployment. Local residents usually have to find sources of income in surrounding towns and far away cities. It is part of a former homeland with

14 villages. For the purposes of the larger project people from all 14 villages were sampled to explore responses to HIV and AIDS.

4.2.1 Sampling for the broader NRF study

The larger project adopted a purposive and convenience sampling technique. Purposive sampling is one of the most common sampling strategies in qualitative research (Palys, 2008). It groups participants according to preselected criteria relevant to a particular research question, for example, this involved the sampling of people from certain age groups, the sampling of both men and women from across all villages. The sampling criteria are tied to the study objectives (Palys, 2008). Sample sizes, which may or may not be fixed prior to data collection, depend on the resources and time available, as well as the study's objectives. Terre Blanche, Durrheim and Painter (2006, p.139) state that "Qualitative researchers typically work with and actually prefer small nonrandom samples of information with rich cases that they can study in depth". Purposive sampling was then appropriate for this exploratory, qualitative study. Babbie and Mouton (2005) explain that convenience sampling is actively selecting cases that are available at the time the research is being conducted. Both male and female participants were sampled. Participants were sampled according to the following age groups: 18-25; 26-34- 35-45; 46-70 years of age and above, for individual interviews, and 10-13; 14-17; 18-25; 26-35; 36-45; 46-70 years of age and above, for focus group discussions. A total of 75 individual interviews and 20 focus group discussions were conducted. Focus group discussions consisted of 6 to 10 members per focus group. Another criterion used in the sampling of the participants was the prevalence of young people in those particular villages.

4.2.2 Recruitment for sample in broader NRF research study

This rural site is under traditional and political leadership. It has one traditional chief and one politically elected councilor. Each village has a Residents Association and a chairperson. As part of the broader study, a letter was sent to the chief asking for his permission to conduct the project in the area (see Appendix 1). A meeting with the chief was held, the study objectives were explained to him and he agreed that the study could take place. The study coordinator for the larger project, Dr. Mary van der Riet, had worked in the research site prior to this larger project, so this meant that she had access

to the communities. With the help of her research team she was able to identify a key informant who helped with the recruitment of participants. The key informant was well known across all the 14 villages and had a good knowledge of the setting.

Although *Ematyholweni* is under the leadership of the chief the researchers had to gain access to participants through the Residents Association chairpersons in each village. The chairpersons were then informed about the study and permission was asked for recruitment in the villages. The chairpersons acted as gatekeepers and helped with identifying some of the participants that were required for the study. When the potential participants had been identified, the researchers went to their homes, and informed them about the study. They were then asked if they would like to participate in the study.

A number of other recruitment strategies were used. For example, a key site to find young people was a soccer tournament that took place in one of the villages. In March 2012, this was visited by the principal investigator and a research assistant. Potential participants were informed about the study and if they were interested in participating, their contact details were recorded. Other community gatherings were also used as sites for recruitment, for example, choir practice sessions. Therefore, the recruitment for participants of this study is based on the recruitment strategy used in the overall NRF study.

The overall NRF study obtained ethical clearance on the 8th of November 2011 from the ethics committee (refer to attached letter in Appendix 2). Ethical clearance for the research process related to this was granted by the University of KwaZulu-Natal Humanities and Social Science Research Ethics Committee in 2013 (see Appendix 3). The amended and approved new title clearance letter for this project is also attached in Appendix 4.

Residents of *Ematyholweni* were aware of the project from previous years of data collection. Permission to conduct the research at *Ematyholweni* was obtained from the Chief through a letter detailing the research (see attached in Appendix 5).

Sampling in the broader project was conducted in all 14 villages in the area, which differed in their distance from the central village and convenience in terms of the availability and presence of people in defined age categories.

In this study, the Chairpersons of the Residence Associations of the villages were approached about the study. They were told that men and women between 15 and 30 years of age were needed. For example, 10 youth, 5 males and 5 females, between 15 and 17 years of age were required for a focus group. An information sheet was given to the participants detailing information regarding the study. If the people were interested in participating, details of the focus group or individual interviews were given to them.

The Chairpersons were also informed that youth between the ages of 15-17 were needed for the research. Following the same procedure as in identifying older participants, the research team visited the parents or guardians of these youth and explained the research process and provided them with a parent information sheet (see Appendix 6). Parents and guardians were asked to provide permission for their child to participate in the research procedure. If this was given, they signed a consent form (see Appendix 7). If the child participant was also willing, a date and time for their participation in a focus group was arranged.

4.2.3 Sampling of data for this research project

Although the overall research project followed the sampling process described above, this study drew on a section of those participants who were sampled in the 2013 phase of data collection. The recruitment strategies that were followed were the same as those described above. For this second phase of the data collection (in 2013), participants were sampled according to the following age groups 15-17; 18-24; 25-30 years of age for focus groups and 18-21 and 22-30 years of age for individual interviews. A total of 12 individual interviews and 7 focus groups discussions were conducted. Focus groups discussions consisted of 6-10 members per focus group. The total number of the sample size was 58 participants. It was this data that was used in this thesis. The breakdown of the focus group sample is illustrated in the table below

Table 1. Details of the study sample focus group

Age group	Gender	Number of participants	Data collection method
15-17	Female	6	Focus group
15-17	Male	6	Focus group
18-24	Female	7	Focus group
18-24	Female	6	Focus group
18-24	Male	7	Focus group
25-30	Female	6	Focus group
25-30	Male	7	Focus group

For the sampling of the individual interviews, the criteria for selection of these participants was based on the participants who were active in the focus group discussion; and those who seemed to have more personal accounts to share and showed willingness to be interviewed. The breakdown of the sample is illustrated in the table below.

Table 2. Details of the study sample interview

Age group	Gender	Total number of participants	Data collection method
18-24	Female	3	Interview
18-24	Male	3	Interview
25-30	Female	2	Interview
25-30	Male	4	Interview

4.3 Data collection

Two forms of qualitative data collection were used in the broader NRF study: focus groups and individual interviews. Each of these will be discussed in detail below.

4.3.1 Focus groups

A focus group according to Stewart and Shamdasani (1998) is a group discussion of a topic that is the 'focus' of the conversation. It involves about 5-12 individuals who discuss a particular topic under the direction of a moderator, who promotes interaction and assures that the discussion remains on the topic of interest. A typical focus group session will last from one and a half to two and half hours (Stewart & Shamdasani, 1998).

It was therefore, important for this project to use data from focus group discussions, so that the social interaction and the meaning placed on gender dynamics in relationships could be noted. The focus group focused on gender roles and how these relate to sexual socialisation. Before data collection for the broader study commenced the research team drafted a focus group schedule that was used to guide the focus group discussions.

The focus group schedule (attached in Appendix 8) was developed based on a previous phase of the research data collected at *Ematyholweni*. This data collection revealed that gender positions play a role in HIV risk in *Ematyholweni*. The schedule for this phase of the research process then focused on how people learn about gendered positions and their influence on entering relationships and ultimately engaging in sexual intercourse. The schedule was fairly non-directive and only asked general questions about the participants' perceptions of sexual Socialisation in *Ematyholweni* and within their peer groups.

I was involved in a discussion about whether issues related to my study were present in this schedule. Adjustments were made to incorporate specific question related to my study. The schedule of focus group questions was piloted with students at the University of KwaZulu-Natal and adjustments to the questions were made where necessary.

The researchers fetched the research participants from their villages and took them to a central location, a preschool in which a private and confidential discussion was held. At the start of the focus group the purpose of the research project was explained to the participants. They were given an opportunity to ask questions. Information in an information sheet was given to participants detailing that there would be no potential risks to participants. Participants were told that they would potentially benefit indirectly from the study by discussing issues of sexual activity and related risks.

To ensure confidentiality in the focus group pseudonyms were used rather than the participants' actual names. This was done so that the researchers would be able to discuss a particular participant's views in the research without identifying them. Similarly, in the final processing and transcribing of data names of situational identifiers such as names of places were changed. A confidentiality pledge was signed by each participant who participated in the focus group as partial assurance of confidentiality (attached in Appendix 9). The researchers explained the limitations of confidentiality in a focus group that is, that the researcher cannot guarantee that the participants will not discuss what was discussed in the focus groups with other people. Therefore, they were encouraged not to discuss personally revealing information in the focus group discussion.

Consent had to be obtained for the focus group discussion from the participants (see Appendix 10). Consent also had to be obtained from those participants aged 15-17 years. They were given consent documents for the focus group (see Appendix 11). The focus groups were audio recorded to allow for verbatim transcription. Consent had to be obtained from the participants for this audio recording (see Appendix 12).

4.3.2 Interviews

Data collection also occurred through individual interviews.

Kvale (1996) argues that “the qualitative research interview seeks to describe and understand the meanings of central themes in the life world of the subjects world” (p. 147). The main task in interviewing is to understand the meaning of what the interviewees say (Kvale, 1996). Within the broader study individual interviews were used to allow participants to be able to go into detail within their responses and to speak about personal experiences, this was also useful for this study because they enabled an understanding gender dynamics in relationships. The interviewer can pursue in-depth information around the topic (Kvale, 1996).

From the focus group participants, the researchers identified six participants who might have more personal experiences to share. She/he approached these people (one man and one woman in each age category) to participate in an individual interview. Individual interviews were only conducted with participants in the 18-30 age group and not the younger participants. This was because the younger participants were potentially less

sexually experienced, and might have less to discuss, but also that a one-on-one interview with an older researcher might have been too intimidating for this age group. The individual interviews focused on expectations that participants have within relationships and how that relates to sexual Socialisation.

The interview schedule (attached in Appendix 13) was developed based on a previous phase of the research data collected at *Ematyholweni*. I was then involved in a discussion about whether issues related to my study were presented in this schedule. Adjustments were made to incorporate specific questions related to this second phase of the study. The interview schedule aimed to evoke the participant's perspective on the influence of gender positions in sexual relationships.

The interviews were conducted in a quiet room in the participants' house, or at the preschool. At the start of the interviews the research project was explained to the participants. They were given an opportunity to ask questions. Information in an information sheet was given to participants detailing that there would be no potential risks to participants. Participants were told that they would potentially benefit indirectly from the study by discussing issues of sexual activity and related risks. Where participants were immediately available to be interviewed, they would be presented with an informed consent form (see Appendix 14) to sign before the interview could proceed and to inform the participants about the study. Participants were also informed that the interview would be recorded and were asked for their permission to record the interview. Participants signed a separate consent form to record the interview if they agreed for the interview to be recorded (see Appendix 15). Participants were assured that their contributions would be kept confidential and that their identities would be protected with the use of pseudonyms.

To address the psychosocial needs of the participants, they were referred to the clinic at *Ematyholweni*. The participants were also informed that support would be obtained at the nearby community health centre. This is a public clinic that provides services such as HIV treatment, HIV counseling and testing. They were given a number for contacting this community centre to make appointments for services they may need. The researchers also distributed their contact details, as well as those of the project leader, and the university Ethics Committee to the participants so that they could raise

any issues concerning the research project. R35 was given to the participants to compensate them for the time they had spent when being interviewed or involved in the focus group and it was not to coerce them to participate. Refreshments were provided for the focus groups.

4.3.4 Language of data collection

All data was collected in *isiXhosa*, the mother tongue of the participants. The researcher and members of the research team are fluent in *isiXhosa*. All information sheets, consent documents and interview and focus group schedule were translated into *IsiXhosa* by the project team members. These translations into *isiXhosa* were checked by two other *isiXhosa* speaking project team members. This translation into *isiXhosa* occurred so that participants could completely understand what was being asked and so that they could answer without any language barrier.

4.3.5 Data processing

The interviews and focus groups were all audio-recorded. They were transcribed verbatim by the researchers using a modified simplified Jeffersonian method of transcription (see Appendix 16). They were also translated into English during this transcription process by members of the research team. Brislin (1970) argues that validity checks for translations are done on sections of the data through a process of back-translation. Chen and Boore (2009) argue further that back-translation is a method that involves two independent translators. Translator one translates the original version of the transcript into the target language (Chen & Boore, 2009). Thus the *IsiXhosa* members of the research team conducted validity checks and back translations. This is done so that the researchers can consult with the translators to determine discrepancies. This process aids in ensuring that all data is precisely captured.

4.4 Data analysis

According to Braun and Clarke (2013) thematic analysis is a method for identifying, analyzing and reporting patterns within data. The first step according to Braun and Clarke (2013) is familiarization with the data. Braun and Clarke (2013) argue that the researcher in this phase must immerse themselves in and become intimately familiar with their data. This entails reading and re-reading the data which may involve listening

to audio-recorded data at least once, if relevant and noting any initial analytic observations. In this instance the researcher familiarized herself with the data through the process of translating and transcribing. Listening and re-listening to the audio-recorded data, and reading and re-reading it made it possible for me to immerse myself in the data.

The second step according to Braun and Clarke (2013) is coding which involves generating labels or headings for important features of the research question guiding the analysis. The researcher then coded every data item and ended this phase by collating all the codes and relevant data extracts. The researcher identified common words used by the participants such as 'Television' or 'Friends' to obtain initial codes in the data. The third phase was searching for themes which, according to Braun and Clarke (2013), involves identifying similarities in the data. This was done in a systematic fashion across the entire data set of 11 focus groups and 6 individual interviews. This allowed for identification of data relevant to each code. This involved grouping codes, such as '*my mother cautions me*' and '*my mother tells me to use a condom*' into a potential theme like being taught about safety. This step then involved gathering all data relevant to each potential theme.

The fourth phase was reviewing themes which involves reflecting on whether the themes tell a convincing and compelling story about the data, and defines the nature of each individual theme, and the relationship between the themes. This involved checking if the themes worked in relation to the coded extracts and the entire data set. The fifth phase was defining and naming themes which requires the researcher to conduct and write a detailed analysis of each theme. This was ongoing because it required the researcher to refine the specifics of each theme and the overall experience of the participants relating to the topic. The sixth and final phase was writing up which involved weaving together the analytic narrative and data extracts to tell the reader a coherent and persuasive story about the data and contextualizing it in relation to existing literature (Braun & Clarke, 2013). This involved the final report on the results and the final stage of integrating the results with the literature.

For the purpose of the second part of this study Hollway's (1984) discursive framework was used to analyse masculine and feminine identities within relationships. The approach attempts to analyse the construction of subjectivity in a specific area, which in this case is heterosexual relations. Hollway (1984) was interested in theorizing the practices and meaning which reproduce gender identity. Hollway's (1984) approach of subjectivity incorporated values which attach to a person's practices and provide the powers through which he or she can position him or herself in relation to others.

In this analysis how the youth learnt about sex, relationships and gender roles was analysed in relation to how they reproduced masculine and feminine identities in day to day practices. The data was analysed to determine how these masculine and feminine identities influence risky sexual Behaviour in *Ematyhholweni*. In employing this method of analysis the researcher reviewed all themes that were identified as part of the discussion. The researcher re-read data, and the themes and identified particular gender identities that were influenced by sexual Socialisation of gender roles and relationships. Related themes were grouped together. The researcher identified two discourses through which the youth of *Ematyhholweni* positioned themselves with regards to sexuality, the male sex drive discourse and the have/hold discourse.

4.5 Data storage

The data will be stored in a mass storage hard drive in Dr Mary van der Riet's office in the Discipline of Psychology for a minimum of five years and used as part of the ongoing NRF study. The identities of all participants remain confidential. Site identity and names of participants are disguised and will not be used in any publications or conference presentations. After transcription, the information that was recorded was deleted from the audio recorder.

4.6 Trustworthiness of qualitative data

According to Lincoln and Guba (1984) basic issues of trustworthiness are simple. The issue is how can a researcher persuade his or her audiences that the findings of a study are worth paying attention to or worth taking account? According to Babbie and Mouton (2005) a qualitative study cannot be called transferable unless it is credible,

and it cannot be deemed credible unless it is dependable. These will be dealt with in detail below.

4.6.1 Credibility

Credibility deals with the question of how congruent the findings are with reality. The following aspects can be followed to ensure credibility (Babbie & Mouton, 2005).

- a) The development of an early familiarity with the culture of participating organisations or communities

This involves spending some time in a research setting and learning about the dynamics of the research site. Dr. Mary van der Riet, has worked in the research site before, so this meant that she had access to the communities and had built relationships with some of the residents in the area prior to the larger project. The research team and those who conducted the interviews and focus groups lived in the site for extended periods of time. This meant that there was a relationship of trust built between the research team and the participating community members. For this study the researcher had close contact with the research team, this assured that when the researcher had questions regarding data collection process and the data, the research team were available to answer these questions.

- b) Triangulation

This involves the use of different methods, especially observation, focus groups and individual interviews, which form the major data collection strategies for much qualitative research. According to Babbie and Mouton (2005) the use of different methods in concert compensates for their individual limitations and exploits their respective benefits. In this study both individual interviews and focus groups were used in the data collection process.

- b) Negative case analysis

Silverman (2005) argues that the researcher refines a hypothesis until it addresses all cases within the data. This avoids what Silverman (2005) calls a problem of anecdotalism in qualitative research. Here all information relevant to the study was presented to avoid anecdotalism, this included cases that supported or countered the dominant findings.

4.6.2 Dependability

Dependable research is research that would yield similar results if it were conducted again in a similar context with similar participants (Babbie & Mouton, 2005). In order to address the dependability issue more directly, the processes within the study were reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results. Such in-depth coverage also allows the reader to assess the extent to which proper research practices have been followed and also to enable readers of the research report to develop a thorough understanding of the methods and their effectiveness. In this thesis the researcher provides a detailed account of the theoretical framework that guided the research project. The researcher also provides a detailed description of the recruitment procedures, the sample for the project, and the processes of data collection and data analysis. However, there is a limitation to the dependability of this project because the researcher was not directly involved in the operational stages of the broader project, for example recruitment and data collection. This was due to practical reasons of cost and time.

4.6.3 Conformability

Conformability is the extent to which the results of the research, produced by the single researcher, are held to be accurate by other researchers. According to Shenton (2003) this calls for researchers to provide a detailed description of their methodology for example data collection and the phenomenon that they are investigating. If there are enough similarities between the two situations, readers may be able to infer that the results of the research would be the same or similar in their own situation. In this thesis the researcher provides a detailed account of the methodology of the study, and in the results and discussion section, presents a thorough account of the research phenomenon. It may be possible that these results may be transferable to other settings (Kuper, Lingard & Levinson, 2008).

4.7 Ethical considerations

When conducting research with participants care must be taken to ensure that the benefits outweigh the risk of harm to research participants. It is for this reason amongst others that ethical frameworks have been developed to underpin research practice. This is guided by one overriding principle, the need to acknowledge and respect human dignity (Wassenaar, 2006). Within this report the informed consent and confidentiality issues of the study were dealt with in the sampling and data collection section. Other issues in the research process that were dealt with were nonmaleficence and beneficence.

The ethical principal of nonmaleficence means that the research should do no harm to the research participants or to any other person or group of persons. This obligation to do no harm requires the researcher to consider potential risks that the research may inflict physical, emotional, social or other forms of harm on any person involved in the study (Wasenaar, 2006). In this study, the interviews and focus group discussions involved psychosocial issues that had the potential to affect the participants emotionally. To address this potential risk, participants were referred to facilities that provide services that deal with psychosocial issues.

The ethical principal of beneficence requires the researcher to design research such that it will be of benefit. If not directly to the research participants then more broadly to other researchers and society at large (Wasenaar, 2006). Although there were no immediate benefits to respondents for participating in this research project, the results from this study might help inform interventionists who are trying to develop strategies on how to address the HIV risk by looking at Socialisation and gender dynamics. In this way participants might indirectly benefit by participating in research that has social value and that might assist in finding ways to address HIV issues related to how young people learn about sex, relationships and gender roles. Participants did not receive any material benefits for their participation, however, they were reimbursed with R35 for their time and participation.

Chapter 5: RESULTS

In this section the analysis of the data will be presented. The analysis related to the research questions and primarily focused on identifying how the youth of *Ematyholweni* learn about sex, how they learn about relationships, how they learn about gender roles and how this relates to risky sexual behaviour. Within the interviews and focus groups the participants drew upon the discourses identified by Hollway (1984) to position themselves in relation to sex. Therefore, the analysis primarily focused on identifying ways in which participants' descriptions of sexual Socialisation might reflect constructions of gender and roles played in relationships. In particular, attempts were made to identify instances where participants used these discourses to justify risk taking behaviours. Many of the participants demonstrated their strong investments in these discourses which do not encourage safe sex behaviours.

Short extracts from the data will be included in this section to illustrate how the participants get to learn about sex, relationships and gender roles and how this impacts on risky sexual behaviour. The extracts are numbered and reference is provided to the gender, age range or age of the participants and whether the data came from a focus group or an interview.

In addition to this, in Appendix 17 these are linked to the code from the broader data base, with the participants' age, their gender and where the extract is from, an individual interview or the focus group.

In the extracts "....." indicates that some lines of the extract have been left out. Pseudonyms were used in the extracts for confidentiality. Basic transcription notation conventions were used in the transcription processes which were based on the Jefferson system to indicate subtleties of the participants' 'talk'.

The results will be presented in two sections. The first part will present the descriptive data highlighting where and what the youth of *Ematyholweni* are learning about sex, relationships and gender roles. The second part involves a discussion on how particular masculine and feminine identities are shaped in the process of learning about sex, relationships and gender roles. It will also discuss how these masculine and feminine identities play a role in risky sexual Behaviour amongst the youth of *Ematyholweni*.

The youth of *Ematyholweni* are learning about sex, relationships and gender roles in various sites and from various people such as peers, schools, parents, clinics, the mass media and traditional childhood games. From the analysis of the data, the youth of *Ematyholweni* seemed to have learned norms, values, behaviours and social skills appropriate to their social positions from these different sites. What they are learning from these various sites influences their development of particular gender identities which then play a role in sexual relationships. In this study it was found that the men and women of *Ematyholweni* practice risky sexual behaviour to maintain particular masculine and feminine identities in sexual relationships.

5.1 Where and what the youth learn about sex, relationships and gender roles

The first site in which the youth of *Ematyholweni* learn about sex and gender roles is in the early stage of their life, which is when they play childhood traditional games. Within the data there seemed to have been a distinct way for young people in *Ematyholweni* to learn about sex, and gender roles. *Undize* (hide and seek) and *Poppie Huis* (dolls house) are the two most common games that are played in *Ematyholweni*. *Poppie Huis* is a game where children reenact the different gender roles which they learned from observing their parents in the family home. This involves the role of being a mother, father and children. These games are often played in private without parental supervision and serve as a source of entertainment. The analysis of these games will be presented under learning about gender roles and sex.

5.1.1 Learning about gender roles

Extract 1 comes from a focus group conducted with female participants 15-17 years old. In line 167 in the extract below, the participants indicate the different roles that they adopt when playing *Poppie Huis*. One participant comments '*You can be the mother=, or =the father, brothers or sisters, the grannys. (hh) and grandfathers*'. The participants seem to know what is done between parents, this is illustrated in line 172, when the participant says '*sleep together (hh) ↑ ((laughter)) in the same place they have their own room*'.

Extract 1

- 166 Interviewer:What happens with poppyhuis
- 167 Participants:=You can be the mother=, or =the father=brothersor sisters, the grannys. (hh)and
168 grandfathers
- 169 Interviewer:What happens between the mother and the father
- 170 Siya:So the mother and father-
- 171 Amaz: sleep together (hh) ↑ ((laughter)) In the same place=
- 7
- 172 Ayobaness: they have their own room=
- 173 Amaz: =they have their own room=
- 174 Ayobaness:=in secret, it is not in a public place. It is demarcated that this is the house but
175 their room is not here ((laughter)) i(h)t's some(h)where the(h)re. Its concealed.
- 176 Interviewer:°its concealed° and then there, what role does the mother play in that game?
- 177 Participants: = to cook=
- 178 Siya: To co::ok, prepare the kids for school, things like that. Do the laundry
- 179 Interviewer: And then the father?
- 180 Participants:=He works= the father works=he is not there
- 181 Interviewer:He works? And the children?
- 182 Participants: They go to school (unison)
- 183 Interviewer: What is the reason for the mother being the one who does laundry? I mean
184 doesn't go to work?
- 185 Participants:() ((Inaudible mumbling)) we don't know
- 186 Lollipop: We also grew up with mom being the one who is always in the house=
187 Siya: = and who always cooks for the children when they come back from school?=-

The participants learn as children that the mother and father sleep together in their separate room, in a private place. They learn from an early age that the mothers' role is to be domesticated, as illustrated where a participant says: '*The mother 'cooks', does 'laundry', and 'prepare the kids for school'.* The fathers' role is therefore to provide the children with financial security. This is seen in the participant who says '*He works the father works he is not there*'. The participants indicate that the norm in *Ematyholweni* is that women are perceived as being more domesticated than men and men are the providers. This is illustrated in line 186 '*We also grew up with mom being the one who is always in the house and who always cooks for the children when they come back from school*'. In these accounts of what games are played and what children learn at home, it seems participants are learning about gender roles, what a man and woman should do in their lives and when living together.

5.1.2 Learning to have sex

Extract 2 comes from a focus group conducted with male participants between 18-24 years of age. . In extract 2 the participant says '*most others like to hide in pairs*'.

Extract 2

35 Wenzile: In *ndize* there is (.) one who kneels and counts, the others hide, so- most of the
36 time-others like to hide in pairs, two by two.

Whilst hiding in pairs they will kiss and touch each other until someone finds them. In extreme cases they may have sexual intercourse. Extract 3 comes from an individual interview conducted with a male participant 24 years of age. He remembers where he learnt to have sex as he indicates how he started having sex when playing *Undize*. In line 49 the participant says '*Ya my first time doing it*' this indicates that he started having sex at an early age.

Extract 3

45 Participant: I have heard about it before (.) these things of playing *ndize*
46 Interviewer: ok ok
47 Participant: Ya
48 Interviewer: *Ndize* neh(.) so ok ok (.) when you started hearing about it or doing it?
49 Participant: Ya my first time doing it

Extract 4 comes from a focus group conducted with male participants between 18-24 years of age. In this context '*Onopopy*' is when young children play house, where they reenact different gender roles.

Extract 4

38 Nhlanhla: When it comes to *onopopy*, there is usually a mother and a father (0.2) so that is
39 how that thing starts. (.) if there is a father, he will want to sleep with the mother only to
40 find that that is how it starts.

The second site in which the youth of *Ematylholweni* learn about sex and relationships is from their family.

5.2 Parental communication about sex

In the discussions conventional constructions of femininity and masculinity prevailed when participants were asked what they learn from their parents about sex and relationships. Mothers talk about sex to their daughters differently from when they are talking to their sons about sex and relationships. Fathers also spoke to daughters and sons differently about sex and relationships. This way of learning seemed to create particular gender identities which influenced how they managed themselves in relationships.

Although participants said that they learnt about sex from their parents, they seemed to have difficulties in communicating with their parents about sex and relationships. Some female participants argued that parents do not communicate about sex in the way that they want them to communicate about sex. They refuse to engage in discussion about sex until they think the child is old enough. Extract 5 comes from an individual interview conducted with a female participant 21 years of age. In line 40-42 the participant says '*No (.) if they do talk about them (.) they will tell you (.) you still too young for those things (.) they will tell you (.) you're at the right age for them (.) I don't know which age that is*'. This female participant argues that '*she will tell you relationships and sex are for old people (.) like they not for children and it's for people who are married*'. This participant argues that her parents reinforced the idea that sexuality is an adult affair and belongs to the realm of the private, in this case marriage.

Extract 5

- 40 Participant: No (.) if they do talk about them (.) they will tell you (.) you still too young
 41 for those
- 42 Things (.) they will tell you (.) you're at the right age for them (.) I don't know which age
 43 that is
- 44 Interviewer: mmm > what does your mother say when she talks about relationship
 45 things (.) and sex (.) all those things?
- 46 Participant: →↑ she will tell you relationships and sex are for old people (.) like they not
 47 for children and it's for people who are married (.)

Extract 6 comes from a focus group conducted with female participants between 18-24 years old. The participants indicate that communication with parents about sex mostly does not happen. They argue that they then learn about sex from other sources. These participants express a desire to be educated about sex by their parents. This is illustrated when a participant says '*you have never sat down with your parent and had it explained to you, you see*'.

Extract 6

- 102 Nokuzola: they say we must be 18 for us to do sex
- 103 Interviewer: ((laughs)) the mothers say that?
- 104 Nokuzola: uh
- 105 Interviewer: do they all say that?
- 106 Lulama: or maybe they don't even talk
- 107 Zenande: my mother didn't even talk
- 108 Lulama: you hear about sex from the outside ne
- 109 Interviewer: mm
- 110 Lulama: you have never sat down with your parent and had it explained to you, you see

Although the female participants in extract 6 indicate that they desire communicating about sex with their mothers, their fathers never talk about sex. This is illustrated in line 118 of the continuation of Extract 6 below when a participant says '*they don't speak*'. According to the participants, one of the reasons for fathers not communicating about sex is that it is not the norm nor is it accepted for fathers to talk to their daughters about sex. Instead they place the responsibility for sexuality education of girls in the woman's hands and sexuality education of boys in the man's hands. This is illustrated

in line 119 when the participant says '*they shouldn't it's a woman that is supposed to talk to the girl, you see things like that (.) he is going to talk to the males*'. This may indirectly teach young people about gender roles in relationships.

Extract 6 continues

- 111 Interviewer: ok. and then fathers?
112 Participant: yhu huh uh
113 Interviewer: ((laughs)) why are people always like that when I ask about fathers
114 Asive: fathers? Yhu hayi
115 Nokuzola: yhu hayi
116 Interviewer: what's their story? They don't speak or its not easy for them to speak (or they are not
117 supposed to speak)?
118 Participants: they don't speak
119 Lulama: they shouldn't its a woman that is supposed to talk to the girl, you see things like that (.) he
120 is going to talk to the males

Extract 7 comes from a focus group conducted with female participants aged between 25- 30 years. When parents do communicate they send different messages to their children about sex and relationships. In line 69 the participant says '*my mother say, ok, you can date but don't sleep with him*' this participant argues that their mothers do not want them to have sexual intercourse in relationships. In line 79 a participant says '*she tells me that boys play with a person, she doesn't want a child who likes boys*'. This line illustrates boys being perceived as dangers and as sexual risk takers, therefore she does not want her daughter to engage in that risk and to be someone who 'likes boys'.

Extract 7

- 69 Siya: Well, <my mother says , ok, you can date but don't sleep with him>
70 Interviewer: °OK° and other mothers, is there a mother who says something different?
71 Amaz: She doesn't even want me to date
72 Interviewer: Amaz, you are saying that she doesn't even want you to date, is there anyone
73 else's mother who doesn't want them to date?
74 Zintle : °She also doesn't want me to date°
75 Interviewer: What does she say
76 Zintle: ↓No, I just °listen°
77 Interviewer: No, not what you do but what does she say to you when she tells you about
78 boys?
79 Zintle: She tells me that boys play with a person, she doesn't want a child who likes boys
-

Extract 8 comes from a focus group conducted with male participants between 25-30 years of age. When asked about what their fathers teach them about relationships a male participant said *'but the time my 'timer' was still alive he like to mock me and ask who is my girlfriend you see, you, like he just speaks about these things'*. In this instance the participants' father expected him to be in relationships. When he was not in relationships he was ridiculed by his father. This is illustrated in line 731 when the participant says *'but when you are girl-less and so on, be teased, my dad use to tease me, things like that'*. This participant further feels pressured into being in relationships. This is illustrated when he says *'so that's one of the teachings of you know what let me get a girl so now when you going to have a girl you will know that I've to do this'*. To prove to his father that he has knowledge about sex he *'gets a girl'*.

Extract 8

721 Stix: but the time when my 'timer' was still alive he like to mock me and ask who is my
 722 girlfriend you see, you, like he just speaks about these things=
 723 Interviewer: =yes
 724 Stix: and say like, 'no, you know nothing, and so on', you see, he chats about things that like you
 725 see? Mock me about girls=
 726 Interviewer: =yes
 727 Stix: so that's the other thing that teaches you, when you are going to be asked about a girl while
 728 you didn't know a girl, you see? Yes I know a girl, no it's this and that how it was created do you
 729 get it? =
 730 Interviewer: =yes
 731 Stix: but when you are going to be mocked at and told you are 'girl-less' and so on, be teased,
 732 my dad use to tease me, things like that=
 733 Interviewer: =yes
 734 Stix: so that's one of the teachings of 'you know what let me get a girl' so now when you going
 735 to have a girl you will know that I've to do this=
 736 Interviewer: =yes
 737 Stix: you see? So your father won't tell you how sex is done, you see? He will just tell you, 'hey
 738 you boy why are you 'girl-less' here are girls passing here all the time I've never seen you
 739 walking any girl, I've never seen you walking a girl out of this room, you always hiding yourself
 740 in this room', you see? =

Extract 9 comes from a focus group conducted with female participants between 25-30 years of age. For some participants, their fathers disapprove of them being in a relationship. This is illustrated in line 87 when a participant says *'my dad does not allow such, even for my phone to ring and for me to answer it outside he's already asking who is that?'* This extract also illustrates that these participants' fathers communicate about this disapproval of being in relationships indirectly. The participants' father doesn't speak but she knows that he would disapprove of her being in a relationship. This is illustrated in line 90 when a participant states *'No, he has never spoken'*

Extract 9

- 87 Siya: My dad does not allow such, even for my phone ring and for me to answer it outside
88 he's already asking 'who is that?' Not in my house↑, things like°that°.
- 89 Interviewer: what were you saying Amaz?
- 90 Amaz: No, he hasn't never spoken
- 91 Interviewer: He never says anything? Nothing like, get away from them or ...
- 92 Amaz : He doesn't want me, thing with boys () to stand with boys and talk to them

Extract 10 comes from an individual interview conducted with a female participant aged 24 years of age. The participant argues that when mothers suspect that their daughters are having sexual intercourse they then cautioned them to use contraceptive such as condoms and injectable contraceptives as birth control. This is illustrated in line 13 and 20 when the participant says '*my mother hey, my mother actually, she said I must use a condom, further on she states 'so then I should go get the injection (birth control) so that I don't get pregnant'*'. This seems to be a reaction to the threat of pregnancy and less about the prevention of HIV.

Extract 10

- 11 Participant: ↓ my grandmother.
- 12 Interviewer: (h) what did grandmother say?
- 13 Participant: (h) and my mother hey, my mother actually, she said I must use a condom
- 14 Interviewer: mmmm when what happens?
- 15 Participant: ↓when I'm going to have sex with my boyfriend.
- 16 Interviewer: ↓ oh(.) ok that's what mom said?
- 17 Participant: yes
- 18 Interviewer: and then-[
- 19 Participant: so then I should go to get the injection (birth control) so that I don't get
20 pregnant].

This way of learning about sex, relationships and gender roles seemed to create confusion amongst the participants in this study. The participants seem to desire to be educated by their parents about sex but instead what they experience is punitive communication and sometimes a lack of communication about sex and relationships. The participants argue that they are, however, learning about sex and relationships from their peers, which will be discussed below.

5.3 Peer influence

The third site in which the youth of *Ematyholweni* learn about sex and relationships is from their peers. The youth of *Ematyholweni* experience peer pressure to have sex in relationships, from their friends, who are already sexually active. A young person, who is learning about sex, seems to conform to these behaviours to gain acceptance from their peers, and a sense of belonging. When the young person is excluded from a group they are not only rejected but are humiliated and ridiculed. They therefore engage in risky sexual behaviour.

Extract 11 comes from a focus group conducted with male participants between 18-24 years of age. The male participants in the following extract argue that they are socialized by their peers by observing what their friends are doing and also the conversations that they have with their friends influence them to be in a relationship. The participant states that *'maybe if they going to places like maybe parties, and he is there and sees his friends, and they say, 'hey, man and you, what are doing walking alone you embarrassing us'*. When a person is not in a relationship, he will be ridiculed and not accepted by his peers. In line 72 the participant indicates that he will be ridiculed for being single. In this extract he illustrates the creation of a group 'us', as in 'you are embarrassing us', therefore we do this and you do not, and there is an exclusion from this group.

Extract 11

71 Nkosi: maybe if they going to places like maybe parties, and he is there and he sees his friends,
72 and they say, 'hey, man and you, what are doing walking alone you embarrassing us, =
73 Interviewer: =yes, okay, okay, .ehh, hh, Lumi, what's your name? Lungs, who are you? Lungs?
74 Yes, what are you saying?
75 Mpilo: no, maybe you get pressure from a woman from around here=
76 Interviewer: =yes, okay, okay, how did you learn? (about sexual intercourse), and you are?
77 Menzi: Siya
78 Interviewer: Siya,
79 Menzi: sorry
80 Interviewer: Siya, how did you learn, which way did you learn through
81 Menzi: through friends=

4

The participants are asked further about what they learn from friends. As revealed in the continuation of Extract 11 (below) a participant says '*they say it's nice, when you there, when you, when you having sex with a person*'. Friends talk about sex in a manner that will make one want to experience having sexual intercourse.

Extract 11 continues

96 Interviewer: from friends, okay, okay, .ehh, hh, so (.), what things maybe that people learn in
97 relation to sexual, maybe what were they saying, friends, what do friends say maybe. Brazo v
98 do they say [when they talking to you?
99 Kwezi: = [they say it's nice
100 Interviewer: yes, they say it's nice?
101 Kwezi: yes they say it's nice
102 Interviewer: yes, yes, okay, Will?
103 Nkosi: no. they sav it's nice. when vou there. when vou. when vou having sex with a person

Extract 12 comes from an individual interview with a male participant between 25-30 years of age. The participant says '*oh when we do talk oh hayi ke shame they do talk*'. This participant describes how his friends openly communicate about sex and share

their experiences of sex, for example by saying '*I first did it with so and so do you know*'

Extract 12

97 Interviewer: yes like you know uh your friends when you all are together
98 talking?

99 Participant: oh when we are talking, oh *hayi ke* shame they do talk, I mean
100 now that we are grown up and they say things like 'yoh hayi the first time
101 that I first experienced these things' I mean from when we were in school
102 – mm – well they say ' I first did it with so and so' do you know, just stuff
103 like that but we do talk

Extract 13 comes from an individual interview conducted with a female participant 25 years of age. Although peers share information about sex and relationships, they might also influence each other to engage in risky sexual behaviour. This is illustrated when this participant says '*they don't see this thing of AIDS as existing (.) you see because it happens that one person will have three men at the same time*'. Although in this extract there is peer pressure to conform to risky behaviours, this participant claims not to be influenced by her peers. This is illustrated when she says '*they forget that you the one who is at risk you will get infected*'.

Extract 13

50. Interviewer: Let's say your friends

51. Participant: when we having just a conversation?

52. Interviewer: Yes when you having just a conversation just as girls

53. Participant: What could I say nah.....They don't see this thing of AIDS as existing

54. (.) You see because it happens that one person will have three men at the same time. I usually

55. tell them and say I have one boyfriend and I don't want a second one they say I' m holding

56. myself back because the guy will leave me and I won't believe. At least when you have two

57. boyfriends if the one leaves you, you will take out stress on the second one. They forget

58. that you the one who is at risk you will get infected. So I would say we don't give each other

59. as girl's good advice.

Extract 14 comes from an individual interview conducted with a male participant aged 24 years. This participant seems to be influenced by his peers to have sex in his relationship.

Extract 14

- 223 Participant: → What I'm saying still I learnt it from friends that no that girl that
224 I told you about that my friend said he got and slept with and what happened yah and
225 that they had sex together so I thought no I can do the same thing with my girl.

Extract 15 comes from an individual interview conducted with a female participant aged 24 years of age. In the following extract the participant learns how sex is pleasurable, she also highlights that she was enticed by her friend's experience to have sexual intercourse. This is illustrated when the participant says '*so she would tell me she slept out last night then she'd tell me they had sex and it was nice*'

Extract 15

- 100 Interviewer: ok let me be honest there was a friend of mine called V who had a boyfriend.
101 Mos she was older than me you. She would tell me (.) My dad is strict and I never got out
102 much, you know him (.) So she would tell me she slept out last night then she'd tell me they
103 had sex and it was nice. I didn't understand at that time so she explained and said they had
104 good sex. That's when I got interested and wanted to know what happens. So I thought I
105 should also have a boyfriend and see how it is.
- 106 Interviewer: mm (.) ok So you would say your friend gave you that information? You didn't
107 know
- 108 Participant: ja...
- 109 Interviewer: then (.) does your friend tell you in detail that it's done like this and like that?
- 110 Participant: No (.) she just told me how she does it otherwise she didn't tell me that you do
111 this and that. Because it could happen that I meet someone who has experience then I learn
112 from them.
-

5.4 Television and cellular phones

The fourth site in which the youth of *Ematylholweni* learn about sex and relationships is from mass media such as television and cellular phones. The participants in

Ematyholweni seem to view the media, in this instance television and cellular phones as an important influence on the development of their own sexual beliefs and patterns of behaviour.

The data analysis showed that youth of *Ematyholweni* seemed to have been watching how sex happens on television. Two issues related to sexual Socialisation through television were noted: Watching television programs with sexual content and implementing what was watched on television. The implementation of what is watched on cellular phones will also be discussed.

Some of the young men in *Ematyholweni* are sexually socialized through watching television at an early age. Extract 16 comes from an individual interview with a 24 year old male participant. In the following extract the participant illustrates how he used to watch a lot of television as a child. He describes how from this he learned about sex. This is illustrated in line 28 '*I used to see people kissing and having sex*'. The participant continues and states that '*it was (.) when it's written S or L even the age (.) they tell you don't watch it*' (line 36). The participant learnt about sex in this way. This participant also comments that there is a specific age at which television programs with sexual content should be watched but as young as he was he was watching this program with sexual content. This could mean that he was not supervised about what he could and could not watch on television which has influenced how he learnt about sex. This is illustrated by the participant when he states that '*I used to watch a lot of TV when I was growing up (.) Ya*'.

Extract 16

- 24 Participant: I used to watch a lot of TV when I was growing up (.) Ya
25 Interviewer: ok(.) so (so) (.) what did you see in the TV?
26 Participant: mmm
27 Interviewer: what did you usually see on TV?
28 Participant: I used to see people kissing and having sex
29 Interviewer: oh (.) and you knew that was sex/
30 Participant: yes (.) even in there it said so
31 Interviewer: that it's sex?
32 Participant: yes
33 Interviewer: ok ok (.) explain to me a bit (.) like expand it for me
34 Participant: what?
35 Interviewer: like when you watching there (.) they explain (.) what is explained that is
36 sex?
37 Participant: it was (.) when it's written S or L even the age (.) they tell you don't watch it
38 cause it has sex in it

Although most male participants said that they learnt from television shows about how one engages in sex, some participants argued that some learning happened through watching sexual content on cell phones. This is illustrated in extract 17 when the participant says *'they learn it from those phones'*. As the continuation of the extract reveals, the participant highlights how his friends are learning how sex happens and how they practice what they watch on their partners. This is illustrated when he says *'ya this is how this thing is done(.) maybe even the one who has a girlfriend(.) those things that are done in that phone (.) are things that he does'*. He further highlights that even when one does not have access to cellular phones, you are exposed to sexual content through accessing cellular phones from friends. This is illustrated when the participant says *'maybe it's because I don't have a phone (.) I don't care about it (.) I just look at it from ((mentions name)) I look at it from them'*. Some young people in this setting thus seem to access the internet from their cellular phones and perhaps watch pornography through their phones.

Extract 17

153 Participant: that's what i want to say (.) they learn it from those phones

154 Interviewer: yes

155 Participant: that (.) Ya this is how this thing is done (.) maybe even the one who has a
156 girlfriend (.) those things that are done in that phone (.) are things that he does

157 Interviewer: oh ok (.) when they in bed

158 Participant: yes (.) when they in bed (.) even the guys (.) will chat about it and say 'YO my
159 guy I did this other way to this chick, I did this and that 'you see (.) that's the kind of things
160 they will say the guys (.) where do they watch it that way (.) they watch it on the phone you
161 see

162 Interviewer: now (.) the ones that don't have phones (.)

163 Participant: No (.) I don't know (.) maybe it's because I don't have a phone (.) I don't care
164 about it (.) I just look at it from ((mentions names)) I look at it from them

Extract 18 comes from a focus group conducted with female participants between 18-24 years of age. The participant talks about how some people have the idea of having

sex from social networks. This is illustrated in line 37 when the participant says ‘*like when others are uploading their statuses and another one reads it ne*’. The participant further says ‘*and a person is going to say yhu its for sex today, I must be with my partner*’. This idea interests the participant as she then talks to the person who updated her status, and talks about sex. This is illustrated in line 39 when she says ‘*maybe you like to talk to them to question them and then you end up talking about sex*’.

Extract 18

25 Interviewer: ok and then they want to (unclear) ((laughs)) you said mixit and facebook
 26 Lesego: like in social networks
 27 Interviewer: ja social networks .h what do they say in the social networks?
 28 Lesego: like when others are uploading their statuses and another one reads it ne
 29 Interviewer: mm
 30 Lesego: they see that ok I will go and practice this thing
 31 Interviewer: oh ok maybe have you seen that where a person has uploaded their status and what
 32 were they saying?
 33 (.4)
 34 Participant: ((clears throat, laughs))
 35 Lulama: maybe for example its cold you see
 36 Interviewer: mm
 37 Lulama: and a person is going to say *yhu its for sex today, I must be with my partner, you see* tips is
 38 Interviewer: mm mm
 39 Lulama: maybe you like to talk to them you question them and then you end up talking about sex 1 both
 sexual reproductive health and HIV/AIDS prevention services from these clinics.

Extract 19 comes from an individual interview conducted with a female participant aged 24 years. The interviewer asked the participant what she learns from clinics. The participant says ‘*she used to tell us that a condom is important, even if we don’t inject the needle but condom always it must be there*’. In this line the ‘she’ refers to nursing staff, who insist that a condom must be used whether one uses the injectable contraceptive (the needle) or not. This might be an indication of the nurse’s focus on protecting oneself from sexually transmitted diseases rather than only prevention of pregnancy. This is further illustrated when the participant says ‘*it’s not that we don’t only get HIV, it’s for that maybe there are sexually transmitted infections that exist*’.

Extract 19

89 Participant: ↑she used to tell us that a condom is important, even if we don't inject the
90 needle but condom always ↓it must be there.

91 Interviewer: mmm (.) ok and then you said most of the youth her learn about sex at the
92 clinic?

93 Participant: yes

94 Interviewer: what do they say at the clinic?

95 Participant:↓ at the clinic they give us condoms (.) when we go there and test.

96 Interviewer: mmm

97 Participant: they give you condoms and they say we must use a condom (.) because(.)
98 it's not maybe (()) it's not that we don't only get HIV,↑ it's for that maybe there are sexually
99 transmitted infections that exist[. Maybe your boyfriend goes and sleeps with another girl.
100 Then comes back to transfer the thing to you, so we must use a condom].

Extract 20 comes from an individual interview conducted with a male participant aged 21 years old. The participant talks about what he is taught at clinics. The participant says '*clinics say there are condoms*'. Further on the participant says '*you should take them every day when you want to have sex and don't have sex without a condom*'. He is taught the importance of safety when engaging in sexual intercourse.

Extract 20

88 Interviewer:↓ ok and at school or clinics?

89 Participant: ↑yes even at school/clinics they can explain to you like when the teacher
90 is teaching they'll say we must use a condom because AIDS is infectious, even at the
91 Clinics they say there are condoms. You should take them every day when you want to
92 Have sex and don't have sex without a condom that thing will infect you and its very
93 wrong.

Extract 21 comes from a focus group with female participants between 25- 30 years of age. The participant highlights how they get pretest HIV counseling as a group. This is illustrated when she says '*when you came test*' (line 60). Further on she says '*then maybe you that group, maybe yo came to test*'. This suggests that they would be

educated about checking for HIV through pretest counseling. This is illustrated by line 66, 68 and 70 when the participant says '*they put you in a room*', '*they then teach you*', '*about what you came for*'.

Extract 21

60 SESONA: (.), like, there, there is that mother from the clinic, who, like maybe you came to test
61 or whatever =
62 INTERVIEWER: =yes
63 SESONA: then maybe you that group, maybe in the group you came as five, they ask, 'what did
64 you come here for?' 'No, we came to test, these kinds of things'=
65 INTERVIEWER: =yes
66 SESONA: they put you in that room=
67 INTERVIEWER: =yes
68 SESONA: they then teach you=
69 INTERVIEWER: =yes
70 SESONA: about what you came for=
71 INTERVIEWER: =okay
72 SESONA: so we get it that way

Extract 22 comes from an individual interview with a male participant 25-30 years old. This participant talks about how he is taught what to do and what not to do when in a sexual relationship. This is illustrated when the participant says '*at counseling they help us a lot by saying things like 'do not do it this way*'.

Extract 22

152 Interviewer: oh alright .hh mm and then health care centres?
153 Participant: .hh yoh hayi our health care centres well I mean at counselling
154 they help us a lot by saying things like 'do not do it this way' and things
155 like 'in order to be free do this' and that is how they help us

5.5.1 Public health sexual socialisation

Extract 23 comes from a focus group conducted with female participants between 18-24 years old. The participants talk about their fears or reservations about going to test with their partners in clinics. In line 1082 the participant says '*yho the mama's in the*

clinic'. This participant uses the word 'mama', which means mother, when referring to the nursing staff. The participant then feels embarrassed that she has come to the clinic to obtain this service, because she is being attended by a 'mama', a woman who is her elder, whom she should respect like a parent, and who possibly knows her outside of the clinic context. Her embarrassment is related to proof of her sexual activity being exposed to a figure who is similar to her mother. This becomes a challenge because some female participants are reluctant to go to the clinics because of this embarrassment. It interesting to note that these participants might want to discuss sex and sexuality with their mothers, this response from nurses (in the form of *mama*'s or woman older than them), was perceived as critical and judgemental of their sexual activity.

Extract 23

1077	Interviewer:	If you say you wouldn't go, why would you not?
1078	Siya:	Not go?
1079	Interviewer:	Yes, is there anyone who says they would never
1080	go?	
1081	Participants:	((laughter))
1082	Ayobaness:	Yo↑ the mama's in the clinic
1083	Participants:	((laughter))
1084	Khanyi:	They have a lot to say
1085	Interviewer:	It is the mama's in the clinic
1086	Ayobaness:	As soon as you leave the clinic, you will leave
1087	them holding a meeting about you.	
1088	Interviewer:	So you don't like what the mama's in the clinic
1089	say? Will they say things to your face?	
1090	Participant:	° they won't say°
1091	Ayobaness:	They won't say bu:t the next time you go to the
1092	clinic, they willkeep conversing with their eyes	
1093	whilst you are still there, until you see that I	
1094	am now being discussed. Or you go there and	
1095	they will think oh we know what she is here for,	
1096	it's because of that boyfriend of hers that she	
1097	brought here, you will never suffer from	
1098	anything else if you have ever been there	

Extract 24 comes from a focus group conducted with female participants between 18-24 years old. The challenges that these participants highlight is the issue of confidentiality and disclosure. In line 1062 the participant says '*they, they go and speak about it outside*', this participant is indicating that some nursing staff do not keep HIV test results confidential. The participant further says '*it would be nice if you see*

yourself, to know okay I saw myself alone, okay people will tell them myself. This participant wants the autonomy of disclosing her status. This is further illustrated in line 1071-1072. This is one of the reasons for the youth of *Ematyholweni* not to go to clinics because of perceptions of lack of confidentiality and privacy.

Extract 24

1060 Nompilo: = [like nurses from there are known to be
1061 Interviewer: yes
1062 Thando: they, they go and speak about it outside=
1063 Interviewer: =yes
1064 Thando: now you won't feel nice about it =
1065 Interviewer: =yes
1066 Thando: it would be nice if you see yourself, to know okay I saw myself alone, okay people will
1067 tell them myself, okay I have this sort of thing I have HIV and I have accepted it I like it=
1068 Nompilo: you will see all of that at school
1069 Thando: you see? So that you are able to live a joyful life have you seen?
1070 Interviewer: yes
1071 Thando: so that you don't live life that is, because if you don't speak about it, you keep it inside
1072 you, you won't live life that is forward looking have you seen?
1073 Interviewer: yes
1074 Thando: so that you are able to live a forward looking life=
1075 Nompilo: =nurses can't keep a secret remember

5.6 Formal curriculum

The sixth site in which the youth of *Ematyholweni* learn about sex and relationships is from school, through the formal curriculum, in particular from life orientation and through interactions with teachers. They also seemed to receive sex education informally through casual 'lessons' about sex.

Extract 25 comes from a focus group conducted with female participants between 15-17 years. The participants talk about what they are taught at school about sex in life orientation (LO). In life orientation they seem to be taught issues related to the self, such as '*self esteem*', '*self awareness*', '*self knowledge*' and '*self development*'. When it comes to issues related to relationships and being in relationships, the lesson becomes an informal lesson where the teacher 'chats' about being in a relationship.

Extract 25

- 123 Interviewer: How is it taught? I didn't do L.O
- 124 Participants: mmh?
- 125 Interviewer: What is said? How is L.O taught?
- 126 Siya: It's about-
- 127 Amaz: Self-esteem=
- 128 Ayobanness: =self-awareness, self-knowledge=
- 129 Amaz: =and self-development.
- 130 Interviewer: And then, when does it relate to dating?
- 131 Amaz: () Well, sometimes, our teacher just chats with us, casually.

Extract 26 comes from an individual interview conducted with a male participant between 22-30 years of age. He was also taught life orientation; he was taught about protection from sexually transmitted diseases. This is illustrated when he says '*we were taught in school about safety*'.

Extract 26

- 19 Participant: ... me?=yes= <ey I do not want to lie uh I got this information
20 from school> I found out when I was in school, we were taught in school
21 about safety and so on, I mean from what we were learning in school, in
22 Life Orientation and so on, and so on it was available there hmm in the
23 past years..mm perhaps in 2005 – yes – mm

Extract 27 comes from an individual interview with a female participant aged 24 years. The participant discusses that she was taught sexual reproductive health. This illustrated when she says '*there are pregnancies, there are infectious diseases, not only AIDS*'.

Extract 27

- 116 Respondent: there are pregnancies, there are infectious diseases, not only AIDS
- 117 Interviewer: mm
- 118 Respondent: even STIs
- 119 Interviewer: mm
- 120 Respondent: so if ever you sleep with a boyfriend, use a condom
- 121 Interviewer: so they say that there in the schools
- 122 Respondent: at school mm

5.6.1 Informal lessons

Extract 28 comes from a focus group conducted with female participants aged between 18-25 years. The participants talk about the casual lessons that they receive from their teachers. In the following extract they talk about how to manage sexual relationships. The participant says the teacher commented that *'you shouldn't sleep with 'thingy'* (referring to men) before being independent. Independence in this case was being measured by studying and eventually getting work in the future. This is illustrated when a participant says the teacher argued that *'what you should 'strive for is study and finish, when you, when you working'*. They are also taught that when they are younger they are at risk of sexually transmitted diseases and pregnancy. This is illustrated when a participant commented that their teacher said *'because you will sleep with a boy and you will be pregnant'* (line 1450) further on the participant says *'you will get infections'* (line 1452).

Extract 28

1438 Nompilo: you shouldn't sleep, with, with, the 'thingy'=
 1439 Amanda: =a young man
 1440 Nompilo: a boy=
 1441 Interviewer: =without preventing?
 1442 Nompilo: while still young, still young, you see? Then, What teachers =
 1443 Amanda: fully support
 1444 Nompilo: strive for is study and finish, when you, when you working, =
 1445 Thando: =that's when
 1446 Nompilo: that's when you do 'thingy'=
 1447 Bongi: =sleep with boys
 1448 Nompilo: sleep with boys =
 1449 Thando: =doing things
 1450 Nompilo: because you will sleep with a boy while you still young you will get pregnant =
 1451 Thando: =you would still have a boyfriend
 1452 Nompilo: you will get infections=

67

Extract 29 comes from an individual interview conducted with a male participant aged 24. In line 48 the participant indicated that in an informal interaction with a teacher they would talk about girls. In line 49 they reflect on how they would talk about how to have sex with a girl. They would further talk about what one should do with a girl when she comes to visit (line 51). The participant enjoyed this unconventional way of teaching (line 52). Lastly in line 61 the participant says they talked about how to start having sex when your girlfriend comes to visit.

Extract 29

48 Participant: so you see (.) when they chatting (.) chatting about girls you see (.)
 49 like they would chat about a girl(.) like how you sleep with her you see
 50 Interviewer: ok
 51 Participant: when there's a cherry , what you should do you see (.) so it was those things
 52 you see
 53 Interviewer: ok
 54 Participant: so it becomes nice (.) laughing you see
 55 Interviewer: oh ok tell maybe what? (.) How must you have sex with her (.) or what do
 56 they tell you, maybe positions?
 57 Participant: You know-
 58 Interviewer: that you must do maybe
 59 Participant:→ Like (.) things similar (.) *xaufikelwe* (when you are visited)(.) by your
 60 girlfriend you see (.)
 61 They would say maybe Eish (.) but there is that thing when you first touch this person and
 62 you shy (.) And they would say no don't be shy when *ufikelwe* (visited) by a person you
 63 must relax you see (.) be the way you are you see.

5.7 The influence of these different sites

The youth of *Ematyholweni* are learning about sex and relationships from various sources. This influences masculine and feminine constructions of identity within sexual relationships. In *Ematyholweni* these aspects impact on risky sexual behaviour. In the following section, how constructions of masculine and feminine identities are shaped by these sites will be explored. This discussion will also look at how this influences risky sexual Behaviour.

5.7.1 The role of being a man in a relationship

Extract 30 comes from a focus group conducted with female participants between 18-24 years of age. In the following extract, participants talk about their understanding of what it means to be a man in a relationship In line 472 the participant says '*for example a man ne, a man can date me and date Zenande, date Lesego*'. She suggests that a man in this context can be in a relationship with multiple partners. The participant further says '*you see man ne, I mean there's nothing wrong to him, according to our culture*'. This participant highlights two issues: that it is accepted for a man to be in multiple relationships, and that it is culturally normal for a man to behave in this manner. The participants further discuss how if they behave in the same manner, they are perceived differently.

The participants use the word '*isibethi*' (player) to describe someone who has multiple partners. When women take on the same role they are devalued and labeled. This is illustrated when the participant says '*they are going to say you are a bitch*'. This extract also highlights the contrast in expectations for men and women. Women who are promiscuous are seen as '*iwule*' (whores) or '*bitches*' (*isifebe*) whereas men who have many partners are seen as '*players*' which has a positive connotation.

Extract 30

472 Lulama: [for example a man ne] (.2) a man can date me and date Zenande. Date Lesego, you see
473 Interviewer: mm
474 Lulama: you see man ne. I mean there is nothing wrong to him, according to our culture
475 Interviewer: mm
476 Lulama: but if I could date Zenande
477 Zenande: there is nothing wrong
478 Lulama: and Lesego and like the time yes there is something wrong because
479 Participant: what is wrong with that
480 Participant: they are going to say you are a bitch
481 Participant: even him, he is *isibethi* ((player))
482 Participant: but-
483 Participant: hear the names he is *isibethi* you are a bitch
484 Lulama: and *iwule* (whore)

Extract 31 comes from a focus group conducted with female participants between 15-17 years. The participant says that her teacher had said that '*dating a person is not wrong but sleeping with one is*'. The teacher seems to be encouraging the participant not to be sexually active and to '*date*'.

In the discussion, the participants are reporting the teachers' advice. Another participant explains that what the teacher was saying was that you should avoid being sexually active with boys '*because he will sleep with you and sleep with you and then leave you like that*'. The participant further says that the teacher advised that the boy will then leave you like that '*pregnant, and won't want you*'. This highlights that the participants are taught that men are promiscuous. They are warned that they might be abandoned in the event of a pregnancy. In the '*lesson*', this is contrasted with a loving relationship in which sex is not the focus.

Extract 31

- 109 Siya: Our teachers mostly tell us that dating is but not wrong but sleeping with a person is.
110 Amaz: Because he will sleep with you- then- sleep with you and sleep with you and then
111 leave you like that, pregnant and then won't want you.
112 Ayobaness: And a person who loves you would never force you to do things that you don't
113 feel comfortable with. And if a person doesn't love you it's not always going to be about
114 (hh)- the topic will always be about sex.

Extract 32 comes from a focus group conducted with male participants aged between 18-24 years. In this extract a participant says '*but what I don't understand bra, it can never happen that mjita (young man) only dates one girl*'. This participant talks about how it is unusual for a young man to be in a monogamous relationship. The participant further says '*I mean to tell themselves that they are only going to date this one mntwana (child) only↑, not in our age group- that way is rare*'. This participant argues that when one is a young man being a '*player*' is accepted within his peer group. However, not all of the participants have the same views; they challenge each other. In line 399 Bricks argues that to cheat on your partner means to not love your partner which deviates from what the other participant is saying. He acknowledges that multiple partnering is wrong.

Extract 32

391 Wenzile: But what I do understand bra ((interviewer's nickname)) it can never happen that
392 *mjita* only dates one girl (.) I mean to tell themselves that they are only going to date this
393 one *mntwana* only[↑], not in our age group- that *way* is rare. *Mjita* gets tired of *umntwana*
394 and says- sees that he is tired of this one- ((and doesn't want to get to a point where they
395 are tired of each other)), it is rare for *umjita* to tell themselves that I am faithful, I only
396 *dyola* with this one *mntwana*

397 Bricks: That means that you don't love this *mntwana* then

398 Sazi: Huh?

399 Bricks: That means you don't love this *mntwana*

400 Sazi: You will love her[↑] (.) in that manner (.) I mean that – love-you will have love for her-
401 but there will be one that is greater

Extract 33 comes from a focus group with male participants' between 25-30 years old. The participants were asked about what were the kind of things that prevented safe sex. The participant says '*when you having sex with me while I am wearing a condom you (his partner will) say I can't do it properly, I am cold*'. This participant argues that his partner will see him as lacking (he can't 'do it' properly). The term 'cold' in this context may have two meanings. One being, sex with a condom will not be pleasurable, it will lessen the physical sensation of the act. Two, the participant might view this as meaning that he has a lack of emotional attachment to his partner when having sexual intercourse. To be perceived as not being able to perform sexually would be a threat to his identity as a man.

Extract 33

- 300 Stix: why? For me, for, According to my side, the way I see it you see, when you get a girl, you
301 are mindful of feeling the pleasure, when a sister get a man she too wants to feel the pleasure, but
302 the pleasures of today we take them as sex you see?
- 303 Lubabalo: yes
- 304 Interviewer: yes
- 305 Stix: when, when you having sex with me while I am wearing a condom you say I can't do it
306 properly, I am cold (lacking), things like that you see?
- 307 Interviewer: yes

Extract 34 comes from a focus group conducted with male participants between 18-24 years. The participant says '*when you use a condom, it's as if you can't feel it*'. This illustrates that use of condoms is resisted because of perceived lack of pleasure. In this extract the participants argue that when you do use a condom '*eating a sweet with its wrapper still on*', one gets ridiculed by his friends.

Extract 34

- 555 Sazi: O:::k↑ eh when you use a condom, it's as if you can't feel it
- 556 ((giggling))
- 557 Participant: he↑ yoh↓
- 558 Sakhi: And another thing (.) your friends will laugh at you and say that you are eating a
559 sweet with its wrapper still on
- 560 Interviewer: Ok, so you are laughed at?
- 561 Sakhi: You are told that you eat the sweet with the wrapper so you don't feel anything

5.7.2 The role of being a woman in a relationship

Extract 35 comes from an individual interview conducted with a 21 year old female participant. In this extract the participant is an observer looking at her peers being in '*happy*' relationships. The idea of being in a relationship is valued because of what it promises that is, happiness.

Extract 35

- 222 Interviewer: oh ok (.) so where did you hear that thing of (.) when you want to be in a
223 relationship you do this and that?
- 224 Participant: ↑from friends
- 225 Interviewer: mmm
- 226 Participant: these things you see from friends
- 227 Interviewer: do you see them or do they talk about them?
- 228 Participant: some of them you see and some of them you hear when they talk
- 229 Interviewer: let's say when you see (.) what do you see?
- 230 Participant: like maybe when you see them sitting with their person (.) they happy you
231 see
- 232 Interviewer: and you see them loving each other

Extract 36 comes from a focus group conducted with female participants with ages between 25-30 years. In this extract a participant says '*I will never, it will never know how much I really love him unless I sleep with him*'. The participant learns from her friends that she is obligated to have sexual intercourse in the relationship as proof of her love. She then engages in sexual intercourse to prove to him that she loves her partner. This is illustrated when she says '*so that it will know that I really love him*'.

Extract 36

- 282 SISIPHO: so we, I am in a relationship with the boy I am in a relationship with =
- 283 INTERVIEWER: =yes
- 284 SISIPHO: I will never, it will never know how much I really love him unless I sleep with him=
- 285 INTERVIEWER: =yes
- 286 SISIPHO: that is what friends say=
- 287 INTERVIEWER: =yes
- 288 SISIPHO: so I too believe them that I have to find a chance to go sleep with the boy=
- 289 INTERVIEWER: =yes
- 290 SISIPHO: so that it will know that I really love him =

In line 292 in extract 36 the participants further argue that '*and he has that thing of, if you won't sleep with him, he will leave you and go be in a relationship with someone*

else'. Therefore in order to keep the relationship, women have to have sex. There is even a threat from the other women that if you do not have sex with your boyfriend, we will 'take him' from you.

Extract 36 continues

- 291 ZIZO: and he has that thing of, if you won't sleep with her he will leave you and go [be in a
292 relationship with someone else=
293 SISIPHO: = [be in a relationship with someone else
294 ZIZO: you see?
295 INTERVIEWER: yes
296 ZIZO: you do realize I too love this person I want to him to be in love with me, you see you end
297 up sleep with him, you see because your friends do tell you that 'yoh, if you don't sleep with
298 him [we'll take him from you'
299 SISIPHO: = [we will take him from you
300 ZIZO: you see, you too don't want that thing of losing your man to someone else =
301 INTERVIEWER: =yes
302 ZIZO: and maybe you'll end up sleeping with him=

The following extract comes from a focus group discussion between female participants between 15-17 years of age. In the extract the interviewer asked the participants about what Behaviour they think puts them at risk within their relationships. The participant states that *'it is loving him too much and not wanting to break up with him'*. This suggests that holding on to the relationship, and 'loving' one's partner potentially sets up a context for risky sexual behaviour.

Extract 37

- 810 Participants: So which reason do you see as being the best
811 that answers the question according to the votes?
812 Khanyi: It is loving him too much and not wanting to
813 break up with him.
814 Interviewer: Do we all agree?
815 Participants: ((inaudible))
816 Interviewer: mmmh?
817 Participants: Yes

Extract 38 comes from a focus group with female participants between 18-24 years old. The participants fear not being in a relationship. This is illustrated when the participant says '*I don't want to be left, we don't like being left*'. However, this idea of needing to be in a relationship seems to put them at risk. This is illustrated in line 603-606 when the participants discuss what happens when you use a condom, in this extract the participant uses the word '*rap*' (meaning a sweet wrapper). The participants further state that they fear being '*left*' by their boyfriends for someone who will have unprotected intercourse, for example, '*skin on skin*' sex.

Extract 38

- 596 Interviewer: (O)kay, okay, no then, I hear you and then, we said which one, Oh we said you
597 don't him to dump you, you know when we talking with other people especially the young ones
598 it was important to them that they don't want to be dumped=
599 Bongi: yes, we don't want to lose them to others remember
600 Viwe: = yes
601 Amanda: I don't want to be left, we don't like being left=
602 Viwe: =yes
603 Amanda: and then they say, 'yho', no you giving me a sweet while it still on its rap'
604 Thando: that one=
605 Bongi: =let me go to that one that will=
606 Thando: = give me skin on skin

5.8 Summation of the results

The results section began with the descriptive data. In this phase different sites where the youth of *Ematyholweni* learn about sex, relationships and gender roles were discussed. In the second part of this results section the masculine and feminine identities that were constructed through learning about sex, relationships and gender roles from these sites were presented. Finally how these identity constructions potentially influenced risky sexual Behaviour was analysed.

The results section showed that female participants learn about the importance of being in a relationship. The female participants seem to be learning that the value of a woman is determined by being in stable committed relationship. The consequence of this was that they wanted to remain in a relationship even when sexually risky Behaviour was involved. They endured multiple partnering and lack of condom use because they wanted to keep a relationship.

Within this section it was illustrated that the male participants learn that the purpose of having a relationship is to have sex. Male participants equated manhood with being in relationships and being with multiple partners. The pressure to prove manhood took precedence over the need to protect themselves from, or to prevent the spread of, a sexually transmitted disease. Chapter 6 will discuss the findings of this study in detail, positioning them within Hollway's (1984) discursive framework as an analytic tool.

Chapter 6: DISCUSSION

This study set out to identify and understand barriers to safe sex for the youth of *Ematyholweni*. This study intended to explore gender and power dynamics in relationships that influence HIV risk. This was done by identifying how the youth of *Ematyholweni* learn about sex, relationships and gender roles. Chapter 5 has discussed the descriptive findings of the study presented in the previous chapter using the literature review. This chapter will discuss the descriptive findings of the study presented in the previous chapter but in relation to the discursive framework of Hollway (1984) who talks about dominant discourses such as the have/hold discourse and the male sex drive discourse and the permissive discourse. It is also important to note that other authors raise many other discourses but the have/hold discourse and the male sex drive discourse were the two dominant ones that emerged in the analysis of the data.

The argument in this thesis is that the participants' investments in these discourses potentially influences risky sexual behaviour. Using these discourses helps examine and frame the descriptive findings presented above within a social context in which sexual behaviour takes place. This chapter will attempt to show how young people draw on these discourses to justify risky sexual behaviour, and how these two dominant discourses set up barriers to safe sex for young people. This section will also show how these discourses are created and maintained by the school, the clinic, the mass media, parents, peers and traditional *isiXhosa* games, in this particular research site.

This chapter will be divided into two parts. The first part will focus on how gender difference are socialized in different sites. The second part will focus on discourses. Firstly, it will focus on the have/hold discourse and how male and female participants draw on this discourse - and how this influences risky sexual behaviour. Secondly it will focus on the male sex drive discourse and how male and female participants draw on this discourse - and how this influences risky sexual behaviour.

6.1 Knowledge of HIV/AIDS prevention and exposure to risk

Research shows that young people in South Africa have knowledge about HIV prevention (Ahmed, 2006). According to Delius and Glaser (2002) the challenges raised by the HIV/AIDS pandemic in South Africa has focused attention on how children and

young people learn about sex. Despite this knowledge young people still engage in unsafe sex. The results of this study showed that in *Ematyholweni* young people have knowledge about the prevention of HIV/AIDS, but they engaged in risky sexual behaviours to maintain particular masculine and feminine identities. The results showed that young people learn about sex, relationships and gender roles from school, clinics, the mass media, peers, parents and through traditional *isiXhosa* games. The results showed that from these sites they are learning masculine and feminine identities that influence risky sexual behaviour. It seems that they are investing in particular discourses to justify risk taking behaviour.

6.2 Sexual socialisation and different sites

The section will discuss gender difference and how male and female participants are socialized in different sites. Firstly, as discussed in the results chapter, participants perceived their parents as having difficulties in communicating about sex and relationships. Izugbara (2008) argues that poor sexuality education at home involves the use of fear and the portrayal of sex using scary images and young people's sexual behaviour in terms of immorality. In extract 5 female participants described instances where their mothers said '*sex is an adult affair and belonged to the realm of the private, in this case marriage*'. Mothers also indirectly saw boys as dangerous and risky, and argued that girls would be taken advantage of by these boys. This communicates that boys have power over decision making of how sex happens.

Nolin and Petersen (1992) argued that son-daughter variations are largely due to the greater role taken by the mother in family sex education. In this study the responsibility for teaching daughters about sex was left to the mother and there was a refusal by fathers to teach their daughters about sex.

However, some fathers expected their sons to be in relationships and when they were not, they were ridiculed and pressured into being in a relationship. When fathers noticed that their daughters were in relationships, this would not be allowed, and for example they would not allow their daughters to answer the phone in the house. Mothers did not communicate with their sons in the same way, mothers communicate to daughters and fathers communicate to sons. Nolin and Petersen (1992) concur that gender differences in family communication creates a sexual double standard. In this case the double

standard is that daughters are not allowed to be in relationships whereas sons are encouraged to be in relationships.

Similar gender differences were noted in the way the participants seemed to have been taught at school about sexuality. Although participants mentioned learning about sex through the formal curriculum such as in life orientation, much of what was taught was through informal discussions with teachers about relationships. Altinyelken and Olthoff (2004) argue that schools are involved in teaching learners about sexuality through a hidden curriculum. This informal curriculum enables or limits students to acquire knowledge and understanding about sexuality from teachers within the school community. An example of this can be made by discussing how boys' and girls' sexuality education differs within the classroom context in the data. In this study, female participants were taught that they *should not sleep with boys, as boys are reckless 'you sleep with them, they make you pregnant'* (extract 28). The teacher making these comments sets up boys as being the ones who make the decisions about sex and therefore the ones with the power to define how sex happens. As mentioned previously, this influences risky sex, in that male participants in this study described instances where they favored unprotected sex. The female participants engaged in risky sex to maintain a relationship.

The male participants on the other hand were taught that they should be in relationships and when they are in relationships, they should be having sex. These examples firstly portray young people as knowing what is expected in a sexual relationship. Some authors attribute this to young people being viewed as knowledgeable about sexuality and bringing their own experiences into the classroom context (Francis, 2010; Pattman & Chenge, 2003). When these ideas are not challenged and learners are perceived as 'knowers', this may perpetuate the idea that a large part of existing sexuality values, attitudes, beliefs and practices is directly or indirectly related to gender and power issues (Francis, 2010; Pattman & Chenge, 2003).

Similar gender differences were noted within the public health services, particularly with the female participants. Although participants described instances where they received both sexual reproductive health and HIV/AIDS prevention services, there were challenges. Previous research has found that young people have difficulties accessing sexual reproductive health services (Erulkar et al., 2005). There is often a negative

attitude toward young unmarried women who are sexually active. Young women are often stigmatized or punished for sexual involvement. In this study, female participants described instances where they were embarrassed about going to the clinic. This was related to the fact that acknowledging that they needed advice about sex or protection in sex was proof of their sexual activity. On the other hand male participants avoided going to clinics and spoke about their partners going to clinics to get contraceptives. As a young person, exposure of one's illicit sexual activity would be difficult in a small rural community.

In the above discussion the school, parents and clinics sites were similar in the way young people were socialized about gender differences. The next section will discuss how the media and peers socialize young people.

Researchers have contended that young people who perceive their friends to engage in a certain risk behaviour are more likely to also engage in this behaviour (Gibbons et al., 1998; Andrews et al., 2002). In this study male participants encouraged each other to have multiple relationships and engage in risky sexual behaviour. They also encouraged each other not to use contraceptives. Female participants influenced each other to be in relationships. For example when some participants saw their friends in what seems to be a happy relationship, they were then wanted to be in a relationship. In some instances they encouraged each other not to use contraceptives in order to maintain being in a happy relationship. Peers thus engaged in risk taking behaviours to gain acceptance from their peers and a sense of belonging.

Authors argued that the media is often explicit about sexuality when others are not, others being schools and parents (Buzwell & Rosenthal, 1996; Strasburger, 1995). The media covers topics such as passion and sexual pleasure that other sources may avoid (Buzwell & Rosenthal, 1996; Strasburger, 1995). In many instances the participants in this study learnt how to have sex from various sources of media such as television, the internet and cellular phones. In the findings, male and female participants described instances where they would watch programs with sexual content on television. In comparison to other sources, television, is more supportive of sex, typically focusing on the positive possibilities of sex rather than its problems and consequences (Brown

& Keller, 2000). Thus, this positive portrayal of sex influenced participants to desire and sometimes practice what they had been watching on television. There were a few instances where participants seemed to have learnt about sex from cellular phones or the internet. Some male participants watched pornography on their cellular phones which lead to them wanting to practice what they had been watching.

6.3 Have/hold discourse

As mentioned in the section above, parents, schools, clinics, the media and peers play an important role in the socialisation of young people. They also play an important role in socializing young people about gender differences. There were instances within the data where the have/hold discourse and the male sex drive discourse were drawn on by people in these various sites.

As indicated in the literature review, Hollway (1984) argued that the have/hold discourse is characterized by the desire for a family and the security of ‘keeping’ a man rather than the desire for sex. In this discourse, women are constructed as successful if they are able to maintain a monogamous relationship with a man and practice sex in pursuit of the pure goals of reproduction and holding on to a man rather than the ‘tainted’ desire of pleasure. This behaviour is deemed tainted because women are perceived as innocent and disinterested in having pleasurable intercourse.

Some female participants did not use condoms in their relationships. When they gave reasons for this the one dominant discourse was the have/hold discourse. Some female participants opposed condom use because of concerns about their partner’s sexual pleasure, as well as the suspicion that their chances of keeping their partners as argued by Jewkes and Morrell (2011), in the competitive world of multiple sexual relationships would be greater with unprotected sex. Hollway (1984, p.232) argues that “this notion of ‘keeping’ a man has its focus on ‘Christian ideals associated with monogamy, partnership and family life’”. In this context, women ‘keep’ a man because of the status and respectability that comes with being in a relationship. If having protected sex means that your male partner will leave you for someone else, women argue that they ‘love’ their partner, and will continue with unprotected sex, in order to keep the relationship. It is in this way that women justify unsafe sex practices.

In the research site, some parents and teachers taught children that they should resist getting into relationships unless they obtain what they really desire, which is emotional commitment. This reflects a point by Hollway (1984) that respect for women, and their success, comes when they can show that they are able to maintain a monogamous relationship. In the research site, men were constructed by parents and teachers as irresponsible, as not committed, and as ‘using’ women. Parents and teachers draw on the have/hold discourse, arguing that young women should find a man that they can be committed to, and not be used and abused (and lose status and reputation) by just giving themselves to everyone. This kind of sexual socialisation is inconsistent, because some female participants felt that they have to be sexually active (this is an expectation of a relationship). Thus, this is in tension with the idea that peers set up an expectation for men and women to be sexually active.

Parents, teachers and young people argued that men ‘needed’ sex, that it was ‘natural’ that one should expect them to not be trustworthy and to have multiple partners. Parents, teachers and the youth themselves thus also draw on the male sex drive discourse. The question then becomes how can these young women secure the man in such a context where multiple partnering for men is also acceptable? Young people in the research site draw on, and situate themselves and youth in these discourses, and this governs the activities in sexual relationships and sets up possibilities for risky sexual activity.

6.4 Male sex drive discourse

The other dominant discourse used by participants in this study was the male sex drive discourse. Hollway (1984) argued that within the male sex drive discourse men are constructed as having a strong biological urge to have sex and as pursuing sex primarily to fulfill sexual drives or natural sexual desires. This urge is constructed as a biological necessity, where men must have sex as much as they can and with whomever they possibly can. In this study, it was clear that male participants favored multiple partnering over being in monogamous relationships. Many of the male participants argued that it was unusual for a man to be in a monogamous relationship. In this study men learnt directly, and indirectly, from their parents and educators at schools that young men ‘use’ women. Mothers saw boys as dangerous and risky. They would say ‘boys take advantage of girls in that they will sleep with them and then leave them’. The same discourse was drawn on in the school context. Teachers would say ‘girls

should not sleep with boys, as boys are reckless you sleep with them, they make you pregnant'. Dolezal et al. (2005) argued that in South Africa sexual risk behaviour is situated in a context of differing degrees of power within relationships. From the example given above, the idea that men use women confirms that there is inequality within relationships. In this case, men have power in relationships over how sex happens.

Male participants were also seen as knowledgeable about how sex happens in relationships, an example of this can be made from the school context. The way men and women were taught, through informal lessons, differed. Male participants were taught that they should be in relationships and when they are in a relationship, they should be having sex. Participants reflected on how teachers would talk about how to have sex with a girl. They further talked about what one should do with a girl when she comes to visit. As mentioned previously women were taught differently. Women were cautioned that boys are reckless and use women and that they should save themselves for marriage. Thus, young men in the research site are encouraged to be in sexual relationships. When they are not, they are ridiculed. As an example, they are given names such as *isishumane* which refers to a 'useless shoe maker'. In extract 32 the participant reiterates this point when he says ' *I mean to tell themselves that they are only going to date this one mntwana (child) only↑ , not in our age group- that way is rare*'. To avoid being ridiculed men identified with being in multiple relationships and having unprotected sex. This gives them status and identity that is driven by being sexually active. This can be supported by research done by Bowleg et al. (2010) when they argued that ideologies of masculinity articulate that men should have sex with multiple women.

Male participants perceived themselves as sexual risk takers through multiple partnering and unprotected sex. The way male participants influenced each other potentially set young men up for risk of HIV. Male participants influenced each other to be in multiple relationships, for example participants argued that it was unusual for a young man to be in a monogamous relationship saying '*it can never happen that a young man only dates one girl, it is rare*' (extract 34). Male participants further influenced each other to not use condoms. For example in extract 34, they argued that '*when you having sex while wearing a condom you say I can't do it properly, It is like eating a sweet with its wrapper still on*'.

It is clear from the participants' talk about sex and relationships, that the male sex drive discourse is drawn on to confer power in relationships to men. Drawing on this discourse justifies their positioning of themselves and others in the have/hold and male sex drive discourse; they justify the kind of sexual activity that takes place in relationships. Condomless sex, and having multiple partners are the risk activities which as a result can put young people at risk of HIV/AIDS. In the research site, young women, and men, as well as parents and teachers, draw on the male sex drive discourse to explain and justify the way in which young men and women should relate to each other. There were very few challenges to these dominant discourses. Only one young male participant argued that one needed to demonstrate your love to your partner by not having other partners. This was illustrated in extract 35 where a participant disagrees with his peers by rejecting their ideas of being in multiple relationships. This is done when the participant states that '*that means you don't love this mntwana (child)*' in extract 34. This is an indication that he wants to be in a committed monogamous relationship.

This chapter has discussed the results of this study. It has shown how the themes that were identified in the results are related to dominant discourses about male and female identity, which in turn influence how young people learn about sex, relationships and gender roles. This chapter argued that what and how young people learn about relationships, sex and gender roles influence particular masculine and feminine identities that put them at risk for HIV. Thus, they invested in dominant discourses. The next chapter will discuss the strengths and limitations of the study. It will also look at the implications of the study and make recommendations for future research.

Chapter 7: CONCLUSION

This study aimed to understand sexual socialisation and gender dynamics that influence risky sexual behaviour for young men and women living in a rural area of South Africa in Eastern Cape, and by conducting individual interviews focus group discussions with young people between the ages of 15 and 30.

The aim was to describe where and what they learn about sex, relationships and gender roles and understand the gender dynamics that influence barriers to safe sex. It also asked the question: how do these youth come to follow these ways of engaging in sexual relationships, these ways of relating to men and women and following gendered positions? A thematic analysis of the data and the discursive approach were used as theoretical frameworks to better understand sexual Socialisation, gender dynamics and risky sexual behaviour of the youth in *Ematyholweni*.

This study had six research questions. The first research question looked at what are the sites that the youth of *Ematyholweni* are learning about sex, relationships and gender roles from? The result of this was that they are learning from clinics, peers, the mass media, parents, schools and through traditional *isiXhosa* games. The second research question focussed on what they are learning from these different sites. Male participants seemed to learn about sex and how sex happens. Women learnt the importance of being in a long term relationship before engaging in sexual intercourse. The third research question investigated how what they are learning shaped gender identities. The results showed that female participants learnt that for women status and respectability come from being in a relationship. For men they learnt the importance of a sexual relationship, and that multiple partnering was acceptable and expected.

The fourth research question investigated whether and how the participants positioned themselves in relation to two of Hollway's (1984) gender discourses. Hollway (1984) argued that men are typically constructed using the male sex-drive discourse. Hollway (1984) also proposed that the female identity and the sexual practice of women, are constructed using the have/hold discourse. The results showed that the participants invested in the male sexdrive discourse and the have/hold discourse to justify risky sexual behaviour. Most female participants engaged in unsafe sex to maintain a relationship. The female participants did this by enduring their partners multiple

partnering and at times left the decision of using contraceptives in their partners' hands. Thus, most female participants seemed to have learnt that to 'keep' a man was important at any cost (HIV risk) so as to attain a particular status and respectability. It is through acting out particular identities that they are drawing on the discourses. The participants were invested in Hollway's (1984) have/hold discourse and male sex drive discourse. For men, this is done through having status and power over having multiple relationships and making decisions within sexual relationships. For women, this is done through being submissive and maintaining a relationship. They both reproduced the discourses, drawing on them to construct meaning around identity in sexual relationships. In so doing, they justified risky sexual behaviour.

The fifth research question investigated whether the participants drew on, changed or rejected these discourses in relation to sexual behaviour. In this study most of the male and female participants drew upon these discourses to justify risky sexual behaviour. There were very few examples of changing or rejecting these discourses, however, there was an example of a male participant who valued monogamy and commitment in a relationship. There were also examples of female participants who were in multiple relationships.

It is evident from some of the points above that the sixth research question was also addressed in this study. The sixth and final research question investigated whether the participants drew on these discourses to justify risk in sex. The results showed that the participants draw on these discourses to justify risk in sex.

7.1 Limitations and strengths

There were limitations to this study some of these were related to not being part of the data collection process. This made it impossible for the researcher to follow up on particular questions to probe further and ask the participants to elaborate on interesting responses that they gave.

The study also had strengths which included the availability of the research team which spent a prolonged period of time in the research site helped as it allowed for verification and clarification of certain concepts and parts of the data that were not easy to understand which strengthened credibility. The research report provided a detailed account of a discursive theoretical framework that guided this study. This ensured a

thorough analysis of the data. It has also provided a detailed description of the recruitment procedures, the sampling of data and data analysis. This serves to strengthen the dependability of the study. The research provided a detailed account of the methodology of the study and in the results and discussion section, presents a thorough account of the research phenomenon. This serves to strengthen conformability. Through the focus groups discussions and individuals interviews the participants critically thought about gender dynamics and how it can influence or have an impact on risky sexual behaviour. This also serves to strengthen conformability.

The findings of this study cannot be considered to be generalizable, due to the limited sample size. However they could potentially be transferable to similar participants in similar contexts, because there a detailed description was provided around the characteristics of the research site, methodology and data analysis.

7.2 Implications and recommendations

Male and female participants in the study in *Ematyholweni* draw on specific gender discourses identified by Hollway (1984) to justify unsafe sex. Sexual practice is clearly rooted in gender identities and the impact of sexual socialisation. Therefore, there is a need to change the bigger picture rather than the individual behaviours. This means understanding that gender discourses are important in producing risky sexual behaviour. The process of sexual socialisation for young people in this research site draws on these gendered discourses, and reproduces particular identities for young men and women. These identities set up particular dynamics of risk.

It is possible that rather than focusing only on changing individual level knowledge about HIV and risk, there is a need to intervene on a societal level. Sathiparsad and Taylor (2006) argue that HIV prevention educators could provide counter narratives to challenge masculinity that positions females as submissive and sexual providers, and male sexual behaviour as biologically driven. They also argue that condom promotion must be accompanied by knowledge regarding prevailing power relationships, sexual and reproductive decisions are made (Sathiparsad & Taylor, 2006). The HIV prevention educators which they refer to, in the site of this research study could include parents, schools, clinics, peers and mass media.

This study has found that having knowledge about HIV and risk is not the only thing which needs to change. What people learn about sex, relationships and gender roles also needs to change, and it all needs to change on the level of discourse. Parents, mass media, public health services and schools need to acknowledge that sexual socialisation influences masculine and feminine identities in relationships which in turn impacts on HIV risk.

This research has suggested that there is a clear relationship between gender identity, sexual socialisation and HIV risk. However, it has noted that there is a need to address sexuality education policies. It will be worthwhile to investigate the plausibility of addressing sexual and gender dynamics within sex education programmes in schools. .

References

- Ahmed, N. (2006). Process of evaluation of the teachers training for an AIDS prevention programme. *Oxford Journal of Health Education Research*, 21(5), 621-622.
- Altinyelken, H. K., & Olthoff, J. (2004). *Education and Sexual and Reproductive Health and Rights: A Review of the Critical Debates*. The Amsterdam Institute for Social Science Research (AISSR) University of Amsterdam.
- Ampofo, A. A. (2001). When men speak women listen: Gender Socialisation and Young Adolescents Attitudes to Sexual and Reproductive Issues. *African Journal of Reproductive Health*, 5(3), 196 – 212.
- Anderson, A., MacPhail, C., Maman, S., & Pettifor, A. (2012). ‘If I buy the Kellogg's then he should [buy] the milk’: young women's perspectives on relationship dynamics, gender power and HIV risk in Johannesburg: *An International Journal for Research*, 14(5), 477-490.
- Andrews, J. A., Tildesley, E., Hops, H., & Li, F. (2002). The influence of peers on young adult substance use. *Health Psychology*, 21(4), 349–357.
- Askew, I., & Berer, M. (2003). The contribution of sexual and reproductive health services to the fight against HIV/AIDS: a review. *Reproductive Health Matters*, 11(22), 51–73.
- Babbie, E., & Mouton, J. (2005). Qualitative studies, in E. Babbie & J. Mouton. (Eds.). *The practice of social research* (pp. 269-311). Cape Town: Oxford University Press.
- Baloyi, G., O. (2006). *The evaluation of the National Adolescent Friendly Clinic Initiative (NAFCI) Program in the Greater Tzaneen Sub-District, Limpopo Province: South Africa*. Unpublished Masters Dissertation. Pretoria: University of South Africa
- Beal, C. (1994). *Boys and Girls: The Development of Gender Roles*. New York: McGraw- Hill.

- Biddlecom, A., Munthali, A., Singh, S., & Woog, V. (2007). Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. *African Journal of Reproductive Health* 11(3), 99-110.
- Bekhel, L., Diiorio, C., & Pluhar, E. (2003). Parent - Child communication about sexuality. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children*, 5(3-4), 7-32.
- Bogenschneider, K., Flood, M.F., & Raffaelli, M. (1998). Parent- Teen Communication about sexual topics. *Journal of Family Issues* 19(3), 315-333.
- Braun, V., & Clarke V. (2013). Teaching thematic analysis: Over-coming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
- Brislin, R. W. (1970). Back-translation for cross-culture research. *Journal of Cross-Cultural Psychology*, 1, 185–216.
- Brown, J. D., & Keller, S. N. (2000). Can the mass media be healthy sex educators? *Family Planning Perspectives*, 32 (5), 255–256.
- Bowleg, L., Massie, J., Malebranche, D., Patel, A., Teti, M., & Tschann, J. (2011). ‘What does it take to be a man? What is a real man?’ ideologies of masculinity and HIV sexual risk among Black heterosexual men. *An International Journal for Research*, 13(5), 545-559.
- Busse, P., Fishbein, M., Bleakley, A., & Hennessy, M. (2010). The role of communication with friends in sexual initiation. *Communication Research*, 37 (2), 239-255.
- Buzwell, S., & Rosenthal, D. (1996). Constructing a sexual self: Adolescents' sexual self-perceptions and sexual risk-taking. *Journal of Research on Adolescence*, 6 (4), 489–513.

- Campbell, C., & MacPhail, C. (2001). 'I think condoms are good but, aai, I hate those things': Condom use among adolescents and young people in a Southern African township. *Social Science and Medicine*, 52(11), 1613–1627.
- Carrera, M.A. (2003). *Parents and their children learning about Sexuality. The Children's Aid Society*. Retrieved from <http://www.advocatesforyouth.org/parents/165-parents>. Accessed on October 2014.
- Chen, H., & Boore, J.R.P. (2009). Translation and back-translation in qualitative nursing research: methodological review. *Journal of Clinical Nursing*, 19, 234–239. doi: 10.1111/j.1365-2702.2009.02896.x
- Dejong, W., Gortmaker, S.L., & Pulerwitz, J. (2000). Measuring Sexual Relationship Power in HIV/STD Research. *Harvard School of Public health*, 4 (7-8), 789-800.
- Delius, P., & Glaser, C. (2002). Sexual Socialisation in South Africa: A historical perspective. *African Studies*, 61(1), 27-54.
- Department of Education. (2000). *Implementation plan for Tirisano*. Pretoria: Government Printer.
- DiIorio, C., Dudley, W. N., Kelly, M., Soet, J. E., Mbwara, J., & Potter, J. S. (2001). Social cognitive correlates of sexual experience and condom use among 13-through 15-year-old adolescents. *Journal of Adolescent Health*, 29(3), 208–216.
- Eccles, J. S., Jacobs, J. E., & Harold, R. D. (1990). Gender role stereotypes, expectancy effects, and parents' socialisation of gender differences. *Journal of Social Issues*, 46 (2), 186-20.
- Erulkar, A. S., Onoka, C. J., & Phiri, A. (2005). What is youth-friendly? Adolescents' preferences for reproductive health services in Kenya and Zimbabwe. *African Journal of Reproductive Health* 9(3), 51–58.
- Francis, D.A. (2010). Sexuality education in South Africa: wedged within a triad of contradictory values. *Journal of Psychology in Africa*, 21(2), 319-324.

- Gibbons, F. X., Helweg-Larson, M., & Gerrard, M. (1995). Prevalence estimates and adolescent risk behaviour: Cross-cultural differences in social influence. *Journal of Applied Psychology*, 80 (1), 107–121.
- Hancock, B., Ockleford, E., & Windridge, K. (2009). *An introduction to qualitative research*. National Institute for Health Research, Research Design Service EM/YH. Retrieved from http://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf. Accessed on September 2014.
- Harrison, A., Kubeka, M., Morrell, R., Monroe-Wise, A., & O’Sullivan, L. (2006). Gender dynamics in the primary sexual relationships of young rural South African women and men: *An International Journal for Research*, 8(2), 99-113.
- Hewlett, L. (2006). *Youth Sexuality and HIV/ AIDS prevention A Literature Review*. Johannesburg, South Africa: Commissioned by Soul City. Retrieved From <http://www.soulcity.org.za/projects/soul-buddyz/soul-buddyz-series-4/literature-review/youth-sexuality-and-hiv-aids-prevention-a-literature-review>. Accessed on October 2014.
- Hollway, W. (1984). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn, & V. Walkerdine (Eds.), *Changing the subject: Psychology, social regulation and subjectivity* (pp. 227–263). New York: Routledge.
- Izugbara, C. O. (2008). Home-based sexuality education: Nigerian parents discussing sex with their children. University of Uyo and the African Population and Health Research Center. *Journal of Social Science*, 39(4), 575-600.
- Jennings, M. A. (2006). *Integration of Life Skills and HIV/AIDS into the Schools’ Life Orientation Curriculum creating a model for NGO’s*. Unpublished Masters Dissertation. Stellenbosch: Stellenbosch University.
- Jewkes, R. & Morrell, R. (2011). Carework and caring: A path to gender equitable practices among men in South Africa? *International Journal for Equity in Health*, 10(17), 222-229.

- Kvale, S. (1996). *InterViews: an Introduction to Qualitative Research interviewing*. Sage Publications.
- Kuper, A., Lingard, L., N, & Levison, W. (2008). Critically appraising qualitative research. Retrieved from:
http://www.bringhamandwomes.com/medical_professionals/career/cfdd/Mentoring%Resources/BMJ-2008-qualitative. Accessed on October 2014.
- Mabitsela, O. (2014). *Adolescent health service in South Africa NAFCI- the national adolescent friendly clinic initiative*. Department of Social Sevelopment, Pretoria. Retrieved from:
<http://www.ppdafrika.org/docs/southafricaadolescent.pdf>. Accessed in October 2014
- Michael, A., Pulerwitz, J., Verma, R., & Weiss, E. (2010). Addressing gender dynamics and engaging men in HIV programs. *International Center for Research on Women*, 125(2), 282-292.
- Miller, K.S., Kotchick, B.A., Dorsey, S., Forehand, R., & Ham, A.Y. (1998). Family communication about sex: What are parents saying and are their adolescents listening? *Family Planning Perspectives*, 30(5), 218–222.
- Mitchell, C., Walsh, S., & Larkin, J. (2004). Visualizing the politics of innocence in the age of AIDS. *Sex Education*, 4 (1), 35–47.
- Morrell, R. (1998). Of boys and men: masculinity and gender in Southern African studies. *Journal of South African Studies*, 24 (4), 605-630.
- Nolin, M. J., & Petersen, N. N. (1992). Gender differences in parent-child communication about sexuality: An Exploratory study. *Journal of Adolescent Research*, 7 (1), 59-79.
- Olakubi O., O & Akinjide, A., G. (2010). Who breaks the ice in parent-child sexual communication: counselling implication for adolescent health development? *International Journal for Cross Disciplinary Subjects in Education*, 1(2), 88-92.

- Palys, T. (2008). Purposive sampling. In L.M. Given (Eds.), *The Sage Encyclopedia of Qualitative Research Methods* (pp.697-698). Thousand Oaks: Sage.
- Pattman, R., & Chege, F. (2003). “Dear diary, I saw an angel, she looked like heaven on earth”: sex talk and sex education. *African Journal of AIDS Research* 2 (2), 103–112.
- Sathiparsad, R. & Taylor, M. (2006). ‘Diseases come from girls’: Perspectives of male learners in rural KwaZulu-Natal on HIV infection and AIDS. *Journal of Education*, 38 (1), 117-137.
- Shenton, A.K. (2003). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22 (2), 63–75.
- Shisana O., Rehle T., Simbayi L.C., Zuma K., Jooste S., Pillay-van-Wyk V., Mbelle N., Van Zyl J., Parker W., Zungu N.P., Pezi S. & the SABSSM III Implementation Team. (2009). *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.
- Silverman, D. (2005). *Doing Qualitative Research*. London: Sage.
- Statistics South Africa. (2014). *Mid-year population estimates 2014*. Pretoria: Statistics SA.
- Stewart, D. V. & Shamdasani, P. N. (1998). Focus Group Research: Exploration and Discovery. In J. Bickman, & J. Rog (eds). *Handbook of Applied Social Sciences Research Methods* (pp. 505-526). London: Sage .
- Strasburger, V. C. (1995). *Adolescents and the media: Medical and psychological impact*. Thousand Oaks, CA: Sage.
- Taylor, S. (2001). Locating and Conducting Discourse Analytic Research. In, M Wetherell; S Taylor, & J. Yates, Simeon (eds). *Discourse as Data. A Guide for Analysis* (pp. 5-48). London: SAGE.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied Methods Social Sciences*. Cape Town: University of Cape Town Press.

- Tope, O. (2012). *The influence of peer group pressure on sexual behaviour of secondary school students in Ijebu-Ode local government area of Ogun state*. Ogun State: Ego Booster books.
- UNAIDS. (2012). *Report on the global AIDS epidemic*. Geneva, Switzerland: UNAIDS.
- Varga, C.A. (2003). How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, 34(3), 160-172.
- Ward, L.M. (2002). Understanding the role of entertainment media in the sexual Socialisation of American youth: A review of empirical research. *Developmental Review*, 23 (3), 347-388.
- Wassenaar, D. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice. Applied methods for Social Sciences* (pp. 60-79). Cape Town: University of Cape Town Press.
- Wilbraham, L. (2004). Discursive practice: analysing a 'Lovelines' text on sex communication for parents. In D. Hook (Ed.), *Critical Psychology*, (pp. 487-522). Cape Town: UCT Press.

Appendices



Appendix 1

Letter for permission

Dear Nkosi

I have worked in *Ematyholweni* with various research projects since 1990. In 2000-2003 we conducted research about HIV/AIDS, youth, relationships and sexual health. I would like to consult with you, and seek your permission to continue the research in *Ematyholweni*, over the next few years.

The focus of the research would be on seeing how responses to HIV and AIDS have changed in *Ematyholweni*. It would look at what people know about HIV and AIDS, what they think about it and how they are responding to it. The team of people working on the project are from the University of KwaZulu-Natal, in Pietermaritzburg, and also staff and students from Fort Hare University.

The research would involve interviews and focus groups with young people, parents, church groups, traditional leaders, traditional educators, traditional healers, and the clinic staff. It would also involve workshops at which information collected in interviews and focus groups will be presented and discussed. The process of the research project is meant to include the residents of *Ematyholweni* in understanding and analyzing this information. It might happen that because we are all discussing the research process and the information together, changes will come out of the workshop process.

We would like to work in a few villages in *Ematyholweni*. Unfortunately because of time constraints it will not be possible to work in all of the villages. The project data collection would start in 2012, and might continue until the end of 2013.

The interviews and focus groups will be recorded so that the researchers can accurately capture what it is that people have said, and translate it into English. The workshop process will be filmed using a video camera, also to accurately record what people discuss. This information will then be transcribed (or written down) from the video recording.

The names of all of the people who participate in the interviews and focus groups will be kept confidential and known only by the research team. Each participant will be given a code number so that their views will remain private.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

I will be happy to answer any questions that you have about the project.

Yours sincerely

Dr Mary van der Riet

Senior Lecturer, Psychology, UKZN



Appendix 1A

8 December 2011

Nkosi Mhlambiso othandekayo

Ndike ndasebenza e-Ematyholweni ndisenza iinkqubo zophando ezininzi ukusukela ngo 1990. Ngo 2000-2003 senza uphando ngentsholongwane nesifo sikagawulayo,, ulutsha, ezobudlelwane kunye nempilo ekwabelaneni ngesondo. Ndingathanda ukuba sidibane, ukuzo cela imvume yakho yokuba siqhubeke noluphando e-Ematyholweni kuleminyaka embalwa elandelayo.

Ingqwalasela yoluphando kukubona ukuba iimpendulo malungelana nesifo sikagawulayo sezatshintsha na e-Ematyholweni. Oluphando lizakujonga ulwazi labantu ngentsholongwane nesifo sikagaqulayo, iingcinga zabantu ngesisifo kunye nokuba bapendula/bayibona kanjani lemeko. Iqela labantu abasebenza koluphando basuka e Yunivesithi yaKwaZulu-Natal, eMgungundlovu (Pietermaritzburg), kunye nabasebenzi, nabafundi abasukae Yunivesithi yaseFort Hare.

Oluphando luquka, udliwano-ndlebe kunye nengxoxiswano nolutsha, abazali, amabandla, inkokheli zesintu, iingcibi, abanyangi/izangoma kunye nabasebenzi base kliniki. Oluphando luzoquka/bandakanya iimfundiso/imihlangano apho ulwazi oluqokelelwe kudliwano-ndlebe nakwiingxoxiswano, lizokwandlalwa khona. Lenkqubo yoluphando yenzelwe ukuba abahlali base Ematyholweni babe nesabelo ekuqondeni nasekucalucaleni olulwazi. Kungezeka ukuba ngenxa yokuba sixoxisana sisonke kulenkqubo yophando kunye nakwi ncukacha, utshintsho lungavela emhlanganweni.

Singathanda ukuqhuba oluphando kwiilali ezimbalwa zaseEmatyholweni. Kodwa ngenxa yokuba ixesha esinalo lufutshane, asizukwazi ukuba sisebenze kuzo zonke iilali. Uqokelelo-lwazi loluphando luzokuqala ngonyaka ka 2012 futhi lungaqhubeka kude kuyophela unyaka ka 2013.

Iindliwano-ndlebe kunye nengxoxiswano zizoshicilelwa ukwenzela ukuba abaphandi babambe ngononophelo oko abantu abakuthethileyo, bakutolikele kwisingesi. Inkqubo yemfundiso/yomhlangano izoshicilelwa kusetyenziswa i-video camera, kushicilelwe nyanisekileyo oko abantu abakuxoxileyo. Olulwazi luzokubhalwa phantsi lusuka/lusukela kushicilelo lwe-video.

Onke amagama abantu abazobe behlomla/bethatha ingxaxheba kudliwano-dlebe nakwi ngxoxiswano azogcinwa efihlakele azokwaziwa liqela lophando kuphela. Wonke umntu ezoba ehlomla uzonikwa inombolo ukuze izimvo zabo zihlale zifihlakele.

Ezi nkukacha ziqokelelwe kule nkqubo yophando zisosetyenziswa ukubhala amanqaku azokwaziswa/bhengezwa kwi nkonfa ukwenzela ukuba abantu bafunde kumava oluphando. Abanye babafundi nabafundisi-ntsapho abaqhuba oluphando bazokusebenzisa lenkqubo yophando ukufezekisa/ukugqibezela izifundo zabo. Ndingathanda ukuphendula yonke imibuzo mayelana noluphando.

Ozithobileyo

Dr Mary van der Riet

Senior Lecturer, Psychology, UKZN



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YAKWAZULU-NATALI

Appendix 2



UNIVERSITY OF
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INYUVESI
YAKWAZULU-NATALI

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

8 November 2011

Dr M van der Riet (24839)
School of Psychology

Dear Dr van der Riet

PROTOCOL REFERENCE NUMBER: HSS/0695/011
PROJECT TITLE: Activity theory and behavior change

FULL APPROVAL NOTIFICATION – COMMITTEE REVIEWED PROTOCOL

This letter serves to notify you that your application in connection with the above was reviewed by the Humanities & Social Sciences Research Ethics Committee, has now been granted **Full Approval** following your responses to queries previously raised:

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

Best wishes for the successful completion of your research protocol

Yours faithfully

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

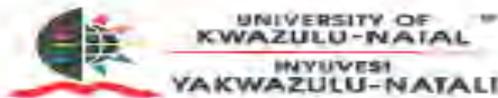
 1910 - 2010 
100 YEARS OF ACADEMIC EXCELLENCE

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



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YAKWAZULU-NATALI**

Appendix 3



5 August 2013

Ms Vuyolwethu Tulumu 213569768
School of Applied Human Sciences
Pietermaritzburg Campus

Protocol reference number: **HSS/0366/013M**
Project title: **Sexual socialization among the youth in rural Eastern Cape.**

Dear Ms Tulumu

Full approval notification – Full committee review

This letter serves to notify you that your application in connection with the above has now been granted full approval.

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

Best wishes for the successful completion of your research protocol.

Yours faithfully

Dr Shenuka Singh (Acting Chair)

/s/

Supervisor: Dr Mary van der Riet
Academic leader Research: Professor D McCracken
School Administrator: Sisonke Duma

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Acting Chair)

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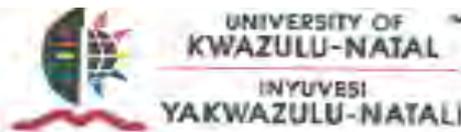
Research Campus: Elgwood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS



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Appendix 4



22 February 2015

Ms Vuyolwethu Tuluma 213589768
School of Applied Human Sciences
Pietermaritzburg Campus

Protocol reference number: HSE/0356/013M
Project Title: Sexual socialization and gender identities: The impact on risky sexual behaviour in Ematylholweni.

Dear Ms Tuluma

I wish to confirm that your application in connection with the above mentioned project has been approved. **Approval - Change of project title**

* New project title approved.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 3 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully


Dr Shenuka Singh (Chair)

/ps

Supervisor: Dr Mary van der Riet
Academic Leader (Research): Professor D McCracken
School Administrator: Ms Shonela Tauza

Humanities & Social Sciences Research Ethics Committee

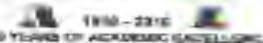
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Howard College Westville Pietermaritzburg



Appendix 5

INFORMATION SHEET ABOUT THE RESEARCH PROJECT

Dear resident of Ematyholweni

You may know that we have conducted research here in *Ematyholweni* before. That research was about HIV and AIDS and what you as residents of *Ematyholweni* think about HIV and AIDS, and how you respond to HIV and AIDS. In that research we spoke to youth and parents about relationships, about sex, about sexual health, and about the risk of HIV and AIDS.

It has been a number of years since that research project, and perhaps things have changed in *Ematyholweni*. We would therefore also like to conduct more interviews, and focus group discussions with traditional leaders, young people, parents, traditional educators, traditional healers, church members and the clinic staff. In these interviews and focus group discussions we would ask you to talk about relationships, sexual health practices, and what you think about HIV and AIDS.

The interviews and focus groups will be recorded so that the researchers can accurately capture what it is that people have said, and translate it into English, so that all of the researchers can understand it.

Once we have held the interviews and focus groups, we will take the information, and make it confidential. Each person who participates will be given a code number, so that his or her name is not used. This means that you will not be able to know who said what in the interviews or focus groups.

This information will then be transcribed (or written down) from the video recording. Mary van der Riet, who you know has conducted research in *Ematyholweni* before, is the leader of the project. She is now living in KwaZulu-Natal and is a lecturer at the University of KwaZulu-Natal. There will also be a few students and lecturers from the

University of KwaZulu-Natal, and some from the University of Fort Hare, who are helping her with the research. Some of these people may do the interviews and focus groups.

The focus group and the interviews will last for 1 to 2 hours

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

To address psychosocial needs that participants might have, participants will be referred to the clinic at *Ematyholweni*.

We would like to do this research process in a few villages in *Ematyholweni*. It depends on how much time we have. The project data collection will start in 2012, and might continue until the end of 2013.

We would like to invite you to participate in the research project. The more people who participate, the more different views we have of the problem. If you have any questions, then please let us know.

If you have any questions about the ethical issues in this project, then you can contact Ms Carol Mitchell on 033 260 6054, or Ms Carol Mitchell, School of Psychology, University of KwaZulu-Natal, Private Bag X01, Scottsville, Pietermaritzburg, 3201 or email mitchellc@ukzn.ac.za. Participants can also contact Ms Phume Ximba on 031260358, University of KwaZulu Natal Research ethics office.

Yours faithfully

Dr Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma



Appendix 5A

Ucwecwe lencukacha mayelana nenkqubo yophando

Mhlali waseEmatyholweni othandekayo.

Ningazi ukuba ndakendenza inkqubo yophando apha eEmatyholweni ngaphambili. Olophando lwalumayelana nentsholongwane kunye nesifo sikagawulayo, nokuba nina ningabahlali base Ematyholweni nicingantonina ngentsholongwane kunye nesifo sikagawulayo nokubanisithatha/ nisibonakanjanina esisifo. Kolophando, saathetha/saathethisana nabantu abatsha, kunyenabazali mayelana nobudlelwane, ukwabelana ngosondo, ezempilo ekwabelaneni ngesondo, kunyenobungozi bentsholongwane nesifo sikagawulayo.

Kulenkqubo yophando, sifuna ukunibonisa ezinye zezinto esazifu manisayo kolwaphando futhi sive ukuba nina nicingantoni ngezozinto. Singathanda ukubamba iimfundiso/imihlangano, embalwa apho sizothetha ngesakufumanisayo kolophando.

Seyadlula iminyaka, emvakwalankqubo yophando, mhlawumbi nezinto sezatshintsha eEmatyholweni. Singathanda ukwenza/ukuqhuba olunye udliwano-ndlebe kunyeneengxoxiswano, neenkokheli zesintu, abantu abatsha, abazali, iingcibi, abanyangi, abezenkolo kunye nabasebenzi base kliniki. Kwezodliwano-ndlebe kunye neengxoxiswano, singathanda ukuba nithethe ngobudlelwane, indlela ezikhuselekileyo zesondo, nokubanicingantonina ngentsholongwane nesifo sikagawulayo.

Udliwano-ndlebe kunye neengxoxiswano zizokushicilelwa ukwenzela ukuba abaphandi babambenyanisekileyo oko abantu abakutshileyo/abakuthethileyo futhi bakutolikele kwisingesi ukwenzela ukuba bonke abaphandi bakuqonde/bakuve.

Udliwano dlebe kunye neengxoxiswano zizokuthetha I xesha elingaka nge yure enesibini.

Emvakokuba sesilubambile udliwano-ndlebe kunye neengxoxiswano, sizothatha iingcombolo/inkcazelo/inkcukacha sizenzeimfihlelo. Wonke umntu othathaingxaxheba uzokunikwa inombolo ukwenzela ukuba igamalakhe lingasetyenziswa. Oku kuchaza ukuba angekwazi ukuba ubani utshontoni kwindliwano-ndlebe neengxoxiswano.

Ezingcombolo/olulwazi, luzokusetyenziswa nakweminye imihlangano, apho sizoxoxa ukuba abantu bathini nangezobudlelwane, kunye nezempilongesondo. Ngalendlela, sithemba ukubona ukuba abantu base Ematyholweni bazivakanjani ngalengxaki yentsholongwane nesifo sikagawulayo nokuba bacinga ukubayintoni enokwenziwa ngaso. Le nkqubo yemihlangano izoshicilelwa kusetyenziswa I video camera ukwenzela ukuba kushicilelwe nyanisekileyo oko abantu abakuxoxayo. Ezingcombolo zizokubhalwa phantsi zithathwakwi video recorder.

UMary Van der Riet, enimaziyo, owakwenza uphando apha eEmatyholweni ngaphambili, nguye umkhokheli wale nkqubo. Ngoku sengumhlali waKwaZulu-Natal futhi ungumfundisi- ntsapho eyunivesithi yakwaZulu-Natal. Kuzobekukho abafundi abambalwa kunye nabafundisi-ntsapho abaphuma eyunivesithi yakwaZulu-Natal, nabanye abasuka eyunivesithi yase Fort Hare, abancedisa ngophando. Abanye baba bantu bangenza iindliwano-ndlebe kunye neengxoxiswano, futhi bazobe bekhona kwiimfundiso/kwimihlangano. Sizokubazisa bonke ababantu kuni.

Ezinkcukacha ziqokelelwe kulenkqubo yophando zizosetyenziswa ukubhala amanqaku azokwaziswa/bhengezwa kwinkonfa ukwenzela ukuba abantu bafunde kumava oluphando. Abanye babafundi nabafundisi-ntsapho abaqhuba oluphando bazokusebenzisa lenkqubo yophando ukufezekisa/ukugqibezela izifundozabo.

Singathanda ukwenza le nkqubo yophando kwiilali ezimbalwa zase eEmatyholweni. Kuzokuxhomekeka sinexesha elingakanini na. Uqokelelo lwencukacha luzoqala ngo 2012 futhi kungenzeka ukuba luqhubeke ukufikela ekupheleni kuka 2013.

Ukuba banexaki malunga nezempilo bazakuthunyelwa konumpilo base Ematyholweni. Singathanda ukunimema ukuba nithathe inxhaxheba kulenkqubo yophando. Ukubanabantu abaninzi abathatha inxhaxheba kuzonceda ukuba kubekho imibono emininzi eyahlukeneyo ngalengxaki.

Ukhuseleko lwabathathinxhaxheba kulenkqubo yophando beselijongwe lavunywa yikomiti yezophando yaseYunivesithi yaKwaZulu Natal. Kodwa ukuba unemibuzo ungathintana no Ms Carol Mitchell kulenombolo 033 260 6054 okanye Ms Carol Mitchell, School of Psychology, Private Bag X01 Scottsville, 3201 okanye email:

mitchelle@ukzn.ac.za. Abangeneleli bazakunikwa ifonofono zeofisi yokuphanda bafowunele uPhume Ximba ku 031260358 apha kwiDyunivesi yase Natal.

Ozithobileyo,

Dr Mary van der Riet, Senior Lecturer, Psychology, UKZN

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma



Appendix 6

Information sheet about research project (for Parent/guardian)

Dear resident of Ematyholweni

You may know that in previous years research has been conducted here in *Ematyholweni* before. That research was about HIV and AIDS and what you as residents of the *Ematyholweni* think about HIV and AIDS, and how you respond to HIV and AIDS. In that research they spoke to youth and parents about relationships, about sex, about sexual health, and about the risk of HIV and AIDS.

As an extension of that, we would like to conduct research on sexual Socialisation of the youth at *Ematyholweni*. This will be done with the youth from ages 15-30. We are

interested in knowing how the youth learn about sex and how this relates to the high prevalence of HIV/AIDS.

We would like to conduct both a focus group and interviews. In these interviews and focus group discussions we would ask your child to talk about sexual Socialisation, what their thoughts and ideas are about it.

The focus group and the interviews will last for 1 to 2 hours.

The interviews and focus groups will be recorded so that we can accurately capture what the people have said, and translate it into English, so that everyone can read and understand it.

Once we have held the interviews and focus groups, we will take the information, and make it confidential. Each person who participates will be given a false name, so that his or her name is not used. This means that you will not be able to know who said what in the interviews or focus groups.

This information will then be used in writing up a research dissertation and will be used in the broader research to conduct workshops on the topic.

Mary van der Riet, who you know has conducted research in *Ematyholweni* before, is the leader of the project. She is now living in KwaZulu-Natal and is a lecturer at the University of KwaZulu-Natal. She is the one who is supervising the research, under her research project.

We would like to do this research process in a few villages in the *Ematyholweni*. It depends on how much time we have. The project data collection will start in 2012, and might continue until the end of 2013.

To address psychosocial needs that participants might have, participants will be referred to the clinic at *Ematyholweni*.

We would like to invite your child to participate in the research project. The more people who participate, the more different views we have of the problem. If you have any questions, then please let us know.

If you have any questions about the ethical issues in this project, then you can contact Ms Carol Mitchell on 033 260 6054, or Ms Carol Mitchell, School of Psychology, University of KwaZulu-Natal, Private Bag X01, Scottsville, Pietermaritzburg, 3201 or email mitchellc@ukzn.ac.za. Participants can also contact Ms Phume Ximba on 031260358, University of KwaZulu-Natal Research ethics office.

Yours faithfully

Dr Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma



Appendix 6A

Mhlali uthandekayo wase Ematyholweni (eyabazali)

Inoba unolwazi mayela ngophando belukhe lwenziwa aphaeEmatyholweni kuleminyaka idlulileyo. Oluphando belumalunga nesifo setsholongwana kagalwayo kwaye abaphandi bebefunulwazi lokuba nina nicinga ntoni ngesifo sikagalwayo, niphendula njani kwesisifo. Koluphando kwaye kwathethwanabazali malunga nokuthandana, ngokwabelana ngesondo, nempilo yokwabelana ngesondo, nengozi lwaletsholongwana.

Ngokwangeza kwelophando, ndifuna ukwenza uphando ngemfundiso yokwabelana ngesondo, ndifuna ukulenzanolutsha ulukwiminyaka 15-30. Ndifuna ulwazi lobaulutshalufunda njani ngokwabelana ngesondo. Ingabe bukhona ubudlelwane phakathi kwemfundiso yokwabelana ngesondo nesifa setsholongwane kangwulayo. Iqembu novelwanundlebe luzothatha ixesha ilingaka ngeyure enecala

Ndifuna ukwenza iqembu lwabantu abazophononga lendebe kwaye ndibavavanye. Ndingathanda abantu abazothetha ngemfundo yokwabelana ngesondo, nokuba

bacingantoni ngalomba. Yonke into ezabeithethwa izokurekhodwa iphinde itolikwe ngesingesi, ukuze abantu abangazithethiyo isiXhosa bazoqonda into ethethwayo.

Emveni koko ndizoyithatha ulwazi ndilwenze ibeyimfihle. Wonkeumntu ozoba koluphando uzozikhethela igama ilingenye. Ndikwazi ukufihla elakhe igama. Ayizokwaziwa nangubanina bangobani ababethetha izokwaziwa ngumphandi yedwa.

uMary van der Riet nguye oqhuba oluphando. Ufundisa KwaZulu Natal eYunivesity yaKwaZulu Natal. Uncediswa ngabafundi base Yunivesityi yase Fort Hare nabase Yunivesityi yaKwaZulu Natal. Abanye abafundi aba ngabo abazoqhuba lenqubo, kodwa sizonazisa kubo.

Iincukacha eziqokelelwe kulenqubo zizokusetyenziswa ukubhala amaphepha, iincwadi futhi zizovezwa kwiinkomfa ngaphandle kwaseEmatyholweni ukwenzela ukuba nabanye abantu babenolwazi yokuba Nicinga ntoni ngeHIV ne AIDS. Abanye abafundi bazosebenzisa ezincukacha kwiprojekt zabo. Amagama wenu awazuvela kwezincukacha.

Besicela ukuba uthathe inxeba ubelilunga lalenqubo. Sifuna abantu abaninzi ukuze sikwazi ukuxoxisane kakuhle sive ukuba abantu bacinga ntoni ngalengxaki kagawulayo.

.. Kodwa ukuba unemibuzo ungathintana no Ms Carol Mitchell kulenombolo 033 260 6054 okanye Ms Carol Mitchell, School of Psychology, Private Bag X01 Scottsville, 3201 okanye email: mitchellc@ukzn.ac.za. Abangeneleli bazakunikwa ifonofono zeofisi yokuphanda bafowunele uPhume Ximba ku 031260358 apha kwiDyunivesi yase Natal.

Ozithobileyo

Dr Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma



Appendix 7

Parent consent document

Dear Parent/Guardian

As you know there has been research done at *Ematyholweni* in previous years. We are conducting research as part of that research. We are doing research on sexual Socialisation among the youth. We would like your child _____ to be part of a Focus Group discussion on Sexual Socialisation. This means that she or he will be part of a small group talking about how they have been educated about sex. By talking to the younger children in the *Ematyholweni* and finding out what they know about sex and how they learn about sex, might provide the researcher with information on why the youth is engaging in high risk sexual behaviour. This is not a test to see how much your child knows, but it is a way of finding out whether there is anything we can do for young children in preventing HIV and AIDS.

The focus group will be held at _____ (village & place of focus group).

It will be run by _____ (researcher's name). It will take an hour and half minutes.

In the group discussion I will ask them questions such as:

1. Tell me about the ways in which young people around here get to know about sex.
 - a) Was that the way you found out or was it different?
 - b) What kinds of things do they learn about sex?
 - c) Who teaches them these things?
2. How a do people learn about how to 'get a boy/girlfriend'?

- a) Can you give me examples?
- 3. Are there particular roles that men and women should play in relationships?

What are these roles?

- a) Why should there be these roles? How do people learn about the roles they should play in relationships?
 - Can you give me examples?
- 4. How do people learn about how to keep a relationship?

In the individual interview I will ask them questions such as:

1. Tell me about the ways in which young people around here get to know about sex.
2. Was that the way you found out or was it different?
3. What have you learned about s
4. Where did you learn that from?
5. What did you learn from your mother, father, siblings, peers, school, clinic, cousins?
6. How did that information impact the way you engaged in sex or thought about sex?

When you first got a boyfriend/girlfriend, how did it happen?

7. How did you learn how to 'get a boy/girlfriend'?
 - a) How did you learn what to do in a relationship?
 - b) Where and how did you learn about what men and women should do in relationships?
 - c) How did you learn how to keep a relationship?
8. What would you tell your daughter or what would you tell your son about relationships (starting relationships, keeping relationships, how to behave in a relationship)?
9. What is the role of a woman in sex?
10. What is the role of a man in sex?

We would like to assure you that these questions are not harmful to your child in any way. If your child does not want to answer any of the questions he or she is free to be silent.

We will use a digital recorder to record the discussion so that we can write down accurately what the children in the group said. This will also help me to translate it into English so that all the researchers involved in the project can understand.

The names of the children who participate in the focus group will not be known to anyone but the researchers. Each child will be given a pseudonym. (a false name) This will mean that if anyone sees the written information from the focus group, they will not know which child said what.

Although I am asking your permission for your child to participate, I will also ask your child whether or not he or she would like to be part of the discussion. There will not be any negative consequences if your child does not want to participate in this focus group. Do you have any questions about the research or about the discussion group? (There is more information about the research in the INFORMATION SHEET which I will give to you).

Yours faithfully

Dr Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

CONSENT FOR MY CHILD TO PARTICIPATE IN THE FOCUS GROUP

- I agree that my child _____ (name of child) can participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of my child in this discussion.
- I understand that my child does not have to participate if he or she does not want to. I understand that even during the discussion, he or she may withdraw from the group if he or she does not want to participate.
- I understand although all the participants will be asked not to talk about the details of what is discussed; it is not possible for us to guarantee this.

- I agree that the discussion can be recorded and that my child's name will not be revealed in the recording
- I understand that the information collected in this discussion will be kept safe
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my child's name will not be mentioned. I understand that no identifying information about my child will be published.
- I have the contact details of the researcher should I have any more questions about the research.

Signature of Parent/Guardian: _____



Appendix 7A

Othandekileyo umzali

Incwadi ebhekiswe kumzali

Njengoba usazi, belukhona uphando olwenzekayo ngaphambila apha eEmatyholweni.

Olu uphando ndizokulenza lumayena nelo.ndiphanda ubaUluthsa lufunda njani ngokwabelana ngesondo. Bendicela umntwanawakho.

u.....abelil unga kwezingoxo endiziqhubayo mayelana nalomba. Ndifuna ukuba bathethe ngemfundiso yokwabelana ngesondo. . Ololwazi lungase lundincede ekubeni ndifumane iindlela zokuba ndikwazi ukufumana iindlela endingase ndincede ukuze esisifo siyeke ukuchphazela abanye abantu, nokuba sikwazi ukufumana iindlela zokunceda ulutsha.

Ingoxiswano zizobanjwa e _____(ilali ne ndawo).

Ingxoxiswano zizokube ziqhutywa ngu _____ (igama lomphandi).

Zizokuthatha imizuzu eyi yure enecala.

kwingxoxiswano sizokubabuza imibuzo efana nokuba:

1. Bendicela ukwazi iindlela ulutsha lwalapha elifunda ngazo ngokwabelana ngesondo.
 2. Nafumana ulwazi ngelohlobo nani, ukanye nalufumana ngendlela ehlukeyo?
 3. Ziziphi izinto ezifundwa ngabantu mayelana nokwabelana ngesondo?
 4. Bazifundiswa ngobani?
 5. Ulutsha lulufumana njani ulwazi ngeendlela zokufumana ikwenkwe/indoda okanye intombi?
- d) Bendicela undiphe umzekelo

6. Zikhona na iindima okanye inxaxheba ezithile ezidlalwa yindoda nentombi kubudlelwane?

Ziintoni ezindima?

- b) Kutheni kufanele kubekho ezindima okanye ezinxaxheba?
- c) Umntu uyifundanjani indima okanye inxaxheba afenele ukuyidlala kubudlelwane?
 - Ungandipha umzekelo?

7. Abantu bafunda kanjani ukugcina isijolo okanye ubudlelwane?

Kwimviwano ndlebe ndizababuza lemibuzo ilandelayo:

1. Ndixelele ngentlobo ulutsha lwalapha elufumanangayoulwazi ngokwabelana ngesondo.
2. Ingaba uhlobo wena wafumana ulwazi ngokwabelana ngesondo lwahlukile kweli?
3. Sele ufundentoni ngokwabelana ngesondo
4. Ubuyifunde phi?
5. Wafunda ntoni kumamakho, kutatakho, kubantwana bakokwenu, esikolweni, konompilo okanye kumzala wakho?
6. Ololwazi lwadlala eyiphi indima kwihlobo ugcingagayo noziphathangayo xana ubelana ngesondo?
7. Ngokuyana wowuqala ukufumana umntu wokuthandana naye, yenzeka njani?
8. Wafundanjani ukufumana umntu wokuthandana naye?
9. Wafundanjani ukuba umntu wenzani xana ethandana?
10. Wafundaphi kwaye wafunda njani ukuba amadoda nabafazi benzantoni xana bethandana?
11. Wafundanjani ukubabugcinwa njani ubudlelwane?
12. Ingaba ungayixelela ntoni intombi yakho okanye unyana wakho ngolunxulubelwana(ngokuyiqala, ngokuyigcina kunye noba umntu uziphatha njani kuyo?)
13. Yeyiphi inxaxheba idlalwa ngumfazi okanye yintombi xana kukwabelwana ngesondo?
14. Yeyiphi inxaxhebaedlalwa yindoda xana kukwabelwana ngesondo?

Ndiyakuthembisa ukuba lemibuzo ayizukumphatha kakubi umntwana wakho nangeyiphi indlela. Ukuba kukhona imibuzo angafuni ukuyiphendula uvumelekile ukuba angayiphenduli.

Ndifuna ukusebenzisa irekoda ukuba siteyiphe lengxoxo ukwenzela sizobhala phantsi lengxoxo. Izosinceda ukuba siyitolike kwenzele izobhalwa phantsi ngabanye abaphandi.

Ezincukacha zalongxoxo sizokuzisebenzisa kwiingxoxiswano nabanye abahlali. Andizuwasebenzisa amagama wabantwana, awazuvezwa phakathi kwabantu. Abantwana sizokubanika ikodi. Abantu abafunda izinto abazithethile abazukwazi ukuba zithethwe Ngubani.

Nangona ndicela invume kuwe, sizomcela nomntwana wakho ukuba uyafuna na ukuthabatha umnxeba kulenqubo. Akuzuba miphumelelo emibi ukuba uthe akafuni.

Ikhona imibuzo onayo ngalenqubo? Iincukacha zalenqubo ziyafumaneka kwicwecwe lencukacha zenqubo yophando elifumaneka kwabaphandi.

Othandekayo

Dr Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

Iphepha elinika umntwana wam umvume yokuthaba kulenqubo

- Ndiyavuma ukuba u.....angathabatha inxeba kulenqubo yophando
- Ndilifumene ithuba lokufunda futhi ndiqonde ezincukacha endizinikiwe.
- Intloso yoluphando ndiyichazelwe futhi ndiyayiqonda. Ndinalo ulwazi lokuba kufunwa ntoni kumntwana wam kwezingxoxo.
- Ndiyaqonda ukuba umntwana wam akanyanzelekanga ukuba athabathe inxeba kulenqubo ukuba akafuni. Ndiyaqonda futhi ukuba ufuna ukuzikhupha kulengxoxo nokuba seyiqalile angazikhupha.
- Ndiyaqonda ukuba nangona abantu bezocelwa ukuba bangazithethii izinto ezithethwe kulenqubo, asinokwazi ukuqiniseka ngalento.

- Ndiyavuma ukuba ingxoxo ingateyitshwa futhi igama lomntana wama alizukuvezwa kuleteyp
- Ndiyaqonda ukuba incukacha eziqokelelwe kulenqubo zizogcinwa ziyimfihlo, zikhuselekile
- Ndiyaqonda ukuba iincukacha eziqokelelwe kulenqubo zizokusetyenziswa ngabafundi abangamalunga alenqubo, zivezwe nakwinkomfa, zibhalwe nasezincwadini. Ndiyaqonda ukuba kuyo yonke lento igama lomntwana wam alizuvezwa, futhi akukho izinto ekungenzeka zimchaze ezizovezwa.
- Ukuba ndineminye imibuzo, iincukacha zabaphandi kulenqubo ndinazo.

Isityikityo somzali: _____

Ngomhla ka: _____



Appendix 8

Focus group schedule

1. Tell me about the ways in which young people around here get to know about sex.

Bendicela ukwazi iindlela ulutsha lwalapha elifunda ngazo ngokwabelana ngesondo.

- d) Was that the way you found out or was it different?

Ndicela ukwazi ukuba nina eyeyona ndlela enalifumana ngayo lolwazi, okanye nina nakufunda ngenye indlelana.

- e) What kinds of things do they learn about sex from which people?

Ziziphi izinto ezifundwa ngabantu mayelana nokwabelana ngesondo, bazifundiswa ngobani

2. How and where do people learn about how to 'get a boy/girlfriend'?

Ulutsha lulufumanaphi ulwazi ngeendlela zokufumana ikwenkwe/indoda okanye intombi?

- e) Can you give me examples? **Bendicela undiphe umzekelo**

3. Are there particular roles that men and women should play in relationships?

Zikhona na iindima ezithile ezidlalwa ngumntu ongumama okanye utata, okanye intombi nekwekwe?

- d) What are these roles? **Ziintoni ezindima?**

- e) Why should there be these roles? **Kutheni kufanele kubekho ezindima?**

- f) Where and how do people learn about the roles they should play in relationships? **Umntu uyifundaphi indima afenele ukuyidlala eluthandwaneni? Uyifunda kanjani lonto?**
- Can you give me examples? **Ungandipha umzekelo?**
5. How do people learn about how to keep a relationship? **Abantu bafunda kanjani ukugcina uthando eluthandwaneni?**



Appendix 9

Confidentiality Pledge

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this group.

By doing this I am promising to keep the comments made by the other focus group members confidential.

Signed _____ Date: _____



Appendix 9 A

Isibophelelo sokugcina ingxoxiswano iyimfihlo

Njengelunga labantu abakulengxoxiswano, ndiyathembisa ukuba andizukithetha ngaphandle kwalamagumbi izinto esizixoxe namhlanje. Andizukuzithetha namntu izinto esizixoxe apha.

Izinto ezithethwe ngabanye abantu zizohlala ziyimfihlo.

Igama _____ Date: _____



Appendix 10

Consent form Focus group

Dear Participant

In this focus group we will ask you some questions about relationships, sexual health and the risk of HIV and AIDS. We would like to find out what your experience is, and what you think about these things.

The focus group discussion will take about 1 to 2 hours.

Once we have held the focus groups, we will take the information, and make it confidential. This means that all of you who participate in the discussion will be given a code number, so that your name is not used and not linked to the statements that you make.

As a member of this group we will also you to sign a confidentiality pledge. This means that you will not tell other people outside of this discussion in this room what was said by other group participants. This will help all of you to feel that you can speak more freely. However, we cannot ensure that each of your does not speak about the focus group, so please be aware when you talk in the group that it might not be kept confidential. When you talk in the group perhaps you could make comments about what people generally do, rather than referring directly to yourself, or to specific people.

We would then like to use the information we get from all of the focus groups and also the interviews in workshops with more people. Then we can all discuss what people say about relationships, and sexual health. In this way, we hope to see what people in Ematyholweni feel about the problem of HIV and AIDS, and what you feel can be done about it.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the

experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

If you participate in the focus group, your views will help us to have a different perspective on the problem of HIV and AIDS.

If you agree to participate, but then at a later time you feel that you would like to withdraw from the discussion, or not participate any more, that is fine. You can say so and we will stop the discussion to allow you to leave.

Yours faithfully, Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

CONSENT TO FOCUS GROUP

- I agree to participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of me in terms of my participation in this study and the time commitment I am making to participate in this study.
- I understand that my participation is voluntary and I know that I may withdraw from the study at any point, without negative consequences.
- I understand that there is a limit to confidentiality in a focus group setting as the researcher cannot guarantee that the other participants will adhere to the conditions of the confidentiality pledge.
- I understand that the information collected in this focus group will be kept safe
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my name will not be mentioned and that my participation in this research will be completely confidential in this regard. I understand that no identifying information about me will be published.
- I have the contact details of the researcher should I have any more questions about the research.

Yes, I know and understand all the information that has been provided to me

Signature of Participant

Date



Appendix 10A

Ucwecwe lemvume yengxoxiswano

Kulengxoxiswano sifuna ukukubuza imibuzo ngobudlelwane bokuthandana, iintlobano zesini nentsholongwane nesifo sikagawulayo. Sifuna ukuva ukuba ucinga ntoni ngezizinto.

Ingxoxiswano izothatha ixesha elingangeyure ezimbini.

Emvakodliwanondlebe nengxoxiswano sizokuthatha iincukacha sizenze imfimfihlo. Uzokinikwa inomboro eyiyikodi ukwenzela ukuba igama lakho lingaveli, kwaye nezinto ozithethile.

Njengane lunga leliqela labantu abakulengxoxiswano, sizokucela ukuba usayine incwadi eyisibophelelo semfihlo. Ukusayina kwakho eliphepha kuthetha ukuba awuzukuzithetha izinto esizixoxe kweligumbi, okanye ezithethwe ngabanye abantu ngaphandle kwalamagumbi, kwabanye abantu. Kodwa, asinasiqiniseko sokuba abantu abazukuzithetha ezizinto ngaphandle kwalamagumbi. Sicela nilumke ukuba igenouska lento. Mhlawumbi endaweni yokuba uchaze izinto ngawe, ungenza umzekelo ngezinto ezenziwa ngabanye abantu.

Emvakoko, sifuna ukusebenzisa ezincukacha eziqokelelwe kulenqubo kwezinye ingxoxiswano, phambi kwabanye abantu. Kwezongxoxiswano kulapho esingathetha khona, sive ukuba abanye abantu bacinga ntoni ngezizinto, nokuba bacinga ntoni ngeHIV neAIDS nokuba ingathiwani.

Iincukacha eziqokelelwe kulenqubo zizosetyenziswa ngabafundi ukubhala amaphepa wabo we research, nokufumana iidigri zabo, futhi zizokubhengezwa kwiikomfa phambi kwabanye abantu ukubazisa ngalenqubo yoluphando.

Ukuba uthabatha umnxeba kulengxoxiswano esiyibambayo, amava wakho azosinceda ukuba sibenemibono emininzi ngalinxaki yeHIV ne AIDS

Ukuba uyavuma ukuba lilunga lalenqubo, kodwa mlawumbe emvakwexesha uphinde uzive ufuna ukuroxisa inxeba yakho kulomba, kulungile. Kufuneka ukhululeke usixelele, sizokuroxisa.

Mary van der Riet
Dumisa Sofika
Olwethu Jwili
Vuyolwethu Tuluma

Ucwecwe lwemvume yokuthabatha inxeba kwingxoxiswano

- Ndiyavuma ukuthabatha inxeba kulenqubo
- Ndilifumene ithuba lokufunda ucwecwe lencukacha zalenqubo futhi ndiyaziqonda
- Ndiyichazelwe intloso yalenqubo. Ndinalo ulwazi lokuba kudingwa ntoni kum futhi ndiyazibophelela ukwenza ezozinto ezicelwe kum.
- Ndiyaqonda ukuba akunyanzelekanga ukuba ndithabathe inxeba kulenqubo, futhi ndingayeka nanini apho ndithande ukuyeka khona.
- Ndiyaqonda ukuba zonke incikacha eziqokelelwe kulenqubo zizogcinakala ziyimfihle
- Ndiyaqonda futhi ukuba ndizogcinakala ndikhuselekile kulenqubo
- Ndiyaqonda ukuba incukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo. Ndiyaqonda ukuba kuyyonke lenqubo, igama lam lizohlala likhuselekile.
- Ndinazo iincukacha zabaphandi kulenqubo kwaye ndingabatsalela umnxeba nanini ukuze ndicaciselwe ngemibuzo endinayo nangezinto endingaziqondi.

Ewe, ndiyayazi futhi ndiyaqonda ukubana lonke ulwazi ulundilunikiweyo

Signature of Participant _____ Date



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Appendix 11

Young participants consent to focus group

CONSENT FORM YOUNGER PARTICIPANTS

Dear _____(Name)

You might know that there are a few people going around *Ematyholweni* doing some research on HIV and AIDS. They are speaking to as many people as possible, for example, parents, church people, and other young people.

We would like you to join a small group of young people to discuss HIV and AIDS. We would like to hear the voices of the young people, and learn what they know about, and what they think about HIV and AIDS.

By talking to the younger people in *Ematyholweni* and finding out what you know about HIV and AIDS, it might provide us with a way to stop more people from getting the disease.

In the group we will ask you a few questions. This is not a test, so if you do not know the answer, that is fine. We are just trying to find out what you know and what you think about HIV and AIDS. If we ask you a question in the group, and you do not want to answer, you are free to be silent.

The group discussion will be held at (_____ village name). It will be run by _____ (researcher). It will take 30 to 45 minutes.

We will use a digital recorder to record the discussion so that the researchers can write down accurately what the people in the group said. This will also help us to translate it into English so that all the researchers can understand.

When we have finished the discussion, and when it has been written down, we will take that information and use it in the community workshops. Your name will not be known to anyone but the researchers. In the group, we will ask you to choose another name, or we will give you a number. This means that if anyone sees the written information from the focus group, they will not know which young person said what.

Do you have any questions about the research or about the discussion group?

Yours faithfully

Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

CONSENT TO FOCUS GROUP

We would like to know if you would like to be part of this discussion about HIV and AIDS.

- Do you understand what the group discussion is about?
- Have you asked any questions that you want to about the research?
- Do you understand that you can say ‘no’ and refuse to participate, and this will not be a problem?
- Do you understand that if you join this group, you must not tell anyone else what the other young people in the group have said?
- Do you understand that the information that is discussed here will be used for research?
- Do you understand that your name will not be used, so no one will know that it was you who said something?b
- Do you know that you can ask Bhuti Dumisa or Sisi Olwethu, or Sisi Vuyolwethu, or Sisi Mary if you have any questions about the research?

Yes, I agree to be part of this discussion.

Please write your name here: _____ and write the date



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Appendix 11 A

Isivumelwanu solutsha

Dear _____ (bhala igama lakho)

Uyazi ukuba kukho abantu abalapha Ematyholweni abaqhuba inqubo yophando ngentsholongwane kagawulayo. Bathetha nabantu abaninzi ngesisifo, njengabantu abadala, amalunga eecawa nolutsha

Besicela ukuba ubelilunga leqelana labantu abatsha, apho sizokuxoxisana ngeHIV ne AIDS. Sifuna ukuva amazwi wolutsha ukuba athini ngalengxaki ye HIV ne AIDS.

Ngokuxoxisana nolutsha lakwa Ematyholweni, nangokufumana ulwazi eninalo ngeHIV ne AIDS, singafumana iindlela zokunqanda abanye abantu ukuba bangachaphazelwa sesisifo.

Kulengxoxo sizokunibuzisa imibuzo. Akuyiyo itest, ukuba awuyazi impendulo kulungile. Sifuna ukwazi nje ukuba wazi ntoni ngesisifo nokuba ucinga ntoni ngaso. Ukuba kunombuzo ongafuni ukuwuphendula, kulungile.

Ingxoxo izobanjelwa (_____). Izoqhutywa ngu _____ . Izothatha imizuzu engu 30-45.

Sizosebenzisa, irekhoda ukuteyipha ingxoxo ukwenzela abaphandi babhale phantsi izinto ezithethwe nini ukunzela sikwazi ukuzitolika

Iincukacha zalo ngxoxo sizokuzisebenzisa kwezinye iingxoxo nowonke wonke. Amagama wenu awazukusetyenziswa, lonto ithetha ukuba anizukwaziwa ukuba nitheni. Asizukusebenzisa amagama wenu okwenyani, sizokulitshintsha libeyinomboro.

Ikhona na imibuzo onayo? Ukuba unayo imibuzo, ungatsalela umnxeba kulabantu abalandelayo

Mary van der Riet , Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

Imvume yokuthabatha inxeba kwingxoxiswano

We would like to know if you would like to be part of this discussion about HIV and AIDS.

Sifuna ukwazi ukuba uyafuna na ukuba lilunga lezi ngoxoxo zeHIV neAIDS esizozibamba

- Uyayiqonda na ukuba ingxoxo ingantoni?
- Uyibuzile na imibizo ofuna ukucaciselwa ngayo malunga nalengxoxo noluphando?
- Uyayazi na intoyokuba ukuba awufuni ukuthabatha inxeba kulenqubo uyakwazi ukuthi hayi, nokuba ayiyongxaki lonto?
- Uyayazi na intoyokuba akufanelanga uxelele abanye abantu izinto ezithethwe ngabanye abantu kulengxoxiswano?
- Uyaqonda na ukuba iincukacha zalenqubo zizokusetyenziswa ukuphanda intsholongwane kagawulayo?
- Uyayiqonda na intoyokuba igama lakho asizuliveza phambi kwabanye abantu?
- Uyazi na ukuba ungabuza uBhuti Dumisa okanye uSisi Olwethu, okanye uSisi Mary ukuba unemibuzo ofuna ukuyibuza okanye ukucaciselwa ngayo?

Ewe ndiyavuma.

Ndicela ubhale igama lakho apha: _____ ubhale ne date



Appendix 12

CONSENT TO RECORD FOCUS GROUP

In order to be able to understand clearly what you have said in this focus group, and to remember it, we would like to record the discussion on this small digital recorder. We will then listen to the recording and write it down (transcribe it). It will also be translated into English. After we have written the information down; we will then delete the recording on the digital recorder.

We assure you that your name will not be linked to the recording or the written information from the recording. We will give you a code name, using numbers, for example Participant 1_Interview 3. Or Focus group 3.

Do you agree that we can record the discussion?

If yes, then please sign here _____ Date



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Appendix 12 A

Ucwecwe lokuricodwa kingxoxo

Ukuze siqonde kakuhle izinto ezithethwe kule ngxoxiswano, nokuba zikhumbuleke kakuhle sifuna ukurekhoda lengxoxiswano kwirekhoda. Izinto ezikulerekhoda sizokuzibhala phansi futhi sizitolike. Ukugqiba kwethu sizokuzicima

Siyathembisa ukuba igama lakho alizukuvela. Sizokulitshintsha lilenze libeyinomboro ukwenzela kungazukwaziwa ukuba Ngubani othethayo.

Uyavuma na ukuba siyiteyiphe na lengxoxo?

Ukuba uyavuma, bhala igama lakho apha _____ Date



Appendix 13

Interview schedule

1. Tell me about the ways in which young people around here get to know about sex.

Ndixelele ngentlobo ulutsha lwalapha elufumanangayoulwazi ngokwabelana ngesondo.

2. Was that the way you found out or was it different?

Ingaba uhlobo wena wafumana ulwazi ngokwabelana ngesondo lwahlukile kweli?

3. What have you learned about sex?

Sele ufundentoni ngokwabelana ngesondo

4. Where did you learn that from?

Ubuyifunde phi?

5. What did you learn from your mother, father, siblings, peers, school, clinic, cousins?

Wafunda ntoni kumamakho, kutatakho, kubantwana bakokwenu, esikolweni, konompilo okanye kumzala wakho?

6. How did that information impact the way you engaged in sex or thought about sex?

Ololwazi lwadlala eyiphi indima kwihlobo ugingagayo noziphangayo xana ubelana ngesondo?

When you first got a boyfriend/girlfriend, how did it happen?

Ngokuyana wowuqala ukufumana umntu wokuthandana naye, yenzeka njani?

7. How did you learn how to 'get a boy/girlfriend'?

Wafundanjani ukufumana umntu wokuthandana naye?

a) How did you learn what to do in a relationship?

Wafundanjani ukuba umntu wenzani xana ethandana?

b) Where and how did you learn about what men and women should do in relationships?

Wafundaphi kwaye wafunda njani ukuba amadoda nabafazi benzantoni xana bethandana?

c) How did you learn how to keep a relationship?

Wafundanjani ukubabugcinwa njani ubudlelwane?

8. What would you tell your daughter or what would you tell your son about relationships (starting relationships, keeping relationships, how to behave in a relationship)?

Ingaba ungayixelela ntoni intombi yakho okanye unyana wakho ngolunxulubelwana (ngokuyiqala, ngokuyigcina kunye noba umntu uziphatha njani kuyo?)

9. What is the role of a woman in sex?

Yeyiphi inxaxheba idlalwa ngumfazi okanye yintombi xana kukwabelwana ngesondo?

10. What is the role of a man in sex?

Yeyiphi inxaxhebaedlalwa yindoda xana kukwabelwana ngesondo?



Appendix 14

Consent form Interviews

Dear Participant

In this interview we will ask you some questions about relationships, sexual health and the risk of HIV and AIDS. We would like to find out what your experience is, and what you think about these things.

The interview will take about 1 hour.

Once we have held the interviews and focus groups, we will take the information, and make it confidential. This means that you will be given a code number, so that your name is not used and not linked to the statements that you make.

We would then like to use the information we get from all of the interviews and also from the focus groups in workshops with more people. Then we can all discuss what people say about relationships, and sexual health. In this way, we hope to see what people in the *Ematyholweni* feel about the problem of HIV and AIDS, and what you feel can be done about it.

The information collected in the research process will also be used to write research articles, and to present at conferences so that other people may learn from the experience of our research. Some of the students and lecturers conducting the research will be using the research project to study for their degrees.

If you participate in the interview, your views will help us to have a different perspective on the problem of HIV and AIDS.

If you agree to participate, but then at a later time you feel that you would like to withdraw from the interview, or not participate any more, that is fine. You can say so and we will stop the interview.

Yours faithfully, Mary van der Riet

Dumisa Sofika

Olwethu Jwili

Vuyolwethu Tuluma

CONSENT TO BE INTERVIEWED

- I agree to participate in this research
- I have had an opportunity to read and understand the information sheet given to me.
- The purpose of the study has been explained to me. I understand what is expected of me in terms of my participation in this study and the time commitment I am making to participate in this study.
- I understand that my participation is voluntary and I know that I may withdraw from the study at any point, without negative consequences.
- I understand that the information collected in this interview will be kept safe
- I understand that my identity will remain confidential
- I understand that the information collected may be used for student studies, for future research, for conference presentations and for journal articles. I understand that in all of this my name will not be mentioned and that my participation in this research will be completely confidential. I understand that no identifying information about me will be published.
- I have the contact details of the researcher should I have any more questions about the research.

Yes, I know and understand all the information that has been provided to me.

Signature of Participant

Date



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Appendix 14 A

Ucwecwe lemvume yokuthabatha inxeba kudliwanondlebe

Kulodliwanondlebe sizokubuza imibuzo edibene nokuthandana, intlobano zesini kunye negesi ezidibene neHIV ne AIDS. Sufuna ukwazi kuwe ukuba ucinga ntoni ngezizinto.

Udliwanondlebe uzokuthatha iyure enye

Emvakodliwanondlebe nengxoxiswano sizokuthatha iincukacha sizenze imfimfihlo.

Uzokinikwa inomboro eyiyikodi ukwenzela ukuba igama lakho lingaveli, kwaye nezinto ozithethile.

Sizosebenzisa ezoncukacha zalodliwanondlebe kwingxoxo nabanye abantu. Sifuna ukuxoxisana ngezinto ezifana nokuthandana nezinto ezichaphazela impilo. Sifuna ukuva ngani ukuba Nicinga ntoni ngezizinto nokuba Nicinga ukuba kungathiwani ngazo

Iincukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphhepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo.

Ukuthabatha inxeba kwakho kulenqubo kuzonceda ukuba sifumane amava ahlukene ngalengxaki yentsholongwane kagawulayo nesifo sikagawulayo.

Ukuba uyavuma ukuba lilunga lalenqubo, kodwa mhawumbe uphinde uzivekungathi awusafuni ukuthabatha inxeba kulenqubo uvumelekile ukuba uziroxise kulenqubo.

Ukuba sisingqweniso sakho ukuziroxisa sizokuyekisa.

Mary van der Riet,

Dumisa Sofika

Olwethu Jwili

Vuyolwethu

Imvume yokuthabatha inxeba kudliwanondlebe

- Ndiyavuma ukuthabatha inxeba kulenqubo
- Ndilifumene ithuba lokufunda ucwecwe lencukacha zalenqubo futhi ndiyaziqonda
- Ndiyichazelwe intloso yalenqubo. Ndinalo ulwazi lokuba kudingwa ntoni kum futhi ndiyazibophelela ukwenza ezozinto ezicelwe kum.
- Ndiyaqonda ukuba akunyanzelekanga ukuba ndithabathe inxeba kulenqubo, futhi ndingayeka nanini apho ndithande ukuyeka khona.
- Ndiyaqonda ukuba zonke incikacha eziqokelelwe kulenqubo zizogcinakala ziyimfihle
- Ndiyaqonda futhi ukuba mna ndizogcinakala ndikhuselekile kulenqubo
- Ndiyaqonda ukuba incukacha ezivela kwezingxoxo esizozibambha zizokusetyenziswa ekubhaleni amaphepha azobhengezwa kwinkomfi naphambi kwabanye abantu nabaphandi. Abanye abafundi bazosebenzisa lenqubo ukuze bafumane iidigri zabo. Ndiyaqonda ukuba kuyyonke lenqubo, igama lam lizohlala likhuselekile.
- Ndinazo iincukacha zabaphandi kulenqubo kwaye ndingabatsalela umnxeba nanini ukuze ndicaciselwe ngemibuzo endinayo nangezinto endingaziqondi.

Ewe, ndiyayazi futhi ndiyaqonda ukubana lonke ulwazi ulundilunikiweyo

Isityikityo

Date



Appendix 15

CONSENT TO RECORD INTERVIEW

In order to be able to understand clearly what you have said in this interview, and to remember it, we would like to record the discussion on this small digital recorder. We will then listen to the recording and write it down (transcribe it). It will also be translated into English. After we have written the information down, we will then delete the recording on the digital recorder.

We assure you that your name will not be linked to the recording or the written information from the recording. We will give you a code name, using numbers, for example Participant 1_Interview 3. Or Focus group 3.

Do you agree that we can record the discussion?

If yes, then please sign here

_____ Date _____



Appendix 15 A

Ucwecwe lemvume yokuqopha udliwanondlebe

Ukuze sikuqonde kakuhle, futhi sikukhumbule okuxoxwe apha sifuna ukuteypa ingxoxo yethu nge rekoda. Sizophinde siyimamele lengxoxo kulerekoda sibhale phantsi iincukacha zalengxoxo. Ingxoxo izotolikwa ukuze iviwe ngabanye abaphandi.

Ukuqhiba kwethu ukwenza lonto sizokuyicima yonke into ekwi rekoda.

Siyakuthembisa ukuba igama lakho alizukavela kwi rekoda nakwizinto ezibhaliwe ephepheni. Igama lakho sizokuligcina liyimfihlo ngokulinika inomboro.

Uyavuma na ukuba siyiqophe ingxoxo?

Ukuba uyavuma, ndicela ubhale igama lakho apha _____ umhla ka _____



Appendix 16

	(.)	Just noticeable pause
	(.3), (2.6)	Examples of timed pauses
	↑word, ↓word	Onset of noticeable pitch rise or fall (<i>can be difficult to use reliably</i>)
A:	word [word	Square brackets aligned across adjacent lines denote the start of overlapping talk. Some transcribers also use "]" brackets to show where the overlap stops
B:	[word	
	.hh, hh	in-breath (note the preceding fullstop) and out-breath respectively.
	wo(h)rd	(h) is a try at showing that the word has "laughter" bubbling within it
	wor-	A dash shows a sharp cut-off
	wo:rd	Colons show that the speaker has stretched the preceding sound.
	(words)	A guess at what might have been said if unclear
	()	Unclear talk. Some transcribers like to represent each syllable of unclear talk with a dash
A:	word=	The equals sign shows that there is no discernible pause between two speakers' turns or, if put between two sounds within a single speaker's turn, shows that they run together
B:	=word	
	<u>word</u> , WORD	Underlined sounds are louder, capitals louder still
	°word°	material between "degree signs" is quiet
	>word word< <word word>	Inwards arrows show faster speech, outward slower

Appendix 17

Extracts	Study codes
Extract 1	20131403_FG_F_15-17
Extract 2	20130604_18-24_FG_M_DS
Extract 3	20130602_24_M_DS_Y
Extract 4	20130604_18-24_FG_M_DS
Extract 5	20130602_21_F_OJ_Z
Extract 6	20130317_18-24_FG_F_OJ_Z
Extract 7	20130607_1 25-30_FG_F_OJ_Z
Extract 8	20133105_25-30_FG_M_DS_Z
Extract 9	20130607_1 25-30_FG_F_OJ_Z
Extract 10	20130602_24_F_OJ_Z
Extract 11	20130604_18-24_FG_M_DS
Extract 12	20133105_25-30_FG_M_DS_Z
Extract 13	20130318_F_25_OJ_Z
Extract 14	20130602_24_M_DS_Y
Extract 15	20130602_24_F_OJ_Z
Extract 16	20130602_24_M_DS_Y
Extract 17	20130602_21_M_DS_T
Extract 18	20130530_F_18-24_FG_OJ_Z
Extract 19	20130602_24_F_OJ_Z
Extract 20	20130602_21_M_DS_T

Extract 21	20130607_1 25-30_FG_F_OJ_Z
Extract 22	20133105_25-30_FG_M_DS_Z
Extract 23	20130530_F_18-24_FG_OJ_Z
Extract 24	20130317_18-24_FG_F_OJ_Z
Extract 25	20131403_FG_F_15-17
Extract 26	20131903_25-30_M_OJ_MDL
Extract 27	20130602_24_F_OJ_Z
Extract 28	20130317_18-24_FG_F_OJ_Z
Extract 29	20130602_24_M_DS_Y
Extract 30	20130530_F_18-24_FG_OJ_Z
Extract 31	20131403_FG_F_15-17
Extract 32	20130604_18-24_FG_M_DS
Extract 33	20133105_25-30_FG_M_DS_Z
Extract 34	20130604_18-24_FG_M_DS
Extract 35	20130607_1 25-30_FG_F_OJ_Z
Extract 36	20131403_FG_F_15-17
Extract 37	20130530_F_18-24_FG_OJ_Z
Extract 38	20130604_18-24_FG_M_DS