

**AN EXPLORATION OF SCHOOLING MOTHERS' CONSTRUCTIONS OF
SEXUALITY IN THE CONTEXT OF HIV AND AIDS**

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DECLARATION

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To the ten teenage mothers who participated in this research, a heartfelt thank-you. This research would not have been possible without you.

MAY GOD BLESS YOU ALL!

STATEMENT BY SUPERVISOR

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

Signed

Name

Date

ABSTRACT

This study explores how African schooling mothers construct sexuality in the context of HIV/AIDS. This is a qualitative research study that focused on schooling mothers from Nkosinathi High School (pseudonym) a local high school in Ndwedwe. It investigated what schooling mothers understand about risky behaviours and the reasons they give for engaging in risky behaviours in this era of HIV/AIDS. It furthermore aimed to understand how constructions of sexuality are related to sexual risk. The data was collected from the ten participants who were purposively chosen for this study. Semi-structured interviews were used in order to gather relevant rich data. The theoretical frameworks that were used as the lens to analyse data in this study was Gender Power theory and Social Constructionism. The findings are first that participants are aware of sexually risky behaviours and HIV/AIDS. From the discussion, though, it was clear that peer pressure was one of the contributing factors that led most participants to engage in risky behaviours. Others mentioned the importance of keeping their partners happy by being available when they need them for sex. Furthermore, their partners do not want to use a condom, as it may suggest that they do not trust them. Participants indicated that the society has placed a huge emphasis on materiality. Coming from poor backgrounds, they try by all means to gain access to materiality the only way they know how, which is by engaging in risky behaviours and being in relationships with older men who can provide them with money. Secondly, even though they have children, they are still adolescents who are at the phase where they want and need to belong. Wanting to fit in drives these young women to do almost anything to be seen relevant by their peers. Some drew attention to the lack of proper family structure and parental love that in some cases has an influence on how they behave. Furthermore, love and trust seems to be synonymous when these young women talk about their relationships. For them, being in a relationship automatically means being in love and trusting their partners, which justifies not asking for condom usage during sexual intercourse.

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Chapter One: Introduction

1.1 Introduction

This study explores the ways in which schooling mothers construct their sexuality in the context of HIV and AIDS. Teenage pregnancy has been an issue of concern in South African schools, since it poses major challenges to the management and leadership of the school (Mashudu & Pitsoe, 2013). Being a mother while still at school has great potential to interrupt the education of young mothers, many of whom do not return to school after giving birth. According to Mashudu and Pitsoe (2013), teenage pregnancy amongst young women of school going age undermines the work of the Department of Education and the Millennium Development Goals of ensuring that the young of school-going age remain in school and completes their education, in order to contribute towards a quality life for all.

According to Karim et al. (2014), the South African province of KwaZulu-Natal has the highest percentage of people living with HIV, which is estimated to 1.7 million people. This study done by Karim et al. (2014) also shows that it is particularly young women aged between 15-24 years who are vulnerable to HIV, since nearly a third of all new HIV infections occur in 15-24 year olds. Furthermore, these young women are 5-6 times more likely to be infected by their male peers (Karim et al., 2014). Coinciding with this study is a study done by Kharsany et al. (2012), which revealed that there is an increasing HIV prevalence among young women below 20 years of age. Reddy and Dunne (2007) estimate that, in KwaZulu-Natal among 15-19 year olds, 15.64% of black African females were likely to be HIV positive compared to 2.58% of black African males. Campaigns targeting young people and encouraging safer sex either through the use of condoms or avoiding penetration have had disappointing results because some young people still have unprotected sex (Marston & King, 2006).

The sexual risks that lead to unplanned pregnancy overlap with those that lead to HIV infection. This propelled me into investigating how schooling mothers construct sexuality in the context of HIV and AIDS.

1.2 Background to the study

I-Ndwedwe is a rural community on the KwaZulu-Natal North Coast. The community is characterized by poverty, illiteracy, gender inequality and early marriage where young girls are forced to get into arranged marriages in an early age. I am a female educator who has been teaching in this area for seven years and have observed that it has become common to have schooling mothers and pregnant girls in school. Some pregnant learners usually drop out of school during pregnancy and some come back after one or two years, after they have given birth while others disappear. Over the years the number of pregnant girls in my school has steadily increased. The previous year the school recorded 21 girls as being pregnant. The actual number of pregnant girls could have been more than those. Since some of the girls are able to hide their pregnancy, educators may know nothing about their pregnancy.

1.3 Focus and aim of the study

For this particular study, the focus is on African schooling mothers. I decided to focus on African schooling mothers as it was convenient for me because of the context in which I work, which is a rural school with only African learners. While I selected a site on the basis of its location and not on the degree of risk, the literature reviewed in the next chapter suggests that teenage pregnancy and HIV infection is high amongst young African women (Karim et al.,2014; Kharsany et al., 2012; Reddy and Dunne, 2007).

This study aims to explore these young African schooling mothers' understandings of risky behaviours and meanings they give to sexuality, when constructing their sexuality in the context of HIV and AIDS.

The objectives of this study therefore are to:

- a) Explore African schooling mothers' understandings of sexual risk in the context of HIV/AIDS.
- b) Understand how African schooling mothers manage their sexual safety within the context of HIV/AIDS.

c) To gain a deeper understanding of the ways in which young schooling mothers negotiate their sexual safety after having a baby.

In view of the above, the critical questions which form the basis of this study are:

1. What do African schooling mothers regard as sexual risk in the context of HIV/AIDS?
2. How do African schooling mothers manage their sexual safety within the context of HIV/AIDS?
3. How are African schooling mothers' construction of sexuality related to sexual risk in the context of HIV/AIDS?

1.4 The research site

To explore what African schooling mothers regard as sexual risk and how they manage their safety, I conducted this study with participants from Nkosinathi Technical High School (pseudonym) in Ndwedwe, North of Durban. This is a co-educational school situated in the rural area of i-Ndwedwe, which is a community that is characterized by poverty, illiteracy, gender inequality and early marriage. There is poverty and a high rate of pregnancy amongst young women in this community. I have been aware of young girls' risk-taking behaviours and the challenges that young girls face since I am an educator and reside in this area.

1.5 Research paradigm and theoretical approach

This study used qualitative methods of data collection. Qualitative methods are relevant as this study seeks to understand complex yet dynamic human relationships from a gender perspective. Silverman (2002) contends that there are areas of social reality that quantitative methods cannot measure. Silverman (2008) further argues that qualitative methods can provide a deeper understanding of social phenomena than could be obtained from purely quantitative data. De Vos (1998) defines qualitative research as research that elicits participation to focus on meaning, experience and perceptions. It aims to understand social life and the meaning that people attach to their everyday life. Mertens (1998) views qualitative research as a subjective exploration of reality from the perspective of the insider, through the stories that individual tells.

I used qualitative research because it is the approach that will help best in understanding how schooling mothers construct sexuality in the context of HIV/AIDS. Qualitative research is defined by Creswell (1998) as an inquiry process of understanding that explores a social or human problem.

Drawing on qualitative methodology and within an interpretivist paradigm, this study attempted to understand the central phenomenon with specific individuals at a certain research site (Creswell, 2008, p.142). In obtaining the data on how schooling mothers construct their sexuality in a context of HIV/AIDS, an interpretive paradigm was used. An interpretive approach attempts to understand phenomena through the meaning that people assign to them (Maree, 2007, p.38). An interpretivist researcher believes that, as human beings, we are always interpreting or giving meaning to things we see in the social world (Bertram, 2004, p.41). This approach provides the opportunity for researchers in the social sciences to study people's behaviour, attitudes, beliefs and perceptions. The interpretivist approach has the intention of understanding "the world of human experience" (Cohen & Manion, 1994, p. 36), suggesting that "reality is socially constructed" (Mertens, 2005, p. 12). The interpretivist researcher tends to rely upon the "participants' views of the situation being studied" (Creswell, 2003, p. 8) and recognises the impact on the research of their own background and experience. This is relevant to this study, since it unpacks how schooling mothers construct their sexual sexuality in the context of HIV/AIDS.

1.6 Sampling

The sampling used in this study was purposive sampling. According to Cohen, Manion and Morrison (2001), purposive sampling involves the deliberate selection of the participants according to the needs of the study. The target population for this study are schooling mothers. The sample was made up of ten schooling mothers of Nkosinathi Technical High School. I approached the principal who was more than willing to assist me who then referred me to the Deputy Principal. I explained to the Deputy Principal what the study would entail and he assisted me in choosing the sample that consisted of ten learners (schooling mothers), aged 16-21, from Nkosinathi High School.

According to Wiersma and Jurs (2009), the rationale behind purposive sampling is to get information based on cases that are studied intensively. There is no assumption that those who are chosen will give the same information, but there is a belief that they will have enough information. Lunenburgh and Irby (2008) further add that if you carry out a qualitative research, you should choose participants who will give you the kind of information that will accomplish your intention. Cohen et al. (2007) concurs but adds that, while purposive sampling may satisfy the researcher's needs, it does not represent the wider population.

1.7. Ethical considerations

Before sampling and data collection was done, I had to obtain permission to conduct the research and get ethical clearance from the University of KwaZulu-Natal. I also had to obtain permission from the school principal to conduct the research in this school. I also obtained consent letters from the participants before the interviews could take place.

A key element in the ethical considerations was the need to ensure the anonymity of the participants throughout the research and the confidentiality of their information. Pseudonyms were used to protect the participants. The participants were told that they have a right to withdraw from the study at any time if they feel uncomfortable. I also obtained permission from the participants to tape record the interviews.

The study was not designed to create any stress or anxiety, but in anticipation of any anxiety or stress that could arise, the participants were provided with the contact details of a psychologist, which were included in the consent forms, so that professional advice was available to the participants if need be. After collecting the consent forms I was able to collect data.

1.8 Methods of data collection

To gain access to the school to collect data I had obtained the gate-keeper letter from the school principal. In the gate-keeper letter, all the details pertaining to the study were clearly detailed. This was done to give the school principal the idea of what the research entailed.

In order to understand how schooling mothers construct sexuality in the context of HIV/AIDS, focus group interviews were conducted. I used individual semi-structured interviews and focus group interviews as means of data collection. The objective of the focus group interviews was to interact with schooling mothers in order to understand how they make sense of the factors that contributes to their constructions of sexuality.

Data collection is the method of gathering or producing information. Qualitative research employs mostly interview and observations to gather information. In this research interviews were used as the principal means of data gathering (Cohen et al., 2001). Focus group interview was used to collect data. It was used to create an open and interactive discussion between the researcher and the respondents. The interactive nature of the focus group allowed for the wide spectrum of ideas and opinions to be captured.

There were two focus groups, consisting of five learners each. Semi-structured and open-ended questions were used to allow the participants the liberty to describe their experiences. According to Marlow (1998), when using semi-structured interview, the interviewer has more freedom to pursue hunches and can improvise with the questions.

I explained to the participants that the interviews were going to be conducted in the language they know best, which is isiZulu, and will later be translated into English and transcribed. I obtained the permission from the participants to audiotape their interview for the purpose of transcribing.

1.9 Methods of data analysis

After the data was collected it was transcribed capturing all the information and gestures into print. As I was reading through the data I highlighted sections that were common. I then formulated themes as advocated by Lacey and Luff (2007) when they speak of converging data into themes. When I was formulating data I managed to come up with seven themes. This was a result of my having had to listen to the data collected thoroughly, in order to be able to transcribe what was said by the participants.

1.10 Conclusion

In this chapter, the background and context of the study were discussed. The chapter also introduced the participants of the study, as well as the research questions that guided this research on how African schooling mothers' construct their sexuality in the context HIV and AIDS. Furthermore, the research paradigm and theoretical approach of this study was discussed. In the next chapter, I review the relevant literature and outline the theoretical framework for the study.

Chapter Two: Review of Literature

2.1 Introduction

In this chapter I will review literature on sexuality and risk amongst African young women in the context of HIV/AIDS. I will review literature both international and local based on sexuality of young African women.

Firstly, I will discuss and outline the HIV prevalence in South Africa and condom use, teenage pregnancy and motherhood. Secondly, I will discuss the literature on young women and on how they construct sexuality, gender, sexuality and HIV and gender inequality. I will then discuss literature on poverty and risk, cultural practices and their influence on young women. Lastly, I will discuss the theoretical framework drawn on for this study of schooling mothers' constructions of sexuality in the context of HIV and AIDS.

2.2 HIV/AIDS prevalence in South Africa and condom use

It is important to discuss the prevalence of HIV/AIDS since this is the context in which this study is within. According to the statistics from UNAID (2013), women makes a total of 52% of all the people living with HIV worldwide in low- and middle-income countries, and the rest are males.

However, in sub-Saharan Africa, women still account for approximately 57% of all people living with HIV (UNAIDS, 2013). In KwaZulu-Natal roughly 15.64% of black African females between the ages of 15 to 19 years were likely to be HIV positive compared to the 2.58 % of black males. This is confirmed by the UNAIDS (2013) report, that a number of countries in the sub-Saharan Africa have managed to achieve enormous reductions in HIV prevalence among young people (15-24 years), however the HIV prevalence among young women remains more than twice as high when compared to young men throughout sub-Saharan Africa. Marston and King (2006) add that

half of the infections globally occur in young people between the age of 15 and 24 years (Marston & King, 2006). These scholars further contend that campaigns to encourage safer sex among young people or emphasizing the importance of abstaining have proven to have no impact as it is evident that some young people still have unprotected sex (Marston & King, 2006). The UNAIDS (2013) study suggests that young women in the sub-Saharan Africa between the age of 15-24 have limited knowledge regarding HIV compared to the young men of the same age.

Condoms remain one of the most effective tool available to date to prevent the sexual transmission of HIV, but only when used correctly and regularly (UNAIDS, 2013). A study conducted by Varga (1997) revealed that women are relatively powerless in making decisions regarding sexual activities. Regardless of the awareness surrounding the transmission of HIV/AIDS, it is evident that unprotected sex in intimate relationships supersedes condom use (Varga, 1997).

According to a study titled “Negotiating femininities on campus “done by Bhana and Pillay (2018) at the University of KwaZulu-Natal showed that in South Africa it is common that women especially Black African women between the ages of 15-24 years are most vulnerable to HIV. These authors argue that a number of factors contribute to this and that most of the transmission of the disease in heterosexual relationships is influenced by social and cultural circumstances. According to the participants, who are undergraduate students, campus life is viewed as a place of heterosexual freedom, where they freely enjoy and engage in sexual relationships. These young women base their relationships on romantic notions of love and trust that lead these young women to engage in sexual risks and unwanted pregnancy. Furthermore, some of the participants were in relationships with sugar daddies and this made it difficult for these young women to practise and negotiate safe sex practices. The authors concluded that it is apparent that the overall climate on campus was structured along gender inequalities and that female students were verbally and physical assaulted and were victims of sexual coercion and violence due to a lack of security.

2.3 Teenage pregnancy in South Africa

A post-apartheid study on teenage pregnancy by Mkhwanazi (2010), in the South African township of Nyanga in the Western Cape, revealed that South Africa is one of the countries with a low

fertility rate, but the high rates of early childbearing is still a matter of concern. Furthermore, this scholar attests that most teenage pregnancies occur among black and Coloured South Africans, moreover these pregnancies are unplanned and usually a product of unstable relationships (Mkhwanazi, 2010). This ethnographic study found out that the parents were devastated by the pregnancy of their daughters and the occurrence of teenage pregnancy was perceived negatively by the community at large. This scholar adds that peers laughed at pregnant teenagers and nurses ridiculed them and this made them feel ashamed of becoming a parent (Mkwanazi, 2010). Moreover, this study found out that, despite the high rates of early child bearing in this community, the occurrence of teenage pregnancy was perceived negatively.

Teenage pregnancy is considered to be a societal problem in many societies; this is because it is associated with an increased risk of physical, cognitive and emotional problems for both the children and the teenage mothers (Panday et al., 2009). For example, Grant and Hallman (2006) highlight that teenage pregnancy is one of the key factors that cause dropout in schools. These scholars add that falling pregnant and becoming a teenage mother while still at school poses risks for educational success (Grant & Hallman, 2006). Theron and Dunne (2006) report that teenage pregnancy disrupts the educational process of girls and consequently most teenage mothers leave school and never return. Therefore, one can conclude that, in most cases, the baby marks the end of schooling of teenage mothers (Grant & Hallman, 2006).

The literature reveals that young women who become mothers before the age of 20 are seen as undesirable agents that promote disorder in society; they are viewed as socially, economically and physically detrimental (McDermott & Graham, 2005, Mkhwanazi, 2010; Pillow 2004). According to Motshekga (2009), teenage pregnancy amongst young women of school going age undermine the Department of Education and the millennium goals of ensuring that the young women of school going age remain in school and complete their education, so they contribute towards quality life for all. Bhana, Morrell, Shefer and Ngabaza (2010) add that being pregnant and becoming a mother are major experiences for any individual, and an even greater burden for a teenager who has goals of pursuing her studies. Furthermore, teenage pregnancy can be a traumatic experience for many teenage girls as they experience changes in their body, together with being isolated in the society (Bhana et al., 2010). Teenage pregnancy affects young women as they are disturbed in the

education because falling pregnant while still at school disrupts the education of these teenagers, and most of them do not return to school after giving birth (Panday et al., 2009). Some explore challenges because having a child while still a teenager is often seen as a surrender to all the privileges that the teenage mother once benefited from before falling pregnant (Schofield, 1994). Mkhwanazi (2010) adds that becoming a teenage mother does not only delay the teenage mother's success in the society but also brings financial strain and physical strain to both the mother and her child. Furthermore, the fact that parents do not talk to children about sex meant that teenagers received very little information regarding sexuality and pregnancy prevention at home. This leaves sexually active girls to figure out about contraception on their own, without the guidance from their parents.

A study by Varga (1999) in Durban addressed issues that surround sexual negotiation and decision making among young black men and women in the context of HIV/AIDS. This study found that communication between partners was poor, and young women appeared powerless in negotiating their feelings and their preferences in sexual situations. This study also highlighted that AIDS was not seen as a threat or risk when a sexual decision was taken and normally there was no communication between partners about the conditions under which intercourse would take place. These relationships lacked communication between partners and were based on unspoken assumptions about the kind of behaviour considered appropriate in a dating relationship. In such contexts, young women rely on little information from friends and also from assumptions in the socio cultural context that reinforce the idea that women are inferior to their male counterparts. This inferiority does not allow women to negotiate safe sexual practices. Furthermore, this scholar argues that in the midst of social transition and rapid urbanization in South Africa, traditional Zulu life ways have undergone dramatic transformation. However, traditional sexual socialization and values have not yet completely eroded. Consequently, adolescents are left in a doubtful position by receiving a combination of conflicting messages about sexuality and sexual behaviour.

A study done by Lewinsohn et al. (2018) aimed at examining the personal, social and economic factors shaping the antenatal experiences of women who come from under resourced areas where rates of teenage pregnancy and HIV are high. The data was collected in a form of semi-structured interviews from 30 women from an urban informal settlement in KwaZulu-Natal, South Africa

who had given birth within the previous six weeks. This study discovered that these 30 women reported that their pregnancy was unplanned and during that time they were under a lot of stress and prone to vulnerability due to financial constraints, HIV status as well as trauma associated with violence. Even though family members would provide some sort of support, the participants frequently experienced conflict with their sexual partners and their families due to the unintended pregnancy. In conclusion, this study done by Lewinson et al. (2008) discovered that the unplanned pregnancies bring a high level of stress to women.

2.4 Teenage motherhood

According to Yardley (2008) the society view teenage mothers as a group of immature girls who depend upon their parents for survival. Mkhwanazi (2010) adds that this makes them not good enough to raise their children and due to this they are often ostracized by society. Teenage mothers face a number of challenges in the society they live in, including the school setting in which they find themselves in (Meerkers & Ahmed, 1999). These challenges include their ability to return to school after dropping-out, the school policies they need to abide with, lack of support from their parents and the level of education they have achieved (Meerkers & Ahmed, 1999).

A study done by Chigona and Chetty (2008) on teenage mothers and schooling discovered that girls who become mothers before completing schooling consider academic qualification to be very important, but it becomes difficult for them to complete their schooling if they are not given enough support. Their study aimed to discover how much support was given to teenage mothers to facilitate their schooling, thus making it possible for them to complete their education and become self-reliant. The study (Chigona & Chetty, 2008) identified three challenges that teenage mothers experience, firstly, this study found out that many teenage mothers come from financially challenged families and the parents cannot afford babysitting for the grandchild. The lack of support from the fathers of the children multiplies the challenges experienced by the teenage mothers. Secondly, there is a communication breakdown between the parents and the teenage mother, as teenage mothers often feel rejected by their own parents, who favour their siblings as a way of punishing them. Furthermore, this study by Chigona & Chetty (2008) found that parents no

longer want to involve themselves in the schooling of the teenage mother and do not consider creating a sound educational environment for them. Thirdly, the parent's attitude towards teenage mothers is driven by the stigma attached to teenage pregnancy. Some of the parents of teenage mothers were reluctant to provide support to their daughters to help them deal with the situations. Sometimes the parents distance themselves from the girls because they felt ashamed that the community would look down upon the family.

It is evident that becoming a teenage mother creates a lot of reactions in the society since teenage pregnancy affects the society morally, physically as well as financially (Silva, 1996). Teenage mothers' ability to continue learning becomes overwhelmed with problems, because of the relationship they have formed with themselves, peers, teachers and stakeholders (Meerkers & Ahmed, 1999). Pillow (2004) conducted a study in America and the pathologization of teenage pregnancies in this context resonates with the findings from the South African context. This study was on educational policy towards pregnant teenagers. This scholar carefully builds a case for placing teenage mothers at the centre of a discourse related to gender and race equity. Amongst others things this study discovered that teenage mothers are perceived as "poor students" or "incapable students" (Pillow, 2004). Furthermore, this scholar argues that racialized discourses of teenage mothers, particularly black teenage mothers, mean that they are seen as unfit, immoral and infectious. This study also discovered that teenage pregnancy, particularly when it involves black unwed pregnancies is associated with moral decay and welfare dependency. As for the white girls, they must be protected from risks of immorality and the irresponsibility of black female sexuality and illicit reproduction. Teachers see them as a threat to the overall academic performance of the classroom because teachers feel teenage mothers cannot cope with the school's academic demands (Bhana et al., 2010). In addition, Mcambi (2010) indicated that teenage mothers are often rejected and ridiculed by their peers and teachers and they are expected to behave as ordinary girls in the school, while also expected to be mothers to their children or babies. They are expected to educate their own children while they themselves in need of education (Ramalebana, 1995).

A study done by Thobejane (2015) in Matjitjitemeng Village, a sub-area situated in the Mogalakwena Municipality in Waterberg District of Limpopo Province, South Africa investigated the cause and

effects of teenage pregnancy. The results of this study shows that most of the teenage girls who fell pregnant were between the ages of 16-19 years of age. According to this study, this was due to the lack of parental guidance and absence of role models in the village. The only people whom they looked up to were their peers who had already fallen pregnant and were ignorant about using contraceptives. The findings of this study led to a conclusion that there should be programmes formulated that aim to reduce teenage pregnancy, including workshops that will encourage abstinence and that teach how to prevent pregnancy.

2.5 Young women and constructions of sexuality

According to Ramadugu, Ryali, Srivastana, Bhat and Prakash (2011), adolescence is a period of rapid transformation in the body accompanied with changes in attitude because of an increased desire to explore new things, caused by the changes in their bodies. According to Tolman (2001), adolescence is the stage at which most girls explore and develop sexuality. Grabber & Archibald (2001) assert that, during this stage, teenagers also develop their sexual identity. Teenage pregnancy has been identified as one of the critical problems associated with teenage sexuality (DiClemente, 1990).

Bhana (2017), in a study of primary school girls titled 'Girls negotiating sexuality and violence in the primary school', cited Paechter (2017), who stated that a school playground is where girls adopt and reproduce heterosexuality as they constantly invest in normative sexualities. Different authors like Huuki and Renold (2015), Mayeza (2016) and Paechter (2017) unanimously agree that in gender relations girls are mostly expected to be docile and passive while boys are dominating and showing that they are tough and powerful, and that the school playground is a place where the gender relations of power, femininity and masculinity are constantly reproduced. According to a study done by Peachter (2017), the playground was an exciting place for girls where they have fun, play and share their lunch, however, many girls felt excluded in some of the games as they were rough and involved wrestling and kicking, so they ended up sitting, talking or playing netball. The girls learnt ways to avoid the harsh and rough boys. While trying to protect themselves, the girls were not aware that they were constructing femininity and sexuality. According to Boyce et al.

(2007), sexuality is a complex term. The term sexuality is ambiguous, and it varies according to social, moral, cultural and legal contexts, while it also seen as intrinsically personal. It consists of different facets like art, medicine, violence, pleasure and love, therefore it is difficult to define (Selikow, 2004). The term 'sexuality' includes people's sexual identities, based on their cultural and historical beliefs (Holland et al., 1999), and it is socially constructed (MacPhail & Campbell, 2001). According to Holland et al. (1999), sexuality does not only involve sexual practices but it also involves people's knowledge and belief about sex, especially what people believe is natural, proper and desirable (Holland et al., 1999; MacPhail & Campbell, 2001). Selikow (2004) adds that sexuality also includes the number of sexual partners that a person choose to engage with and whether he or she prefers to engage in safe sexual activities or not. It is confirmed by Shisana and Simbayi (2002) that sexuality includes when to begin being sexually active, as well as the number of sexual partners that one decides to engage in sexual activities with. Weeks (2003) explains sexuality as the term that is related to sex but also different from it; it is used to refer to erotic desires, practices and identities or aspects of personal and social life that are erotically inclined. It cannot be divorced from the body, but it is socially constructed (Turner, 1984) and is a product of discourse (Holland et al., 1999; Weeks, 2003). It is socially constructed and it is connected to gender (Selikow, 2004. According to Leclerc-Madlala (2002, p. 25) "sexuality is a socio-cultural construction with deeply imbued meanings and complex symbolic representations, who combined influence and can and does effectively override any rational decision-making around sexual behaviour".

According to Foucault (1978), sexuality is produced and constantly changed thus the nature of sexual discourse changes accordingly. This is the reason Burr (2003) posits that sexuality is not a stable phenomenon. Sexuality is rather what the society produces in a variety of ways and a result of diverse social practices that give meaning to human activities (Weeks, 2003). This scholar further adds that sexuality comprise of the struggles concerning who have power to outline what is expected of males and females in that particular society and who is able to control those who resist power. Sexuality negotiation is influenced by race, gender and culture in most South African townships (Bhana, 2010). Even when gender is analysed, sexuality is often reduced to a component of gender and is surrounded by the emotional domain of gender (Dowsett, 2003). According to

Connell (1987), sexuality creates gender attitudes and has the capacity also to influence relationships between men and women in society, which suggests that sexuality is seen as the root of male power. Therefore, sexuality can be defined as being socially constructed or as a sexual orientation in a given society that often results in unsafe sexual practices that expose women and girls to sexual risk and HIV/AIDS (Zwane, 2012). Sexual feelings and behaviour are controlled by cultural definitions and restrictions rather than the bodily likelihoods for sexual indulgence (Dowsett, 2003).

In an African culture there is no equality between men and women and women and girls are not afforded an opportunity to discuss issues of sexual risk behaviour (Jewkes et al., 2009). Jewkes and Morrell (2010) argue that in a Zulu culture males are allowed to have more than one sexual partners and they are referred to as 'amasoka'. In contrast, Zulu females with more than one sexual partner would be called names and face misogynistic criticism by being referred to as 'bitches' (Bhana and Epstein, 2007) and/or 'prostitute' (Selikow, 2004). This is also evident in a study done by Varga (1997), who discovered that young men in her study had multiple sex partners and referred to themselves as amasoka, while those with one sex partners are referred to as isishimane. The term 'isoka' is a complement and 'isishimane' is derogatory (Varga, 1997).

Female sexuality is defined within a context of silence; girls are forced to deny their sexuality and sexual activity (Chadwick, 2010), and this is in conflict with their sexual safety (Reddy & Dunne, 2007). These scholars further argue that the love discourse within African heterosexual relationships is contradictory to the discourse of safe sex, owing to the power differences that exists between males and females, which subordinates young women (Reddy & Dunne, 2007). The subordinate position of women and their willingness to conform to culture usually lead them be tolerant to the aggressive behaviour of men and this increases their vulnerability to HIV/AIDS, because they will accept unprotected sex (Jewkes & Morrell, 2010).

In an African culture, females who comply with gender stereotypes are rewarded, and those who chose not to comply are discriminated against and violated (Jewkes & Morrell, 2010). This promotes unequal power relations between men and women and consequently inequality in gender power and sexuality, therefore increasing the vulnerability of both parties to sexual risk (Jewkes &

Morrell, 2010). The struggles and unfair treatment that girls are subjected to contribute to the high rate of teenage pregnancy and to the high statistics of HIV/AIDS (Stuart, 2009).

Power is an important component of sexuality and gender, but the unequal power imbalance in gender relations favours males and promotes unequal power relations in heterosexual relationships, where by male pleasures supersede female pleasures, thus giving men greater control than women in determining when, where, and how sex takes place (Gupta, 2000a). Jewkes and Morrell (2010) argue that ideals of femininities that are attached to cultural processes and that encourage the rewards offered to females who are compliant with cultural expectations should be eradicated from schools because they expose females to vulnerability to HIV/AIDS.

2.6 Gender, sexuality and HIV

A number of studies shows that there is an imbalance of power in sexual negotiations (Harrison, 2008; Holland, Ramazanoglu, Scott, Sharpe, & Thompson, 1990; Jewkes & Morrell, 2010; Wood, K., Maforah, Jewkes, (1998). This imbalance of power in sexual relationships amongst men and women favours men and promotes gender inequality (Jewkes & Morrell, 2010). A man is normally expected to lead and control sexual relations and expect his partner to comply (Jewkes & Morrell, 2010). He may feel entitled to have sex with any other women and expect her partner to remain faithful to him (Jewkes & Morrell, 2010). Male superiority and dominance over females in sexual relationships in particular is often seen as norm (Reddy & Dunne, 2007). The power that men and boys have over women and girls is evident in the ways in which masculinity and femininity manifest themselves in heterosexual relationships (Reddy & Dunne, 2007). Males view sex merely as an expression of pleasure and affection and not necessarily as a commitment to the relationship (Varga, 1997, p. 55).

Many younggirls, including teenage mothers, are influenced by cultural beliefs and gendered roles (Leclerc-Madlala, 2002) and are often trapped between the expectations and norms of society that regulate feminine behaviour and the need to practise safe sex (Reddy & Dunne, 2007). Women prefer to abandon practising safe sex and risk contracting HIV/AIDS in order to conform to the society's expectations on how women and girls should behave (Reddy & Dunne, 2007).

Conforming to society's expectations of being submissive to the male counterparts is more important to many young women than to be called names and appear to be 'sluttish' in the boy's eyes (Reddy & Dunne, 2007). Currie, Mason, Southgate and Squire (2007) concur that women who carry condoms are labelled as promiscuous and that males do not trust women who carries condoms, as this would imply that a woman is not sexually pure. Traditional gender norms instil in young women the view that they have less power in relationships with men, especially when it comes to decision making around condom use and sexual initiation (Wood, Maforah & Jewkes, 1999). This suggest that gender inequalities play an important role in HIV epidemics, especially in southern and eastern parts of Africa, because women lack the power to decide and negotiate sexual initiation and the outcomes of sexual activities (Gupta, Ogden & Warner, 2011).

A number of prevention programs to curb the spread and transmission of HIV/AIDS have been implemented, but the high rates of HIV/AIDS are still a matter of concern (Hamid, 2012). The prevention of HIV/AIDS is closely related to issues of sex and sexuality (Holland et al., 1990; Boyce et al., 2007; Reddy & Dunne, 2007). The high rate of teenage pregnancy indicates that, even with the abundant information and education about safe sex practices and HIV/AIDS, there are other factors that needs to be considered (Hamid, 2012).

The research on sexuality in the South African context has shown diverse ways in which ideas about sex and gender can create circumstances of greater HIV risk (McPhail & Campbell, 2001). Within sexual relationships, young women are supposed to give priority to their partner's needs and wishes, which leads to unsafe sexual practices and non-condom use (Jewkes et al., 2003). Having to cater for their partner's sexual needs, most women decide not to ask men to use condoms, or having asked, they decide not to insist on asking, because they are concerned about the men's sexual pleasure (Wood et al., 2001). Women find it difficult to discuss sex openly with their partners, including asking for condom use, because they fear to appear promiscuous (Varga, 1997). In a society where having multiple partners has been a defining feature of a successful manhood (Varga, 1997), many women would find initiating talks around condom use or refusing to engage in sexual activities under such very difficult circumstances. Consequently, women avoid asking for condom usage or to carry condoms due to the negative connotations and the labelling of women who are sexually active (MacPhail & Campbell, 2001).

Through research, it is evident that, in South Africa, HIV/AIDS affects black African women and girls in particular (Department of Education, 2001). In many cases, this is caused by the poor structural conditions of the black townships, which expose girls to sexual risks and create vulnerabilities to violence and HIV/AIDS (Zwane, 2012). Leclerc-Madlala (2002) identifies the role of socio-economic status and culture in increasing women's and girls' vulnerability to high-risk sexual behaviours. Financial constraints can pressure girls into practising 'survival sex' with paying partners or clients who may demand unprotected sex, which could result in new infections (Jewkes, 1998). Appalsamy (2010) argues that financial limitations, poverty and gender inequalities limit the chances for women to survive because they cannot afford access to primary health care if they become infected with sexually transmitted infections.

Hoffman et al. (2006) identify a particular male behaviour in which males threaten females for sex and end up sexually coercing their women. Alcohol abuse is an additional element that leads the male to threaten and coerce women for sex (Hoffman et al., 2006). Drug use and alcohol influence young people to adopt high risk behaviours and to engage in casual sexual intercourse (Weatherburn & Project SIGMA, 1992). As a result of peer pressure, young people tend to discourage one another from adopting safe sexual behaviours by rehearsing the negative connotations that are attached to condoms and their usage (Gregson et al., 2006). This eventually leads to a high rate of teenage pregnancy and increased vulnerability to HIV/AIDS infection (Gregson et al., 2006). Despite the abundant information that has been cascaded to alert people about HIV/AIDS, it is evident that most teenagers have not personalized the threat of AIDS (Edgar et al., 1992) and this increases their vulnerability to HIV/AIDS and other sexually transmitted infections (Gregson et al., 2006).

A study done by Maughan-Brown, Evan and George (2016) examined the risk of age difference in relationships. This study looked at differences in various sexual behaviours of both young women and their male partners, where there is a major age difference. They used nationally representative data from South Africa (2012) on partnerships reported by 16 - 24-year-old black African women and by black African men in partnership with 16-24-year-old women. They then compared the sexual behaviours in these relationships and discovered that young women in age disparate partnerships were more likely to engage in unprotected sex than young women in similar age

partnerships. The results of this study provide evidence that young women who are in age disparate partnerships are at greater sexual risk, particularly because of the risk behaviours of their male partners. A study done by Street, Reddy and Ramjee (2015) obtained similar results when they examined the effect of generational disparity on HIV and sexually transmitted infection incident. This study focused on women aged 16 years and older and followed them for 24 months. The study discovered that there was a higher incidence of STI infection observed among women in intra-generational age disparate relationships than among those in non-age disparate relationships.

In Southern Africa, there is a close association between alcohol abuse, sexual assault, sexual violence and risks for sexually transmitted infections (STI), including HIV/AIDS (Kalichman et al., 2007; Dunkle et al., 2004), in different societies, particularly among those with the highest rates of HIV infections (Weinhardt & Carey, 2001). Poverty could be a causal factor, as the desperate economic pressure of living in poverty are associated with drinking and exposure to risks for HIV infection (Kalichman et al., 2007). Most women fear asking their partners to wear a condom because of the experiences of sexual violence (Maman, Campbell, Sweat & Gielen, 2000) This association has called for urgent interventions to address alcohol abuse so as to reduce sexual risk (Palepu et al., 2005).

2.8 Poverty and risk

The social structures that are used to put the human race into groups of upper, middle and lower classes are intertwined with gender. Flores (2012), citing Hoty (1999), defines the upper class as those that are rich, middle class as those that are average to normal and lower class as those who are associated with poverty. Since this study is on African schooling mother who are classified as lower class it is important to highlight the effect of poverty in exposing young women to risky behaviours.

A study done by Tladi (2006) explains the empirical link between HIV/AIDS and poverty, using data that was collected by the 1998 South African Demographic and Health survey (SADHS). The analyses focused on women between the ages of 15-49 years. The results obtained after the

analysis showed that there was a higher risk of HIV infection amongst the poor. This increase in the risk of HIV infection was due to the poverty-related characteristics of low education and little information on how to avoid HIV infection, in comparison with the non-poor. One possible explanation was financial dependence on their partners by women who received money from their partners and by those women who came from poor households. This study discovered that the participants were more likely not to use condoms simply because their partners prefer sexual intercourse without a condom. Furthermore, this study discovered that low socio-economic status robs the poor of the knowledge they need to prevent being infected by HIV/AIDS. This also makes the poor vulnerable and increases their chances of being infected. The results of this study have shown how closely linked is poverty and disease, in this case HIV/AIDS. Therefore, it is important that programmes that aim to reduce HIV/AIDS infection should also consider reducing poverty as well. Poor people often sacrifice their future in order to ensure a better today.

Women who are economically disadvantaged are at higher risk of contracting HIV/AIDS (Wojcicki & Malala, 2001). School going girls who do not want to load their parents with extra school fees because they have failed may resort to engaging in sexual activities with their teachers in exchange for marks (Niehaus, 2000). Many young women are in intergenerational relationships with wealthier older men (Vundule, Mofarah, Jewkes, & Jordaan, 2000); this partly elucidates the gender differences in intergenerational relationships and HIV prevalence in South Africa. Women who cannot provide for themselves due to economic vulnerability depend on their men for financial gain, and this makes it impossible for them to negotiate safe sexual activities effectively and to be able to leave relationships that they identify as risky (Vundule, Mofarah, Jewkes, & Jordaan, 2000).

Survival and the need to be economically secure usually outweigh fears of contracting HIV/AIDS in communities characterized as poor (Muturi, 1998). Being economically deprived and to be discrimination on the basis of race, class and gender are linked with high risk contracting of HIV/AIDS (Sathiparsad & Taylor, 2006). Even though women and girls are aware that condoms can prevent transmission of sexually transmitted infections including HIV/AIDS, they are unable to maintain consistent condom use since they are financially dependent on men (Sathiparsad & Taylor, 2006). The ability to insist on condom use is affected, especially in the case of young African women who financially depend on their partners (Pettifor, MacPhail, Anderson &

Mamman, 2012). The experiences of being a parent who is economically deprived may make poor adolescent girls vulnerable to exploitative and coercive sexual relationships and this places them at risk of contracting HIV/AIDS (Hallman, 2005). This confirms that there is a bond between low socio-economic status, risky sexual behaviours and youth HIV risk (Hallman, 2005). Many young women and girls in South Africa exchange sex for monetary gain with their 'sugar-daddies', and condom use is often non-negotiable (Campbell, 2003). A study done by Leclerc-Madlala (2002) discovered that many young girls willingly confessed about the material compensations that they seek and procure as gifts after engaging in sexual intercourse with wealthier elder men. They enter into relationships with older men who pay their school fees, buy gifts and offer them incentives (Pithey & Marojele, 2002). Gift offering after sexual intercourse limits the sexual experiences of adolescent females with pregnancy and the contraction of HIV and other sexually transmitted diseases as consequences (Kaufman & Stravrou, 2004). A number of studies show that many young women and girls exercise sexual agency in sexual relationships to advance their own financial situations through transactional sex with older men or 'sugar daddies' (Bell, 2012; Lerclec-Madlala, 2002), these young women make sex a source, often the only source, of income (Wood et al., 1998).

A study done by Lambani (2005) aimed to investigate whether or not the Child Support Grant (CSG) influences young teenage girls to fall pregnant in order to gain access to the money. This study was conducted in Thohoyandou (South Africa) after the author had observed that, at the beginning of each month at Thohoyandou shopping complex, there were long queues of teenage mothers at the banks with babies on their backs. This study discovered through a qualitative methodology that, even though there are a number of contributing factors that played a role, the main cause was poverty. Participants agreed that poverty was a major reason teenagers fell pregnant. Therefore, this study suggests that young children should receive support from government through education. The issues of sexuality, teenage pregnancy and poverty alleviation should be included in the curriculum as early as the Foundation Phase.

Poverty has been identified as a driving force that forces girls to resort to relationships with 'sugar daddies' for monetary gain (Gregson et al., 2002). Many young girls in KwaZulu-Natal are influenced by money and gifts not to suggest condom use (Kaufman & Stravou, 2004), and also

fear to carry and use condoms because it may seem as if they are too experienced (King, 2006). According to Varga (1997), financial dependency of women upon their partners and power inequality are major hindrances to safer sexual decisions. Gregson et al. (2002) concur that power imbalances evident in intergenerational relationships affect the ability of young girls to negotiate safe sexual practices and this may expose them to HIV infection. Thus many young women have internalized a negative view about condom usage and argue that using condoms makes sex not enjoyable (Holland et al., 1990). This was also evident in a study conducted by Varga (1997), which discovered that young women were unhappy if the male counterpart used condoms as it implies infidelity.

2.9 Cultural practices and its influence on young women's sexuality

A study done by MacLeod and Durrheim (2002) aimed at exploring how, through a process of racialisation, the psycho-medical literature on teenage pregnancy in South Africa contributes to the entrenchment of race, culture and ethnicity as fixed natural signifiers. The signifiers of race or ethnicity are used in teenage pregnancy literature to highlight differences in adolescent sexual and reproductive behaviour and also as an explanatory tool. Since this study is about African schooling mothers it is imperative that we bring in culture as it is one of the contributing factors to sexual construction.

Culture is a structure of connected principles strong enough to influence the way people in a particular society behave and communicate (Mazuri, 1986). Culture is everything that surrounds and shapes us (Ngubane, 2010). Culture is viewed as the basis on which the overall health conduct of people is monitored, especially in the context of HIV/AIDS (Airhihenbuwa & DeWitt Webster, 2004). They further add that culture plays a major role in shaping the level of health of the individual, and the community at large (Airhihenbuwa et al., 2004).

According to Wadesango et al. (2011), culture is not dynamic, regardless of the ever changing times; in the context of HIV/AIDS, this puts a strain on the shoulder of many young women as they construct their sexuality. Many young girls, including teenage mothers, are strongly influenced by cultural beliefs when they construct their sexuality (Leclerc-Madlala, 2002) and are often

sandwiched between the anticipations and customs of the society that dictate how women are expected to behave and the need to practice safe sex (Reddy & Dunne, 2007). This is applicable in an African context where the principles of extended family and community have an impact on the behaviour of the individual (Airhihenbuwa et al., 2004).

Gender inequality is still very prevalent in most African societies even though women have gained significant opportunities including human rights (Jewkes & Morrell, 2010). African families in South Africa are patriarchal, men are the heads of the family and the women and children are expected to adhere to the men's authority (Ngubane, 2010).

Some cultural practices performed in an African tradition contribute to placing women in inferior positions when it comes to sexual relationships, for example, the culture of polygamous marriages (Zondi, 2012). In an African context polygamous marriages are allowed as long as the husband has enough money to pay the bride price for each wife and is able to satisfy each wife's need accordingly (Ngubane, 2010). Women are expected to leave their families to live with their husband's family (Ngubane, 2010, p. 21). This imbalance instils patriarchy, which contributes to the subordination of women (Zondi, 2012). Women are expected to have one partner while men are encouraged to have many sexual partners while women are not afforded the opportunity to negotiate the use of condoms (Holland et al., 1990).

2.10 Theoretical framework

This study looks at African schooling mothers' constructions of sexuality in the context of HIV/AIDS. I do this by drawing on theories of gender power and social constructionism.

According to Connell (1987), gender identity theory has a close similarity to the social expectations placed on the male sex and female sex. Social prescriptions are often called 'norms' and the process of social learning is referred to as 'sex role socialisation' (Connell, 1987). The gendered norms and construction of the male sexual desires favours men, this makes the responsibility for curbing sexuality to fall on women alone, and that makes females to be sexually vulnerable (Harrison, 2008). According to Connell (2002), being a man or woman is a condition that is

actively under construction and, because of this, inequalities between men and women are produced in society. She further argues that female sex roles (gender norms) are often associated with the suppression of women's sexuality and satisfaction of men's sexual desires (Connell, 1987). The power of heterosexual men in a patriarchal system makes it possible to treat women as objects in a way that not only depersonalises desire but practically dismembers their bodies (Connell, 2002).

Researchers assert that there is an imbalance of power in sexual negotiations (Harrison, 2008; Holland et al., 1990; Jewkes & Morrell, 2010; Wood et al., 1998). Gender power inequity in relationships is a cause of intimate partner violence and places women at enhanced risk of HIV infection (Jewkes & Morrell, 2010). Women experience pressure from men as part of their sexual relationships and this limits their control of their heterosexual relationships (Holland et al., 1990), thus they tend to adopt feminine sexual identities that promote male superiority. African women and girls are forced to conform to sexual behaviours that allow male domination and restrict their own sexual agency (Connell, 2000). According to Connell (2000), women in an African context are forced to conform to sexual behaviour that exploits them and allows males to be in power and dominate over women. The theory of gender power expounds how young African women are treated and forced to occupy inferior positions, and ultimately expose them to sexual risk (Connell, 2000). Furthermore, Connell (2000) posit that, in an African context, women are forced to conform to sexual behaviours that exploit them and allow males to dominate. The theory of gender power provide details of how young African women are treated and forced to occupy subordinate positions, which in the end expose these young women to sexual risk (Connell, 2000).

As this is a gender study and as the main focus is the role of gender power, femininity and construction of sexuality by schooling mothers, gender power theory is appropriate for this study in order to provide the lens in which the data will be analysed. This theory is closely connected to theories of social constructionism.

Social constructionism is a social theory originating in sociology (Berger & Luckman, 1996), which posits that the world we create and the meaning we create in the world are the result of

social interaction, that is, talking with other people and living in a cultural context that transmits meaning to us. Social interaction, social process and language are key components of social constructionism (Burr, 2003). Epstein, Elwood, Hey and Maw (1998) assert that people and the world are products of social processes that are dynamic and fluid, thus implying that meanings are not inherent in objects or particular situations, but that rather we make meaning out of what we experience through our interactions with others (Burr, 2003). This scholar further expands that people's actions are determined by social interactions that transpire in a particular context and time and continues explaining that human beings attach meaning to these interactions, which could be dynamic or volatile but always open to change (Burr, 2003). Butler (1990) argues that a person's identity or personality is not a fixed thing within a person but rather a shifting, temporary construction. Furthermore, she explains that we all put on gender performance, based on our cultural or societal norms, and it is not a question of whether to enact a gender performance or not but rather what type of performance to enact (Butler, 1990). Against this backdrop, I find social constructionism and gender power theories to be appropriate to explore the constructions of sexuality by young schooling mothers. Furthermore, Burr (2003) states that social constructionism has three categories, namely social construction, social process and language. This theory discusses in greater depth that people are a product of social processes that occur in the world and that are ever-changing and fluid.

According to Andrew (2012), social constructionists view knowledge as being constructed as opposed to being created. Furthermore, this scholar articulates that social constructionism came into being as an attempt to understand the nature of reality. Andrew (2012) concludes that social constructionists welcome the notion that there is an objective reality but are concerned about how knowledge is constructed and understood. Flores (2012) concurs that social constructionism is concerned about the way in which the society categorises people.

The theory of gender power and the theory of social constructionism will be useful in my study of exploration of African schooling mothers' sexuality constructions within the context of HIV/AIDS.

2.11 Conclusion

This chapter reviewed literature relevant to young women's sexuality within the context of HIV/AIDS. I highlighted international literature and local (South African) studies that deal with constructions of young women's sexualities. These included issues around sexual risk, especially HIV/AIDS. Furthermore, this chapter provided a discussion of the theoretical frameworks that were used to analyse the data collected by this research. The theoretical frameworks used as the lens to analyse data in this study were gender power theory and social constructionism. The following chapter presents the research methodology used in this study.

Chapter Three: Research Design and Methodology

3.1 Introduction

This chapter provides a detailed discussion of the research design and the methodology that was used in this study. The purpose of this study was to investigate how a group of schooling mothers construct sexuality in the context of HIV/AIDS. Furthermore, the intention was to understand what schooling mothers regard as sexual risk, how sexual risk is related to constructions of sexuality and how they manage their sexual safety.

Firstly, I will discuss the research methodology that was used in this study. Next, I will describe the research site and then discuss the sampling techniques used to choose a sample befitting this study. Furthermore, this chapter will discuss the data collection methods and the limitations of this study. Lastly, it will discuss validity and reliability as well as the ethical considerations.

3.2 A qualitative approach

There are a number of research designs from which a researcher can choose when conducting a study. Mouton and Marais (1992) define research design as a blue print of how one intends conducting a research and the direction the researcher will take. This study employed a qualitative, explorative and contextual research design (Mouton & Marias, 1992). An explorative research study is conducted in order to gain insight into a situation or phenomenon when there is little known about the issue to be researched (De Vos, 2002). This research investigated how schooling mothers construct their sexuality in the context of HIV/AIDS. Therefore, it employed qualitative methods of data collection. Qualitative methods seem relevant to this study as it seeks to understand complex and yet dynamic human relationships from a gender perspective (Silverman, 2001). Furthermore, Silverman (2002) contends that there are areas of social reality which quantitative methods cannot measure and argues that qualitative methods can provide a deeper understanding of social phenomena that would not be obtained from purely quantitative data (2008:8). De Vos (1998), concur that qualitative research is a research that elicits

participation to focus on meaning, experience and perceptions and aims to understand social life and the meaning that people attach to their everyday life (Mertens, 1998). Mertens (1998), adds that qualitative research is a subjective exploration of reality from the perspective of the insider, through the stories individual tells. These are the reasons that propelled me to use a qualitative research approach because it is the approach that enabled this study to understand how teenage mothers construct their sexuality particularly in the time of HIV/AIDS.

Qualitative research is an inquiry process of understanding that explores a social or human problem, based on building a complex, holistic process formed with words, reporting detailed views of informants and conducted in a natural setting (Creswell, 1998). According to Maree (2007) a qualitative mode of inquiry assists in understanding the school and the cultural context in different ways as this approach allows the researcher to remain receptive to new ideas, issues and incurrent emerging study. Moreover, Maree (2007) further contends that “qualitative researchers believe that the world is made up of people with their own assumptions, intentions, attitudes, beliefs and values”. Drawing on qualitative methodology and within an interpretivist paradigm, this study will attempt to understand the central phenomenon with specific individuals at a certain research site (Creswell, 2008, p. 142).

3.3 Interpretivist paradigm

This study was located within the interpretivist paradigm. This paradigm enabled this study to provide an understanding of how the schooling mothers construct their sexuality. An interpretive approach attempts to understand phenomena through meaning that people assign to them (Maree, 2007, p. 38) and the interpretation of the world around them (Cohen, Manion & Morrison, 2007). This was achieved by the voices of the schooling mothers selected for this particular study. In interpretive paradigm, the epistemology rests upon moral and pragmatic concerns that are located in a particular context and time and are open to dialectic and mutualistic conversations (Bryam, 2004). An interpretivist researcher believes that, as human beings, we are always interpreting or giving meaning to things we see in the social world (Bertram, 2004, p. 41). This approach also provided the opportunity for the researcher to study people’s behaviour, attitudes, beliefs and perceptions (Bertram, 2004, p 41). This was relevant to this study since its purpose

wasto understand how African schooling mothers give meaning to their sexuality and why they continued to engage in sexual risk practices in an era where HIV/AIDS are so rife.

3.4. Research site

The study was conducted in iNdwedwe, in a school located in this deep rural area. The study was conducted at Nkosinathi High School (pseudonym) in Ndwedwe, North of Durban. This is a co-educational school situated in the rural area of iNdwedwe, with an enrolment of 607 learners and 21 educators, including the headmaster. The community is characterized by poverty, illiteracy, gender inequality and early marriage. There is a high rate of unemployment, of pregnancy and of sexually transmitted diseases. I have been aware of young girls' risk-taking behaviours and the challenges that young girls face, since I am an educator in this area. The society is patriarchal and encourages male dominance over women. Most males in this community have multiple sexual partners and mostly in polygamous marriages. Those in such relationships are saluted and complemented for their acts. This encourages even the younger males to be in multiple relationships.

3.5 Purposive sampling

A purposive sampling strategy, which is a characteristic of qualitative research, was used in this study, with a sample size of ten participants. According to Cohen, Manion and Morrison (2001), purposive sampling involves the deliberate selection of the participants according to the needs of the study. The participants selected for this study were young high school mothers who returned to school after having their babies. I approached the principal who was more than willing to assist me who then referred me to the Deputy Principal. I explained to the Deputy Principal what the study would entail and he assisted me in choosing the sample that consisted of ten learners (schooling mothers), aged 16-21, from Nkosinathi High School.

According to Cohen et al. (2001), purposive sampling involves the deliberate selection of participants according to the needs of the study, the rationale being to get information based on cases that are studied intensively. There is no assumption that those who are chosen will give the

same information, but there is a belief that they will have enough information (Wiersma & Jurs, 2009). Lunenburgh and Irby (2008) further added that, if you carry out qualitative research, you should choose participants who will give you the kind of information that will accomplish your intention. Cohen et al. (2007) adds that, while purposive sampling may satisfy the researcher's needs, it does not represent the wider population.

Thus, purposive sampling was used to gather information in this study. All the participants live in Ndwedwe and go to the same school. The sample consisted of 10 participants who are African schooling mothers from Nkosinathi High School. It is imperative to highlight that informed consent forms were obtained from the participants along with those of their parents.

I identified a school a bit far from where I work because this study focuses on schooling mothers and I thought it was going to be challenge to conduct this study in my school because of power relations. Thus it was going to be difficult if I worked with the learners in my workplace. I approached the school principal to present the nature of my study and what it would entail. He then gave me a gate-keeper letter to gain access to the participants. The study initially aimed to work with teenage mothers. I had to keep that in mind as I was choosing the sample. Unfortunately, it was not possible since some of the schooling mothers were above 20 years of age. I had to accommodate one participant who was 21 years old as it was impossible to get the 10th participant. After this I changed the title of this study from teenage mothers to schooling mothers' constructions of sexuality in the context of HIV/AIDS. The sample was divided into two focus groups, and each focus group had five participants. During the individual interviews only nine participants took part. One participant did not take part in the individual interviews because she was absent from school as her child was not well during the period in which I was conducting the individual interviews.

3.6 Ethical considerations

Ethics in general are considered to deal with beliefs about what is wrong, good, or bad, proper and improper. The participants were informed about the purpose of the research. The consent letter was issued to the participants as well as their parents (those under 18) to read and sign.

Henning et al. (2004) assert that, after planning the interviews, the participants need to be given consent forms to take part and to know that their privacy and anonymity will be protected, and that recordings and transcripts will be kept safely. The participants were told that they are taking part in this study voluntarily and they could withdraw at any point if they felt uncomfortable. The participants were informed that the researcher would use pseudonyms and the data would be kept confidential. No one would access the data except the researcher. I asked for permission to conduct the research in the school. The letter to request permission to the school principal was issued before I conducted the interviews. Consent letters were issued to the participants and their parents before the interviews took place.

3.7 Data collection

The main methods of data collection that was used in this study were the individual interviews and Focus Group Interviews. Data collection is the method of gathering or producing information. Qualitative research employs mostly interview and observations to gather information. In this study, interviews were used as the principal means of data gathering (Cohen et al., 2001). In order to understand schooling mothers' construction of sexuality, individual interviews and focus group interviews were conducted with the young mothers. This study therefore employed individual interviews as well as focus group interviews as the means of data collection. The actual language of the participants is crucial in qualitative research because it enables the participants to share their understanding of life. The objective of using interviews was to interact with these schooling mothers in order to understand how they make sense of the world in which they live in with regard to HIV/AIDS. I decided to use both focus groups and interviews because they complement each other. Focus groups were used, where the interaction within the group leads to the collection of data (Cohen et al., 2007). Group interviewing becomes a useful tool when working with people, because it is less intimidating and encourages interaction between group members, rather than their simple response to the question.

A date and time was set for the participants to return with the consent forms which had to be by their parents or guardian. We had agreed that we were going to meet during break time in the laboratory. All the ten participants came for the Focus Group interviews. I decided to two focus

groups with 5 in each group. While the first group was in session the other group waited in another classroom far away from the laboratory. This was done to ensure that they do not listen to the discussions taking place in the laboratory.

Silverman (2002) further contends that there are areas of social reality that quantitative methods cannot measure. Silverman (2002) further argues that qualitative methods can provide a deeper understanding of social phenomena than those that could be obtained from purely quantitative data.). De Vos (1998) defines qualitative research as research that elicits participation to focus on meaning, experience and perceptions and aims to understand social life and the meaning that people attach to their everyday life (Mertens, 1998). Mertens (1998) also views qualitative research as a subjective exploration of reality from the perspective of the insider, through the stories that an individual tells (Mertens, 1998). Qualitative research is defined by Creswell (1998) as an inquiry process of understanding that explores a social or human problem, based on building a complex, holistic process formed with words and reporting detailed views of informants, conducted in a natural setting. Maree (2007) argues that “qualitative researchers believe that the world is made up of people with their own assumptions, intentions, attitudes, beliefs and values”. Drawing on qualitative methodology and within an interpretivist paradigm, this study attempted to understand the central phenomenon with specific individuals at a certain research site (Creswell, 2008, p. 142).

The aim of this study was to understand how schooling mothers construct sexuality in the context of HIV/AIDS. This data collection method therefore was used to create an open and interactive discussion between the researcher and the participants. The interactive nature of the focus group allowed for a wide spectrum of ideas and opinions to be captured (Bless & Higson-Smith, 1995).

According to Bertram (2004), a semi structured interview asks more open-ended questions which can then allow for discussion within the focus group interview. Cohen, Manion and Morrison (2007, p. 373) point out that using group interviews in a research is often quicker than individual interviews and thus saves time.

3.8 Semi-structured interviews

Qualitative research aims to understand the social life of people and this was achieved by the use of semi-structured interviews. In this study, these assisted the researcher to obtain a detailed picture of how African schooling mothers construct their sexuality in the context of HIV/AIDS. In most of the cases, qualitative research employs interviews and observation to gather information. The interviews were the predominant mode of data collection in this qualitative study (De Vos, 2002). The best way to get the story is to have the individual tell you about his/her experiences, either through personal conversation or interviews (Creswell, 2002). Individual face to face interviews were used as these are a flexible technique to gather accounts of people's experiences (McLeod, 1996). This afforded the participants the opportunity to tell their stories.

Semi-structured interviews allow for observation of body language, facial expression and actions and provide potentially useful information to the study (Dunne, 1995). The researcher usually has questions about a certain topic in mind, but they are open so as to allow the interview to move to the direction that the participant is taking it. In addition, probing or following up with questions, based on the responses received, allows for greater clarity (Hatch, 2002). Cohen et al. (2000) assert that interviews allow the participants a chance to talk about how they understand the world they live in and express how they regard the situation from their own point of view.

The interviews were conducted in the home language of the participants, which is isiZulu, and were later translated into English and transcribed. This enabled the participants to express themselves freely. I conducted semi structured individual interviews that were 45 minutes in length with each of the participants interviewed in this study. The interview schedule included both open and close ended questions. This allowed the participants an opportunity to further elaborate on their responses.

These interviews were conducted in the school laboratory during break time. It was impossible to meet after school or during weekends as most of the participants stay far away from school and needed to fetch their children from crèche before 16:00 in the afternoon. They also explained that

they have house chores waiting for them at home, hence their mothers were at work and it was their responsibility to take care of their households.

Permission was requested from the participants to audiotape the interview for the purpose of transcribing. Willing (2001) believes that the researcher must explain to the participants why the recording is being made and how it is going to be used after the interview.

3.9 Focus group discussions

A good interview lays open “thoughts, feelings, knowledge, and experiences, not only to the interviewer but also the interviewee” (Patton, 2002). They are particularly suitable for discussions of sensitive topics of sexual matters, stigma or experiences that are considered taboo (Kitzinger, 1995). Being in a focus group provides support or some form of empowerment for the less vocal or more inhibited members (Bless & Higson-Smith, 1995). The aim of this study was to understand how schooling mothers construct sexuality in the age of HIV/AIDS. This data collection method was therefore used to create an open and interactive discussion between the researcher and the respondents. The interactive nature of the focus group allows for a wide spectrum of ideas and opinions to be captured (Bless & Higson-Smith, 1995). Furthermore, Bless and Higson-Smith (1995) argue that it is often useful to allow participants to share their thoughts with each other; in this way they can spark off new ideas in each other and consider a range of views before answering the researcher’s question. One of the advantages of focus groups is that the researcher can make sure subjects understand the questions (Marlow, 1998). Focus groups discussions are effective for collecting data from a number of people at the same time, without demanding a lot of structuring on the part of the researcher (Krueger, 1994).

Focus groups have also been hailed in promoting women’s social justice issues by exposing and validating women’s everyday experiences of oppression, their collective resistance and strategies for survival (Madriz, 2000). Additionally, Krueger (1994, p 8) argues that “interactions among participants enhance data quality. Participants are free to make suggestions, or ask for clarifications, and elaborate on the points made by others and therefore a focus group becomes a fertile ground for primary data (Bless & Higson-Smith, 1995). The most important aspect of a

focus group interview is that it gives one an opportunity for direct personal contact with the subject required to answer questions (Bless & Higson-Smith 1995:113). As a result, the researcher also gets in touch with the way participants perceive their world and can observe the exact reaction to the topic under discussion. According to Bertram (2004), a semi structured interview asks more open-ended questions which allow for discussion within the focus 6 group interview. Cohen, Manion and Morrison (2007, p. 373) point out that using group interviews in a research is often quicker than individual interviews and thus saves time.

I conducted two focus group discussions, consisting of five schooling mothers in each. These interviews were between 45 and 60 minutes long. Semi-structured and open-ended questions were used to allow participants the liberty to describe their experiences. According to Marlow (1998), when using semi-structured interviews, the interviewer has more freedom to pursue hunches and can improvise with the questions. I explained to the participants (schooling mothers) what I hope to achieve through their involvement in the study in order to allay fears that they might have. I requested permission from the participants to audiotape the interview for the purpose of transcribing prior to the interview. Both interviews (individual and focus group) were conducted in the science laboratory in the school premises.

The focus group discussions went very well. There were 10 participants (pseudonyms) [Nothando, Lungi, Nonhlanhla, Jabu, Nolwazi, Sthembile, Princess, Ntombi, Thandeka and Nontobeko] who participated in this interview. I was humbled by their punctuality as it showed their willingness to be part of this study. When they arrived I noticed familiar faces of the girls who were at the school where I work. They fell pregnant and never came back. I had even forgotten their names. This made me feel uneasy as I thought this was going to jeopardise my research because I thought they were going to be nervous to speak. I also feared that they might not return for the individual interviews. Fortunately, they didn't give me any problems, they participated throughout the interviews, both the focus group and individual interviews. The interviews went very well, even though some of the participants were shy and reserved while some spoke openly and dominated the discussion.

As it was my first time conducting a research I was so scared how these participants were going to react and respond to me, because some knew that I was an educator in a neighbouring school.

During the early stages of the research they seemed anxious and hesitant to respond to the questions I asked them. Most of them were very shy and hardly looked at me as they were speaking amongst themselves. I remained calm and exercised my sense of humour to create a relaxed environment for all of us. They eventually came around as the interview progressed. They participated with ease and that enabled me to generate rich data.

3.10 Validity and Reliability

In a qualitative approach, research lacks procedure that guarantees validity and reliability and the study cannot be generalized (Slonim-Nevo & Nevo, 2009). Researchers have written a great deal about methods qualitative in nature. So researchers call this quality trustworthiness or credibility. Mertens (1998) states that one way of testing the credibility of a study is to ask whether there is any collaboration between the way participants view social constructs and the way in which the researcher represents their viewpoint. In this study trustworthiness relied solely on using reflexivity and member checks.

Reflexivity according to Cohen et al. (2007) refers to the fact that researchers are part of the social world and are influenced by it. Member checks allow the participants to review the interpretation of the data and also reduce researcher bias (Cohen et al., 2007). After I have done the interviews and recorded, I then transcribed and translated the data and gave a copy to each participant to check that the researcher has represented their views correctly.

3.11 Limitations to the study

When I met with the participants I noticed some familiar faces of girls who had been at the school where I work. They became pregnant and never came back and moved to the other school. Even though I had forgotten their names, I could recognise them and they could also recognise me. This made me feel uneasy, as I thought this was going to jeopardise my research because I thought they were going to be nervous to speak, because they of power relations, knowing that I am an educator at the school they once attended, they might think that

confidentiality will be compromised. I assured all the participants that their stories will remain confidential and anonymous and that in this instance I was a researcher and not an educator.

I felt that being a teacher in a neighbouring school could have limited the participants to be free and talk without holding back. Even though I saw them being at ease, I think if I was a complete stranger it could have enabled me to generate more data. If I had taken this into consideration, I would have been able to provide a greater in-depth discussion. However, this could also be a strength, since they were familiar with me and may have felt a degree of trust in me.

Time was also a limiting factor, because we did our interviews during break time; it was challenging to do it in the afternoons as the participants had to fetch their children from crèche and rush home to do house chores. We mutually agreed to use break time though it would mean less time for them to enjoy their break.

Since we were doing our discussions in the Science laboratory which is situated in between the classrooms, it was challenging to do our interviews during break time, as learners would be roaming around making noise. Some would peep through the windows wanting to see what was going on inside the laboratory. The teachers would come and chase them away when they saw them peeping through the windows.

Undertaking this study has been a long journey because I am a wife and became a mother while doing this study. I had to re-position myself and find myself and remember why I wanted to do this degree. I had to overcome this and press on in order to finish.

3.12 Conclusion

This chapter outlined and discussed the research design and methodology that was employed in this study. A qualitative research approach, interpretivist paradigm, case study methodology, and a purposive sampling method all informed the study. Two interviewing techniques were used to gather rich data. This chapter also highlighted limitations of this research and how I handled the situation to overcome the limitation.

The next chapter will set out the analysis and interpretation of the data that was produced in this study. Furthermore, it will use Burr's theory of social construction to analyse the data in the relation to the three key critical questions that guide this study.

Chapter Four: Data Analysis and Findings

4.1 Introduction

This chapter presents and analyses the data of the study conducted on African schooling mothers. The main aim of this study was to collect data on what ideas do schooling mothers attach as they construct sexuality in the context of HIV/AIDS. The data is presented and analysed through a discussion of themes that came up in response to the critical questions that this study seeks to answer.

The study drew on the interpretivist paradigm as well as the theoretical perspective of social construction to make this data meaningful. The interpretivist approach enabled the researcher to understand the point of view of the participants (Deetz, 1996). Focus groups and individual interviews were used to understand how African schooling mothers construct their sexuality in the context of HIV/AIDS.

Pseudonyms were used to protect the identities of the 10 participants as well as of the research site. The participants will be referred to as Nothando, Lungi, Nonhlanhla, Jabu, Nolwazi, Sthembile, Princess, Ntombi, Thandeka and Nontobeko. The school will be referred to as Nkosinathi High School.

I provided the bio sketch on each of the 10 participants of this study (in no particular order). This bio sketch provides the background from which the participants comes from.

- Lungi is an 18-year-old girl, currently doing grade 10. She is a mother to a five-year-old baby boy. She stays with her aunt (her mother's younger sister). Her biological mother is deceased and she was not married to her father. Her biological father married her step mother.

- Nolwazi is 19 years old girl, currently doing grade 10. She is a mother to a six-year-old baby boy. She stays with her aunt (her mother's elder sister) because they always fight with her mother. The family decided they stay apart from each other. Her parents are not married. Her father works but does not support her and her mother is unemployed.
- Nothando is 19 years old, currently doing grade 10. She is a mother to a one-year-old baby girl. She stays with her mother who works as a panel beater. He only knew her father 2 years ago.
- Princess is 20 years old, currently doing grade 11. She is a mother to a two-year-old baby boy. She stays with her elder brother and sister. Her mother stays in Durban North where she works as a domestic worker. Her father work in the mines. Her parents are not married.
- Thando is 18 years old, currently in grade 11. She is a mother to a three-year-old baby girl. She stays with her mother and her siblings. Her mother is unemployed and they depend on child support grant. Her parents are not married and they do not stay together.
- Nonhlanhla is 19 years old, currently doing grade 11. She is a mother to a 4-year-old baby boy. She lives with her mother and her younger siblings. Her father passed away when she was very young. Her parents were not married. Her mother works at a factory in a town close to their village.
- Sthembile is 18 years old in grade 11. She is a mother to a two-year-old baby boy. She lives with her grandmother, uncles and aunts. She does not live with her parents. Her parents stay in a city because of work purposes. Her parents are not married but stay together.
- Nontobeko is 16 years old and in grade 10. She is a mother to a two-year-old baby girl. She stays with her aunt. She lost her parents in a car accident when she was young.
- Thandeka is 16 years of age, presently in grade 11. She is a mother to a one-year-old baby girl. She lives with her mother and her siblings. His father passed away and her mother sells fruit in town to support them.

- Jabu is 21 years of age, currently doing grade 10. She is a mother to a one-year-old baby girl. She stays with her mother and her younger siblings. Her father passed away when she was in grade 6.

The findings emerged from the themes on data collected from both the focus group and individual interviews. The data is presented under the following themes:

- ❖ Materiality, poverty and risk
- ❖ Wanting to fit in and effects of peers
- ❖ Love and trust and condom use
- ❖ Concerned more about pregnancy than HIV
- ❖ Dating and risk
- ❖ Sexuality and risk

4.2 Materiality, poverty and risk

I-Ndwedwe is a rural community on the KwaZulu-Natal North Coast. The community is characterized by poverty, illiteracy, gender inequality and early marriage. Children in this area start school very late and some drop out before completing their matric. Very few children make it to higher institution of learning. Even though the above mentioned are the characteristics of this community, there seems to be a slight change in the way young girls in this society think and behave themselves, because society places so much emphasis on materiality and money. Moreover, the advancement of technology has made the young girls in this community to be aware of the moving times and the change in lifestyles. In the focus group discussion, it was clear that many girls formed relationships that will benefit them materially. For example, this was the discussion in response to a question about why they form relationships with older men:

Nolwazi: Most of us girls engage in such relationships because we want money from our boyfriends...

Researcher: money..?

Nonhlanhla: YES...MONEY...WE ALSO NEED MONEY...life is demanding...everything revolves around money...we want to fit in with our friends who affords stuff...

Researcher: stuff...like?

Nonhlanhla: smartphone....data....swag...things like that...

Researcher: what is swag?

Nonhlanhla: stylish clothing.

Researcher: oook so that is swag....mmmh

In the above focus group discussion, the participants expressed what makes schooling mothers involve themselves in relationships at a younger age. In most cases it is because of their family backgrounds and circumstances that they live in. Most participants come from poor backgrounds that do not cater for their basic needs, and life becomes even more challenging when they become a mother.

They need to take care of their young ones, since they are still young and at school they resort into relationships with elder men who provide them with financial assistance. Most of the girls who participated in this study come from single parent families. They do not stay with their parents. This is because their parents work far from home and/or they have separated. These young women do not get enough financial support in their homes and this leads them to look for alternative way to get financial assistance. Apart from their family background, they have children to take care of and they also want to live flashy lifestyle and have branded clothing and cell phones like their peers. They want to make their peers to believe that, even though they have children, they are coping just fine, which is not true. The only way to achieve this is by involving themselves in relationships with older men familiarly known as “sugar daddies” who provide them with financial assistance. They state that the main reason they resorted into transactional relationships at a young age is because their parents cannot afford to support them together with their children. Normally, they get pregnant with a boyfriend and then finance the child through a relationship with an older man. They get into relationships to get money to take care of their

children. They are also interested in gifts and money which they use to support their children and to buy branded clothing which they call “swag”. Even though they have become mothers, they are still concerned about being seen beautiful like the other girls (their peers) without children.

Many of the schooling mothers indicated that are not concerned about the age gap between them and their partners, as long as they get what they want. This put them in risky situations which includes abuse and vulnerability to pregnancy and HIV infection, since they do not insist on safe sex for fear of losing the relationship. This is consistent with research conducted by Leclerc-Madlala (2002), which found that for women, especially young unmarried women, sexuality is seen as a source of material and economic gain. In the excerpt above, Nolwazi highlighted that for her and some of the girls they get into relationships simply because they want money. This makes it apparent that they do not date boys their age as such boys are not working and do not have money. They date older men who have an income. This places these young women in danger of being exposed to vulnerabilities of unsafe sexual intercourse and other risky behaviours.

***Nolwazi:** Circumstances in life force us as girls to engage in unprotected sexual intercourse for financial assistance.*

Being financially deprived has put pressure on these young women, as they are often forced by the circumstances and their family background to involve themselves in relationships and further have unprotected sexual intercourse to secure an income. As a result of their poor family backgrounds, many girls become vulnerable and this often hinders their ability to make responsible decisions regarding sex.

***Researcher:** What circumstances?*

***Nothando:** Poverty...for example...not affording to buy yourself and your child clothes. Sometimes when a friend has a beautiful pair of jeans and you also want it...you ask your parents and they say they don't have money...and you have that particular somebody who had promised to do anything for you....he is the first person who comes to mind at times*

The above conversation shows that most young women are influenced by the society as it places much on materiality; they also want to be seen as fashionable, affording branded clothing. Yarwood (2006) concurs, stating that much emphasis is placed on material possessions. It is quite clear that some of the girls had not planned to involve themselves in sexual relationships at a young stage but circumstances like poor family background, poverty, having a family with single parent or orphan hood force them. Since they come from poor families in which most survive on the pension and social grant, they look for alternative ways of getting money. They resort to sexual relationships with older men who can give them money. The society places a lot on materiality (Christon, 2014). The participants in this study show how some schooling mothers live their lives to overcome poverty and live life with “swag” as they call it. Nolwazi highlights that she uses the money to buy clothes for her and her child. She also like having clothes as beautiful as those of her peers.

Participants also mentioned that having multiple partners was common amongst the girls. For example:

Researcher: *What do you think of multiple sexual partners?*

Princess: *Nowadays it has become a trend that girls will have different partners for different portfolios. They will have: Minister of Finance – (mostly sugar daddies who have money) a partner who supports you financially.*

Minister of Transport- (in most of the cases these are the taxi drivers) who transport you for free when you go to school or to town on weekends.

Minister of the Heart- is the one who you truly loves and would do anything to keep him happy. These ministers are dearly loved, even if they struggle financially.

Minister of Entertainment- this is responsible for providing you with entertainment.

The participants unanimously agreed that poverty is the driving force behind multiple sexual partners. Each and every partner has a specific role that they play in the schooling mother’s life. The partners have different portfolios. They have a partner they referred to as Minister of

Finance. This minister is usually older than them and they call them 'sugar-daddies'. The duty of this Minister is to provide financial assistance to the young women. Some use this money to take care of their families and children, while some use to maintain a fancy lifestyle and meet their financial needs.

The other partner is responsible for transporting her to school or giving her money for transport. In most of the cases the Minister of Transport are the taxi drivers who are readily available on the roads. They transport these young women for free when they go to school, to town or when they take their children to the clinic. Since these young women benefit from the taxi drivers it becomes difficult to resist when the taxi drivers seduce them. It also becomes a challenge to negotiate safe sexual practices. This then places the young women at risk.

There is also the Minister of the Heart. In most cases this is the partner they love and usually the father of their child. They strive to keep this Minister happy and pleased. They will go all out and do anything to satisfy this partner. Aiming at keeping this partner pleased may go to the extent of engaging in unprotected sexual intercourse. Interestingly enough, they are not in a relationship with this partner because of financial gain but simply because they love them. They even use the money they get from other partners to buy gifts for this partner.

Lastly, there is also a Minister of Entertainment, his role is to provide entertainment by taking the young women to parties and restaurants. Their entertainment includes alcohol. They party and drink alcohol. These behaviours expose these young women to vulnerabilities.

The benefits they get from these partners is accompanied with sexual intercourse and, in most cases, unprotected sexual intercourse. This resonates with the findings of a study done by Kaufman and Stavrou (2004) that gift giving of any kind within a relationship can be associated with sexual leverage. This means that giving and receiving a gift somehow entitles one partner to physical and sexual rights. This places young women at position of being vulnerable and at risk.

Sthembile: *Some will sleep with boys not because they love them but simply because they need money....*

Researcher: *and what will they do with that money?*

Ntombi: *When you are from a poor background and all your friends have cell phones and your parents cannot afford to buy you one....and there is a man who is asking for your love and can buy you a cell phone....even if you do not love him but you will sleep with him just to get that cell phone.*

The above abstract clearly shows that young women are attracted to men for what they can gain out of the relationship not necessarily that they are in love. As evident from the discussion above, they often compromise their sexual health in order to get material things and money. Poverty has been identified as a driving force which forces girls to resort in relationships with ‘sugar daddies’ for monetary gain (Gregson et al., 2003). Many young girls in KwaZulu-Natal are influenced by money and gifts and this stops them from suggesting condom use (Kaufman & Stravou, 2004). Furthermore, Varga (1997) states that financial dependency and the inequality between women and their partners are major hindrances to safer sexual decisions. Some may even be abused in these relationships by the very same men who ‘take care’ of their needs but they will continue simply because they gain materiality and money. Fineran (1999) discovered that young women are at the receiving end in the relationships and they are subjected to different kinds of harassment. With these participants, multiple partners are seen as a norm and common. However, a study done by Jewkes and Morrell (2012) revealed that, although participants discussed multiple concurrent partners as a common occurrence in the adolescence dating domain, the majority viewed it differently.

Nolwazi: *Life is really difficult for many of us...the challenges we encounter forces us to do thing we have never thought we would do... I had many dreams when I grew up...dreams to change my life and that of my family...I am from a very poor background...I do have parents but they separated when I was very young....my mom and I quarrelled a lot(there was a long silence.....crying).....due to that I was forced to leave home and go and stay with my paternal grandmother....she welcomed me and my baby boy though I felt we were a burden to her....we survived on grant and her pension as well...it was not enough....now that I was staying with her the school was even far away and my grandmother could not afford to give a bus*

fare....most children from where I stayed travel to school by bus...we were very few who travelled by foot... as I was walking to school one day a driver of a bakkie (old enough to be my father) stopped and offered me a lift to school...since I was late I did not think twice....I was very grateful....he said he doesn't mind taking me to school every day as the school was on his way to the spaza where he delivers bread...so every day I would wait for the bakery man...he really understood me and felt sorry for me... so he would offer me bread and cakes and give me R10.00 to take a bus in the afternoon...so every time when I come back from school I would go home with bread and cakes...I saw myself as the lucky lady...one day he asked for a kiss and I denied and he threatened not to help me anymore...I saw the great things he has done for any the poverty I will go back to...I eventually decided to kiss him back...that day he gave me R50.00...I took it because I needed it...I could buy a tin of fish or pieces of chicken so we could change our supper at home....the following day he gave me a new Blackberry cell phone....I was so happy...now I was connected...I hardly learnt at school that day...I was the lady of the moment among my friends.. I am now recognized as the really girl and not just the other.... I grew fonder of this man...one Friday afternoon he came to see me and asked me to go and cook him supper so he would know if I am able to cook or not as he was planning to marry me...we went to his place I cooked and clean.....I ended up sleeping over...I spent the whole weekend with him.....every weekend after that I spent them in his place and I got pregnant with my second baby girl.....

Nolwazi's case is different from most of the girls. I say this because a lot of young women engage in transactional relationships simply because they want to fit in and be accepted by their peers. As for Nolwazi, she was forced by her circumstances of poverty and starvation at home and it was difficult to take care of her daughter since the father of her child had abandoned her and does not support her child. If things were different, probably this could not have been the case. She was forced to fall for the bakery driver who was much older than her so that she could get transport money for school. This went further, into getting pocket money which she used to support her family and her child. As much as other girls used the money to buy branded clothing

and fancy gadgets, she used the money to buy food for her family, support her child and use the rest for her transport to school.

The man further pursued her for sexual advances and she could not turn him down because she relied on him financially. Because of the benefits of the relationship and the age gap, it was difficult for her to negotiate sex and condom usage. This shows how easy it is to fall into a risky situation because of your financial background. Young women in such situations make decisions without thinking of the negative consequences, which include being infected with HIV/AIDS. This shows how such situations can place young women at risk. In most cases it has been proven that, the poorer the background of the women, the more vulnerable they are, to risky sexual behaviours (Akinyemi & Okpechi, 2011). Some of the girls are pushed by their circumstances to easily fall into sexual relationships for financial gain and they do not have a say in the relationship when it comes to protection and condom usage. This is the sugar daddy phenomenon – where young women flaunt sexuality and enter into relationships for financial gain (Bhana & Anderson, 2013).

In this case poverty is a driving force which forces girls to resort in relationships with ‘sugar daddies’ for monetary gain (Gregson et al., 2003). This ultimately made Nolwazi to be powerless in negotiating safer sexual practices with her partner. This goes for many other young women in KwaZulu-Natal who are influenced by money and gifts not to suggest condom use (Kaufman & Stravou, 2004), and also fear to carry and use condoms because it may seem as if they are too experienced (King, 2006). According to Gregson et al. (2002), power imbalances are evident in intergenerational relationships and it affects the ability of young girls to negotiate safe sexual practices and this may expose them to HIV infection.

The participants have shown how circumstances can force young women to resort into risky behaviours and unsafe sexual practices. Poverty, unstable families and orphan hood have been identified as driving forces for young women to engage in risky behaviours as part of a survival strategy and to gain financial stability.

4.3 Wanting to fit in and effect of peers

Growing up poses lot of challenges for the teenagers. This is the stage where they learn to be independent and want to do things on their own, including decision making. It is during this stage where they assert themselves as adults. During this stage, teenagers have a drive to belong to a certain group or class, as this is the crucial stage during the adolescent stage.

It is also important for them to belong, and have their sense of belonging fulfilled. While they strive to be accepted, they often place themselves at risk. They are exposed to risk because they involve themselves in relationships having not properly planned to, just because they feel a need to belong and to be accepted by their peers. In one way or the other this could have a negative impact on their health, simply because they want to fit in and impress their peers. When asked about why schooling mothers form relationships with older men, many mentioned pressure from peers, even though no direct pressure. For example:

***Thando:** I think **peer** pressure also plays a huge role*

***Researcher:** Please explain, what do you mean peer pressure plays a huge role?*

***Thando:** When your friends are in relationships with men who drive cars or taxis...and they fetch them after school...somehow that makes you feel like you are left out...some may even think they are not good looking...so when someone declare their love for you...you wouldn't think twice about agreeing.... because that makes you feel worthy and feel that at least there is someone who sees the best in you.... somehow it's an achievement...if you know what I mean..*

The above conversation shows that most young women involve themselves in relationships while they are still young simply because their friends are doing it. They want to fit in and be recognized by their fellow peers. They engage in risky behaviours just to be accepted by their friends. Being accepted and having a sense of belonging is what makes one feel loved and builds one's self-esteem. Thando feels that peer pressure has a great influence on young women, they can do anything to please their friends. A number of factors can attribute to this. One could be the lack

of love and attention in their homes, so they try to fill the void and gap by seeking attention from friends and pleasing them to their own costs.

Nolwazi: Some do it for fun... it's fashionable to have someone whom you share a bed with...people recognize you.

Researcher: *Recognize you?*

Nolwazi: yes, they do especially boys...they know that they can't just talk anyhow with you because you belong to someone...It's even worse if your boyfriend is known as a person who does not take shit...because they will respect you.

Nolwazi feels that it is seen as a social status to be in a relationship with a man who is feared in the community, as people, especially boys from school, do not take you for granted. She claims it is fashionable and most of the girls are doing it for fun. According to O'Sullivan et al. (2008), adolescents may experience explicit pressure from their friends or peers to have sex, as well as implicit pressure to fit in to a peer group that is perceived to be sexually active.

The influence of peers on school girls' sexual behaviour took many forms, as in the excerpt below:

Lungi: Some girls get into sexual relationships just because they want to pay revenge

Researcher: *Pay revenge?*

Lungi: Yees...I have a friend who decided to sleep with his boyfriend's friend, because his then boyfriend cheated on her with her best friend...they ended up breaking up...but he really loved the guy and wanted to hurt him as he did to her...she slept with his friend just 'ukumgcwalisela'(meaning to spite him...to pay revenge)...not that he really loved the friend....

Researcher: *what was going to happen if she was unsuccessful in getting the friend?*

Lungi: She was going to sleep with her friend's brother...but she was willing to do anything to hurt either one of them.

Lungi assert that some girls involve themselves in relationships just to pay revenge or spite the other, not necessarily because of their financial background and poor circumstances. This ultimately leads to risks. They often become vulnerable when they seek attention and wanting to be seen as iskhokho (which means being street wise).

Intimate relationships are an important part of adolescents and peer group and social culture. Teenagers feel pressured to become involved in relationships in order to fit in and gain social status among their peers (Selikow et al., 2009). They choose intimate partners based on their friends' approval. They choose a partner for his appearance and his physical attractiveness, which includes their clothing and his assumed wealth.

Researcher: *What causes girls to be in multiple relationships?*

Nothando: Most girls do not know what they want out of their relationships. They will compare their relationships with that of their friends. If their friends have boyfriends who are loaded with money, they would envy that life and also wants to date older man who will give them money. They will not dump their current boyfriends because maybe they love them or feel what if it doesn't work out with the sugar daddy. They will still be in a relationship with them while cheating with a sugar daddy. Some also use the money they source from their sugar daddies to buy gifts for their current partners. It has now become a trend to be in a multiple relationship and with older men.

Nothando thinks some of the girls are in competition with each other. They compare their relationships with that of their friends and are envious if the partner of the friends has more money than theirs. They will then look for the partner to match the standard of the friend's partner. When they take this decision they are unaware of the risk involved. This makes them vulnerable and to be subjected to risk including contracting HIV/AIDS.

The participants have shared their experiences and observations on how effects of peer's places young women at risk of being exposed to HIV/AIDS and unplanned pregnancy.

4.4 Family structure and parental love

From the biographical details, it became clear that most of the participants of this study do not stay with their parents. They either stay with their grandmothers or other family members. They mentioned that do not get to experience the love of both their parents and being raised in a normal family setup. They live on their own terms and regulations, they do as they please and when they like. Some involve themselves in sexual relationships at an early age to feel loved and have a sense of belonging and ultimately to obtain money from their partners.

Lungi: Some engage in relationships at a very early stage because they are looking for appreciation...they come from single parent families and have not experienced parental love and then resort into relationship with people who will make them feel loved and valuable.

Lungi indicated that most young women somehow feel rejected or abandoned by their parents. They feel lonely and unwanted and end up looking for affection outside home. This could suggest that if they had been provided an opportunity to grow up in a normal family setting, things could have been different. The desperation to feel love and to be appreciated places them at risk of being vulnerable to abuse and exploitation, and potentially contracting sexually transmitted infections including HIV/AIDS. A study done by Morrell and Richter (2006) discovered that most men in South Africa are not keen to be part of their children's lives.

Researcher: Who do you stay with at home?

Nothando: I stay with my mother.

Researcher: Where is your father?

Nothando: I do not have a father. He is alive but I do not regard him as my father. My mother told me that when she was pregnant with me, my father told him that he

wants a baby boy. If it is a girl she will have to raise her by herself. She does not want a baby girl. It happened that I turned out to be a girl and that was the last time my mother saw my father.

This indicate that the father is alive but not willing to assume a role of being a father; he was not willing to be part of this child's life simply because she is a girl. This is consistent with what Morrell and Richter (2006) found, that most men in South Africa hardly attend the birth of their own children, frequently do not accept their children and are constantly absent in the children's lives. They refuse to pay maintenance, not because they cannot afford it, but because they had a conflict with the child's mother. Hence many children grow up without their father's involvement in their lives and in their homes as well (Morrell & Richter, 2006). This makes the children to grow up with hatred and anger. They grow up feeling excluded and not loved, so when there is someone who claims to love them they do not think twice; they get attached and believe that person.

Researcher: *Were your parents married?*

Nothando: *No they were not married. But my father is now married to somebody else who managed to give him a baby boy.*

In the above conversation is apparent that this child has never met her father and regards herself as fatherless, simply because the father preferred a baby boy instead of a girl. The father is working but does not support his daughter. She is growing with anger of being deserted by her own father. The parents were not married. This is another issue that explains why most of the participants are from female headed households – they are born out of wedlock and that causes many challenges as they grow. Marital instability increases the number of female headed households (Hosegood et al., 2009) and thus most children are raised by single moms (Denise & Ntsimane, 2003). This is similar to what this study discovered, that most schooling mothers who participated in this study have been raised by single mothers. The fathers are absent and provide minimal or no support at all to their children.

Researcher: *Where does your father works?*

Nothando: *He is a taxi owner.*

Researcher: *Does he supports you?*

Nothando: *No he does not support me. I even doubt he knows how old I am and if I am still alive. He disowned me. My mother is the one who is responsible for me.*

Most of the participants in this study are from female headed households. They are raised by single mothers and/or grandmothers. Children raised by single moms rarely get a chance to see their biological fathers, if they are lucky enough to know who their father is (Denise & Ntsimane, 2003). For children, the main concern is not the crisis of marriage but the mere fact that, in most cases, their fathers and sometimes their mothers leave them to live with relatives or desert them (Hunter, 2004). Almost all of the participants in this study were raised by single mothers or their grandmothers in those cases where a mother is working far away from home. They have never experienced their fathers' love. This affects the children in one way or the other.

The rate of marriage is very low in this society, so children are raised by grandmothers and or single mother and relatives. Fathers seems to be absent or hardly at home to raise and nurture their children. Denise and Ntsimane (2003) concur that marriage is declining in South Africa especially among the poor. Nowadays marriage is not viewed as the main regulator of relations between men and women. There are a number of factors that contribute to the decline of marriage, namely the high bride price (ilobolo), economic disadvantages as well as the high rate of unemployment (Hosegood et al., 2009). Children raised in women headed households are negatively affected, their development is disturbed. Single mothers are weak and provide less discipline to their children than married parents (Steinberg, 1987). These factors mentioned above are the characteristics of this community.

Jarrett (1994), cited by Richter (2006), attests to this in stating that a household with two parents, where fathers are present, seems to be better off than women-headed households. A number of studies (Dubowitz, Black, Kerr, Starr, & Harrington, 2000; Guma & Henda, 2004), cited by Richter (2006), found that children who live with their fathers are better protected than those who live in single women-headed households.

4.5 Love, trust and condom use

In this study, during a focus group discussion, data revealed that most of the girls engage in sexual intercourse not by plan but by force of circumstances, therefore resulting in unplanned pregnancy and the contracting of HIV. According to Harrison et al. (2006, safe sex is using a condom and/or remaining faithful to one partner or abstinence. During the focus group and individual interviews, participants expressed their thoughts and experiences about sex and protection. It was clear that they are all sexually active and reported not using condoms but using other methods of contraception.

Nolwazi draws attention to the issue of condom use in her own sexual relationship. She says,

Nolwazi: In my case...I am not in a position to ask for a condom usage...

Researcher: Why not?

Nolwazi: My life revolves around my man...he calls the shots in our relationship and I don't mind him doing so...it shows me that he is the really man...men are supposed to lead and us women needs to follow...why use a condom when you are in a committed relationship as we are...

Nolwazi is the lady that saw herself lucky when he met a bakery driver who assisted her financially. She was able to support her family and have money for transport when she goes to school. She says she is not in the position to ask for condom use in her relationship because her life revolves around her boyfriend. It appears as though that despite the knowledge that is available to caution people about safe sexual practices, it is still a challenge for many young women who are in intergenerational relationships to be able to negotiate safe sex with their partners. It is clear that Nolwazi does not negotiate condom use with her older boyfriend and this ultimately renders her vulnerable to HIV infection and other sexually transmitted diseases. Safe sexual practice cannot be negotiated in this relationship.

The time frame of the relationship also come into play. She feels that being in a committed relationship makes her safe, so she does not need to ask for a condom usage. Moreover, she

seems comfortable with his partner being the one who take decisions in the relationship. Studies by Hoffman et al. (2006) and Holland et al. (1990) shows that most young women encourage boys to have sexual authority in their sexual relationships by allowing their male partners to be the one who decide whether or not the sexual intercourse will be protected or not. In addition, a study by Varga (1997) found that women are relatively powerless in making decisions pertaining to sexual activities. Furthermore, despite the awareness that surrounds the subject of HIV/AIDS, unprotected sex with intimate personal partners is always chosen over condom use since it may introduce an element of trust and fidelity. Nolwazi has accepted gender role norms that make young women readily available to their partners and allow their male partners to be in charge of the relationship and to take sexual decisions (Bhana & Pattman, 2009).

A poor background can lead teenage girls to vulnerability in relationships (Machel,2001). Sipsma et al. (2013) concur that power imbalances are real, and teenage girls continually place themselves in a subordinate position to men. Furthermore, fear of asking the partner to use a condom, thinking it will cause violence, is one of the factors that makes women vulnerable to HIV/AIDS (Maman et al., 2000).

Lungi: Men do not like using a condom. When you insist on using a condom, he will say because you don't trust him then you need to separate and he will find himself a new girlfriend who will not tell her what to do. Since most girls are scared to be dumped you decide not to continue demanding condom usage.

Many young girls, including of course teenage mothers, are influenced by cultural beliefs and gendered roles (Leclerc-Madlala, 2002) and they are often trapped between the expectations and norms of society that regulate feminine behaviour and the need to practice safe sex (Reddy & Dunne, 2007). Women prefer to abandon practising safe sex and risk contracting HIV/AIDS, in order to conform to the society's expectations of how women and girls should behave (Reddy & Dunne, 2007). Conforming to the society's expectations is more important to most young women than to be called names and appear to be 'sluttish' in the boy's eyes (Reddy & Dunne, 2007). Currie et al. (2007) concur that women who carry condoms are labelled as promiscuous and that males do not trust women who carries condoms as this would imply that a woman is not sexually

pure. Traditional gender norms instil the idea that young women have less power in relationships with men, especially when it comes to decision making around condom use and sexual initiation (Wood et al., 1998). This suggests that gender inequalities play an important role in increasing HIV epidemics, especially in southern and eastern parts of Africa, because women lack the power to decide and negotiate sexual initiation and the outcomes of sexual activities (Gupta, Ogden & Warner, 2011).

Culturally, it is considered wrong for women to initiate sex and sex-related matters. The vulnerability of girls to contracting a sexual disease is not only heightened by poverty but also by the gendered nature of roles in heterosexual relationships (O'Sullivan 2006). Sexual initiation is for the men, while women are supposed to comply and be readily available for their partners. This makes it difficult for women to negotiate safe sexual practices with their partners. The relatively subordinate status of girls with regard to boys and men is a critical factor influencing greater risk to infection (UNAIDS, 2010). It is women who are at higher risk of being infected with HIV compared to the males who control relationships (Kaufman et al., 2008).

Researcher: *Why are girls scared of being dumped?*

Lungi: *It is seen as a disgrace more especially if you have a child together. It looks as if you cannot satisfy your man as a woman...you failed to do your responsibilities...*

Nothando: *Boys says that a condom is boring. They do not feel that they are having sex when wearing a condom. As it is our responsibilities as women to entertain our boyfriends...using a condom makes it difficult achieve that...(laughing).*

Nolwazi (laughing) *yes Nothando...they need to enjoy our bodies and feel that vavavooooooooom....*

Participants: *they all laughed and taking high fives.*

Thando: *How can you eat a sweet in its wrappings....*

Participants: *YOU CAN NOT....*

To have a man and to be able to keep a man is seen as an achievement and one of the good qualities of a great partner. These young women place more emphasis on making their partners happy at all costs, even if it means they are subjected to abuse. Being desperate to keep their partner's happy places these young women at risk. Gender power inequalities work in ways that determine male domination in the use of condoms, and girls have been found anxious about men not enjoying sex with a condom (Jewkes & Morrell, 2012). One of the reasons most schooling mothers in this study give as to why they do not use condoms in their relationships would be because they have been in a relationship with their partners for a long period of time and fear to be dumped. Some women appear unable to exert an influence over condom use through fear of rejection and stigmatisation by partners. Not asking for a condom is a way of conveying a message to their partners that they trust them. This clouds their minds into believing that they are securing a future with their partners. This serves as an assurance that their partners love them and they do not foresee a moment in a near future that they will be dumped by their partners. The power imbalance in societies translate into power imbalance in sexual interactions, which result in an increased vulnerability to HIV/AIDS (Gupta, 2000b).

Researcher: *Do you ask your boyfriend to use a condom?*

Thando: *I find it very difficult since we are in a relationship and we have a child together. Asking him to use a condom might suggest that I don't trust him and that will cause problems in our relationship. He might also think that I sleep with many partners....boys don't like girls who are forward.....*

Thando mentioned that it becomes difficult for her to ask her partner to use a condom because they have been together for a long period of time, without using a condom, and now they even have a child together. If she starts now asking for a condom, this may suggest that she no longer trust his boyfriend and that may cause problems between them. It seems as if having a child together means that the father of the child is liable to have sex with her anytime and she feels it is important for her to keep her man happy. Being together for some time and having a child together might be a signal that they deeply love each other and totally trust each other, so there is no need for condom usage. This is a general consensus with the schooling mothers, that if they

ask for condom use, it might suggest that they do not trust their partners or they are in multiple relationships. Since they want to be seen loyal, they risk their lives by engaging in an unprotected sexual intercourse. According to Reddy and Dunne (2007), the love discourse within African heterosexual relationships is contradictory to the discourse of safe sex due to the power differences that exists between males and females.

***Researcher:** Are you still in a relationship with the father of your child? If yes, do you use protection?*

***Thandeka:** Yes we are still in a relationship. I use contraceptives and do not use a condom.*

***Researcher:** Why not? Aren't you scared of STDs and HIV?*

***Thandeka:** He does not like condoms, he gets no sexual pleasure when using a condom. He always reassures me that he loves me and me alone. Then I decided not to insist on condom usage.*

According to Jewkes et al. (2009), in an African culture there is no equality between men and women, hence they are not afforded an opportunity to discuss issues of sexually risky behaviour. Female sexuality is defined within a context of silence, so girls are forced to deny their sexuality and sexual activity (Chadwick, 2010). Through the experiences and the influences of the community, these young mothers seem comfortable with unprotected sexual intercourse. They have a motive to satisfy their partners and they say it is impossible to satisfy them when they use a condom. They risk their safety just to please their partners. For some, suggesting condom usage might imply that they are cheating and maybe dumped.

4.6 Understanding sexual risk

During our interviews and focus group discussion, participants suggested that they are aware of sexually risky behaviours. It seems as if that they knew what it entails. Initially they were scared to talk about it, possibly because they thought I would judge them. Eventually, after my engaging with them, they mentioned that some of the risky sexual behaviours include having multiple

sexual partners, engaging in unprotected sexual intercourse, taking alcohol and drugs, going to the night clubs and taverns and doing things that will negatively harm you. Furthermore, the participants showed that they are aware that most of these sexually risky behaviours may lead them to contracting HIV/AIDS.

Researcher: *What do you understand by risky behaviour?*

Lungi: *I would say it is anything that you do to have fun but have serious implications in your life later. Like going to the taverns and night clubs, you drink alcohol and you end up sleeping with anyone...people you hardly know simply because you don't have control over your feelings. You might fall pregnant by someone you do not know. People do crazy things when they are drunk. You might find yourself stabbed or being raped.*

Researcher: *What is your view on multiple sexual partners?*

Lungi: *Having multiple partners is highly risky, because you are almost like a prostitute. And your chances of contracting an HIV virus are high.*

The participants showed that they know what sexual risk entails, they mentioned that risky behaviours have serious consequences. It is interesting to note that, even though they are aware of risky behaviours and their consequences, they continue to engage in them without caution. Some feel pressured simply because they want to fit in.

Researcher: *What do you understand about HIV/AIDS?*

Nothando: *It is a deadly disease.*

Lungi: *There is no cure for it.*

Nolwazi: *It is a sexually transmitted disease.*

In the above extract the participants expressed that they are aware of a sexually transmitted disease, known as HIV/AIDS, that is deadly and incurable. It is imperative therefore to establish

how these schooling mothers' constructions of sexuality are related to sexual risk, in order to know if their knowledge influences their risky behaviour. During the individual interviews and focus group discussions, participants were asked of their knowledge with regard to sexuality and whether the Life Orientation lessons in schools assist them to make informed decisions.

Researcher: *Do you think people are scared of HIV/AIDS?*

Lungi: *No...I don't think so...people are now used to this thing of HIV/AIDS and they consider it as any other disease...*

Nolwazi: *I also think people are now not scared of HIV/AIDS because you find people who know their status...that they are HIV positive but they continue sleeping without a condom since they continue falling pregnant...*

Thando: *Since the introduction of ARVs most adults are not scared of HIV/AIDS because they say it does not kill anymore...*

Lungi: *Some say its fashion....*

Nolwazi: *For some it is a source of income.*

Researcher: *A source of income?*

Nolwazi: *Yes...they say when your CD4 count is less than 300 you get the grant from the government...so most people provide for their families with that money...*

The participants mentioned that, even though they are aware of HIV/ AIDS, that it is deadly and currently there is no cure for it, the introduction of ARVshas made people to be less cautious. Thando said that the introduction of ARVs has made people to be less scared because they say that it does not kill anymore, whereas Lungi says it is a fashion, meaning that people who are HIV positive seems to be popular in the community or rather not ostracized anymore, since most people have contracted the virus. Nolwazi brought a different perspective when she said it is a source of income. She explained that when your CD4 count is less than 300 you get the grant from the government and they use that money to support their families. It could be because of the

high rate of unemployment in the area that people would engage in risky sexual behaviours just to contract HIV/AIDS so that they can obtain the social grant from the government. These factors can contribute into how these young women view sexual risk behaviours and influence their construction of risky behaviours.

Participants mentioned that they are aware of the risky behaviours, I felt it was important to establish where they obtained information about risky behaviours whether at home or as school. Most of them do not stay with their parents because of work or other reasons. This means they do not have a good relationship with their parents, especially their mothers. However, most of them do not feel at easy to talk about relationships with their parents, because there is no open door policy and this makes them inadequately prepared to make informed decisions.

Researcher: *And what was the relationship with your mother before? Were you able talk about sex and sexual matters?*

Nokwazi: *No...I wouldn't dare. My mother is very moody and an untrustworthy somebody. If it happens that you tell her something or she finds out herself, she will insult you with it when you fight some other time. She will bring the matter up again and insult you. That is why I decided not to ask for advice from her or tell her when I have problems.*

Researcher: *Is she a strict person?*

Nokwazi: *She is very strict...in fact all of them are very strict (my mother and her siblings). We are not even allowed to wear pants. Every Sunday we are expected to go to church.*

Researcher: *What do you do on your spare time?*

Nokwazi: *I spend most of my time at home with my sisters.*

The participants have shown that it is difficult to speak to their parents about sex-related matters. They are scared of their parents and it seems as if it not acceptable to speak to your elders about sex. Some have no relationship whatsoever with their parents. This makes them rely on their

friends and other inappropriate sources for knowledge. They then construct their understanding of sexuality based on that. Some feel that if they speak with their parents about sex, it would seem as if their parents are sending a silent message condemning them to engage in sexual intercourse. But one participant gave a different view side of the story. She has a good relationship with her mother and they talk about anything.

Nothando: We have a good relationship with my mother. She is always there for me. She gives me almost everything that I need. Although she is strict. She is also responsible for my 8 months old baby boy. She is like a mother to him.

Researcher: Since you have a great relationship with your mother, do you speak about HIV/AIDS and sexual relationships?

Nothando: Yes we do. When I need advice on something I am able to speak to her, especially because I was born with this disease....(crying).

Researcher: Were you born with HIV?

Nothando: Yes, I was born HIV positive...(crying).

Researcher: Do not cry my dear, you need to be strong. For the fact that you are now 19 years old living with this disease it means you are strong. You are also going to live another 19 years to come. (Comforting her) as long as you are on treatment. Are you on treatment?

Nothando: Yes, I am on treatment, I started it when I was young.

Researcher: And your son?

Nothando: I protected my child – he is negative.

This shows that not all mothers have a bad relationship with their daughters. These two share almost everything, since they have a lot in common, they are both HIV positive and both parents. Probably it could be because of the common factor between them that made it easier to talk, bond and be closer to each other. Nothando was abandoned by her father when her mother was

still pregnant with her. She was born HIV positive and met a boyfriend who was also HIV positive and together has a son who is HIV negative. Being well aware of her HIV positive status, she pursued a relationship with the man who is now her child's father, who is also positive. She claims that they used condoms ever since they started engaging in sexual intercourse until when one broke and she fell pregnant.

4.7 Concerned more about pregnancy than HIV

From the responses of most participants, it was clear that they understood what are risky behaviours and the nature of the risks involved, including the risk of contracting HIV/AIDS. Eventhough young women in this study are aware of the risks, it seems as if they care less, as they emphasised that they are in relationships but rarely used protection.

***Researcher:** Are you still in a relationship with the father of your child? If yes, do you use protection?*

***Thandeka:** Yes, we are still in a relationship. I use contraceptives and do not use a condom.*

Most of them, when they talk of protection, speak of contraceptives other than a condom. They are mostly concerned with pregnancy. As they do not want to fall pregnant again or anytime soon, they are on a pill or some form of contraception. For them falling pregnant is a greater disgrace compared to HIV/AIDS and they try by all means to avoid pregnancy.

***Researcher:** Why not? Aren't you scared of STDs and HIV?*

***Thandeka:** He does not like condoms, he gets no sexual pleasure when using a condom. He always reassures me that he loves me and me alone. Then I decided not to insist on condom usage.*

***Researcher:** What do you understand about HIV/AIDS?*

***Nothando:** It is a deadly disease.*

Lungi: There is no cure for it.

Nolwazi: It is a sexually transmitted disease.

The participants have demonstrated that they are well informed about HIV/AIDS. They are aware that it is incurable and deadly but still engage in unprotected sexual intercourse. This shows that most schooling mothers are ignorant and do not protect themselves.

Researcher: mmmmmh... Are you scared of HIV/AIDS?

Participants: They all chorused saying YEBO SIYAYISABA!! YES, WE ARE VERY SCARED OF IT!

Researcher: mmmmmh interesting. So how can we protect ourselves as females?

Lungi: By wearing female condoms, though it suggests you are too clever...males do not like clever girls.

Researcher: Is it easy for the girls to ask their partners to use condoms?

Lungi: I don't have a difficulty in asking my boyfriend to use a condom because we have a child together and we are not planning to have another child anytime soon.

The above discussions reveal that these young women are scared of HIV/AIDS but they are also scared of being judged and insulted by the partners. They mentioned that, if you suggest condom use to your partner, it may suggest that you are sleeping around or that you do not trust your partner, who may end up dumping you. These young women are concerned with pleasing their partners more than anything, because to be able to keep a partner for them means you can take care of your man and it is seen as an achievement.

4.8 Dating and risk

The circumstances and poor financial background of these young women as well as the influence of the society has led these young women into making uninformed sexual decisions. Due to poor

family background they have resorted into relationships with older men so as to gain financial assistance, while they are exposed to sexual risks.

Researcher: *What do you think of multiple sexual partners?*

Princess: *Nowadays it has become a trend that girls will have different partners for different portfolios.*

The participant has highlighted that due to poverty, young women are in multiple relationships. Young women are involved in relationships with more than one partner. They will have a partner for transport when they need to go somewhere. They will have a partner for monetary gain. They will also have a partner known as the 'minister of the heart' whom they really love dearly. This is the strategy these young women use to survive. They are also aware of the consequences of being in multiple relationship that they will need to sleep with all these men. They place themselves at huge risk. It is highly likely that these 'ministers' also have other partners which makes the risk much higher.

Researcher: *Do you know any girls who smoke and drink alcohol here at school?*

Princess: *I know one or two girls who smoke, most of them drink alcohol, but during the weekends. Alcohol take your mind off things. I help us relax. We are stressed at time...it is very difficult to maintain a relationship...relationships are a burden but what can we say ...it is life after all.*

Researcher: *Why are girls scared of being dumped?*

Lungi: *It is seen as a disgrace more especially if you have a child together. It looks as if you cannot satisfy your man as a woman...you failed to do your responsibilities...*

Nothando: *Boys says that a condom is boring. They do not feel that they are having sex when wearing a condom. As it is our responsibilities as women to entertain our boyfriends...using a condom makes it difficult achieve that...(laughing).*

The participants mentioned that it is difficult to ask for a condom since they are scared of being dumped. Being in a relationship and keeping a man is a huge thing for them, especially when you have a child together. Hence they have internalized that men do not want a condom and they decide not to ask for it. They feel it their responsibility to entertain their boyfriends, even though they are aware of risks.

4.9 Conclusion

In this chapter I have analysed the data collected to answer the three critical questions of this study. The thematic approach assisted to make data analysis effective and easier to answer the critical questions.

The first theme was materiality, poverty and risk. The data used in this theme was relevant to risk and how these schooling mothers construct their sexuality in the context of HIV/AIDS.

The second theme was about wanting to fit in and effects of peer pressure. These young women shared that most of them have embarked on sexually risk behaviours because of peer pressure.

The third theme was family structure and parental love. The participants highlighted that an unstable family structure has an effect on the way they behave and has contributed immensely to how they construct sexuality in the context of HIV/AIDS.

Most of the participants in this study are raised from unstable families. They do not stay with their parents because of work or because their parents separated. This negatively affects them as they

feel that they are not loved and feel rejected. They end up looking for love everywhere and in most cases they will involve themselves in relationships before time, which becomes risky.

The fourth theme is love and trust and condom use. Here the participants seem to be treating love and trust as equivalent. Simply that their partners have told them that they love them is enough

for them, they will then trust them with their whole life. Love for them is to be a loyal baby mama who does not question their partner nor ask for a condom.

The fifth theme is the understanding of sexual risk. Participants spoke of their knowledge of risky behaviours and indicated that they are aware what it entails. It was quite clear that they also know the consequences of engaging in risky behaviours.

The sixth theme is concerned more about pregnancy than HIV/AIDS. The participants are aware of HIV/AIDS and know that it is incurable, but they all hardly use condoms when they engage in sexual intercourse. They do use other preventative measures to prevent pregnancy, but not condoms to prevent HIV/AIDS.

The seventh theme was dating and risk. Most of the participants come from broken families where there is no love and proper support financially. Since most are from poor backgrounds they resort to sexual relationships with elder men who provide them with financial support. In many cases they are involved with more than one man and that places them at higher risk.

In the next chapter I will provide the conclusion of this study and make recommendations for further research.

Chapter Five: Concluding the Study

5.1 Introduction

This study explored how African schooling mothers construct sexuality in the context of HIV and AIDS. The critical questions that informed this study were:

1. What do African schooling mothers regard as sexual risk in the context of HIV/AIDS?
2. How do African schooling mothers manage their sexual safety within the context of HIV/AIDS?
3. How are African schooling mothers' constructions of sexuality related to sexual risk in the context of HIV/AIDS?

I employed qualitative methods of data collection since they are highly suited to studies where you want to understand the experiences, understandings and point of views of the participants. This type of data collection gives voice to the participants (Cohen, Manion & Morrison, 2011). The study was located within an interpretivist paradigm, to make meaning of the participants' point of view.

The main findings of the study were discussed in the previous chapter within the following themes:

- ❖ Materiality, poverty and risk
- ❖ Wanting to fit in and effect of peers
- ❖ Family structure and parental love
- ❖ Love, trust and condom use
- ❖ Understanding sexual risk
- ❖ Concerned more about pregnancy than HIV
- ❖ Dating and risk

5.2 Main findings of the study

In this section I will begin by summarizing the main findings within each theme and synthesise the findings in response to the critical questions of this study. As can be expected, there will be considerable overlap.

The first theme was materiality, poverty and risk. The data used in this theme was relevant to risk and how schooling mothers in this school construct their sexuality in the context of HIV/AIDS. Our society places so much emphasis on material things and this pushes young women to engage in risky behaviours in order to access these material gains from their partners. These young women want to be attractive and appealing. In order to achieve this, they resort into relationships with older men who will give them money to buy the material things that they want. In the context of poverty, it is, though, not just material things that the young mothers risk their sexual safety for, but sometimes it is to do with issues of survival when they use this money to take care of their family and children. The experience of having become mothers while still in school also puts schooling mothers under pressure to demonstrate their maturity; they want to be seen by their teachers and peers to be managing motherhood well.

The second theme discussed schooling mothers' desire to fit in with their peers and the ways in which those peers influence them. These young women shared that most girls at school engage in sexually risky behaviours because of peer pressure. It appears that the desire to belong is very strong during the adolescence stage. During this period, the adolescent goes to great extent to belong in a certain group and be accepted. The participants in this study mentioned peer pressure as a contributing factor that place most young women at risk and that is what has led to them becoming mothers while in school. They claimed that young school girls engage in unprotected sexual intercourse because of the pressure from their friends and stated that they are wiser after becoming mothers as they will be protecting themselves from further pregnancies

The third theme was about family structure and parental love. Here the participants highlighted that most of the time they stay with relatives and grandparents. They are not raised by their parents who they say are supposed to love and nurture them. The only people who are close to

them are their teachers and parents. Participants complain that parents seem not to be playing their role properly, as there is no close relationship between them and their children. They suggest that attention to family structure could play a role in minimising the rate of teenage pregnancy. Brook et al. (2006) state that some young women continue to engage in risky behaviours because of a poor value system, lack of authority and the absence of parents due to work obligations, as well as being in child headed households.

The fourth theme is about love and trust. Here the participants seem to equate love and trust. Simply because their partners told them that they love them, that is enough for them, they will then trust them with their whole life. Love for them is to be a loyal baby mama who does not question their partner nor ask for a condom. To them being in relationships means to have sex as a means of proving to your boyfriend that you love him. All they want to do is to please and satisfy them sexually.

The fifth theme is about understanding sexual risk. Participants spoke of their knowledge of risky behaviours and indicated that they are aware what it entails. From their experiences, it became evident that they are aware of the consequences of engaging in risky behaviour. However, for their current and future sexual engagements, it is not clear whether they will practise safe-sex consistently.

The sixth theme discusses participants' concerns which are more about pregnancy than about HIV/AIDS. The participants are aware of HIV/AIDS and know that it is incurable, but they do not consistently use condoms when they engage in sexual intercourse. Having had the experience of having unplanned pregnancies, they do use preventative measures to prevent pregnancy but not condoms to prevent HIV/AIDS. They stated familiar reasons for not using condoms, which include that women do not use condoms in their relationships because they have been in a relationship with that particular person for a long time and asking for a condom might suggest that you do not trust him. Others fear to be dumped if they ask for a condom.

The seventh theme centred on dating and risk. Most of the participants come from poor backgrounds where they do not get proper support financially and they resort into sexual

relationships with elder men who provide them with financial support. In many cases they are involved with more than one men and that places them at high risk. Dating was often linked to material gain, which is discussed in the first theme

Having mentioned the main findings with each theme above, I will attempt to offer responses to the three critical questions of this study.

The first critical question was: *What do African schooling mothers regard as sexual risk in the context of HIV/AIDS?*

From the discussion I had with the participants it was apparent from their responses that they had varying understandings of what constitutes risky behaviours as well as the consequences of engaging in such behaviours, including those that lead to the contracting of HIV/AIDS. Even though young women in this study are aware of the risks involved, it seems as if they did not consistently protect themselves as they highlighted that they are in relationships but rarely used protection. When they speak of protection they speak only of contraceptives other than condoms. This is a contradiction in that they are aware of the consequences of engaging in risky behaviours but continue with them. It was evident from the data as well that some of the schooling mothers are driven by the desire to fit in. The need to belong leads them to engage in risky behaviours.

The findings of this study are similar to those of Mkhwanazi (2010), that, while most teenage mothers are aware about contraception, there are a number of factors that hinder them from using contraception. For example, some are usually scared to go to the clinic to get contraception as this would signal that they are still sexually active and they are scared that it might become public knowledge.

Furthermore, parents did not talk to their children about sexual matters. They depend only on their peers for advice and information that is often incorrect. This resonates with the findings of Mkhwanazi (2010). It was evident that the participants do not have that opportunity to be taught at home on relationship issues. They are left to figure it out on their own or with their peers. It is important that, instead, parents support and teach their children about sex and sexuality matters.

Some literature has shown that teenage girls are aware of risky behaviours, but because they give dominance to males in their lives, they do not ask for condom use. According to Jewkes et al. (2009), in an African culture there is no equality between men and women, hence they are not afforded an opportunity to discuss issues of sexually risky behaviour. Reddy and Dunne (2007) concur that the love discourse within African heterosexual relationships is contradictory to the discourse of safe sex, owing to the power differences that exists between males and females.

The second critical question was: *How do African schooling mothers manage their sexual safety within the context of HIV/AIDS?*

In response to this critical question, different responses were given by the participants but the common response was peer pressure. Participants highlighted that school girls have a need to fit and be accepted by their peers. Some would do anything to feel accepted by their peer groups, even if it means risking their lives. Some engage in relationships just to be visible and to be seen to be more 'sophisticated' and even as more sexually appealing than their peers (Leclerc-Madlala, 2004). While they seek to gain social status, they place their lives in danger of contracting HIV/AIDS.

Condom usage is not a frequent subject amongst the participants, but as people who do engage in sexual intercourse, they are much more concerned about not falling pregnant again, hence they use forms of contraceptive other than condoms. The participants also highlighted that, because of their financial constraints, they are not in a position to ask their partners to use condoms. Sexuality with a partner confers the status of a relationship, and for girls this may bring benefits in the form of gifts or financial assistance (Kaufman et al., 2003). This leads to risky behaviours because in this type of a relationship young women cannot assert agency. The male counterpart remains dominant and takes sexual decisions.

Participants also mentioned that some teenagers have resorted to transactional sex as means of survival strategies by women from poor social backgrounds (Meekers & Calves, 1997). This exposes young women to vulnerabilities like STIs and alcohol (Jewkes et al., 2012). In

transactional sex relationships there are power imbalances (Dunkle et al., 2004). Young women are left powerless and cannot negotiate safe sex and condom use (Alain et al., 2013).

Some of the participant mentioned that with the money they get from such transactional relationship they use it to support their families.

In such circumstances they feel compelled to be at the receiving end and it becomes difficult for them to negotiate safer sex. According to Lerclec-Madlala (2002) for most young unmarried women, sexuality is seen as a source for material and economic gain. Some participants mentioned that being raised from unstable families also is a contributing factor. They do not stay with their parents because of work or because their parents separated. There are no proper values instilled in them, the people who stay with them are not strict and they get an opportunity to do as they please. Some feel rejected by their parents and this negatively affect them. This contributes to the bad behaviour and end up looking at a very young age which becomes risky.

Throughout this study it was clear that the participants are aware of HIV/AIDS and know that it is incurable, but they all hardly use condoms when they engage in sexual intercourse. They do use other preventative measures to prevent pregnant but not condoms to prevent HIV/AIDS. These young women have internalized that men do not like using a condom and when they insist on asking their partners to use a condom they are scared they will dump them for another girl. Since most girls are scared to be dumped they decide not to continue demanding condom usage.

A study done by Jewkes et al. (2003) showed that there are a range of factors that influence discussions by women around HIV/AIDS and suggesting condom use. Factors like gender equity, age differentials, financial abuse as well as experience of intimate partner are main mechanisms which increases vulnerability of women to HIV/AIDS. Women who accept financial and material assistance from a man consequently accept sex on his term, which is usually unprotected sex (Dunkle et al. 2004).

All the participants highlighted peer pressure as a force driving them to engage in risky behaviour prematurely. This urge to belong to a group clouds their minds when they need to take

informed decisions. They end up engaging in risky behaviours so as to please their friends. It was apparent from our discussion that they are aware of risky behaviours, some even volunteering to explain the effect of the risky behaviours. Furthermore, the participants mentioned that some young women engage in sexually risky behaviours because they want material gains. This is similar to the study done by Rustenberg et, al. (2003), which discovered that, despite the knowledge about HIV/AIDS that is out there, sexual activity with a partner confirms the status of a relationship, and for most girls they gain benefits in the form of gifts or financial support from the boyfriend.

The third critical question was: *How are African schooling mothers' construction of sexuality related to sexual risk in the context of HIV/AIDS?*

Much of the discussion in the first two questions is relevant also to the third critical question. Clearly, young women's constructions of sexuality are closely connected to sexual risk. Having become mothers while still at school puts them in a position where they continue to share similar attributes with other school girls who are not mothers, while having some specific characteristics that relate only to schooling mothers. The majority of the schooling mothers indicated that they regretted having had an unplanned child and hoped to do things differently.

Schooling mothers emphasised that there is lot of pressure to look physically attractive. They feel the need to fit in, be seen wearing beautiful clothing which enable them to show their curves and cleavage just like their fellow peers. They also mention the inner conflict they experience in wanting to look like and do what other school girls are doing, while being aware that they are mothers and have greater responsibilities. They also want what is best for their children as well. However, having the need for money traps them into wanting revealing clothes that enable them to attract male partners. They try to be seen as beautiful with attractive hairstyles and go to parties, especially on Friday nights in the taverns nearby, because they will meet older men who will buy them drinks and give them money.

These flashy materials come at the cost of engaging in risky behaviours such as unprotected sexual intercourse, and placing their lives at risk because their safety is compromised. Due to

power differentials in the relationship, they find themselves in risky situations. Gender inequality in relationships makes women vulnerable to HIV infection because they lack power. This makes men take the decisions when it comes to sex, including whether to use a condom or not.

Some participants also shared that they do not have a close relationship with their parents, especially their fathers. They mentioned that their parents make it hard for them to talk to them about sex-related topics. This lack of an open mother-daughter relationship makes it difficult to learn about sexuality at home. This leaves them to learn about it from friends and peers who themselves may not be appropriately informed about sex and risk.

5.3 Implications of this study

The findings of this study suggest that, in an African context, sex and sexuality are avoided as a subject of discussion. Children are not taught at home about sex and sexually risky behaviours. Most parents feel that, if they talk to their children about sex, they will be sending them to go and do it. This makes the children learn about sex and sexuality from friends and other sources of information. Therefore, it is important for parents to be hands-on in raising their children. Parents need to be present and be able to talk to their children about anything, including values to help them grow to be responsible adults. Brook et al. (2006) state that some young women continue to engage in risky behaviours because of a poor value system, lack of authority, parental absence due to work obligations as well as child-headed households. Our youth need to be educated about sexually risky behaviours and its consequences in the context of HIV/AIDS.

Young women feel pressured by both their peers and boyfriends to engage themselves in sexual risk behaviours prematurely and this leads to teenage pregnancy and being infected by sexually transmitted infections, including HIV/AIDS, which impact their lives negatively. The society, parents and teachers together have a huge role to play in channelling young women into the correct and proper manner on how to construct their sexuality.

Life Orientation teachers need to treat the subject as important as other subjects. They need to teach children about sexually risky behaviours and make them aware of the consequences of

engaging in unprotected sexual intercourse. It is important to note that the participants highlighted that in their schools there is Life Orientation, which is supposed to capacitate learners on life skills and sexuality. In reality, though, nothing much is covered on sexuality as teachers do not take Life Orientation seriously. They do not honour their Life Orientation periods or use them for another subject like Mathematics and/or Physical Science. This could be because Life Orientation is given to any teacher as a filler subject. Most teachers are not qualified to teach Life Orientation, so they are not passionate about teaching it. Parents need to be present in their children's lives because that will help when it is time to talk about sex and sexuality, because children will get the correct information on sex and sexuality, and be able to make informed decisions. It is important for parents to be present in their children's lives. This forms a good foundation in raising children who are responsible and will be able to take well informed decisions when they grow up.

5.4 Conclusion

In this chapter I have presented the conclusion of this study. I began by restating the critical questions that formed part of this study. I further presented a brief summary of each theme that emerged from the data collected in this study, as well as the implications of the study.

This is a small scale study and I do not intend drawing any generalisations from it. However, I believe it makes a contribution to the literature on young women's sexuality in the context of HIV/AIDS by researching a group of young women that are seldom focussed on, namely schooling mothers.

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Appendix 1: Ethical Clearance Letter



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI

YAKWAZULU.NĀTAII

24 November 2014

Ms Nontobeko I Ntshangase (203504761)

School of Education

Edgewood Campus

Dear Ms Ntshangase,

Protocol reference number: HSS/1511/013M

Project title: An exploration of African teenage mothers' constructions of sexuality in the context of HIV and AIDS

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.

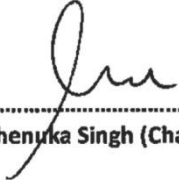
Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation, please quote the above reference 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.

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)

/ms

cc Supervisor: Dr Shakila Singh cc Academic Leader
Research: Professor P Morojele cc School
Administrator: Ms Bongzi Bhengu

Humanities & Social Sciences Research Ethics Committtee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

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Website: www.ukzn.ac.za

100 YEARS OF EXCELLENCE

Camput'AsHowardColiege

Appendix 2: Consent letter (parent)



Declaration of Consent for Parents

Dear Parent

I am Nontobeko Ntshangase and I am currently studying towards a Master of Education (M.Ed) at the University of KwaZulu-Natal, Edgewood Campus. As part of the requirements of a degree, I am required to complete a research dissertation. My study aims to explore how African schooling mothers' construct sexuality in the context of HIV and AIDS.

In order for the study to a success, I need school-going schooling mothers to participate in the research. I would be grateful if you would consent to your daughter participating in my study.

If you allow your daughter to participate in this research, she will be invited to respond to questions in an interview aimed at gaining an understanding of how African schooling mothers construct their sexuality amidst the HIV and AIDS pandemic. The completion of the process will take approximately 40 minutes and will be done at school.

Participation is completely voluntary. Furthermore, your daughter has the right to withdraw from participating at any time. Confidentiality and anonymity will be maintained at all times and in the analysis of the data and the completion of the Masters of Education degree.

A summary report of the findings will be made available to the participants.

If you would like any further information or are unclear about anything, please feel free to contact me via e-mail (+27725346476@vodamail.co.za) or telephonically on 0725346476. Alternatively you can contact my supervisor Dr S Singh on 031 260 7326 or contact Ms Ximba of the HSSREC Research Office on 031 260 3587 or via e-mail (ximbap@ukzn.ac.za).

Your co-operation and your daughter's participation is valued and appreciated.

Thank You.

Yours Faithfully

Ms N.I. Ntshangase

Appendix 3: Consent letter (IsiZulu)



Informed Consent Letter to Parents- Translated in isiZulu

Mzali

Igama lami ngingu-Nontobeko Ntshangase, owenza iziqu ze-Masters eNyuvesi yakwa Zulu Natali, ophikweni lwase Edgewood Campus. Enye yezidingo okumele ngizifeze ukuze ngitholelezi-ziQu, kudingeka ukuba ngenze i-Research. Inhloso yale Research ukuthola kabanzi ukuthi amantombazane abana bantwana abakha kanjani ubuhlobo nabesilisa abazi mbandakanya nabo kwezo cansi kule sisikhathi esihlaselwey i- HIV/AIDS.

Ukuze le-Research ibe impumelelo ngidinga abantwana bamantombazane abasa sesikoleni. Nginga thokoza uma ungavumela umntwana wakho ukuba abeyingxenywe. Uma umvumela umntwana wakho, uzomenyelwa ukuba azophendula imibuzo emayelana nale sihloko.

Umntwana wakho unelungelo lokuhoxa noma inini uma ezizwa engathokozile, futhi angeke anikwe inkinga ngokwenze njalo. Ngizoqikelela ukuthi imininingwane yomntwana wakho ayidalulwa, futhi uyovikeleka.

Uma kukhona imininingwane oyidingayo, ungangithinta kule-nombolo kama khalekhukhwini 0725346476. Noma ungathintana no Dokotela Singh ongu_Mbheki wami (Supervisor) kulenombo yasehhovisi 031 260 7326 noma uNkosazane Ximba wehhovisi Locwaningo HSSREC eNyuvesi yakwa Zulu Natali kulenombolo 031 260 3587 noma e-mail (ximbap@ukzn.ac.za).

Ngiyothokoza uma ungamvumela umntwana wakho ukuba abeyingxenywe yalolu cwaningo. Uma umvumela umntwana wakho ngicela ugwalisele leli-Fomu elingezansi.

Yimi Ozithobayo

N. I Ntshangase

Appendix 4: Declaration by parent

DECLARATION BY PARENT OF PARTICIPANT

<p>I, ----- in the capacity of parent/ guardian of --- -----</p> <p>do hereby confirm as follows:</p>

		Please initial at the end of each paragraph.
1.	My daughter was invited to participate in the above mentioned research project, which is being undertaken by Nontobeko Ntshangase who is a Masters' student at the University of KwaZulu-Natal	
2.	This research aims to explore how African teenage mothers' construct sexuality in the context of HIV and AIDS. This information will be used as part of the requirements of a Masters degree in Education. The results of the study may be presented at certain conferences to benefit the education process.	
3.	I understand that I will need to complete the consent form and return it to the researcher on completion in addition, my daughter will be interviewed and required to answer questions which will be recorded for research purposes.	

4.	My daughter's identity will not be revealed in any discussion, description or publication by the researcher.	
5.	My daughter's participation is voluntary. My decision whether or not to allow my daughter to participate, or my daughter's decision whether or not to participate, will in no way negatively affect her present or future school career or lifestyle.	
6.	No pressure was exerted on me to consent to my daughter's participation and I understand that she may withdraw at any stage without victimization.	
7	Participation in this study will not in any cost to my daughter or myself.	

I CONSENT VOLUNTARILY TO ALLOW MY DAUGHTER TO PARTICIPATE IN THE ABOVE MENTIONED PROJECT

Signed at-----on-----2013

Signature of parent/guardian of participant-----

Appendix 5: Consent letter (participant)



Dear Participant

INFORMED CONSENT LETTER

My name is Nontobeko Ntshangase. I am a student in the School of Education at the University of KwaZulu-Natal. I would like to invite you to participate in a study that I am undertaking.

A brief description of the study follows:

Title –An exploration of African schooling mothers’ constructions of sexuality in the context of HIV and AIDS.

This study aims to explore how young mothers construct their sexuality amidst the HIV and AIDS pandemic. You are not going to be judged in any way. You will be expected to answer questions based on your feelings and views about sex, boys and HIV and AIDS. The interview will be private and will be recorded.

Please note that:

- Your confidentiality is guaranteed as your inputs will not be attributed to you in person, but reported only as a population member opinion.
- The interview may last for about 1 hour and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.
- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.

- The results of the study and any publications arising from the study will be sent to you by email.
- The study is not designed in to create any stress or anxiety but if your participation gives rise to any anxiety or stress then you may contact the psychologist who is based at the Edgewood campus: Ms Lindi Ngubane. Her telephone number is 031 2603653 and email address is ngubanel@ukzn.ac.za.

I can be contacted at:

27725346476@vodamail.co.za

cell: 0725346476

You may also contact the Research Office through:

P. Mohun

HSSREC Research Office,

Tel: 031 260 4557 E-mail: mohunp@ukzn.ac.za

Thank you for your contribution to this research.

DECLARATION

I.....(Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I hereby *consent/ do not consent* to an audio recording of the interview. (Please mark your selection with an **X**)

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE

.....

.....

Yours Faithfully

Ms N.I. Ntshangase

Appendix 6: Letter to principal

LETTER TO THE SCHOOL PRINCIPAL

P.O.BOX 1115

Cotton lands Area

Verulam

4340

October 2014

THE PRINCIPAL

Hloniphani High School

P.O.Box 1741

Verulam

4340

To whom it may concern

Re: Permission to conduct research in Hloniphani High School

I am Nontobeko Ntshangase and I am a Master of Education (M.Ed.) student at the University of KwaZulu-Natal, Edgewood Campus. As part of the Master's degree, I am required to do a research project. My research is part of a larger project titled "16 turning 17" which is super headed by Professor D. Bhana and my immediate supervisor is Prof S. Singh. My study aims at exploring how African schooling mothers' constructions of sexuality in the context of HIV and AIDS.

Aims of the Research

This research aims to understand how African schooling mothers' construct their sexuality in the context of HIV and AIDS.

Significance of the Research Project

It will help provide an insight into how schooling mothers view themselves in relation to sexual relationships amidst the HIV and AIDS pandemic.

It will provide information about what influences schooling mothers' sexual behaviour.

Benefits of the Research to School

It will assist in whole school development by assisting educators to understand learners better.

Research Plan and Method

Data will be obtained by conducting face to face interviews. I will conduct the interviews which will take approximately 1 Hour each and will be conducted at school. Participants will be expected to answer questions based on their feelings and views about sex, boys and HIV and AIDS. The interview will be private and will be recorded. Permission will be sought from the participants and their parents prior to their participation in the research. Only those who consent and whose parents consent will participate. All information collected will be in strict confidence and neither the school nor individual learners will be identifiable in any reports that will be written. Participants may withdraw from the study at any time and will not be victimized. The role of the school is voluntary and the School Principal may decide to withdraw the school's participation at any time without penalty.

School involvement

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

1. Arrange for informed consent to be obtained from participants' parents.
2. Arrange time with the school for data collection to take place.
3. Obtain informed consent from participants.

The operation of the school will not be disrupted or compromised by this study.

Thank you for taking the time to read this information.

N Ntshangase

Researcher

Prof S Singh

Supervisor (UKZN)

Appendix 7: Interview schedule

Semi-structured individual interview schedule

- 1. How old are you?**
- 2. What is your understanding of sexuality?**
- 3. At what age did you had a boyfriend?**
- 4. Did you introduce him to your parents? Did your boyfriend introduce you to his parents?**
- 5. What are your personal views on dating at your age?**
- 6. At what age did you engage in sexual activity? Tell me about this.**
- 7. Did you do it voluntarily or involuntarily?**
- 8. Do you talk to your parents about sex and relationships?**
- 9. Are you still in a relationship with the father of your child?**
- 10. What do you consider as sexual risk behaviours?**
- 11. Do you think culture and power have influence on young women to engage in sexual risk behaviours?**
- 12. Do you think young women are at risk of contracting STIs as well as HIV and AIDS?**
- 13. How did you feel when you suspected that you might be pregnant?**
- 14. How did your boyfriend react?**
- 15. How does it feel to be pregnant while still at school?**
- 16. How many children do you have?**

17. Did you ever have sex with more than one partner? Why? Did you or your friends ever date an older male? Why?
18. Have you ever been forced to have sex? Tell me a bit more.
19. Are you using any contraceptives at the moment? Did you discuss it with your boyfriend?
20. Have you noticed any change in your life since you had a baby? Explain.
21. Do your friends also have children?
22. What do you know about HIV and AIDS?
23. Can you suggest ways to curb the spread of HIV and AIDS?

Appendix 8: Focus group interview

- 1. What is your view of unprotected sex?**
- 2. Why do young engage in unprotected sex?**
- 3. How old is your partner?**
- 4. Have you dated an older partner?**
- 5. At what age do you think people should begin to engage in sexual intercourse? At what age did you have sex? Describe your sexual debut (first sexual experience).**
- 6. What do you think about the use of condoms? Do you use condoms?**
- 7. Do you think it is good for people between the ages 15-18 to be sexually active?**
- 8. What do you understand by HIV/AIDS?**
- 9. Is it possible to tell your partner to use a condom? If NO, what could be the reason?**
- 10. Do you engage in an unprotected sexual intercourse? Why?**
- 11. Talk to me about your pregnancy and experiences of being a teenage mother at school. Do you cope financially? Do you receive support from the father?**

Appendix 9: Editor's letter

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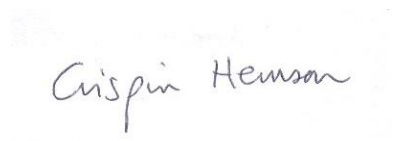
C: 082 926 5333H: 031 206 1738

18th January 2019

TO WHOM IT MAY CONCERN

This is to record that I have carried out a full language editing of a dissertation by Nontobeko Ntshangase entitled: **An exploration of schooling mothers' constructions of sexuality in the context of HIV and AIDS.**

Yours sincerely

A handwritten signature in cursive script that reads "Crispin Hemson". The signature is written in dark ink on a light-colored background.

Crispin Hemson

TRANSCRIPT OF THE DATA COLLECTED IN STUDY TITLED: An exploration of African teenage mothers' constructions of sexuality in the context of HIV and AIDS.