

‘Auntie Stella: Teenagers talk about sex, life and relationships’ - Discursive constructions of gender and sexuality in the materials of a sexuality education programme

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Table of Contents

List of Tables and Figures.....	viii
Declaration of Originality	i
Acknowledgements	ii
Abstract.....	iii
Chapter 1 Introduction.....	1
1.1 Background.....	1
1.2 Overview of sexuality education	2
1.3 The Zimbabwean context.....	3
1.4 Rationale of the study.....	4
1.5 Objectives.....	6
1.6 Overview of the research.....	7
Chapter 2: Literature Review	9
2.1 Introduction	9
2.2 Sexuality education as a constantly developing field	10
2.3 Sexuality education is a vital resource for adolescent sexual and reproductive health ..	11
2.4 Sexuality education as a contested field.....	12
2.4.1 Abstinence Only (AO) and Comprehensive Sexuality Education (CSE) approaches	12
2.5 Challenges in implementing sexuality education	13
2.5.1 Sex communication is difficult	13
2.5.2 Comprehensive sexuality education is varied and complex.....	14
2.5.3 There are significant gaps between knowledge and practice.....	15
2.5.4 Not all interventions are effective.....	15
2.6 The southern African context	16
2.7 The relationship between gender and sexual and reproductive health in southern Africa	18
2.7.1 Gender roles, relationship power dynamics and gender inequalities.....	18
2.7.2 A colonial legacy of violence	18
2.7.3 Gender-based violence creates a context of risk for HIV, STIs and unplanned pregnancy	19
2.7.4 Gender-based violence and hegemonic masculinity.....	20
2.7.5 Heteronormativity	20
2.8 Overview of comprehensive sexuality education in southern Africa	21
2.9 Challenges in implementing CSE.....	22
2.9.1 Challenges with sex communication.....	22
2.9.2 The focus on adolescent behavioural change is insufficient	24
2.9.3 Biological approaches to sexuality education are limited	25

2.9.4 Negative messaging is pervasive	25
2.9.5 Perpetuation of gender roles and hierarchies.....	26
2.9.6 Marginalisation of sexual minorities.....	27
2.9.7 Little engagement with adolescents’ perspectives	28
2.9.8 Teacher challenges	29
2.10 Sexuality education materials.....	30
2.11 Auntie Stella	31
2.11.1 The development of the Auntie Stella intervention	31
2.11.2 Advice columns as ‘safe spaces’ for the negotiation of adolescent sexualities.....	32
2.11.3 Use of participatory methodology in developing the Auntie Stella intervention	32
2.11.4 Content and aims of the intervention	33
2.11.5 Reception and impact of the Auntie Stella intervention.....	34
2.12 Summary.....	36
Chapter 3: Theoretical Framework.....	37
3.1 Introduction	37
3.2 Discursive theoretical framework.....	37
3.2.1 Language constructs meaning and reality	37
3.2.2 Discourses produce knowledge through language.....	37
3.3 Foucault, discourse and power	38
3.3.1 Discourses construct social realities and identities	38
3.4 The social construction of gender and sexuality.....	39
3.4.1 Social construction of gender	39
3.4.2 Social construction of sexuality	40
3.4.3 The intersection of gender and sexuality.....	41
3.5 Dominant discourses, normalisation and truth	41
3.5.1 Discourses (re)produce power relations	43
3.5.2 Hegemonic masculinity and violence.....	44
3.5.3 Dominant discourses encourage adolescents to take up particular gender and sex roles.....	44
3.6 Discourse and power in sexuality education	45
3.6.1 Creating contexts of risk.....	45
3.6.2 Adolescent sexuality is constructed as a threat which needs to be neutralised	45
3.6.3 Sexuality education emerges as a means of regulating adolescent sexuality	46
3.6.4 Adolescents are encouraged to take up disciplinary practices of the self	46
3.6.5 Constructions of risk and responsibility – creating the responsible adolescent subject	47
3.7 The role of advice columns and the agony aunt format for regulating adolescent sexuality	48

3.8 Compulsory heterosexuality in sexuality education	49
3.8.1 Heteronormativity functions as part of a process of responsabilisation	49
3.8.2 Compulsory heterosexuality marginalises queer identities	49
3.8.3 Compulsory heterosexuality is gendered, raced and classed	50
3.9 Constructions of gender in sexuality education.....	51
3.9.1 Constructions of gender reproduce patriarchal gender relations	51
3.9.2 Constructions of gender rely on a gender binary	51
3.9.3 Constructions of gender position women as victims and men as aggressors	51
3.9.4 Dominant gender discourses have consequences for adolescent agency in their sexual relationships	52
3.10 Challenging dominant discourses	53
3.10.1 Conflicting constructions of women’s sexual agency	54
3.10.2 Conflicting constructions of adolescent agency.....	55
3.11 Summary.....	56
Chapter 4: Methodology	57
4.1 Introduction	57
4.2 Research context	57
4.2.1 TARSC	57
4.2.2 Auntie Stella: Teenagers talk about sex, life and relationships	58
4.2.3 Strengths of the Auntie Stella intervention.....	59
4.2.4 Why Auntie Stella?	61
4.2.5 Research data for the current study are the Auntie Stella materials	62
4.3 The Auntie Stella materials	63
4.3.1 The Auntie Stella ‘Activity Cards’	63
4.3.2 Question Cards.....	64
4.3.3 Talking Points (TPs).....	64
4.3.4 Responses from Auntie Stella.....	65
4.3.5 Action Points (APs).....	65
4.4 Describing my dataset – the materials for this study	65
4.5 Sampling strategies	66
4.6 Data analysis.....	67
4.7 Procedure.....	69
4.7.1 Discursive constructions.....	69
4.7.2 Discourses.....	69
4.7.3 Action orientation.....	69
4.7.4 Subjects and subject positions	70
4.7.5 Practice	70

4.7.6 Subjectivity	71
4.8 Quality in qualitative research	71
Chapter 5: Analysis	76
5.1 Introduction	76
5.2 Research questions guiding this analysis	76
5.3 Sex is risky	77
5.4 Auntie Stella is constructed as an expert.....	78
5.5. Adolescents are young, naïve and immature	79
5.6 The responsible sexual subject	80
5.6.1 The responsible sexual subject communicates with their partner.....	81
5.6.2 The responsible sexual subject abstains from sex, delays sexual debut or uses condoms	81
5.7 Constructions of adolescents and Auntie Stella are gendered.....	82
5.7.1 Heterosexuality is normative	82
5.7.2 Gender is constructed as a binary.....	83
5.7.3 Gender differences are normative.....	84
5.7.4 Boys want sex, girls want love	84
5.7.5 Boys need sex	85
5.7.6 Girls as the gatekeepers of sex.....	85
5.7.7 Gender and biological sex are conflated	86
5.7.8 Auntie Stella often says one thing but discursively accomplishes another	86
5.7.9 Women’s desire still largely missing in sexuality education.....	87
5.7.10 Male sexual desire is undone in complicated ways.....	87
5.8 Summary	88
Chapter 6: The use of sexuality education to regulate adolescent sexuality.....	92
6.1 Introduction	92
6.2 Disciplinary power is productive.....	92
6.3 Risk, danger and disease in adolescent sexuality	93
6.3.1 Adolescent sexuality is constructed in a context of risk	93
6.3.2 Adolescent sexual risk shaped the emerging subjectivities in the Auntie Stella materials	94
6.4 Intersecting contexts of risk.....	94
6.4.1 Adolescence (and adolescent sexuality) requires a civilising force.....	95
6.4.2 Black African sexuality is dangerous.....	95
6.5 The internal context of risk and the subjectivities it produces	96
6.5.1 Risk and responsabilisation	96
6.5.2 Responsibilisation encourages self-regulation.....	97

6.5.3 Auntie Stella is constructed as an expert.....	98
6.5.4 The agony aunt format of the cards contributes to the discursive accomplishment of Auntie Stella as an expert.....	98
6.5.5 Adolescents are young and immature	99
6.6 Conflicting constructions of adolescent sexuality	100
6.6.1 The responsible sexual subject can “talk easily” about sex (Card 1AP, line 11) .	101
6.6.2 The responsible sexual subject will adopt an ABCD approach to sexual safety ..	102
6.7 Consequences for adolescent subjectivities	103
6.7.1 Conflicting messages are confusing.....	103
6.7.2 Constructing adolescents as immature does little to facilitate confidence-building	104
6.7.3 Discursive constructions of risk may overwhelm adolescents – causing them to shut down or rebel.....	104
6.7.4 Discourses of risk and responsibility do not provide adolescents with habitable subject positions.....	105
6.7.5 Discourses of risk and responsibility reproduce adolescent/adult knowledge hierarchies	105
6.8 Summary	106
Chapter 7: The gendered regulation of adolescent sexuality	107
7.1 Introduction	107
7.2 Dominant constructions of gender and sexuality in the Auntie Stella materials.....	107
7.2.1 Biological essentialism is pervasive.....	107
7.2.2 Gender difference is normalised in Auntie Stella.....	108
7.2.3 Heterosexuality is constructed as normal	109
7.2.4 Heteronormativity creates the responsible sexual subject.....	111
7.3 Discourses of sexuality were normatively gendered	112
7.3.1 Boys want sex, girls want love	112
7.3.2 Male sex drive discourse	113
7.4 The role of the agony aunt format in regulating women’s sexuality	113
7.4.1 Female sexuality is largely constructed by dominant discourses in advice columns	113
7.4.2 Gendered roles in advice columns	114
7.5 Agency and resistance.....	115
7.5.1 Have/hold discourses construct women as gatekeepers of sex in heterosexual relationships.....	116
7.5.2 Women are constructed as being disproportionately responsible for sexual decision-making.....	117
7.5.3 Constructions of male sexual desire were complex	119
7.6 Consequences for adolescent sexual and reproductive health.....	120

7.6.1 Consequences of gendered discourses of danger and risk.....	120
7.6.2 Heteronormativity reproduces gender inequalities	121
7.6.3 Biological essentialism offers a fixed and limited conception of gender and sexual identities	122
7.6.4 Male sex drive discourse regulates female sexuality and encourages men to take up their masculinity in dangerous ways.....	122
7.6.5 Heteronormativity marginalises queer persons.....	123
7.6.6 Heteronormativity limits the ways in which we can talk about safe sex practices	124
7.6.7 (Still) missing discourses of female desire	125
7.6.8 Little attention is given to positive aspects of sexuality.....	125
7.6.9 Consequences for women’s sexual agency.....	126
7.6.10 Consequences of an over-reliance on dominant discourses of masculinity and femininity	127
7.7 Summary	128
Chapter 8: Conclusion	130
8.1 Introduction	130
8.2 Summary of findings.....	130
8.3 Recommendations for Auntie Stella	132
8.4 The focus on condom use, abstinence and delaying sexual debut needs to be expanded	133
8.5 The materials need to do more to encourage adolescent engagement	134
8.6 The Auntie Stella materials need to engage more substantively with gender, gender roles and gender inequalities.....	135
8.7 The Auntie Stella materials need to create room for gender and sexual diversity	136
8.8 The materials need to create positive constructions of adolescent sexuality	138
8.9 The role of good facilitators is essential.....	139
8.10 Strengths and limitations of the study	140
8.10.1 Strengths of the study	140
8.10.2 Limitations of the study.....	141
8.11 Recommendations for future research	142
References	143
Appendix A	159
.....	162
Appendix B	168

List of Tables and Figures

Figure 1: Example of a question card.....	61
Figure 2: Example of a response card.....	62
Table 1: List of nine cards that make up the materials for the current study.....	64
Table 2: Revised card numbers for the current study.....	75

Declaration of Originality

I declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original work.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain another persons' data unless explicitly acknowledged as being sourced from other persons.
4. This thesis does not contain another persons' writings unless expressly acknowledged as being sourced from other scholars. Where other written sources have been quoted, then:
 - (a) Their words have been re-written, but the general information attributed to them has been referenced.
 - (b) Where their exact words have been used, their writing has been placed inside quotation marks and referenced.

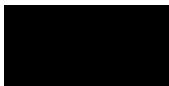
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Supervisor: Prof Mary van der Riet



Signature:

Date: 8 /12/20

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Abstract

Sexuality education in southern Africa has been relatively unsuccessful in engaging with young people in helpful ways. Gender inequalities have been highlighted as a significant contributor to poor adolescent sexual and reproductive health in the region. One of the major challenges for sexuality education has been the way in which interventions have largely reproduced, rather than challenged existing gender roles and hierarchies in society. The ‘Auntie Stella: Teenagers talk about sex, life and relationships’ intervention, developed by the Training and Research Support Center (TARSC) in Zimbabwe has experienced success in encouraging adolescent participation and engagement with their sexual and reproductive health. The materials of the intervention comprise forty two question and answer cards in an agony aunt format. However, to date, no research has undertaken a discursive analysis of the ways in which gender and sexuality are constructed in the materials. Given its widespread use across southern Africa this study set out to explore the constructions of gender and sexuality within the materials. The primary aims of this study were to identify the discourses in the Auntie Stella materials, to deconstruct them, to determine to what extent dominant discourses were present and to explore the social realities and identities which were produced.

Using a Foucauldian discourse analysis, the research identified that the materials were largely constructed within a context of risk and responsibility which served to regulate adolescent sexuality in powerful ways. Adolescents were encouraged to take up responsibility in ways that were legitimated by Auntie Stella, who was constructed as an expert. Additionally, constructions of risk and responsibility were gendered in complex ways. Dominant discourses of gender and sexuality were prevalent throughout the materials. For instance, biological essentialism, gender difference and heteronormativity were produced as natural and normal. Despite overwhelming constructions of victimhood and vulnerability, young women were contradictorily expected to be responsible for regulating men’s’ desire. This uneven burden experienced by women in the materials represents a central conflict in the ways in which women’s agency was constructed and negotiated. While women’s sexuality was only notable by its absence in the materials, male sexuality was constructed in somewhat more complex ways. On the whole, the materials largely relied on dominant constructions of gender and sexuality which reproduced gender inequalities and offered limited discursive resources for adolescents to fashion their sexual subjectivities in complex and creative ways.

Chapter 1 Introduction

1.1 Background

Studies suggest that “high proportions of young people become sexuality active during adolescence” (Singh, Bankole & Woog, 2005, p. 322). Despite this, we know that few adolescents receive “adequate preparation for their sexual lives” (UNESCO, 2012, p. 2). Additionally, research demonstrates that adolescents engage in risky sexual behaviours such as being more likely to have unprotected sex and/or have multiple sexual partners (Bennett & Baumann, 2000; Potard, Courtois & Rusch, 2008; Singh et al., 2005; Spitalnick et al., 2007; Odimegwu et al., 2020). Adolescent sexual and reproductive health (ASRH) is now recognised as a major factor contributing to the global prevalence of sexual ill health (Morris & Rushwan, 2015). Out of 424 participants, a study in 2020 with South African youth found that only 22% consistently used condoms in their sexual encounters (Gebeyehu et al., 2020).

Morris and Rushwan (2015) for instance note that eleven percent of all new pregnancies can be attributed to adolescent girls between the ages of fifteen to nineteen years old. Additionally, adolescents are more likely to have unplanned pregnancies, experience pregnancy and abortion complications, and experience sexual violence (Morris & Rushwan, 2015). Young people, especially young women are disproportionately impacted upon by HIV in prevalence, incidence and mortality rates (Morris & Rushwan, 2015). Moreover, Mukanangana, Moyo, Zvoushe and Rusinga (2014) argue that sixty percent of women globally experience sexual and reproductive health problems as a result of gender based violence (GBV). These figures demonstrate the urgency for adolescent sexuality education interventions globally.

UNESCO (2012) released the first International Technical Guidance on Sexuality Education (TGSE) manual in 2009. In it they outline the necessity of sexuality education by demonstrating that many adolescents lack the basic knowledge to protect themselves against poor sexual health outcomes (UNESCO, 2012). Singh et al. (2005, p. 325) suggest that

Large proportions of adolescents lack the basic knowledge that is a prerequisite for protective behaviours (knowledge of contraceptive measures and the condom, and of means of transmission of HIV).

The development of the first TGSE manual was part of a global strategy to encourage and

support the implementation and growth of comprehensive sexuality education (CSE) in the face of the realities of STIs (particularly HIV), unplanned pregnancies and gender-based violence (GBV) (UNESCO, 2012). Fields (2009, p. 165) argues that sexuality education is one of the defining moments for adolescents' "process of initiation into adulthood"; and that "all of the attention [it receives] suggests that...sex education holds significant weight". UNESCO (2018, p. 11) says that sexuality education is vital for

the preparation of young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being.

Allen and Rasmussen (2017) note similarly that sexuality education typically encompasses programmes designed to alleviate the so-called negative consequences associated with sexual activity. These negative outcomes can be broadly identified as unplanned pregnancies and sexually transmitted infections (STIs) (Allen & Rasmussen, 2017; Aggleton, Ball & Mane, 2000). Sexuality education views adolescents as being particularly vulnerable to STIs, sexual abuse and unplanned pregnancies (Ashcraft, 2003). It could therefore be argued that sexuality education was developed primarily as a way to mitigate the risks associated with sex and relationships, particularly as these pertain to adolescents. Beyers (2012, p.367) argues that sexuality education is essential for "preparing the youth for responsible sexual behaviour".

The consequences of poor sexual and reproductive health are far reaching and impact all aspects of society. Adolescents are often exposed to contradictory, inaccurate and/or confusing information which makes it difficult for them to manage their relationships and sexual and reproductive health in effective ways (UNESCO, 2012; UNESCO, 2018; WHO, 2016). The urgency for good quality sexuality education is particularly evident in the context of a global HIV pandemic and staggering rates of gender-based violence (GBV) (Bhana et al., 2019).

1.2 Overview of sexuality education

Given this, there has been a surge in research on "adolescent sexuality" (Ashcraft, 2003, p. 37). It has therefore become increasingly imperative that researchers attend to young people's experiences of sex, sexual decision-making and relationship management (Aggleton et al., 2000; Kippax, Crawford, Waldby & Benton, 1990). Various sexuality education programmes have been developed and implemented across the world as a means of addressing the many issues associated with sexuality education. These have tended to focus on impacting long-term

behavioural change (Aaro, Flisher, Kaaya, Onya, Fuglesang, Klepp & Schaalma, 2006; Ashcraft, 2003, 2006; Buston, Wight & Scott, 2001). The majority of these interventions appear to be knowledge-based and rest upon the assumption that having more information will result in better sexual and reproductive health (SRH) outcomes for adolescents (Alldred & David, 2007; Francis, 2017; Nelson & Martin, 2014). Agüero and Bharadwaj (2014) argue that the relationship between health and information is complex, and it is by no means clear that a causal relationship exists between increased education and better SRH outcomes for adolescents. Accordingly, Van der Riet, Akhurst and Wilbraham's (2019, p. 249) research on knowledge and understanding of HIV at two South African universities demonstrated that "HIV awareness was in tension with relationship practices". According to Francis (2010, p.314) despite a high level of awareness about and knowledge about STIs, safe sex and sexual abuse, young people today find themselves "unable" to engage in safe sex, suggesting that it is not a lack of knowledge which is at the heart of these concerns (Campbell & MacPhail, 2002).

Correspondingly, studies suggest that many of the existing interventions across the globe have been largely unsuccessful due to their ahistorical and individualistic focus on knowledge provision without accounting for context (Aggleton et al. 2000; Cornwall & Welbourne, 2002; Marston & King, 2006). Cornwall and Welbourne (2002, p. 9) for example describe knowledge-based interventions as "ineffective and often counterproductive" due to their tendency to focus on individuals. Yet, these approaches seem to pervade both the research and practice of sexuality education. The materials which form the data for this study were developed in Zimbabwe in 2000. An understanding of, and engagement with, adolescent sexual and reproductive health in this country is therefore necessary.

1.3 The Zimbabwean context

Bhatasara, Chevo and Changadeya (2013) note that, as is typical of many countries in the global South, a large percentage of Zimbabwe's population is made up of people below the age of thirteen. Adolescents make up "approximately 36 percent of the total population" (Bhatasara et al., 2013, p. 2). Adolescents in Zimbabwe "face unprecedented challenges", including, high levels of STIs, teenage pregnancy, unsafe abortions and difficulties in access adequate SRH (Bhatasara et al., 2013, p. 2). One of the major challenges adolescents in Zimbabwe face today relates to the unavailability of adequate youth-friendly SRH services (Bhatasara et al., 2013; Langhaug, Cowan, Nyamurera & Power, 2003; Muchabaiwa & Mbonigaba, 2019).

The Zimbabwean government implemented its first HIV/AIDS policy from 1987 to 1992 (Gudyanga, de Lange & Khau, 2017). Following this in 1992, Zimbabwe, in partnership with the UNICEF implemented the AIDS Action Programme in schools for all pupils from grade four to grade six (Gudyanga et al., 2017; Pattman, 1996). In 2010 Zimbabwe implemented the National Adolescent Sexual and Reproductive Health Strategy (ASRH) which ran until 2015. This programme was aimed at reducing the mortality associated with HIV. The revised ASRH was launched from 2015 to 2020.

Despite these interventions, there is, as yet no comprehensive sexuality education (CSE) curriculum in Zimbabwe. The lack of CSE is partly because of the response of parents who have refused CSE for fear that this will encourage “children to be promiscuous” (Chiweshe & Chiweshe, 2017, p. 119). This has largely fuelled abstinence only approaches to sexuality education, where sexuality education exists in Zimbabwe (Chiweshe & Chiweshe, 2017).

1.4 Rationale of the study

Researchers have consequently called for more critical qualitative research on sexuality education which is attendant to the multiple social, cultural and contextual factors which shape young people’s sexual decision-making (Francis, 2010, 2010a; Marston & King, 2006; Sathiparsad & Taylor, 2006). Marston and King’s (2006, p.1582) systematic review of qualitative research on the factors that shape young people’s sexual behaviour argue that “qualitative research is starting to show that strong social and cultural forces shape sexual behaviour and is helping to explain why providing information and condoms - while important - are often not enough to change this behaviour”. Interventions must therefore move beyond only using knowledge-based approaches to sexuality education in order to impact long-term behavioural changes. In a review of the literature on sexuality education in South Africa, Francis (2010, p.314) notes that contemporary interventions continue to focus “on what youth know rather than on developing an understanding of the deeply discursive situated contexts where they come to know”. It therefore becomes crucial for researchers to understand the discursive contexts through which young people come to know.

Given the widely recognised need for sexuality education interventions for adolescents to promote behavioural change, it is necessary to produce research which is able to unsettle taken-for-granted assumptions regarding gender, sexuality and subjectivity. Social constructionist research is well equipped to do this. According to Morison (2015, p. 4) social constructionist

theorists “reject the non-critical perspective and the essentialism that is often inherent” in individualistic and cognitive approaches to research. Hacking (2000) for instance reminds us that social constructionism is useful in undoing understandings of concepts being fixed and inevitable. For instance, if researchers say the ways in which we understand ‘sex’ are socially constructed, it allows researchers to note the discursive contexts in which particular ideas are constituted, and the ways in which these have changed over time. This allows researchers to understand how discourses both construct and are constructed by social contexts. This research will take a Feminist Foucauldian approach to the materials of a particular sexuality education programme used throughout southern and eastern Africa today.

While there is plethora of much-needed qualitative research on sexuality education, few studies have use discursive methods to identify social realities being (re)produced in sexuality education materials. Given that most sexuality interventions are language-based (Irvine, 2000a; Willig, 1998) a discursive approach would be useful to determine whether and how these may be contributing to dominant discourses of gender and sexuality which may be promoting risky sexual practices. Similarly, Francis (2010) has called for sexuality education interventions which open up the space for a range of discourses. Shefer and Foster (2001, p. 375) argue for the impetus

to develop new discourses or open space for alternative discourses, which contradict and challenge those that are dominant. In particular, there is a strong argument for a discourse which centers women's sexuality, constructs female sexuality as positive and acknowledges female desire.

Interventions, therefore, crucially, need to engage with discourse, as well as engaging with alternative discourses as a way to foster the development of young people’s agency and subjectivity in sexual-decision making. Intervention materials which rely on various discourses ranging from STIs, to pleasure, therefore become central to the development of agency (Francis, 2010).

Discursive approaches are essential in ensuring that issues around race, ethnicity, gender, sexuality and socioeconomic status are accommodated in sexuality education intervention materials. An understanding of historical constructions of discourses and the ways these intersect today to produce particular kinds of subjects becomes essential in understanding constructions of gender in sexuality education materials today.

For the purposes of the current study, a key point of investigation becomes understanding the kinds of gender and sexuality roles and positions that adolescents are being encouraged to take up in the Auntie Stella materials, and whether these roles make it easier, or harder for adolescents to engage in safe sex practices. It therefore becomes essential to understand the dominant discourses and subsequent regimes of truth within sexuality education interventions in order to interrogate what preferred view of reality they produce as truth and whether these are consistent with the stated sexual and reproductive health outcomes.

Understanding how adolescent sexuality is constructed in the materials of sexuality education intervention programme has significant implications for adolescents' abilities to construct their identities and sexualities. Sexuality education interventions are largely focused on producing behavioural change to positively impact on adolescent sexual and reproductive health. It is therefore essential that we understand the realities and subjectivities being produced within the Auntie Stella materials, in order to understand their action potential. Do discourses of adolescent sexuality in the materials offer up subject positions which enable adolescents to engage in safe sexual practices? Or, for instance, is there an over-reliance on dominant discourses of gender and sexuality which reproduce gender inequalities, therefore constraining adolescents' abilities to engage in safe sex? The study has the following research objectives: .

1.5 Objectives

1. To identify the discourses drawn on in a variety of topics relating to sex and relationships in the Auntie Stella sexuality education materials.
2. To deconstruct these discourses by identifying the discursive resources on which they draw.
3. To determine the extent to which dominant discourses are present in the Auntie Stella materials.
4. To critically explore the social realities which are produced in discourse through the Auntie Stella materials.

The study focused on the following research questions:

1. What are the discursive constructions of gender and sexuality in the Auntie Stella cards?
 - 1.1. How are 'adolescents' and 'Auntie Stella' constructed?
 - 1.2. How are gender and sexuality constructed?

- 1.3. How are ‘risk’ and ‘responsibility’ constructed?
- 1.4. Which discourses are notably absent from the cards?
2. How do these discursive constructions potentially perpetuate dominant ideas of gender and sexuality, thereby contributing to particular kinds of sexual behaviours and practices?

1.6 Overview of the research

This research is divided into eight chapters. Chapter one sets up a context for the rationale of the research by establishing the research problem, presenting the background of the study and situating it within the Zimbabwean context. The research aims, objectives and questions are then elaborated. Chapter two establishes a theoretical context through a review of the literature on sexuality education both globally and more locally, in southern Africa. This chapter also introduces and engages with the relative failures of sexuality education interventions in southern Africa to date by discussing the challenges often experienced in their implementation and the consequences of these for adolescent sexual and reproductive health. Additionally, this chapter introduces the Auntie Stella intervention as well as its stated aims. It also explores the successes of the Auntie Stella intervention and what these may mean for the current study.

Chapter three situates the study within a post-structuralist Feminist Foucauldian theoretical framework. This chapter locates the present study within social constructionist and discursive frameworks. Foucault’s particular engagement with the ways in which discourses produce knowledge and power is examined. Moreover, disciplinary power’s ability to produce subjects and subjectivities within normative discursive scripts is explored in relation to the current study. Modern power’s ability to both create and regulate adolescent sexual subjectivities is discussed in relation to sexuality education, to suggest that sexuality education emerges in response to discourses of risk, as part of a process of responsabilisation which encourages adolescents to take up their sexual subjectivities in particular safe, good and healthy ways.

Chapter four outlines the research methodology. This chapter describes the qualitative research design through a discussion of the research context, the materials which form the ‘data’ of the study (the Activity Cards), the purposive sampling strategy, the Foucauldian discourse analysis as well as reflections on validity and reliability as they relate to this study.

Chapter five presents an overview of the analysis of the study. Chapter six is the first of two discussion chapters in this current study. In it I interpret the findings through reference to the

literature review and the theoretical framework. This chapter argues that the Auntie Stella materials can be read within a Foucauldian framework of regulation and through discourses of risk and responsibility. Chapter seven is the second of the discussion chapters in this study. In it, I argue that the regulation of adolescent sexuality in the Auntie Stella materials is inherently gendered. Chapter eight summarises the key findings of the research through engaging with the research aims. This chapter also considers the impact this study may have on the Auntie Stella intervention by engaging with practical suggestions for the intervention. I then explore potential strengths and weaknesses of the current study and provide suggestions for future research.

Chapter 2: Literature Review

2.1 Introduction

This chapter will situate the current study within the existing field of literature on sexuality education. It will introduce sexuality education as a vital resource for adolescent sexual and reproductive health and consider key aspects of the sexuality education field which have a bearing on the development, implementation and success of comprehensive sexuality education interventions. Moreover, this chapter will explore global challenges to comprehensive sexual and reproductive health, such as the contested nature of the field, the diversity of contexts and, accordingly, of sexuality interventions themselves, sociocultural taboos on sex communication and gaps between policy and practice.

I will then consider the specific context of southern Africa as this relates to sexuality education, with a particular focus on how prevailing ideas about sexuality, identity, race, gender roles and gender hierarchies contribute to increased vulnerabilities for young black women's sexual and reproductive health. In this section I define and describe gender, gender roles and sexuality, with a specific focus on the relationship between gender hierarchies and adolescent sexual and reproductive health. I will therefore argue that particular gender roles, gender inequalities and gender-based violence create contexts of risk for young women.

I will then move to explore sexuality education in southern Africa and engage with the relative failure of these interventions in the region. The southern African context therefore produces challenges for the implementation of sexuality education which in some ways mirror global trends. Taboos on sex communication, mixed messaging, negative messaging, a failure to provide adolescents with basic knowledge of safe sex practices, a focus on adolescent behavioural change, an over reliance on rigid gender categories, limited, if any engagement with sexual and gender diversities, teacher/facilitation challenges, and an undermining of adolescents' own knowledge, and agency in their sexual relationships, are all identified as contributing to behaviours and practices which perpetuate gender hierarchies and which undermine, rather than bolster adolescent sexual and reproductive health.

Finally, I will engage more specifically with the role of materials in sexuality education, describe and discuss the Auntie Stella intervention, as well as its aims and successes in order to demonstrate the significance and relevance of the current study.

2.2 Sexuality education as a constantly developing field

Understandings of sex, sexuality (education), and sexual and reproductive health are constantly changing (Weeks et al., 2003). Weeks et al. (2003, p. 1) for instance argue “over the past generation there has been a revolution in our understanding of sexualities in society”. Similarly, Aggleton and Crewe (2005, p. 303) argue that there are “rapid changes underway” in the field of sexuality education. The WHO (2016, p. 428) argues that the need for quality sexuality education is driven by “various social and technical developments during the past decades”. And Giami et al. (2006, p. 485) argue that the mere fact that sexuality education is now included as a subject at many schools today is evidence of “radical psychosocial change in the last 40 years”.

This is evident in Wellings, Collumbien, Slaymaker, Singh, Hodges, Patel and Bajos’s (2006) global review of sexual behaviour in the twenty first century. They argue that we live in a changing world, and that views on sex and sexuality are changing along with it. Wellings et al. (2006, p. 1707) say

attitudes to sexual behaviour have altered in many countries. Worldwide communications, including the internet, have had a bearing on social norms, transporting sexual images from more liberal to more conservative societies...

Carr and Bednarek (2019) for instance outline the shifts that have taken place in sexuality education targeting women in Australia from the 1990s to the 2010s. These shifts include the move from a focus on risk in the 1990s to a focus on medicalisation in the 2010s.

The European Group on Expert Sexuality Education (EGESE) identify Sweden as the first country to introduce sex education in 1955 followed by other European countries in the 1970s and 1980s (WHO, 2016). They argue that the focus of sexuality education has changed over time “in line with the educational and health priorities of the time” (WHO, 2016, p. 427). As a result, sexuality education can be traced from its development in the 1970s as a means for addressing unplanned pregnancies, through the rise of HIV in the 1980s, to a growing awareness of the existence of gender-based violence in the 1990s, and finally to “embracing the prevention of sexism, homophobia and online bullying from 2000 onwards” (WHO, 2016, p. 427). These aspects of sexuality education vary in their degree of importance from one country to another, depending on the specific realities of a given context.

In response to these global changes, Leung et al. (2019, p. 2) redefine sexuality education as

“an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgemental information”. This definition, they argue moves beyond a simple knowledge transfer and incorporates a more holistic conception of sexual health and reproductive health

with the goal of empowering youths to better understand their sexuality and their relationships, which will ultimately improve adolescents’ sexual health and overall quality of life. (Leung et al., 2019, p. 2)

UNESCO’s (2018) revised TGSE manual notes that newer research demonstrates the need for a greater focus on the ways that gender roles, social context and access to social media are having an impact on sexual health outcomes. Sexuality education, they argue, acts as a protective measure for the many vulnerabilities experienced by adolescents in society.

Wellings, et al. (2006) conducted research on sexual behaviour in fifty-nine countries at the beginning of the twenty first century. They identify a few global trends, such as a shift towards later marriage, and corresponding increases in premarital sex (Wellings et al., 2006). Wellings et al. (2006) argue that assumptions about earlier sexual debut may not be borne out by the global data, although some regional data suggests otherwise. However, they argue that there is significant diversity in sexual behaviour from one context to another (Wellings et al., 2006). As a result, Wellings et al. (2006) argue that there is no one size fits all approach to sexuality education that will work everywhere, and that successful interventions will need to be attentive to the diversity of each context. The following section will explore the nature and content of sexuality education in Southern Africa.

2.3 Sexuality education is a vital resource for adolescent sexual and reproductive health

Sexuality education is understood as an essential tool for protecting people against the risks of sexual activity and promoting “healthy sexual behavior” (Reis et al., 2011, p. 477). The WHO (2016, p. 428) note that

sexuality education programmes [have] led to a reduction in teenage pregnancies and abortions and a decline in rates of sexually transmitted infections (STIs) and HIV infections... Beyond that, by increasing confidence and strengthening skills to deal with different challenges, sexuality education can empower young people to develop stronger and more meaningful relationships.

Throughout the literature, therefore, sexuality education is seen as an essential tool for the reduction of adolescent risk behaviours and outcomes associated with sexual activity. For

instance, Vivancos et al. (2013, p. 53) argue that “sex education is associated with reduced risky sexual behavior and sexually transmitted infections in young adults”. Esere (2008, p.120) says that a sexuality education programme in Nigeria “reduced at-risk behavior in adolescents”; additionally, Lindberg and Maddow-Zimet (2012, p. 332) demonstrate that in America, there is evidence that “sex education about abstinence and birth control [is] associated with healthier sexual behaviours and outcomes”. In a review of sexuality education in South Africa, Bhana et al. (2019, pp. 361-362) argue that

good quality sexuality education can be a vital resource to provide young people with knowledge and information to address sexual and reproductive health and to prevent adverse, social, health and educational outcomes.

Across the research there is widespread evidence that good CSE is important for adolescent sexual and reproductive health as well as their overall wellbeing.

2.4 Sexuality education as a contested field

In addition to being constantly changing, understandings of sex, sexuality (education) and sexual and reproductive health are widely contested (Lesko, 2010). The WHO (2010) argues that definitions of sexual health continue to be debated. As acknowledged by UNESCO’S (2018) introduction of a revised TGSE manual, while earlier definitions of sexuality education focused exclusively on harm reduction, more contemporary versions tend to include an awareness of adolescent agency and empowerment, as well as a broader conception of sexual health that moves beyond the negative.

2.4.1 Abstinence Only (AO) and Comprehensive Sexuality Education (CSE) approaches

Throughout the literature, there exist two broad approaches to sexuality education. Collins et al. (2002) identify these two approaches as Abstinence Only (AO) versus Abstinence-Plus (AP) or Comprehensive Sexuality Education (CSE). AO approaches focus on the need to wait before marriage to have sex, and emphasise the importance of virginity, whereas CSE approaches recognise that many adolescents will become sexually active and therefore prioritise the need for equipping them to deal with this by teaching them about contraception, STIs and condom use (Francis & DePalma, 2014). Su et al. (2020, p.33) define CSE as a “curriculum-based process that involves teaching and learning about the cognitive, emotional, physical and social aspects of sexuality”. They argue that it has been “advocated for in various international declarations, and has been implemented in numerous countries” (Su et al., 2020, pp. 33-34).

Despite this, AO approaches tend to outweigh CSE approaches in prevalence globally (Fields, 2009; Ketting et al., 2020). This is also a reflection of the fact that there was no global discourse on rights pertaining to sexuality until 1993 (Tiefer, 2002). UNESCO's 2009 introduction of CSE as the key way of addressing public health concerns, as well as various other policies have led to a rise in CSE programmes globally. Overall, despite the prevalence of AO approaches, research seems to demonstrate the relative effectiveness of CSE approaches comparatively, suggesting that AO approaches leave adolescents ill-prepared for their "sexual debut", often resulting in unprotected sex (Francis & DePalma, 2014, p. 82). Similarly, Fields (2009, p. 165) notes that AO approaches contribute to "a broad effort to scapegoat the most vulnerable members of society" through its lack of engagement with diversity, poverty and context.

2.5 Challenges in implementing sexuality education

The following section will outline some of the key challenges associated with sexuality education globally, and, more specifically in Southern Africa.

2.5.1 Sex communication is difficult

Numerous authors have argued that effective communication is one of the best tools for sexuality education (Asmal, 2001; McKay & Fontenot, 2020). However, open communication on sex and sexuality even "within socially recognized relationships evokes coyness, embarrassment, resistance or discomfort" (Alldred & David, 2007, p. 2). Research with Scottish teachers, found that they characterised sex communication as "difficult" (Buston & Wight, 2001, p. 357). McKay and Fontenot (2020) cite barriers to communication as one of the major roadblocks to parent-child sexuality communication. They argue that the two major barriers of communication were a "lack of comfort in talking about sex and the lack of knowledge about sexual behaviours" (Fontenot, 2020, p. 43). These messages of difficulty and discomfort are pervasive across the literature on sexuality education, regardless of context. For example, Lambert and Wood (2005, p. 529) identify "a reluctance to talk explicitly... about sex and sexual behavior" as the most frequently cited barrier to sexual health in India.

Alldred and David (2007, p.2) argue that sex communication remains "an object of fascination, taboo and anxiety" in much of the world, even today . Part of what creates a sense of taboo is that sex is an "object of pleasure too" (Alldred & David, 2007, p. 2). Aggleton and Campbell (2000) note that even twenty years ago talk about sexual health was largely meaningless. Moreover, they argue that a particular challenge in adequately addressing the rise in HIV in the

eighties can be attributed to the struggle and discomfort associated with talking about sex . This continues to be a struggle today, particularly in contexts where policy, politics and morality act as barriers to effective communication about sex. As Buston and Wight (2001, p. 357) note “many adults, in their day-to-day lives, find open discussion about sex difficult (and unnecessary)”. This is exacerbated by the “embarrassment, silence and disapproval of open discussion of sexual matters by adults...at the very time when it is most needed” (UNESCO, 2012, p. 2).

According to Aggleton and Campbell (2000, p. 284) there is more conversation today around “sex, sexuality and sexual health” than ever before. Giami, Ohlrichs, Quilliam, Wellings, Pacey and Wylie (2006, p. 486) argue that “more sex, earlier sex, peer pressure and distorted media images make it difficult for adolescents to make sense of, and cope with, their emerging sexuality”. Consequently, while significant progress has been made in our willingness and ability to talk about sex, it can also be argued that “the social changes that have made it easier to talk about sex have made it harder to articulate a coherent vision of what ‘sexual health’ might mean” (Aggleton & Campbell, 2000, p. 284).

2.5.2 Comprehensive sexuality education is varied and complex

Many countries now include CSE as a compulsory part of adolescent education (Tiefer, 2002). However, it is necessary to note that not all countries provide sexuality education and many countries provide sexuality education “only for pupils well over the age of puberty” (Giami et al., 2006, p. 486). What is evident in the literature on sexuality education is that even where CSE is taught, there exist a wide variety of versions of CSE, many of which remain abstinence-based, even if they do provide adolescents with information which encourages safe sex (Collins et al., 2002). Overall, one of the challenges of CSE in the twentieth century is a concern that policy is not always able to produce any kind of practical intervention; or that policy is not specific enough regarding the content of CSE. For instance, Breuner et al. (2016, p. 4) argue that in America,

fewer than half of the states require public schools to teach sexuality education, and even fewer state require that, if offered, sexuality education must be medically, factually, or technically accurate.

Additionally, two-thirds of states in America allow parents to determine whether children can opt-out of sexuality education (Breuner et al., 2016). Moreover, Breuner et al. (2016, p. 4) note that certain states have “specific content requirements, including ‘stressing abstinence’, or

precluding discussion of homosexuality or abortion”. There is thus a gap between morality and politics on the one hand and evidence on the other. Hindman and Yan (2015, p. 949) for instance argue that there is significant “moral and political rhetoric supporting abstinence-only education in the United States” despite the fact that evidence suggests it is not particularly effective in promoting sexual and reproductive health.

2.5.3 There are significant gaps between knowledge and practice

As Janice Irvine (2000a, p. 58) argues, debates over sexuality education have been shaped by fear of “the corrupting power of the sexual word”. In South Africa, AO approaches are widespread in practice if not policy, despite evidence of their ineffectiveness (Bhana et al., 2019; Chiweshe & Chiweshe, 2017; Glover & Macleod, 2016; Mayeza & Vincent, 2019). As in the US, there is significant moral and political weight behind AO approaches, as was demonstrated in 2019 when the South African Government National Department of Education released proposed lesson plans for CSE that resulted in public outcry (Davis, 2019). Rebecca Davis (2019) argues that

Religious lobby groups, the South African Teachers’ Union (SAOU), the Federation for School Governing Bodies and the African Christian Democratic Party (ACDP) have all expressed outrage at the government’s Comprehensive Sexuality Education plan, to be rolled out in schools nationally in 2020.

This outcry was further fuelled by concerns that the proposed CSE would “unintentionally over-sexualise learners” (Davis, 2019). Lesko (2010) argues that AO proponents emerged “as part of organized politics to protect children and families” and it is this language which is so common in disputes around sexuality education today. Debates regarding what to tell adolescents, when to tell them, how we tell them and who tells them about sex therefore pervade the literature (Irvine, 2000; Irvine, 2000a). These debates are so widespread and fierce that Lesko (2010, p. 285) identifies them as ongoing “culture wars”.

2.5.4 Not all interventions are effective

Perhaps partly because CSE has such different meanings and applications from context to context, not uniformly effective in addressing adolescent sexual health, in spite of their attempts to do so. For instance, Reis et al. (2011, p. 478) note that risk reduction strategies in Portugal have not resulted “in uniform reduction in risks and promotion of health”. Similarly, Shiffman et al. (2018, p. 7) argue that in 2014, seven years after being instructed to do so, “nearly a quarter of Nigeria’s 36 states” had not yet implemented CSE. In 2013, one study

argued that despite “campaigns for the use of condoms and better access to contraceptive measures”, there has only been a minimal decrease in teenage pregnancies (Da Silva et al., 2013, p. 114). In Thailand, Thammaraks et al. (2014, p. 99) argue that “sex education is delivered in a sporadic and somewhat discretionary manner”. Furthermore, in South Africa, a policy brief argues that sexuality education, on the whole has “not spoken to young people in helpful ways” (Glover & Macleod, 2016, p. 6). Tiefer (2002, p. 443) for instance argues that sexual rights need to be made a reality “beyond the document stage” by attending to “appropriate enabling conditions”.

Leung et al. (2019, p. 2) argue that “the content, messages and approaches of delivering sex education vary across countries”. Consequently, a strong focus of the literature in sexuality education is attempting to understand what drives these gaps between policy and practice, and how to engage with sexuality education and adolescents in such a way as to maximise positive sexual health outcomes (Bhana et al., 2019).

2.6 The southern African context

Chikovore, Nystrom, Lindmark and Ahlberg (2013) argue that positive developments in adolescent sexual and reproductive health have taken place over the past few years in Zimbabwe. Despite this, research suggests that the age of sexual debut may be dropping in countries across southern Africa (Bhana, 2009; Bhatasara et al., 2013). Bengesai et al.’s (2018) study of youths suggests that age of sexual debut in South Africa has either lowered or remains the same. Moreover, earlier sexual debut is associated with “unsafe sexual practices among adolescents especially inconsistent condom use and multiple partners persisting despite awareness and programmes to change behaviour” (Bhatasara et al., 2013, p. 3). Kelly and Ntlabati (2002) demonstrate that contexts of risk, particularly associated with GBV, tend to facilitate patterns of early sexual activity among adolescent women in South Africa. As a result, the prevalence of HIV, unplanned pregnancies, GBV, STIs and unsafe abortions remains a public health challenge in the region.

In light of these public health concerns, there is a growing urgency for good quality sexuality education in the region. This urgency is amplified in southern Africa, where countries like South Africa and Zimbabwe continue to be disproportionately affected by the HIV pandemic (Magnani et al., 2005). According to a regional overview of HIV data in east and southern Africa in 2019, 20,7 million people were living with HIV (AVERT, 2020). This region

accounts for only 6,2 percent of the global population but has more than over half of the population of HIV-positive individuals across the world (AVERT, 2020). Within the region, South Africa and Zimbabwe have some of the highest levels of both incidence and prevalence (UNAIDS, 2020; 2020a). It is estimated that approximately 7,7 million people in 2018 in South Africa were living with HIV, with new infections accounting for 4,94 percent of the population (UNAIDS, 2020). The prevalence of HIV within the population was incredibly high at 20,4 percent (UNAIDS, 2020). In Zimbabwe in the same year, new infections accounted for 2, 79 percent of the population whilst the prevalence of HIV positive individuals in the country was 12, 7 percent (UNAIDS, 2020a). Like many countries, Zimbabwe is currently experiencing “a serious AIDS epidemic” (Chifunye, Benoy & Mukiibi, 2002, p. 377). While there has been a decline in the incidence of HIV since 2010, young people and women remain particularly vulnerable populations to both infection and mortality (UNAIDS, 2020a), and HIV continues to negatively impact “every facet of human” life (Dzimiri, Dzimiri & Batisai, 2019, p. 25).

Additionally, Jewkes et al. (2003, p. 125) argue that “gender issues” play an increasing role in the prevalence of GBV, STIs and unplanned pregnancies in countries in Sub-Saharan Africa (SSA). In addition to the threat posed by HIV, high levels of GBV are also identified as a significant challenge for Zimbabwe (Magezi & Manzanga, 2019; Mtutu, 2005; Mukanangana, Moyo, Zvoushe & Rusinga, 2014; Yule, Vhutuza & Gwirayi, 2017). Adolescent women in SSA account for fifty percent of all new births (Morris & Rushwan, 2015). GBV contributes significantly to rates of unplanned pregnancy and STIs in southern Africa by creating contexts of risk in which women, in particular, find it difficult to exert agency in their (sexual) relationships (Jewkes et al., 2003). Kelly (2003), for instance, suggests that younger sexual debut in the region has been worryingly associated with lower condom use. Young women in SSA are more likely to have pregnancies resulting from sexual violence; they are also more likely to experience pregnancy and abortion complications (Morris & Rushwan, 2015). Johnson, Ndhlovu, Farr, and Chipato (2002) demonstrate that maternal mortality relating to unsafe abortions represents a significant health concern in Zimbabwe. Moreover, adolescent women have been identified as being more likely to attempt unsafe abortions which threaten maternal mortality as well as their long-term SRH (Hof & Richters, 1999). Mukanangana et al. (2014, p. 111) argue that “GBV continues to be a thorn in flesh among women globally, regionally and Zimbabwe in particular”. One study demonstrated that thirty two percent of young women reported experiencing domestic violence from their partners from sixteen years of age, and thirty four percent of women report being forced into marriage (Mukanangana et

al., 2014).

2.7 The relationship between gender and sexual and reproductive health in southern Africa

GBV is a concern not only for the immediate physical and emotional harm it causes, but for its role in creating contexts of vulnerability, in particular for young black adolescent girls.

2.7.1 Gender roles, relationship power dynamics and gender inequalities

Attendant to the growing literature which demonstrates the role gender plays in sexual health, research has increasingly paid attention to the ways in which power dynamics associated with gender roles present a threat to women's sexual and reproductive health in the region (Amaro & Raj, 2000; Dunkle et al., 2004; Jewkes et al., 2002; Jewkes & Abrahams, 2002; Jewkes et al., 2003). Jewkes et al. (2003, p. 125) argue that understandings of gender are being recognised as "having critical influences on the HIV epidemic", as well as contributing to the prevalence and incidence of STIs, and unplanned pregnancies. Gupta (2000, p. 1.) argues that gender refers

to the widely shared expectations and norms within a society about appropriate male and female behavior, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other.

Gender is understood as being culturally specific, meaning that there is significant variability in conceptions of gender and gender roles across contexts (Rao Gupta, 2000). However, Rao Gupta (2000) argues that men and women are often constructed as being essentially different. While men are largely seen as being responsible for "productive activity outside the home", women are largely seen as being responsible for homemaking, child-bearing and child-rearing (Rao Gupta, 2000).

2.7.2 A colonial legacy of violence

Understanding the colonial history of southern Africa provides useful insight into the challenges of sexuality education in places like Zimbabwe and South Africa today (Bhana et al., 2019). For instance, Delius and Glaser (2002, p.27) argue that, in contrast to the current climate, pre-colonial parent-child communication suggests "high degrees of sexual education" in Southern Africa.

Bhana et al. (2019, p. 363) argues that colonisation, underpinned by Christian values, created

a context for the development of “gender inequalities and identities”. Magadla and Chitando (2014) argue that there were two intertwined processes that played themselves out in the European colonialism of Africa, that of establishing black people as a race of inferior and primitive subjects, as well as establishing the inferiority of women. Given that sexual violence promotes the spread of STIs and contributes to unwanted pregnancy, these gendered and raced constructions of women are particularly harmful today.

Black women, positioned as inferior due to both their race and gender, experienced a particularly brutal form of oppression, which continues today. Posel (2005) for instance has argued that colonial constructions of black women as lustful have played a role in the vulnerability of black women to gender-based violence. Gqola (2015) similarly argues that such constructions imagine black women as ‘unrapeable’, thereby making them more vulnerable to sexual violence and ensuring that they receive little public and institutional support should they ever report these crimes.

2.7.3 Gender-based violence creates a context of risk for HIV, STIs and unplanned pregnancy

Sathiparsad (2005, pp. 79-80) defines gender-based violence as

any interpersonal, organizational or politically-oriented violation perpetrated against people due to their gender identity, sexual orientation or location in the hierarchy of male-dominated social systems.

Gender inequalities and hierarchies of power, which exist throughout the world therefore play a significant role in the prevalence of gender-based violence. For example, Jewkes et al. (2003, p.125) argue that gender inequalities in South Africa, “[translate] into a power imbalance in sexual interactions which increases vulnerability” to HIV, STIs and unplanned pregnancy.

Moreover, one study demonstrates that young men and women in South Africa understand that men are expected to be decision-makers and bread winners, whereas women are expected to be submissive and stay home to raise children (Strebel, Crawford, Shefer, Cloete, Henda, Kaufman, Simbayi, Magome & Kalichman, 2006). Similarly, Jewkes et al. (2003) argue that these social norms which define acceptable gender roles and behaviours make women vulnerable, while correspondingly encouraging gender-based violence. For instance, Strebel et al. (2006) demonstrate that the ways in which young men understood their gender roles was intimately connected with forms of violence.

2.7.4 Gender-based violence and hegemonic masculinity

Chiweshe and Chiweshe (2017, p. 121) argue that in Zimbabwe “patriarchal power relations are seen as creating and sustaining gender hierarchies”. For some men, therefore, “traditional gender roles of male domination of women...lead men to feel that they were entitled to beat their women” (Strebel et al., 2006, p. 519). Sathiparsad (2005, p. 80) demonstrates that for young men in South Africa, “sex was viewed as a primary way of asserting one’s manhood”. Ideas about masculinity, what makes a man a man, therefore play a significant role in the perpetuation of gender inequalities and gender-based violence. For instance, Wetherell and Edley (1999) argue that positioning themselves as men within cultural understandings of masculinity requires men to negotiate their identities in relation to dominant discourses of masculinity, that is, hegemonic masculinity. Hegemonic masculinity is defined as “the pattern of practice (i.e., things done, not just a set of role expectations or an identity) that allowed men’s dominance over women to continue” (Connell & Messerschmidt, 2005, p. 832). Ratele et al. (2010) argue that it is useful to consider competing masculinities when exploring the South African context. Additionally, they argue that hegemonic or ruling masculinity refers to “a boy or a man [who] is made of the stuff, colloquially speaking, [that] girls and women want, and other males want to have” (Ratele et al., 2010, p.558). Ratele’s (2006) explication of hegemonic masculinity is also attendant to the ways in which the feminine and more feminine iterations of masculinity are subjugated to this ruling masculine ideal. Through encouraging men to take up their masculinities in aggressive ways, hegemonic masculinity in southern Africa contributes significantly to the prevalence of sexual violence.

2.7.5 Heteronormativity

Bhana et al. (2019, p. 363) argues that during colonisation

conservative Christian principles were incorporated into local customs, reproducing gender as binary and sexuality as shameful, both of which were controlled within heteronormative boundaries whilst upholding the powerful status of men.

Jackson (2003) defines heteronormativity as the assumption that heterosexuality is natural and normal. Moore (2018, p. ix) notes similarly that heteronormativity is “a term used to refer to social roles, structures, and systems that reinforce the idea that heterosexuality is the presumed norm and is superior to other forms of sexual identity”. Francis (2012, p. 608) argues that “heteronormativity is pervasive and made compulsory” in South Africa. Despite having one of the most progressive constitutions which protects sexual minorities, in practice, Francis (2017) demonstrates that discrimination against LGBTQIA+ youth is widespread and pervasive.

Additionally, while homosexuality itself is not illegal in Zimbabwe, particular sex acts have been criminalised, which contributes to the marginalisation of LGBTQIA+ youth (Hunt, Bristowe & Chidyamatre, 2017). Hunt et al. (2017) argue that for key populations, such as gay, lesbian and trans youth, accessing adequate healthcare is made more difficult by widespread discrimination in Zimbabwe. Hunt et al. (2017, p. 2) argue that

key populations may experience health vulnerability beyond the risk of HIV infection. There is increasing recognition that LGBTI people represent minority communities with unique healthcare needs.

Because particular sex acts are declared illegal and because Zimbabwean culture is shaped by conservative religious and cultural values, these key populations experience a disproportionate burden of the poor SRH outcomes. The pervasive heteronormative framework for engaging with adolescent sexual and reproductive health in the global south results in a failure to recognise and address LGBTQIA+ sexual and reproductive health issues (Moore, 2018; Wekesah, 2019). Additionally, this contributes to the homogenisation of queer populations, as well as the continued legitimisation of heterosexuality at the expense of LGBTQIA+ youth (Moore, 2018). For instance, research demonstrates that homosexuality is often spoken about as something that is an un-African western import (Bhana et al., 2019; Phillips, 2003). Moreover, sexual violence against LGBTQIA+ youth is widespread in southern Africa, as is demonstrated by the high levels of corrective rape in South Africa (Doan-Minh, 2019; Gqola, 2015; Koraan & Geduld, 2015). In southern Africa, therefore, “gender, culture, race and class combined to define sexuality in powerful and deeply oppressive ways” (Bhana et al., 2019, p. 363).

2.8 Overview of comprehensive sexuality education in southern Africa

In southern Africa, therefore, young people are particularly vulnerable to the risks associated with sexual activity, with intersecting nexes of power ensuring that poor black women are particularly vulnerable (Foreman, 1999; Pettifor, Rees, Kleinschmidt, Steffenson, MacPhail, Hlongwa-Madikizela & Padian, 2005). Despite existing policy and interventions, rates of GBV, STIs and unplanned pregnancy remain high. As with sexuality education globally, there have been gaps between policy and practice in southern Africa. On the whole, sexuality education has been described as not being particularly effective in speaking to young people in ways which encourage them to engage in good decision-making around their sexual and reproductive health (Bhana et al., 2019). Given the urgency of adolescent sexual and

reproductive health concerns, the relative failure of sexuality education in southern Africa therefore represents a significant challenge.

Wekesah, Nyakangi, Onguss, Njagi and Bangha's (2019) overview of CSE in southern Africa suggests that the majority of current CSE programmes are school-based. This is because, Francis (2010) suggests, that the home environment is not an ideal site for the transmission of CSE due to the complexities of cultural myths and taboos, as well as difficulties with parent-adolescent communication. Researchers have identified the schooling system as an ideal site for the transmission of CSE (Francis, 2010) which speaks to the prevalence of school-based CSE in the region. However, Wekesah et al. (2019) identify a growing number of CSE programmes that function outside of the school setting, including mass media interventions (such as *The World Starts with Me* in Kenya and Uganda and *CyberSenga* in Uganda) and peer-led programmes (such as *The My Future My Choice Programme* in Namibia and the *MEMA kwa vijana* programme in Tanzania).

2.9 Challenges in implementing CSE

As with attempts to implement CSE across the globe, countries in southern Africa have encountered various challenges. For instance, in Zimbabwe, currently, “no comprehensive sexuality education curriculum exists” (Chiweshe & Chiweshe, 2017, p. 119). Chikovore et al. (2010) argue that much of the research on sexuality education in Zimbabwe is dominated by quantitative studies, which have not been able to effectively impact on adolescent sexual health. Additionally, approaches to sexuality education in South Africa have been identified as limited and insufficient, in some cases even promoting the very behaviours they are attempting to address (Glover & Macleod, 2016). Glover and Macleod (2016, p. 6) argue that sexuality education inadvertently “seems to ‘undo’ some of its own aims” in ways which will be explored below.

2.9.1 Challenges with sex communication

One of the major challenges faced by sexuality education interventions in southern Africa are the sociocultural norms, in which talking about sex is seen as a taboo. Chiweshe and Chiweshe (2017) argue that there are widespread religious and cultural beliefs and taboos about sex and sexuality in Zimbabwe. On the whole, Francis (2010, p. 316) argues that “parents do not feel comfortable teaching their children openly about sex”. This is consistent with the international literature reviewed previously in which parent-child communication about sex has been

described as being difficult.

In his experience of teaching sexuality education in Zimbabwe, Pattman (1996) argued that sexuality education was difficult because talking about sex was taboo. He says “sex was a taboo topic between men and women, parents and children in Zimbabwe” (Pattman, 1996, p. 274). Moreover, Esere (2008, p. 120) argues that in many African countries “matters relating to sex and sexuality are usually shrouded in secrecy”. For example, Aggleton and Crewe (2005, p. 303) argue that

there are those who claim that education about sex, sexuality and relationships encourages precocious sexual activity and may encourage ‘experimentation’ before or beyond marriage.

In a review of cultural taboos that underlie immigrant mother-daughter communication in America, Agbemenu et al. (2018, pp. 698-699) argue that parents did not want to talk to their children about sexual and reproductive health because “they believed it caused children to begin engaging in sexual behaviour or promiscuity”. This is evident in the South African government’s (Education.gov, 2019) website on CSE, where it states emphatically that CSE “does not teach learners how to have sex” and “CSE does not sexualize children”. While comprehensive sexuality education therefore forms part of the South African curriculum, it is also notable that parents can choose to opt out of having their children receive sexuality education at school. This difficulty with sex communication pervades much of the sexuality education that currently exists, which results in adolescents receiving confusing and contradictory information which makes it difficult to protect themselves (Wekesah et al., 2019). Wekesah et al. (2019, p. 8) argue that, as a result of the taboos on sex communication “key topic areas such as contraceptive methods, sexuality and abortion are avoided” leaving adolescents ill-equipped to engage in safe sex practices. Additionally, taboos on sex communication result in the majority of sexuality education interventions in the region focusing on abstinence as “the only method of contraception, or the main method” (Wekesah et al., 2019, p. 6). Francis (2012, p. 598), for instance argues that “basic sexuality education content such as safe sex is not delivered effectively as teachers’ are more concerned that learners are sexually active than that they are practising unsafe sex”.

Additionally, Chikovore et al. (2009) argue that competing views on the need for comprehensive sexuality education and a need to protect adolescents from too much knowledge about sex, inform much of the landscape of sex communication in Zimbabwe. Research

suggests that policy often clashes with practice, particularly when it comes to parent views about adolescent sexuality (Chiweshe & Chiweshe, 2017; Pattman, 2005; Wekesah et al., 2019). Conflict therefore arises between competing actors and agencies, particularly relating to the “topic of condom use and the extent to which SRH services in general should be made available to unmarried young people” (Chikovore et al., 2009, p. 504). Moral frameworks that dominate sexuality interventions both in Zimbabwe and South Africa, therefore contribute to adolescents receiving mixed and conflicting communication (Chiweshe & Chiweshe, 2017; Francis, 2010; Mayeza & Vincent, 2019). Mayeza and Vincent (2019) for instance have called for the need for non-judgemental interventions in order to invite adolescent engagement as well as create the context for frank discussions on sexuality.

2.9.2 The focus on adolescent behavioural change is insufficient

Information-provision has been the primary aim of sexuality education in the region, with the aim of equipping adolescents with sufficient knowledge to protect themselves from the risks associated with sexual activity. For instance, in a review of eleven sexuality education programmes in South Africa, Gallant and Maticka-Tyndale (2004) argue that “all programmes were founded on the assumption that the determinants of behaviour change include knowledge, beliefs, and attitudes” (p. 1339). Moreover, Chikovore et al. (2009, p. 503) argue that the dominant approaches to adolescent sexual and reproductive health in Zimbabwe are erroneously based on the assumption of “a linear association between knowledge and attitudes on the one hand, and behaviour change on the other”. Researchers demonstrate that the focus on creating individual behavioural change through information provision has been largely insufficient in adequately addressing adolescent sexual and reproductive health in a meaningful way (Bhana et al., 2019; Francis, 2010, 2012; Macleod, 2016). Moreover, focusing on adolescent behaviour misses out on the “contextual and historical factors influencing behaviour” (Chikovore et al., 2009, p.503).

While necessary to promote knowledge regarding safe sexual practices, Gallant and Maticka-Tyndale (2004, p. 1344) argue that “knowledge is not sufficient to affect behaviour change” alone. This was evident in Van der Riet et al.’s (2019) research which demonstrated gaps between knowledge of the spread of HIV on the one hand and practice on the other. Despite knowing how HIV is spread, therefore, young people continued to engage in unprotected sex with multiple partners. This suggests the need for a development of sexuality education interventions that move beyond focusing only on equipping adolescents with accurate

information.

Macleod (2016) has argued that sexuality education in South Africa requires a “major overhaul”. Francis and DePalma (2014, p. 82) suggest that the relative failure of sexuality education approaches in southern Africa rest upon the assumption “that knowledge leads to rational behaviour change and that knowledge, independent of other social forces, is the primary predictor of sexual activity”. Consequently, it can be argued that a focus on knowledge provision with the assumption that this will effect adolescent behavioural change is insufficient. It is therefore necessary to move towards sexuality education interventions which engage with the contexts that constrain and enable adolescent sexual health decisions and behaviours (Francis, 2010). Glover and Macleod (2016, p. 2) argue that interventions need to take “the realities of learners’ everyday lives” into account.

2.9.3 Biological approaches to sexuality education are limited

The content of comprehensive sexuality education varies across the region, although there are key themes. Wekesah et al. (2019) argue that there is an emphasis on biological approaches to CSE. Here, emphasis is placed on understanding reproductive issues solely from a biological standpoint. Francis (2010, p. 316) for instance argues that “traditionally the focus of sexual health programmes has been on biological aspects”. Such approaches reduce sexuality to simple biology, rather than engaging with the complexities of adolescent sexuality. Biological approaches are also removed from the realities of adolescent lives, which results in them feeling disconnected from the content (Glover & Macleod, 2016). Glover and Macleod (2016, p. 2) for instance argue that adolescents in South Africa have largely viewed the content of sexuality education as “irrelevant to their lives”.

2.9.4 Negative messaging is pervasive

Negative messaging tends to be the focus of sexuality education across southern Africa (Bhana et al., 2019). A review of the research on Life Orientation sexuality education in South Africa demonstrates that a theme of danger, disease and damage seems to pervade much of the communication between teachers and their pupils (Glover & Macleod, 2016). Glover and Macleod (2016, p. 2) argue that

sexuality education seems to focus chiefly on the negative consequences of young people engaging in sex: the possibility of sexually transmitted diseases and HIV, of sexual violence, and of pregnancy. As such, sex is characterised as something that is inherently risky, with little attention being paid to the positive or pleasurable aspects of

sexualities.

Moreover, the focus tends to be fear based approaches to “life skills and HIV” (Wekesah et al., 2019). The focus on negative outcomes and the risks associated with sexual activity are widespread both in the literature and in practice (Aggleton & Campbell, 2000; Bhana et al., 2019; Chiweshe & Chiweshe, 2017; Glover & Macleod, 2016; Macleod, 2016; Mayeza & Vincent, 2019). Framed within the context of risk, adolescents do not receive any positive messaging on sex. For instance, Glover and Macleod (2016, p. 2) argue that messages about risks should be

accompanied by a broader view of young people’s sexuality, one that includes positive notions of sexuality such as pleasure, desire, fulfilment and warmth. In this way, learners are not coerced by ‘scare tactics’ but are rather invited to engage with a balanced view of sexuality that includes both positive and negative aspects.

Wekesah et al. (2019) for instance argue that current sexuality education interventions in southern Africa do not incorporate topics such as masturbation and pleasure. Instead, adolescents learn that “sex is dangerous and damaging” (Macleod, 2016). Adolescents may feel overwhelmed by this negative messaging which could result in them disengaging, rebelling, or being unable to engage in safer sexual practices because they do not feel that this messaging accurately captures their lived realities (Glover & Macleod, 2016). As Bhana et al. (2019, p. 361) note

most education interventions continue to emphasise ‘risk’ over ‘desire’ and ‘shame’ over ‘pleasure’. Thus, they run the risk of speaking to no-one: not to the adults who have failed to escape these constraints, nor to the young people whose bodies and experiences tell them differently.

This therefore represents a significant challenge for sexuality education in southern Africa.

2.9.5 Perpetuation of gender roles and hierarchies

Research suggests that existing sexuality education intervention programmes in southern Africa tend to rely on oversimplified understandings of gender (Wekesah et al., 2019). Intervention programmes typically conflate biological sex and gender. Programmes tend to make use of rigid gender categories with little work being done to relate gender roles in society to adolescent sexual and reproductive health in a meaningful way (Glover & Macleod, 2016). Aggleton et al. (2000) argue that girls are still treated differently to boys. They note that “despite the influence of so-called girl power, young women are still assumed to be subservient and inferior to boys, and are constrained by narrow definitions of gender roles” (Aggleton et

al., 2000, p. 214).

Macleod (2016) argues that learners in South Africa leave sexuality education interventions with oversimplified messages regarding gender and sexuality. She argues that adolescents learn that “men are predators” and “women are victims” (Macleod, 2016). Moreover, Wekesah et al. (2019) suggest that engagement with gender is limited and weak. They suggest that “topics touching on gender and power relations...are the least frequently addressed among CSE programs” (Wekesah et al., 2019, p. 6). Given that gender roles and gender inequalities are intimately connected with adolescent sexual and reproductive health, the perpetuation of narrowly defined gender roles represents a significant barrier to adolescent sexual health. In the absence of messaging which challenges ideas about women being victims, for instance, young women are likely to find it difficult to enact sexual agency in practice. Moreover, perpetuating existing gender hierarchies is likely to be responsible for creating conditions of risk for gender-based violence.

2.9.6 Marginalisation of sexual minorities

In addition to narrowly defined gender roles, much of the sexuality education interventions in southern Africa do not adequately engage with sexual diversity (DePalma & Francis, 2014a; Francis, 2017; Glover & Macleod, 2016; Macleod, 2016; Wekesah et al., 2019). Mayeza and Vincent (2019, p. 473) argue that “the topic of gender and sexual diversity tends to be avoided, with heteronormative understandings being foregrounded when same-sex relationships are mentioned”. Additionally, Wekesah et al. (2019, p. 8) argue that teachers “often avoid or skip” topics they are not comfortable with, such as homosexuality. South Africa has one of the most advanced constitutions for the protection of sexual minorities, yet current research suggests that there are significant gaps between policy and practice. Macleod (2016) notes that sexuality education in South Africa suggests that “only heterosexuality is acceptable”.

In promoting traditional gender roles and conflating biological sex and gender, what emerges is an understanding of sex as something that involves a penis and a vagina, or, coital sex. Shefer and Ngabaza’s (2015, p. 68) research on the way young people construct their sexual identities in sexuality education interventions demonstrates

that sexuality is presented within such messages in heteronormative terms alone, with sexual activity conflated with heterosexual penetrative sexual practice, thus inadvertently reinstating a heteronormative version of sexual relationships.

The consequences of this heteronormativity are both the legitimization of cisgendered and heterosexual identities, as well as the continued marginalisation of queer youth, resulting in widespread discrimination and abuse (Francis, 2017). Bhana et al. (2019, p. 366) for instance demonstrate that “the school environment is heteronormative and exclusionary, repudiating sexual patterns and desires that lie outside the confines of normative gender and sexuality”.

Additionally, a failure to address queer sexual and reproductive health leaves adolescents ill-prepared to navigate their sexual safety in situations where a condom is not needed, for example, because a penis is not involved. While Wekesah et al. (2019) have argued that in Zimbabwe in particular, even discussion of condoms is limited, where engagement with technologies for safe sex exists, condoms dominate this engagement. Coital understandings of sex therefore leave out information on safe sex practices that are not typically part of heteronormative sexuality interventions such as dental dams, lubrication and finger cots. By not providing adolescents with as much accurate information on basic safe sex practices, this kind of sexuality education is thereby deliberately contributing to their vulnerability.

2.9.7 Little engagement with adolescents’ perspectives

Another concern with the ways in which sexuality education interventions take place across southern Africa, is the limited engagement with adolescents’ perspectives. Research demonstrates that adolescent sexuality is complex (Mayeza & Vincent, 2019; Shefer & Ngabaza, 2015; Bhana et al., 2019). Crockett, Raffaelli and Moilanen (2006, p. 372) demonstrate that “teenagers engage in a spectrum of sexual behaviours” which transcends penetrative sex, for example, masturbation, ‘making out’, and fantasy. Additionally, research demonstrates that there is significant variability in adolescents’ views on sex and sexuality (Crockett et al., 2006).

However, this complexity is often not captured in current approaches to CSE. For instance, Glover and Macleod (2016, p. 3) argue that “the messages that learners receive...do not seem to echo the complexity of their sexualities and/or the specific behaviours in which they engage”. Francis (2010) argues that while adolescents are the objects of sexuality education interventions, they are rarely seen as useful sources of knowledge on their own sexuality and identity. Sexuality education interventions often construct adolescents as innocent and naïve rather than seeing them as having valuable knowledge to contribute regarding sex and sexual practices (Aggleton et al., 2000; Francis, 2010).

Few studies are written from adolescent perspectives (Elliott, 2010; Francis, 2010a; Shefer & Macleod, 2015). Where adolescents are engaged with, they are routinely defined as innocents in need of protection (Aggleton, 2000; Asmal, 2001; Bay-Cheng, 2003; Macleod, 2003; Macleod, 2009). Aggleton (2000, p. 27) for instance argues that when you combine the words ‘youth’ and ‘sex’ “you are sure to generate controversy”. Conversation around adolescent sexuality results in debate and conflict, with much of the literature presenting adolescent sexuality as a problem that needs to be addressed. Glover and Macleod (2016, p. 4) argue that “young people’s experiences and desires need to be taken seriously and their role within the education process appreciated”. Additionally, Francis and DePalma (2014) even demonstrate that some learners reported that they learn more from their peers than from the official CSE syllabus. Sexuality education interventions that do not take seriously young people’s experiences and knowledge therefore run the risk of being irrelevant, and also of not adequately equipping adolescents with the necessary information needed to engage in safe sex practices. Consequently, if adolescent perspectives on their own sexuality are undermined or not taken seriously, sexuality education interventions run the risk of marginalising adolescent knowledge and desire.

2.9.8 Teacher challenges

The final difficulty in addressing adolescent sexual and reproductive health in southern Africa stems from the fact that the majority of interventions are school-based and are consequently taught by teachers. Glover and Macleod (2016, p. 5) argue that “teachers are caught between contradictory values that are not always easy to reconcile: national policy and curriculum, the school, personal beliefs and social and cultural pressures”. Wekesah et al. (2019, p. 10) demonstrate that teacher CSE is often “rendered ineffective by external pressures” such as opposition to CSE from parents, community members, religious leaders and groups.

Teachers are therefore positioned within these competing nexes of power in sexuality education interventions. Given the relative silence around topics such as sexual diversity and gender identity in the curriculum, for instance, in classroom practice, teachers are left to engage with these issues as they are raised by adolescents, with no framework guiding their responses. Francis (2010, p. 316) argues that “inadequately trained teachers often add to the silence surrounding topics of sex, compounding gender issues as well”. Where teachers have no framework to guide their responses, they may also revert to moralising perspectives which do not open up opportunities for adolescent engagement (Mayeza & Vincent, 2019). For example,

Wekesah et al. (2019, p. 8) argue that

where teachers recognise tensions between their cultural values and beliefs and the CSE curriculum content, they adapt the content to conform to the norms, taking moralistic or neutral approaches in their teaching.

Research therefore suggests that teachers often “undermined the key points” of sexuality education, thereby disrupting the potential successes (Wekesah et al., 2019). These challenges represent the difficulties with teacher training and delivery of sexuality education in southern Africa (Wekesah et al., 2019). Wekesah et al. (2019, p. 10) argue that “lack of motivation, inadequate skills and competencies, inadequate teaching and learning materials, and overcrowded syllabi breed such challenges”. Teachers report that they are required to take on multiple roles with little training, support and experience (Glover & Macleod, 2016). Given that teachers are set up as experts on sexuality, they therefore experience a significant burden of responsibility (Francis, 2010). An over-reliance on teacher expertise and an under-reliance on adolescent knowledge further contributes to this difficulty. Teachers are therefore an essential part of the sexuality education landscape in southern Africa and require significant support and acknowledgement. Additionally, the facilitation of sexuality education interventions is therefore a significant site for the transmission of CSE, and a necessary point of intervention going forward.

2.10 Sexuality education materials

Sexuality education interventions incorporate materials, such as the cards used in the Auntie Stella intervention, and methods, such as a participatory approach, in order to promote sexual health (Lewis & Knijn, 2003). Both materials and specific approaches play a role in the successful promotion of healthy sexual practices. However, materials such as books, notes, newspaper articles, slides or, in this instance, cards, have been proven to be a particularly significant factor in the promotion of sexual health (Lewis & Knijn, 2003), because, as is the case with Auntie Stella, the materials may be available whereas specific intervention approaches may not be. Sexuality education materials are therefore notable in that they can potentially be used independently of school teachers or curriculum based learning. Sexuality education materials therefore represent a potentially significant resource in sexuality education interventions in southern Africa.

Lewis and Knijn (2003) argue that the success of Dutch sexuality interventions hinge on two key factors, the political climate, and also the broad scope of the material which constructs sex

as something that is natural and opens up the space for conversation ranging from STIs, to masturbation and how to pleasure your partner. They emphasise the vital importance of sexuality education materials in promoting sexual health (Lewis & Knijn, 2003). There is therefore, a need to conduct research on the materials used in interventions in southern Africa in order to determine the social realities being constructed via dominant discourses regarding subjectivity, gender and sexuality, to understand the ways in which these discourses might be promoting particular kinds of (potentially risky) sexual practices. These discourses are central in the shaping of young people's behaviour.

2.11 Auntie Stella

The focus of this study will be on the Auntie Stella materials, as they are easily available for download and use. Furthermore, the cards have been widely used across the continent and have been described as relevant to the southern African context, with young people having largely positive responses to them (CWGH & UNICEF, 2006).

2.11.1 The development of the Auntie Stella intervention

In 1997, responsive to public health concerns regarding adolescent SRH, the Training and Resource Support Center (TARSC) in Zimbabwe conducted a study called the Adolescent Reproductive Education Project (ARHEP). This study set out to identify and explore adolescents' "information, perception and concerns" relating to their sexual and reproductive health (Kaim & Ndlovu, 2000, p. 45). Additionally, TARSC sought to understand what sources of support, if any, adolescents drew on with regards to their SRH. In line with literature regarding sexuality education in Zimbabwe and southern Africa, this research demonstrated that while adolescents "are subject to strong social, economic and peer pressure in many areas, they lack sources of open, reliable support and information" (Kaim & Ndlovu, 2000). Young girls identified peers, the media and non-parental family members as their primary sources of information regarding SRH (Kaim & Ndlovu, 2000). Consistent with research that suggests parents find communication about sex with their children to be taboo (Chiweshe & Chiweshe, 2017), parents were conspicuously absent from adolescents' accounts of their sources of information. Significantly, even teachers who were responsible for AIDS education were not identified as useful sources of knowledge regarding adolescent sexual and reproductive health (Kaim & Ndlovu, 2000). Adolescents identified letters written to 'Aunt Rhoda' which were widely published in a Zimbabwean magazine as a useful source of information (Kaim & Ndlovu, 2000). Moreover, they reported that the "question and answer format and style of

writing accessible and informative” (Kaim & Ndlovu, 2000, p. 46). This study and its findings resulted in the development of the Auntie Stella intervention, incorporating forty-two question and answer cards to address adolescent knowledge gaps in a culturally and contextually appropriate way.

2.11.2 Advice columns as ‘safe spaces’ for the negotiation of adolescent sexualities

The materials in the Auntie Stella intervention, as have been previously described, take the form of advice columns and agony aunt letters. Jackson (2005, p. 298) has argued that advice columns have long been seen as providing a “safe space for young women’s concerns to be voiced and to be taken seriously by the agony aunt in societies that by and large pay scant attention to the perspectives of young people”. This view of advice columns as safe spaces for adolescents was echoed by participants during the review of the Auntie Stella pilot study (Kaim & Ndlovu, 2000; Mirsky, 2005). Moreover, as Chiweshe and Chiweshe (2017) suggest, young people in Zimbabwe have a particularly difficult time accessing support and/or addressing their sexual and reproductive health needs due to the sociocultural context which includes a strong moralising perspective and taboos on sex communication. The need for safe and accessible means for learning about adolescent sexuality cannot therefore be overstated, and advice columns have been known to play an important role in this process.

2.11.3 Use of participatory methodology in developing the Auntie Stella intervention

This intervention was developed using participatory methodologies, thereby basing the development of the content on adolescent experiences. This represents a significant intervention, given that the majority of sexuality education interventions are not participatory and do not consider adolescents to be useful sources of information regarding their own sexuality. Kaim and Ndlovu (2000, p. 46) argue that the intervention is “based on the stories, experiences and expressed needs of the adolescents themselves” and uses “the question and answer format of helpline letters” which adolescents identified as being informative and accessible. Loewenson (2000, p. 14) argues that participation of communities is widely understood to be “an important factor in improving health outcomes”. Consequently, the success of interventions is therefore based on community participation and on people’s ability to meaningfully engage with and make use of an intervention (Loewenson, 2000).

2.11.4 Content and aims of the intervention

The Auntie Stella intervention consists of a pack of forty-two interactive cards in an agony aunt format dealing with topics ranging from HIV, sex, relationships, gender-based violence, unwanted pregnancy, physical and emotional changes, transactional sex and sexuality (Auntie Stella, 2012). The pack of cards targets young people between the ages of twelve and nineteen, has been used throughout southern and east Africa and has been translated into six different languages (Auntie Stella, 2016). The question cards include adolescent stories, experiences and concerns which Auntie Stella responds to in her answers. The aims of the intervention are outlined by Kaim and Ndlovu (2000, p. 46) as follows:

- to stimulate discussion among adolescents on key issues related to their reproductive health and to give reliable information about these issues;
- to create an activity and atmosphere where pupils are able to talk to each other freely and without inhibition;
- to fill a proven ‘information gap’ by providing advice in a non-authoritarian framework;
- to encourage pupils to express their own problems and questions, and to steer them towards suitable sources of information and help where relevant; and,
- to provide support and extra resources for already existing schools programmes developed by the Ministry of Education, Sport and Culture.

The intervention therefore seeks to facilitate adolescent engagement and discussion as a primary goal, in contrast with much of the sexuality education interventions existing in Zimbabwe at the time. Creating an environment for engagement exists in contrast to the cultural taboos on adolescent sexual communication. Engagement and discussion is encouraged through the use of Talking Points and Action Points, which form part of the cards. Additionally, the intervention is designed to be both interactive and participatory (Kaim & Ndlovu, 2000). The intervention also claims to create an environment which encourages adolescent engagement and participation, as opposed to authoritarian frameworks in which teachers are positioned as experts and adolescents as inexperienced.

The intervention is set up to be used by adolescents in “small” and “same sex” groups where cards are read aloud and discussed (Kaim & Ndlovu, 2000, p. 46). In the ideal set up, adolescents would “discuss the problem raised on the question cards, guided by the Talking Points which follow each letter” (Kaim & Ndlovu, 2000, p. 46). After this, adolescents “take the matching answer card and read and comment on what it says, using the ‘Action Points’ to focus on future action” (Kaim & Ndlovu, 2000, p. 46).

Kaim and Ndlovu (2000) note, consistent with the sexuality education literature, that adolescents found it difficult to engage in frank and open discussions about sex with learners of the opposite sex, especially in front of a teacher. It is for this reason that adolescents are grouped into small single sex groups. However, Kaim and Ndlovu (2000) note that if comfortable, adolescents can report back to larger mixed sex groups. Some of the cards contain supplementary activities such as song/letter/motto writing, role plays, quizzes and other creative means for drawing in adolescent participation. Teachers are instructed to provide “minimal intervention” and to allow the adolescents to lead the engagement (Kaim & Ndlovu, 2000, p. 46). Kaim and Ndlovu (2000) argue that teachers/facilitators are therefore there to guide the interactions, they are not there to dominate and lead engagement. As was identified in the literature on sexuality education, TARSC identified during their pilot study that the teacher/facilitator played a significant role in the success of the interventions (Kaim & Ndlovu, 2000).

The intervention therefore represents a significant departure from current sexuality education interventions in Zimbabwe which are often predicated on a culture of silence, in which adolescents are not viewed as reliable sources of knowledge and in which the facilitation of sexuality education content occurs in an authoritarian manner.

2.11.5 Reception and impact of the Auntie Stella intervention

Overall, adolescents in Zimbabwe have experienced these materials as helpful, viewing them as socially relevant and successful in debunking myths around sexual practices (CWGH & UNICEF, 2006). A study commissioned by the Community Working Group on Health (CWGH) and UNICEF (2006, p.15) notes that “the overall reaction to AS is one of great enthusiasm; indeed, many describe the fictional ‘Auntie Stella’ as a ‘great friend’”. Follow-up after implementation of the programme demonstrated that the intervention had led to a development of more precise and specific knowledge of SRH, as opposed to a focus on broad claims about needing to avoid certain circumstances (Kaim & Ndlovu, 2000). Kaim and Ndlovu (2000, p. 48) argue that after exposure to the Auntie Stella intervention, adolescents were “very precise on the outcomes of their increased knowledge”.

Additionally, adolescents reported greater communication with peers, community members and family members (including parents) regarding adolescent SRH (Kaim & Ndlovu, 2000). They also reported “greater confidence and ability to make informed decisions and take

initiative” (Kaim & Ndlovu, 2000, p. 48). This represents the facilitation of adolescent agency in their ability to enact relationship and sexual decision-making. Moreover, adolescents also reported feeling more confident in advising and guiding their peers in matters relating to SRH. Adolescents reported that the letters to and from Auntie Stella were able to accurately reflect their lived realities. CWGH and UNICEF (2006) also noted that positive outcomes were observed after the intervention. The CWGH and UNICEF (2006, pp. 4-5) argue that there was

a notable increase in knowledge of RH issues, in confidence and self-esteem, and the ability to communicate better, resist peer pressure, make wise decisions, change unhealthy and unsafe behaviour, and make use of health services without fear. They also stress that the increase of information on HIV and AIDS has eroded their earlier stigmatization of individuals, families and communities affected by HIV, created a far more supportive attitude and increased their willingness to help those infected and affected by HIV.

Positive changes were identified both at the individual and, to a lesser extent community level. Additionally, it was argued that Auntie Stella had an impact on a wide variety of adolescents, suggesting that it was able to adequately incorporate and engage with diverse sexualities (CWGH & UNICEF, 2006).

Challenges, such as boys framing girls’ saying ‘no’ to actually mean ‘yes’ were identified with “a range of other negative attitudes” (Kaim & Ndlovu, 2000, p. 48). These other negative attitudes are unfortunately not documented in the account of the development and implementation of the Auntie Stella materials. It is also necessary to note that the impact and successes of the intervention have been largely identified by the organisation which developed them, suggesting the possibility that there may be bias in the reporting of the outcomes. However, on the whole, boys, girls and teachers reported a positive experience of the intervention and that the intervention led to a positive impact on adolescent sexual and reproductive behaviour. Kaim and Ndlovu (2000, p. 49) note that

There is evidence that adolescents are sexually active and they need appropriate educational materials which meet their specific needs. The ‘Auntie Stella’ education pack has gone a long way in exploring strategies on how to meet some of these needs.

The cards are continuously being translated and reformed for use in new contexts which offers the opportunity to address potential problem areas.

2.12 Summary

This chapter has situated the current study within the southern African context through an engagement of the realities of adolescent sexual and reproductive health in the region, as well as the ways in which these are mediated through powerful gender hierarchies. The consequences of these gender hierarchies are identified through an understanding of the ways in which normative gender roles create enabling conditions for gender-based violence which pose a threat to adolescent sexual and reproductive health. The chapter also considered particular challenges associated with the implementation of comprehensive sexuality education in the region. Taken as a whole, I argued that these challenges make it more, rather than less likely, that adolescents will engage in risky sexual behaviour. I then explored the specifics of the Auntie Stella intervention, as well as its aims and successes as a way of signposting the significance of the research. In the next chapter I outline the discursive theoretical framework which will highlight the ontological and epistemological assumptions that have guided this study.

3.1 Introduction

This study will use a social constructionist approach to research. Burr (2001, p. 5) notes some key aspects of the social constructionist approach, namely that it seeks to unsettle taken-for-granted assumptions about the world, it highlights the importance of context, it argues that knowledge is both created and “sustained by social processes” and that this knowledge is in turn responsible for social practices. In sexuality education for instance, it is argued that ‘knowledge’ creates particular kinds of feminine, masculine and heterosexual subjects. This research is therefore informed by the idea that the world in which we live is socially constructed which will serve as a guiding framework for the study (Hacking, 2000). This chapter will outline the discursive theoretical framework used in the study through an examination of the ways in which discourse both reveals and produces power relations. The chapter will then outline the relationship between discourse, gender, sexuality and sexuality education as it pertains to the current study.

3.2 Discursive theoretical framework

3.2.1 Language constructs meaning and reality

Burr (2001, p. 23) argues that “the person is constructed through language”. Rather than assuming an objective reality constructionist approaches assume that “language itself provides us with a way of structuring our experience of ourselves and the world, and that the concepts we use do not pre-date language but are made possible by it” (Burr, 2001, p. 23). Willig (2001) has for instance argued that from the 1950s onwards, researchers began to pay attention to the productive power of language in both creating and maintaining particular social realities. Burr (2001, p. 31) has argued that language is the “basis of thought and selfhood” and that personal identity is “temporary, fragmented and open to question”. This is because identity is constructed through language over time, and is therefore subject to change from one context to another. The power of language to produce identities and social realities has resulted in a proliferation of studies on discourse.

3.2.2 Discourses produce knowledge through language

Hall (2005, p. 72) identifies discourse as a “system of representation” and Burr (2001, p. 32) argues that “a discourse refers to a set of meanings, metaphors, representations, images, stories,

statements and so on that in some way together produce a particular version of events”. Moreover, she argues that understanding language, and discourses in this way suggests that “a multitude of alternative version of events is potentially available through language” (Burr, 2001, p. 32). This implies that “surrounding any one object, event, person, etc. there may be a variety of different discourses” (Burr, 2001, p. 31). According the Bryman (2012), discursive approaches treat language as more than merely a communication medium. Discursive approaches thus assume that language is constitutive of meaning (Bryman, 2012; Burr, 2001; Potter & Wetherell, 1987; Wodak & Meyer, 2009). Burr (2001, p. 33) argues that “different discourses bring different aspects into focus, raise different issues for consideration and have different implications for what we should do”. Discourses therefore produce knowledge about reality through language (Hall, 2005). Burr (2001) for instance argues that all discourses have claims to truth and knowledge in that they present a particular version of reality.

Discourse is seen as action because it produces particular realities (Bryman, 2012; Burr, 2001). Parker (1992, p. 5 cited in Burr, 2001) defines discourse as “a system of statements which constructs an object”. Discourse therefore refers to the sets of meanings which come together to “produce a particular version of events” (Burr, 2001, p. 48). Willig (1998) notes that it is appropriate and necessary to use discursive approaches to conduct research on sexuality education, given that most of the interventions are language based.

3.3 Foucault, discourse and power

3.3.1 Discourses construct social realities and identities

Discursive approaches fit appropriately within constructionist frameworks as “the emphasis is placed on the versions of reality propounded by members of the social setting being investigated and on the fashioning of reality through their renditions of it” (Bryman, 2012, p. 529). In the current study, the research is undertaken to understand and deconstruct the social realities produced by the Auntie Stella cards. Burr (2001, p. 34) argues that discourses are intimately connected with identity in that our “identity is constructed out of the discourses culturally available to us”. Our subjectivities are therefore considered to be the “end-product, the combination of the particular versions” of gender and sexuality for instance which are available to us (Burr, 2001, p. 34). Burr (2001, p. 35) argues for instance that “discourses of sexuality on offer in our present society offer a restricted menu for the manufacture of sexual identity”.

Foucauldian discursive approaches focus on “what kinds of objects and subjects are constructed through discourses and what kinds of ways-of-being these objects and subjects make available to people” (Willig, 2001, p. 96). Moreover, Willig (2001, p. 96) argues that Foucauldian approaches to discourse seek to “describe and critique the discursive worlds people inhabit and to explore their implications for subjectivity and experience”. For example, Foucauldian approaches to discourse are concerned with how the use of particular discourses constrains and/or enables identity and choice. Burr (2001) argues that the discourses we use to make sense of our identity have implications for what we can say and do in the world. It is this aspect of discourse that is so essential to Foucault’s conception of subjectivities, and which is so essential to the current research.

3.4 The social construction of gender and sexuality

Given the theoretical framework for this study, it is important to note that I take as a starting point an anti-essentialist view. This means that concepts like gender, sex and sexuality have no natural or biological basis but are rather constructions of particular time, place and power hierarchies. Moreover, the particular focus of this study is on the ways in which gender, sex and sexuality are constructed within the materials of the Auntie Stella intervention, and for what purpose.

3.4.1 Social construction of gender

Pattman (2005, p. 498) argues that his research on adolescent sexual identities found that “young people are active, gendered beings” and that “gendered identities are not fixed but constructed from the cultural resources available to people”. Young people are therefore always actively constructing and reconstructing their gender identities in order to position themselves within discourses of masculinity and femininity in particular ways (Pattman, 2005). Gender identities are therefore not fixed objective truths, but rather are the accomplishment of particular gendered performativities (Alsop et al., 2001). Constructions of gender are informed by and inform existing power relations in society (Burr, 2001). The action potential of discourse is therefore put to work in particular contexts to ensure that discourses never simply describe realities or subjectivities, more importantly, they create them (Willig, 2001). The fact that young people actively create and perform their gender identities is particularly significant for the current study. It allows us to ask for instance, how young people are able to create and

perform their gender identities within the normative scripts provided to them by the Auntie Stella materials. Additionally, it allows us to explore the consequences of particular gender scripts and performances, both on adolescent identity and their sexual and reproductive health. While adolescents have agency in how they construct their gender identities, social constructionism demonstrates the ways in which dominant discourses limits their agency.

Dominant constructions of gender are typically based on biological essentialism, that is, the belief that male and female are distinct categories (Alsop et al., 2001). In essential biological constructions of gender and sex, male and female emerge as distinct but natural categories for ordering and understanding subjectivities. Alsop et al. (2001, pp. 13-14) argue that constructionist approaches to gender are primarily concerned with

the binary division of people into male and female, a categorization which becomes fundamental to people's sense of their identity and carries with it associated expectations of patterns of behaviour.

This categorisation therefore further constructs masculine and feminine identities which are each laden with meanings and assumptions that inform behaviour, thought and action. The performative nature of gender allows us to understand for instance that “one is not born a woman, but rather, becomes one” (Alsop et al., 2001, p. 96). Becoming in this example is part of a complex process of socialisation in which we use discursive resources to pull off particular gender performances. These performances have significant consequences for ways of being, thinking and doing in the world.

Burr (2001, p. 36) uses the example of femininity to describe the consequences of these kinds of discursive constructions. She argues that “prevailing discourses of femininity often construct women, as, say, nurturant...empathic and vulnerable” (Burr, 2001, p. 36). As a consequence, it is possible to suggest that “women are not suited to careers in top management” (Burr, 2001, p. 36), whereas constructing men as rational, powerful and strong does lend itself to the belief that men are suited for careers in top management.

3.4.2 Social construction of sexuality

Bhatasara et al. (2013, p. 3) define sexuality broadly as “the range of behaviour associated with the ideals, desires, practices and identities linked to sex”. Alldred and David (2007, p. 4) note that the term sexuality “is used variously to mean desires, identities, psychic and physical activities, or...sexual orientation”. As with gender, sexuality is considered to be a discursive

construction of particular contexts for particular purposes. Literature suggests that the “dominant and often recognized form of sexuality is heterosexuality” (Bhatasara et al., 2013, p. 3). This results in development of heteronormativity where “heterosexuality is sanctioned, sanctified, normalised and naturalised – meaning that any alternative is obscured by its presentation as if it is the only and ‘natural’ form of sexuality” (Alldred & David, 2007, p. 4).

While social constructionist positions on sexuality take as a starting point the view that young people are active subjects who construct their sexualities and “[produce] their own identities” in complex ways, they have to accomplish this “against the force of” dominant discourses which place constraints on their creativity in constructing their sexual selves (Alldred & David, 2007, p. 5).

3.4.3 The intersection of gender and sexuality

Alsop et al. (2001, p. 96) argue that just as biological essentialism acts as a “naturalizing trick”, so too is heterosexuality “conceived as a ‘natural’, given, drive or instinct”. While gender and sexuality are understood as distinct and complex, but interrelated concepts, biological essentialism seeks to flatten this complexity by reducing gender and sexuality to biological drives (Burr, 2001). For instance, Alsop et al. (2001, p. 114) note that dominant discourses produce gender and sexuality as “given by nature and biology” and construct the relationships between the two concepts as “one of symmetry” (Alsop et al., 2001, p. 114). Social constructionism therefore reveals as “illusory the apparent essential unity of biological sex, gender identification and heterosexuality” (Alsop et al., 2001, p. 97). Additionally, McDermott and Hatemi (2011) argue that in dominant discourse, ‘gender’ typically reflects and constructs three different categories, namely, biological sex, gender and sexual orientation. Biological essentialism therefore provides a rigid conceptual framework within which it becomes possible and sensible to know and discuss gender identity and sexual orientation.

3.5 Dominant discourses, normalisation and truth

With the invention of sexuality in the nineteenth century, Foucault’s work demonstrated not only “which practices were permissible” in society but also those which were not (Burr, 2001, p. 45). Consequently, the idea of normality was established (Burr, 2001). For instance, Burr (2001, p. 42) argues that “representations of people can serve to support power inequalities between them, while passing off such inequalities as fair or somehow natural”. Discourses

therefore legitimate some systems of knowledge and power, and correspondingly serve to marginalise others.

For example, biological essentialism is premised upon a rigid construction of the gender binary, male and female. Males and females only make sense within this discourse, and, given the biological approach's tendency to conflate biological sex and gender, to a certain extent, men and women also only exist within this discourse, in particular ways. This discourse therefore legitimates those who conform to these gender categories while at the same time reproducing them as normal and natural. Spilka (2018, p. 15) has argued similarly that

Normative attributes are generally created and justified as desirable within discourses of morality and/or health. Favourable characteristics enjoy the halo effect. Those who possess favourable attributes are seen as superior, dominant, exceptional, and the standard to which other people should be compared.

The normalising function of power was therefore established as a means to regulate people's behaviour by producing desirable sexual subjects. For instance, Alsop et al. (2001) refer to the naturalness that often accompanies constructions of gender. They argue that to create natural categories such as man and woman sets up a framework for the regulation of masculinity and femininity (Alsop et al., 2001). Within this system of categorisation and ordering

there will be sets of characteristics which are essential to men and which will explain their ways on interacting in the world, and characteristics of women which explain their way of interacting in the world.

Dominant and pervasive discourses of femininity and masculinity therefore both create and regulate the feminine and masculine subject. Dominant discourses consequently "derive considerable power from their entrenchment within...the legal system, religion and the family" (Allen, 2003, p. 216). Such discourses "legitimate existing power relations and structures by defining what is 'normal'" (Allen, 2003, p. 216). Additionally, gender identities which do not fit within biological approaches are simultaneously rendered invisible and perverse. Judith Butler (1993, p. 17) has demonstrated that gender performances were "implicated in a network of authorization and punishment". Further, they have the consequence of silencing oppositional discourses, thereby constraining the subject positions available to young people today (Allen, 2003; Willig, 2001).

3.5.1 Discourses (re)produce power relations

Hall (2005, p. 72) argues that discourse

constructs the topic. It also influences how ideas are meaningfully talked about and reasoned about. It also influences how ideas are out into practice and used to regulate the conduct of others.

Discourse is therefore intimately linked to power (Allen, 2003; Willig, 2001). Burr (2001, p. 37) argues that the discourses that make up our identities are

intimately tied to the structures and practices that are lived out in society from day to day, and it is in the interest of relatively powerful groups that some discourses and not others receive the stamp of 'truth'.

The dominance of a particular discourse is therefore related to prevailing power structures in society, such as constructions of masculinity and femininity. However, discursive approaches to gender and sexuality understand rather that "gender was distinct from sex, that gender referred to the social characteristics, masculinity and femininity, and were variable, whereas sex related to biological sex and was more fixed" (Alsop et al., 2001, p. 66). Moreover, the pervasive nature of biological essentialism, and the fact that it is considered natural and normal, speak to the ways in which dominant discourses are mediated through existing power relations and hierarchies. Critical approaches to discourse are therefore particularly interested in the complex ways in which power functions throughout societies (Wodak & Meyer, 2009). Principally, these approaches "are interested in the way discourse (re)produces social domination...and how dominated groups may discursively resist such abuse" (Wodak & Meyer, 2009, p. 9). For instance, Hall (2005, p. 72) argues that just as discourse

'rules in' certain ways of talking about a topic, defining an acceptable and intelligible way to talk, write, or conduct oneself, so also, by definition, it 'rules out', limits and restricts other ways of talking, of conducting ourselves in relation to the topic or constructing knowledge about it.

Dominant discourses of femininity for instance make it difficult for women to empower themselves in society because these discourses constrain their agency. Hall (2005, p. 73) argues for instance that subjects like sexuality "only exist meaningfully within the discourses about them".

3.5.2 Hegemonic masculinity and violence

Connell and Messerschmidt (2005) argue that a primary function of hegemonic masculinity is its normativity. As a result, regardless of whether it could be considered normal in a statistical sense, for example that the majority of men in the world embody its traits, Connell and Messerschmidt (2005) argue that its hegemony made it aspirational. Moreover, they demonstrated that “the pursuit of hegemony” linked practices of violence and aggression with hegemonic masculinity (Connell & Messerschmidt, 2005, p. 834). Hegemonic masculinity, therefore did not cause violence, but it encourages a version of masculinity in which violence may be a normative way of establishing and maintaining dominance over feminine others.

For example, Sathiparsad (2005, p. 81) demonstrates that young men in South Africa responded to perceived threats to their masculinity with violence. For instance, if a woman attempted to initiate sex, one participant noted that “you hit her for that” because “I am the one that should be asking sex from her”. Additionally, Strebel et al. (2006, p. 519) argued that young men experienced women’s

empowerment and the overturning of women’s gender roles, together with high rates of unemployment among men, as leading to a loss of esteem for men, and subsequently male violence towards women and children.

Dominant discourses therefore make it difficult for adolescents to construct their gendered and sexual selves in ways which resist them.

3.5.3 Dominant discourses encourage adolescents to take up particular gender and sex roles

Alsop et al. (2001, p.97) argue that “a binary restriction on sex serves the reproductive aims of a system of compulsory sexuality”. This will be explored in more depth later on in the chapter. Dominant discourses set themselves up as the “truth of knowledge in the absolute sense” (Hall, 2005, p. 76). Within these regimes of truth knowledge appears as natural and absolute (Hall, 2005). For instance, it may or may not be true that men have more power than women in heterosexual relationships, but to talk about it as though it is true has real consequences to such an extent that it can make it true “in terms of its real effects, even if...it has never been conclusively proven” (Hall, 2005, p. 76). Through normalisation, legitimisation and marginalisation, dominant discourses encourage us to take up preferred, or dominant, positions and subjectivities in relation to our identities.

3.6 Discourse and power in sexuality education

3.6.1 Creating contexts of risk

As was identified in the previous chapter, throughout the literature there is an emphasis on the negative consequences of sexual activity through a focus on the risks associated with sexual activity (Aggleton & Campbell, 2000; Carr & Bednarek, 2019; Esere, 2008; Glover & Macloed, 2016). Aggleton and Campbell (2000) point out that now, more than ever, sexual health is primarily understood through disease metaphors. They argue that

sex has become linked (in the public health imagination at least) to infection and disease and, in the case of young people, to unintended pregnancy. We are encouraged, therefore, to view sexual health in largely negative terms—as the absence of infections such as chlamydia, gonorrhoea and HIV, as the avoidance of pregnancy among teenagers, and as the avoidance of sexual violence and abuse. (2000, p. 284)

This focus on danger and disease is a global trend in sexuality education. With the exception of places like the Netherlands and Sweden, sexuality education is, on the whole defined by a focus on the negative outcomes (Jackson & Weatherall, 2010). Discursive approaches to sexuality education understand that constructing sexuality within a context of risk serves a particular purpose. The proliferation of negative messaging in sexuality education all serve to frame sexuality education within a context of risk. Macleod (2009) notes that we can interpret the focus on risk in sexuality education in two main ways. Firstly, it could be argued that this focus is simply providing adolescents with the necessary public health information they need to keep themselves safe . However, a more complex interpretation is that to present sex within the context of risk “acts as a mechanism for the regulation of young people” (Macleod, 2009, p. 379).

3.6.2 Adolescent sexuality is constructed as a threat which needs to be neutralised

While all sexual activity arguably involves some sexual and reproductive health risks, this risk is amplified in relation to adolescent sexuality in particular. Crockett et al. (2006, p. 371) note that “the emerging sexuality that accompanies adolescence poses fundamental challenges”. Crockett et al. (2006, p. 371) for instance argue that in America adolescent sexuality has been “viewed as inappropriate and troublesome rather than as normal and healthy”. Elliott (2010, p. 192) notes that adolescent sexuality “is routinely depicted as a dangerous enterprise, full of perils and pitfalls”. Additionally, research typically depicts children as being too young to know about sex “and too sexually driven to be trusted with sexual information” (Elliott, 2010,

p. 192). Bay-Cheng (2003, p. 62) argues that this characterisation of adolescents “presents sexuality as an intense instinctual drive that is overpowering if left unchecked by civilising social mediators such as laws and morality”.

3.6.3 Sexuality education emerges as a means of regulating adolescent sexuality

Additionally, Bhatasara et al. (2013, p. 3) point to the concept “of governmentality of sexuality in which conduct of sexuality is guided by social control”. Sexuality communication forms part of a broader process of socialisation in which information is imparted and certain behaviours are encouraged and normalised (Bhatasara et al., 2013). Sexuality education thus “[points] to, the emergence of the detailed, disciplined control of the body in a matrix of social settings” (Turner, 1992, p. 180). According to Wilbraham (2008) sexuality education produces the desiring body which must then be regulated. Sexuality education therefore creates the conditions under which adolescents are made into desiring subjects, whose desires must be regulated. Contrary to Turner’s (1992) argument, Wilbraham (2008, 2009) notes that power therefore produces desiring bodies, rather than suppressing them. Wilbraham (2008, p. 97) argues that Foucault’s concept of governmentality “refers to the regulatory practices of subjectification, or how we become subjects/selves, related to the routine management of the minutiae of our lives”. For Foucault, the power of discourse was observed within the mundane everyday relations and interactions between people (Alsop et al., 2001; Fraser, 1989) such as sex communication.

Governmentality, understood this way, is about the practices of subjection which infuse everyday activities in order to produce particular subjects. However, the subjects brought to life become constrained by the normative scripts surrounding discourse (Alsop et al., 2001; Moreley & Chen, 1996). Discourses therefore both enable and constrain particular ways of being in the world. It is this regulatory function of power which becomes central to the current research. Given that adolescent sexual regulation serves a purpose in the creation of subjects who take up sex and gender roles in particular ways (Rose, 1990), sex communication becomes a central part of these technologies of power.

3.6.4 Adolescents are encouraged to take up disciplinary practices of the self

These practices of “micro-power”, Foucault believed were “pervasive and operated through all relations in society” (Alsop et al., 2001, p. 83). However, they were most easily observed at “the lowest extremities of the social body in everyday social practices” (Fraser, 1989, p. 18).

Discourses thus inform the hierarchical ordering of power relations which create and limit the subject in various ways. The power of these discourses ensures that people take up disciplinary practices of the body in their own ways (Foucault, 1980). In relation to the focus of this thesis, for example, rather than forcing adolescents to control their bodies and sexuality through external forces, these disciplinary practices ensure young people (women in particular) police their bodies as a matter of principle. Wilbraham (2008) argues that sex communication creates the docile sexual subject, and the conditions for its regulation.

In sexuality education, therefore, young people are seen to be in need of risk-proofing through particular kinds of sex communication (Lesch & Kruger, 2004, 2005). Risk-proofing is understood as the collection of techniques and practices that are enacted to reduce the risks associated with sexual activity in sexuality education. For example, risk-proofing includes the content, format, nature and facilitation of sexuality education interventions. Wilbraham (2009, p. 59) argues that sex communication is constructed as an essential tool in South Africa primarily because it “[neutralises]” the risky adolescent body. This is a crucial aspect of sexuality education interventions today. It is this function of risk-proofing which can be unsettled through discursive approaches. The focus of the current research therefore is on decoding the risk-proofing technologies in the Auntie Stella materials, in order to demonstrate the ways in which they produce certain subjects and subjectivities, and constrain possibilities for action. An over-reliance on dominant discourses of gender, for instance, may in fact be directly contributing to risky sexual practices by perpetuating gender inequalities, rather than undermining them. I argue in this thesis that sexuality education materials, and the messaging within them are thus inherently involved in a broader process of power which contribute to the potential for adolescents to effectively enact (or not enact) their sexual agency to promote sexual and reproductive health.

3.6.5 Constructions of risk and responsibility – creating the responsible adolescent subject

In order to demonstrate the way that sexuality education creates the adolescent sexual subject for the purposes of regulation, Jearey-Graham and Macleod (2015) have identified a framework of risk and responsabilisation. In this framework, adolescent sexuality is saturated with discourses of risk which warrants urgent attention and public health interventions. This exemplifies the action orientation of discourses. In this particular example, a framework of risk creates an urgent need to respond and to intervene. Sexuality education therefore emerges as a

strategy of controlling adolescent sexuality to neutralise the risks posed by sex. The adolescent sexual subject is therefore created by sexuality education, in a particular way, for particular purposes, with particular consequences.

Processes of responsabilisation rely on the proliferation of risk metaphors in sexuality education to produce the responsible adolescent who makes good (e.g. safe) choices in the service of their protection (Jearey-Graham & Macleod, 2015). Adolescent sexuality is constructed as something which “needs to be disciplined, with the individual adolescent being taught how to exercise ‘responsible’ choices” (Jearey-Graham & Macleod, 2015, p. 13). Responsible choices are understood within the ABCD (abstinence, be faithful, condomise and delay sexual debut) framework of sexuality education in which abstinence is prioritised as the best and most responsible choice (Jearey-Graham & Macleod, 2015). Where adolescents cannot abstain, they are encouraged to delay their sexual debut, be faithful to their partner and ensure that they use a condom (Jearey-Graham & Macleod, 2015).

However, this framework of risk does not accurately capture the complexities of adolescent sexuality, nor does it provide competing positive messaging that may incorporate pleasure, desire or masturbation, for example. Moreover, an emphasis on responsibility places a significant burden on adolescents for enacting sexual agency in particular safe ways, without an examination of whether their lived realities make this possible, or even likely. Within this framework of responsabilisation, and in response to this framework of responsabilisation, exist discursive constructions of gender and sexuality which will be explored below. For this study I will therefore argue that sex is constructed as something that is risky; this risk warrants the responsabilisation of adolescents through sexuality education, however, the particular constructions of gender and sexuality within an agony aunt framework across the literature pose challenges for responsabilisation. An over-reliance on dominant constructions of gender and sexuality, therefore facilitate gender inequalities which make it particularly difficult for young women to exert agency in their sexual relationships.

3.7 The role of advice columns and the agony aunt format for regulating adolescent sexuality

Muise (2011, p. 412) argues that advice columns have also been described as spaces for “women to articulate missing discourses, and a place where women can engage in a process of regaining control over information about sexuality”. Advice columns therefore have potential

to disrupt dominant constructions of gender and sexuality. However, critical feminist research demonstrates that sex advice columns, self-help literature and agony aunt letters are largely sites for the regulation of female sexuality (Farvid & Braun, 2014; Jackson, 2003; Wilbraham 1996). Foucault's (1978) work on confession suggests that people have been encouraged to take up practices of self-surveillance and confession in their sexual behaviours. Burr (2001, p. 45) argued that this "developed into a powerful form of social control as people began to internalise this process". Moreover, Wilbraham (1996, p. 55) argues that rather than being liberatory, what advice column letters do is bring into the public sexual behaviours, thoughts and ideas "where they are more easily examined and controlled".

3.8 Compulsory heterosexuality in sexuality education

3.8.1 Heteronormativity functions as part of a process of responsabilisation

Throughout the literature, discourses of heteronormativity dominate the field of sexuality education (DePalma & Francis, 2014a; DePalma & Francis, 2014b; Glover & Macleod, 2016; Macleod, 2016; Shefer & Foster, 2001). So normative and dominant are assumptions of heterosexuality that researchers have identified this as "compulsory heterosexuality" (Jackson, 2005, p. 297). Epstein, O'Flynn and Telford (2000) for instance argue that discursive constructions of heterosexuality as normal and natural is pervasive in sexuality education. I argue that the invention of heterosexuality, as identified by Foucault, therefore brought heterosexual and homosexual subjects into existence for their ongoing regulation.

Concerns about adolescent risk for HIV, GBV and unplanned pregnancies are widespread in sexuality education. Moreover, premarital sex prompts a societal panic because it undermines the institution of marriage and procreation (Elia & Eliason, 2010). In addition to regulating "a heterosexual family norm", heteronormativity as a regulatory strategy works to ensure that should adolescents have sex, they can be encouraged to have sex only within the confines of heterosexual monogamous committed (preferably married) relationships.

3.8.2 Compulsory heterosexuality marginalises queer identities

Additionally, Epstein et al. (2000) have argued that heteronormativity has served an othering function for sexual subjectivities which exist on the margins. Francis and Msibi (2011, p. 159) suggest that heteronormativity is so central to the widespread discrimination and stigma of LGBTQIA+ persons that it ought to be better reconceptualised as "heterosexism".

Heterosexism, they argue “captures the role of heterosexual privilege in acts of prejudice and discrimination” (Francis & Msibi, 2011, p. 159). Moreover, this term speaks to the processes of internalisation where queer persons learn that heterosexuality is natural and normal and that sexual subjectivities that exist outside this framework as constructed as a perversion of the norm (Francis & Msibi, 2011). In the same way that heterosexuality teaches women to internalise their position in society as being subordinate to men, heterosexuality also teaches queer persons that their position in society is subordinate to the heterosexual norm. These processes of internalisation demonstrate disciplinary power at work and contribute to a limited sexual agency for queer youth, who have to navigate concerns around safety, and discrimination in their daily lives, quite apart from sexual relationships.

3.8.3 Compulsory heterosexuality is gendered, raced and classed

The colonial project in Africa has been widely successful in creating African sexuality as “in need of policing” (Phillips, 2003, p.164). Glover and Macleod (2016, p. 4) for instance argue that “homosexuality is considered unnatural, immoral, ungodly and un-African. For these reasons, the topic of homosexuality is hardly ever discussed in the schooling system”. Part of the colonial project involved a “civilising mission” in which new concepts of sex, sexuality and morality emerged (Phillips, 2003, p.164). Researchers argue that colonialism brought with it conceptions of repression and discipline which continue to dominate the landscape of sexuality in African sexuality education (Bhana et al., 2019; Phillips, 2003). Additionally, Delius and Glaser (2002) demonstrate that pre-colonial sex communication was far more comprehensive and commonplace. Bhana et al. (2019, p. 363) argue that during and after colonisation, “Christianity also worked strategically with customary practices to reinforce the claims to an exclusively heterosexual Africa formed in the colonists’ image”. Consequently, there is a paucity of engagement with diverse sexualities in southern Africa. Moreover, McNeill (2013, p. 827) argues that heteronormativity “promotes the norm of social life as not only heterosexual but also married, monogamous, white and upper class”. Discourses of heteronormativity are therefore bound up with ideas about race and class and speak to the civilising imperative of colonialism (Bhana et al, 2019).

3.9 Constructions of gender in sexuality education

3.9.1 Constructions of gender reproduce patriarchal gender relations

Chiweshe and Chiweshe (2017, p. 120) argue that in sexuality education “the dominant discourses on sex are dominated by patriarchal ideologies”. Morrell et al. (2002, p. 11) argue that “the different ways men and women construct, understand and perform their gender identities influence how they engage in sex”. Consequently, dominant discourses in which women are constructed as passive objects of the male sexual gaze reproduce patriarchal assumptions and undermine women’s agency (Allen, 2003). For instance, Macleod (2016) notes that in South African sexuality education “men are predators” and “women are victims”.

3.9.2 Constructions of gender rely on a gender binary

Constructions of gender in sexuality education, as with conceptions of sexuality education itself, have changed over time. However, the literature continues to be dominated by fairly rigid gender categories (Farvid & Braun, 2006; Farvid & Braun, 2014; Glover and Macleod, 2006; Hillier, Harrison & Warr, 1998; Macleod, 2019; Reddy & Dunne, 2007). Additionally, women and men are overwhelmingly constructed as being essentially different (Alsop et al., 2001; Sunderland, 2004). Moreover, De Cecco and Elia (1993, pp. 133-134) show that in sexuality education “conventional [views reduce] sexuality to sex”.

3.9.3 Constructions of gender position women as victims and men as aggressors

Men are typically constructed as being naturally hypersexual and women are constructed as the victims of male sexual desire (Allen, 2003). Hollway identified this as the male sexual drive discourse (Sunderland, 2004). Farvid and Braun (2006, p. 297) identify this as the “masculine model of sexuality” and argue that it the most widespread construction of sexuality globally. In it, male sexuality is constructed in opposition to female sexuality, “with a strong emphasis on the man’s sexual ability, performance and competence” (Farvid & Braun, 2006, p. 297). Speaking about sex, Hollway (1984, p. 63) adds “men are supposed never to be able to get enough of it”.

Glover and Macleod (2016, p. 3) note that

men are assumed to take the lead in sexual matters, while young women are encouraged to take responsibility for their own sexuality, while at the same time identifying themselves as 'vulnerable' and 'passive'.

Holland et al. (2003, p. 85) describe female sexuality as a "disembodied sexuality that produces her as a passive body, rather than actively embodying feminine sexuality". This is evident in South Africa where women themselves have said that they "regard the sexual activities of young women as inevitabilities and not as something they necessarily seek, desire or feel" (Kruger, Shefer & Oakes, 2015, p. 31). Dominant constructions of gender therefore portray women as victims of the male sexual gaze (Morrell et al., 2002). This plays a role in undermining women's agency.

3.9.4 Dominant gender discourses have consequences for adolescent agency in their sexual relationships

Pattman (2005, p. 498) has argued that "young people do not possess an inborn essence of masculinity or femininity which determines how they feel and behave". Discursive theories of gender therefore focus on "the meanings which are attached to being male or female within society, emphasising the role of language and culture" (Alsop et al., 2001, p. 65). Strebel et al. (2006, p. 517) argue that social constructionist approaches to gender understand it "as a system of social classification that influences access to power, status and material resources". In South Africa, they argue, "the gender system fosters power imbalances that facilitate women's risk of sexual assault and sexually transmitted infections" (Strebel et al., 2006, p. 517).

It is also necessary to note that disciplinary power works to ensure that all subjects are created and then regulated. It is by no means the case, therefore that women's identities and behaviours are regulated but that men and masculinity are not. Holland et al. (2003, p. 87) argue that men are subject to "the demands of hegemonic masculinity". While men are nevertheless regulated in their gendered and sexual identities (as are women), Holland et al. (2003) argue that this regulation is different. For instance, Holland et al. (2003) argue that hegemonic masculinity constructs men as always wanting sex, as being agents in their sexual relationships and as consequently knowing what to do in sexual encounters, even if it is their first time having sex. However, even where young men describe fears about failure or concerns about what to do when they have sex for the first time, Holland et al. (2003, p. 87) demonstrate that "these are accounts of their agency and embodiment". Chiweshe and Chiweshe (2017, p. 121) argue that

patriarchal power relations sustain gender inequalities “by controlling sexuality and reproductive decision-making”. Constructions of gender in sexuality education therefore rely on binaried gender categories which serve to reproduce existing gender inequalities in society, which encourages sexual violence and undermines women’s agency as well as the agency of those considered to be sexual minorities.

3.10 Challenging dominant discourses

While dominant discourses enjoy widespread normalisation, it is by no means true (although dominant discourses do set themselves up to appear as ‘truth’), that competing or alternative discourses do not exist. Overall, dominant discourses of men and women’s agency in the literature tends to be one dimensional in their portrayal of women as victims (Sunderland, 2004). In attending to the realities of women in sub-Saharan Africa, it is necessary to be sensitive to the ways in which gender often plays itself out in these hegemonic ways. This is clearly evident in the prevalence of GBV. However, women’s agency in their sexual relationships tends to be more complex. For instance, Morrell et al. (2002, p. 11) argue that “it is seldom an equal say, but it is important to acknowledge women’s agency while at the same time taking account of men’s gender power”. In an effort to demonstrate the complexity of women’s agency in their sexual relationships Hollway (1984, p. 63) identified have/hold discourses as one of the primary sources of “women’s power in heterosexual relationships”.

Hollway (1984) argued that women in heterosexual relationships were able to use men’s need for sex against them by making themselves attractive objects, who could then regulate the conditions under which they might be willing to have sex with a man. For instance, Hollway (1984) argued that women could use men’s want for sex as a means for luring them into a relationship or into marriage. Women could therefore exert agency in their relationships through functioning as the gatekeepers of sex.

Dominant discourses of women’s (a)sexuality tend to be fairly consistent across the literature, but there is growing research on the ways in which women construct their sexuality in ways that both conform to and resist dominant discourses (Allen, 2003; Kruger et al., 2015; Muise, 2011). Kruger et al. (2015, p. 38) for instance argued that adolescent women in South Africa “constructed themselves as active subjects, demanding to know and demanding to speak”.

Moreover, Allen (2003) describes a participant, Anna, who drew on a discourse of female sexuality in constructing her identity. Allen (2003, p. 222) argues that

By constituting her sexual self through discursive resources that recognize and legitimate women's sexual desire as normal, Anna's behaviour is not defined as that of a 'slut'. Instead her desire for one other person outside of her relationship is constructed as ordinary and acceptable. She resists the positioning of 'slut' by constituting herself through this talk as a woman who has a right to possess and act on her sexual desires.

Overall, there is now emerging research which engages meaningfully with "women's accounts of sexual desire that challenge dominant discourses of women's sexuality" (Muise, 2011, p. 413).

3.10.1 Conflicting constructions of women's sexual agency

Women are typically the objects of the negative messaging on sex. The dangers of adolescent sexuality are amplified for young women who are constructed as being especially at risk (e.g. more vulnerable) and simultaneously needing to be even more responsible (e.g. taking charge in their relationships) than their male counterparts in sexual relationships (Shefer & Macleod, 2015). Shefer and Macleod (2015, p. 4) argue

this framing narrative of consequence and responsibility in sexuality education, evident through both the voices of teachers and young people themselves, is shown in this set of work to be powerfully gendered at multiple levels.

In sexuality education in South Africa, women are the subject of the danger and disease associated with poor SRH which constructs them as helpless victims, yet, contradictorily, women are also most often employed to police male sexuality (Macleod, 2016; Shefer & Macleod, 2015). These messages rely on the assumption that young women do have agency in their sexual relationships (Kruger et al., 2015). Moreover, Lesch and Kruger (2004, p. 465) argue that this demonstrates that "the burden of safe sex is usually placed on females". This echoes Hollway's (1984) use of the have/hold discourse above in which women are constructed as being both vulnerable to the male sexual gaze in their relationships, but also as being able to exert agency over it. Moreover, it suggests that women should be able to navigate their sexual relationships in safe and responsible ways, such as insisting on condom use, even when male partners will not. Holland et al. (2003) trouble this notion of women's agency in heterosexual relationships even further. They argue that have/hold discourses do not in fact serve to facilitate women's agency, and instead are subject to the limitations of reality. For instance, while young women can make themselves attractive in order to catch a male partner

they have little control over whom they attract and what may be expected of them in a (sexual) relationship (Holland et al., 2003). Dominant discourses of gender and sexuality, thereby serve to construct women largely in oversimplified terms, such as the victim, or the passive object which limits their sexual agency and possibilities for behavioural change that might impact their sexual and reproductive health. Yet there are emerging discourses which challenge these dominant constructions. Moreover, current discourses construct women's sexuality in contradictory ways which echo the contradictory communication adolescents typically receive in sexuality education, and which reveal tensions between assumptions about women's agency and lived realities.

3.10.2 Conflicting constructions of adolescent agency

In addition to the competing messages about women's sexual agency, there exist examples in the literature of the contradictory ways in which adolescents as a whole are expected to enact sexual agency. Responsibilisation processes in which adolescents become inculcated through sexuality education, imply the creation of a responsible sexual subject. Adolescents are therefore encouraged to take up practices which produce and reproduce this responsabilisation in their sexual relationships. However, adolescent sexuality is constructed on the one hand, as being, out of control and therefore in need of regulation, and simultaneously as non-existent. Chiweshe and Chiweshe (2017, p. 120) argue that constructions of adolescence are western imports which tend to be fused with "traditional and conservative views of what adolescence should be (asexual)". The existence of sexuality education therefore presupposes and creates the sexual subject, however, dominant discourses of adolescent sexuality tend to both deny its existence at the same time as providing tools for its regulation.

Chiweshe and Chiweshe (2017, p. 122) for instance argue that "there is a contradiction in how generally parents believe that youths nowadays are loose yet deny that their children are part of this highly sexual youth". Denial of adolescent sexuality has significant consequences for the content and delivery of sexuality education in southern Africa, some of which have been previously discussed in chapter two. Overall, a denial of adolescent sexuality largely contributes to confusing and mixed messaging, as well as minimal, if any engagement with basic safe sex practices, leaving adolescents ill-prepared to take up their sexual subjectivity in a way which promotes adolescent sexual and reproductive health.

3.11 Summary

This chapter situated the study within the theoretical frameworks of social constructionism and Feminist Foucauldian discourse analysis. I therefore outlined and explored these frameworks before discussing them in relation to sexuality education. I then explored constructions of gender and sexuality within the regulatory framework of disciplinary power. Dominant discourses as well as competing discourses in sexuality education were considered. Finally, the consequences of particular gendered and sexual subject positions were explored.

4.1 Introduction

This chapter will describe the research methodology used throughout the research process. This research is situated within a qualitative paradigm with a social constructionist orientation. A discursive theoretical framework was employed for the purposes of data analysis using a Feminist Foucauldian lens. The chapter provides a detailed description of the research context, sampling procedures as well as providing a description and rationale for the sample itself. Additionally, this chapter outlines the procedures and explores questions of quality as they relate to this study.

4.2 Research context

4.2.1 TARSC

The Training and Research Support Center (TARSC) who are responsible for the development of the Auntie Stella intervention are an international non-profit “learning and knowledge” organisation (TARSC, 2019). Their website suggests that “research methods...in public health” are one of their strengths, and they emphasise their use of participatory methodologies and approaches to building community interventions (TARSC, 2019). TARSC (2019)

provides training, research and support services to state and civil society organisations at national and international levels. TARSC is a learning and knowledge organisation, with a particular focus on skills building, research and technical support and a commitment to long term capacity building in the public sector and in civil society.

These participatory methodologies are cited as an important aspect of community interventions as they take seriously the knowledge and lived realities of the communities they are working with (Kaim & Ndlovu, 2000). In combination with their stated aims of the Auntie Stella project, they argue that the intervention aims to provide adolescents with up to date knowledge on sexual and reproductive health, to create a safe environment for adolescents to discuss their experiences, to identify and provide sources of support and to provide feedback and advice about adolescent difficulties in a non-authoritarian framework (Kaim & Ndlovu, 2000). Arguably, TARSC’s (2016) overarching goal of the intervention is to empower adolescents by taking their knowledge seriously, by creating contexts in which they feel safe and encouraged to talk, by encouraging engagement and discussion about relevant topics to their sexual and reproductive health, by providing them with accurate information, and by helping them to identify sources of support in their communities, families and schools. The Auntie Stella

intervention focuses therefore on facilitating positive sexual and reproductive health outcomes through adolescent empowerment (Kaim & Ndlovu, 2000).

4.2.2 Auntie Stella: Teenagers talk about sex, life and relationships

The research context for this study was the Auntie Stella sexuality education intervention, which was developed in four rural communities in Zimbabwe in 2000. This intervention comprises the development of the intervention, the question and answer cards, the facilitation of the intervention, led by a ‘Teacher Guide’ as well as the ideal intervention setting, described by Kaim and Ndlovu (2000) as incorporating the following elements: a small classroom setting broken up into smaller same sex groups of adolescents between the ages of fourteen and nineteen, a teacher/facilitator whose role is described as one of guiding rather than leading the discussions, with the suggestion being that the activity cards can be used over a period of eight to ten forty minute sessions. In the interventions, adolescents would, in their single sex small groups, read and discuss the “problem” raised in the question card, guided by the talking points that follow each letter (Kaim & Ndlovu, 2000). Adolescents would then read and discuss the answer card guided by the action points which might recommend a group activity, like writing a song for example and which focus on future activity (Kaim & Ndlovu, 2000). The intervention has been widely used across southern and eastern Africa; it has been translated into ‘Shona and Ndebele (Zimbabwe), Chichewa (Malawi), Portuguese (Mozambique) and Swahili (Tanzania)’ (TARSC, 2020, p. 1).

The TARSC (2016) website outlines four basic methodologies for using the cards. Firstly, the method as described above is suggested as the ideal “basic method” in which adolescents and/or facilitators look at the list a cards and choose which ones they want to use. TARSC (2016) also suggest a “pair reply” option in which two learners work together through the cards, as opposed to working in small groups. TARSC (2016) also provide the suggestion for adolescents to write their own letters to Auntie Stella which are collected in a bag and read out anonymously in small groups. The groups then decide how to reply. Finally, TARSC (2016) suggests using the cards thematically, through the use of one or more of their ten “special themes”, which are identified as 1) Growing up, 2) Sex and relationships, 3) Safer sex, 4) Forced sex, 5) Unwanted pregnancy, 6) Sexually transmitted infections, 7) Living with HIV and AIDS, 8) Speaking out, 9) Relationships with family and community and 10) Changing society.

The intervention ‘toolkit’ was published online in 2007 in order to make it easily accessible (TARSC, 2020). In the first version of the intervention there were thirty-three cards; there are now forty-two cards with the two most recently being added in 2019 to “reflect new developments in adolescent sexual and reproductive health” (TARSC, 2020, p. 1). Accordingly, while the research context of this study could be argued to be 2000 when the cards were developed, TARSC (2019) claims to be updating the intervention over time to reflect changes in adolescent sexual and reproductive health. In 2019 TARSC (2020a) released the revised list of cards, claiming that “major changes” had been accomplished in eleven of the cards in the set, two of which were part of my dataset. An examination of the newer versions of the cards in my dataset reflects very small changes in content. For instance, in Winnie’s card on whether to tell her boyfriend she has HIV, four words “I take my ARVs regularly” have been added (TARSC, 2020a). Methodologies for updating the intervention therefore appear to be skewed in favour of developing new cards as opposed to perhaps making significant changes in the existing cards. Therefore, while the newer cards may reflect broader engagement with adolescent sexual and reproductive health, and some of the cards seem to have received content updates it remains a challenge of the intervention that potential difficulties or problems with the old cards may not be being challenged or addressed in a substantive manner. Therefore, research which seeks to identify and understand the use of dominant discourses within the cards represents a potentially useful point of intervention in providing feedback on the ways in which the cards may, contrary to their aims, constrain adolescents’ ability to make safe decisions regarding their sexual health.

For the Auntie Stella project, TARSC partnered with the Community Working Group on Health (CWGH) and has been involved with the CWGH since its inception in 1998 (CWGH & UNICEF, 2006). CWGH is based in Zimbabwe and it aims at promoting and supporting “informed, active community participation in health issues and also the accountability of health systems in order to improve the quality of health care” (CWGH & UNICEF, 2006, pp. 3-4).

4.2.3 Strengths of the Auntie Stella intervention

The Auntie Stella intervention has been largely described as a success by TARSC (2016). A pilot study in 1997 which led to the development of the intervention in 2000 has been assessed as successful in providing adolescents with specific knowledge, empowering adolescents to

have open discussions about their sexual and reproductive health, creating greater community engagement with adolescent sexual and reproductive health and encouraging adolescents to feel more confident in making decisions and being able to advise their peers (Kaim & Ndlovu, 2000).

Mirsky (2005, p. 242) argues that “students appreciated the format and solution-oriented content. They felt more aware and better able to resist pressure, to make friends with and advise peers, and to talk to parents”. Moreover, in 2020 TARSC (2020) produced a document with five testimonials from adolescents on the ways in which the Auntie Stella intervention has benefitted their lives; from helping them to feel confident in reporting sexual assault, to creating lines of communication with family members, to empowering a young boy to leave a gang, normalising the use of sanitary pads and helping adolescents understand difficult cultural practices. TARSC (2020) reports that parents, teachers, community leaders, activists and adolescents have all reported that Auntie Stella has had a positive impact on their lives. TARSC (2020, p. 1) say that

Users are also attracted by the Auntie Stella format. The cards are fun, easy and engaging to use, and create enriching ways for people to interact. When anyone, young or old, reads a question card letter, they automatically want to know what Auntie Stella will say in her answer, and if they agree with her.

The content has been described as relevant. Adolescents described Auntie Stella as “as tolerant and wise, sympathetic to youth and non-judgmental” (UNICEF, 2006, p. 5). The toolkit was used in a wide variety of formal and informal settings, both in and outside of the school environment; its use in such diverse settings has been highlighted as a strength by both participants and TARSC alike (UNICEF, 2006).

Mirsky (2005, p. 242) argues that

Most students felt that the group discussions in which they practised decision-making helped them solve their own problems. Teachers found the discussion cards easy to understand and use, and less stressful and embarrassing than traditional methods of imparting reproductive and sexual health information.

Additionally, teachers reported seeing a change in the behaviour of adolescents – they noted that they were more confident and caring towards one another (Mirsky, 2005). However, they also noted that the non-authoritarian framework of the intervention led to power struggles where adolescents challenged teacher authority (Mirsky, 2005). Echoing the literature on

sexuality education in southern Africa, teachers suggested the need for better training and additional support (Mirsky, 2005).

In 2008, TARSC, in partnership with their Mozambican colleagues, undertook training on the use and implementation of the intervention (TARSC, 2008). This was done as part of the preparation for the rollout of the Portuguese version of the toolkit, named ‘Mama Biz’ (TARSC, 2008). They describe a “spiral model” of facilitation which is used to encourage adolescent participation as well as critical engagement. TARSC, (2008, p. 4) argue that

The cards help young people to share information and think critically together about their situation, drawing on their experiences and knowledge, to look for patterns to help analyze these experiences and then plan for action.

Testimonials have written by people in Zimbabwe who have used the cards and felt that they benefitted them enormously. However, TARSC (2020) acknowledge that these cards with positive feedback were selected by them for the purposes of promoting the intervention. It is therefore likely that not all individuals who have encountered the intervention have had positive experiences. This research would therefore serve to identify potential problem areas that may be preventing adolescents from benefitting from the intervention in the ways that are intended. Moreover, the research has the potential to identify challenges for adolescent sexual and reproductive health more broadly.

4.2.4 Why Auntie Stella?

By now it should be clear that the Auntie Stella intervention has been used widely throughout southern Africa with high levels of reported success in effectively empowering adolescents to make decisions which promote their sexual and reproductive health (Kaim & Ndlovu, 2000; Mirsky, 2005; UNICEF, 2006). Adolescents report having better knowledge, feeling empowered to discuss issues with family and community members thereby breaking down barriers of silence and taboo, feeling confident enough to advise peers, and being more able to access support. In many ways, these reports of success challenge the identified difficulties with sexuality education in the literature which were outlined in chapter two, which likely speaks to the success of the intervention.

Adolescents are seen as having valuable knowledge to contribute, the intervention is focused on equipping them with accurate information regarding safe sex practices rather than assuming adolescents do not have sex, the content of the intervention has been reported to be relevant and based on adolescents' lived realities and the intervention encourages communication as opposed to a culture of silence and TARSC (2016) has claimed that the intervention speaks to a diversity of adolescents, suggesting that the intervention may engage with diverse sexualities, something which will be a point of focus for this research. Additionally, the participatory methodologies of the intervention emphasise a broader scope for change and development than focusing solely on improving adolescents' knowledge in the hopes that this will produce behavioural change.

However, to date, there has been little research on the impact of the intervention that has been done by individuals and agencies not associated with TARSC and the CWGH. Additionally, the facilitator manual emphasises the importance of the facilitation role in the implementation of the intervention. Participatory methodologies therefore could be argued to be contributing to a significant portion of the success of the intervention. However, TARSC (2016) have noted that anyone can download the Auntie Stella cards and use them in various contexts. Yet no research has yet engaged with the materials of the intervention.

4.2.5 Research data for the current study are the Auntie Stella materials

It therefore becomes useful to ask how successful the intervention would be if the materials for the intervention, the question and answer cards with their talking points and action points, were downloaded and used independently. Additionally, as Mirsky (2005) has argued, having a participatory intervention which encourages adolescent engagement and communication is not enough if the materials that make up the content for the intervention are also not challenging the status quo. Mirsky (2005, p. 242) has argued that

When innovative approaches, such as peer education, are employed, it is important to include materials that can generate a critical analysis of prevailing gender norms and factors that impede behaviour change among young students.

Mirsky (2005) argues that dominant gender discourses need to be challenged in sexuality education intervention materials so that they do not simply reproduce rather than resist existing

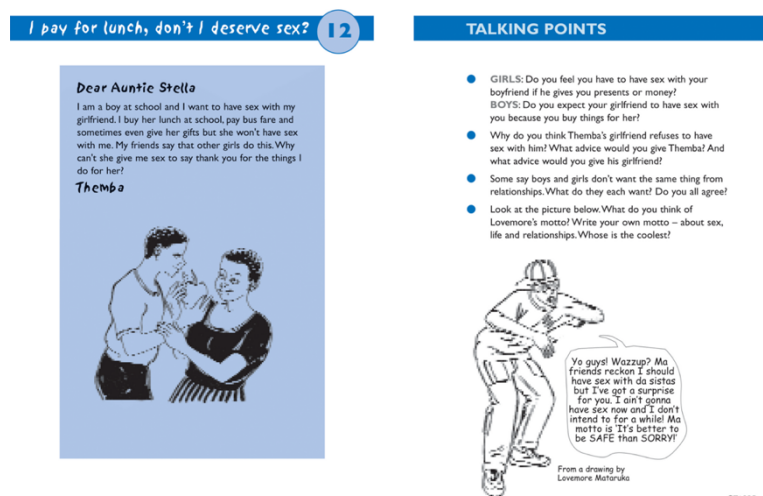
norms. The Auntie Stella intervention makes little mention of gender roles and hierarchies in their aims for the intervention, suggesting that this may be an area that has been overlooked.

4.3 The Auntie Stella materials

The material which constitutes the data for this research project are the materials of the Auntie Stella intervention. The forty-two question and answer cards constitute the Auntie Stella materials. These have been broadly described above and will be more specifically discussed in this section. An example of both question and answer cards can be seen below. All nine of the cards in the dataset are also attached as Appendix A.

4.3.1 The Auntie Stella ‘Activity Cards’

Each card is made up of a letter to or from Auntie Stella, with accompanying Talking Points (TPs) and Action Points (APs). Each card is two pages long; the first page has the letter either to or from Auntie Stella and the second page includes either the TPs or APs and also sometimes an accompanying picture and/or quote. TPs can be seen on the cards with letters from adolescents to Auntie Stella. These cards are typically coloured blue. APs are also on the cards with letters from Auntie Stella. These cards are typically coloured red. Pictures sometimes also accompany the cards. Cards are future-oriented in that they prompt responses from adolescents both in the moment of the intervention but also in their future sexual and reproductive health decision-making and behaviours; it is therefore apt that they are called ‘Activity Cards’. An example of a question card can be seen as Figure 1 below.



4.3.2 Question Cards

Each card contains a heading usually in the form of a question or statement, with a number in the top right-hand corner which indicates which card out of the set of forty it is. The headings signal to the reader what the topic in the letter will be about. This reads as being the same way that headings for agony aunt columns in magazines tend to be written by an editor of sorts. Additionally, for letters which have a lot of content, the headings also serve to frame the content in light of what is seen as most important – this may not necessarily be what the adolescent themselves foregrounded in their own letter. It is therefore evident that decisions are made as to what TARSC wants readers to prioritise and focus on. The format of the cards with letters to Auntie Stella always begin with ‘Dear Auntie Stella’ in an agony aunt format. The letter then outlines a particular problem which the adolescent is experiencing. These letters all have an action orientation, telling, asking, pleading and confessing being the most common. The letters are always signed off with the name of the adolescent. Additionally, it is necessary to note that some of the cards contained pictures relating to the card content.

4.3.3 Talking Points (TPs)

The TPs take the form of bullet points which are used to stimulate discussion. There is typically a lot of questioning used in the TPs as a way to facilitate engagement. These TPs are related to the content from the letter. TARSC (2006) says that ‘Talking and Action Points are important because they make the link between the stories on the cards and what happens in their own lives’. These sections are therefore tools for drawing adolescents in by asking them to engage with the issues raised in the letter by reflecting on their own attitudes, experiences and views. Additionally, the TPs also contain activities such as quizzes for example which can be seen in card 6’s Quiz ‘Are we ready for sex?’ (line 6). An example of a response from Auntie Stella can be seen as Figure 2 below.

Should I sleep with him?

Dear Zandile

It's hard when two people want different things from each other but, as the elders say, *ukule abaphunga* (don't rush into doing something before you're ready). Many people decide to wait until they are older or married to have sex and there are many advantages to this decision. When you are older, you are emotionally more ready to have a relationship. Also, if you don't have sex, you are not at risk from STIs, HIV and unplanned pregnancies.

In the meantime, it's good that the two of you can hug and kiss and then stop. This is a wonderful way of showing how much you love each other. Don't worry, boys – and girls – can stop any time with no ill-effects.

However, many young people believe that once you start touching and kissing you end up having sex, so it's better to spend time together with friends, instead of alone cuddling and kissing.

In the end young people must decide what is right for them without pressure from anyone else. Talk to your boyfriend. If he truly loves you, he will understand.

If you decide to have sex later, be sure to use a condom. Talk about this before – it's harder if you leave it to the last minute. Remember, girls can also get and carry male or female condoms. Good luck.

Auntie Stella

ACTION POINTS

- Do you think it's possible to hug and kiss and then stop without going the whole way (having sex)? If not, what can you do? If you were Zandile, where would you draw the line so you can have fun but not get carried away and do more than you want?

QUIZ: Are we ready for sex?

Do this alone or with your partner. Answer YES, NO, or NOT REALLY.

- Do we know each other well and trust each other?
- Are we good friends?
- Can we talk easily about sex and how far we want to go?
- Have we talked about and agreed how we will protect each other from pregnancy, STIs and HIV?
- Have we discussed having an HIV test before we start having sex?
- Have we talked about what we will do if the girl gets pregnant?

ANSWERS: If you answered NO or NOT REALLY to any of these questions, maybe you and your partner aren't ready to have sex yet. It's a big decision.

- In your group, write down all the reasons some young people go ahead and have sex. Then write all the reasons why others wait until they are older. Which would you choose and why?

©TARSC

4.3.4 Responses from Auntie Stella

Letters from Auntie Stella to the adolescents follow a similar format to their letters to her. They all begin with a greeting and the adolescent's name. For instance, 'Dear Patricia' (Card 2A). In some of her letters Auntie Stella signs off in some way by saying 'good luck' for instance, whereas in others there is no ending greeting. Moreover, letters from Auntie Stella function as an answer to adolescents. Consequently, they are action orientated and accomplish particular things like advising, encouraging or educating for instance. The cards always contain educational content.

4.3.5 Action Points (APs)

The APs are constructed as having a similar purpose to the TPs in that they facilitate engagement, discussion and even activities such as roleplaying and quizzes for example. However, the key difference between the TPs and APs is that the APs are the very last part of the cards. By the time they reach the APs they will have read the letter to Auntie Stella, worked through the TPs and read Auntie Stella's reply. The APs are therefore future-oriented and help adolescents engage with how they could engage with this particular problem if faced with it in the future.

4.4 Describing my dataset – the materials for this study

The nine cards I selected, which can be found in the appendices for this study, included letters to Auntie Stella from nine adolescents – seven girls and two boys. Winnie is the only character in the cards who identified herself as a woman, as opposed to a girl. The ages of the adolescents, where given, range from thirteen to twenty-one. Alice is the only adolescent who identifies herself outside of heterosexuality by calling herself "gay". Based on the heteronormative content in the remaining eight cards, it is assumed that all the other adolescents are heterosexual. The topics/questions addressed in the cards can be seen in Table 1 below

Table 1: List of nine cards that make up the materials for the current study

Card number (in the series of 42)	Topic/Problem
1	Should I sleep with him?
3	Must I sleep with my sister's husband?
6	I want to have sex like my friends!
12	I pay for lunch, don't I deserve sex?
16	I was raped
22	Should I tell him I'm HIV positive?
30	My husband is unfaithful
34	I'm gay – will anyone love me?
36	My sugar daddy treats me badly

For the purposes of this study I have re-numbered the cards from one to nine in the numerical order they come in in the Auntie Stella series. This revised numbering can be seen at the beginning of the Analysis chapter.

4.5 Sampling strategies

The specific material which constitutes the data for this research project are drawn from the materials of the Auntie Stella intervention. These were obtained from the Auntie Stella website at <http://www.tarsc.org/auntiestella>. As has been discussed, the Auntie Stella intervention contains a set of forty-two cards. However, for the purposes of this research project, I selected a sample of nine of these. The sampling strategy I employed was purposive sampling. For this study I needed to find a dataset which would both answer my specific research questions, as well as fall within the scope of a research project of this size. I therefore knew I would not be able to analyse all forty-two cards – indeed there were only forty of them when I started the research process in 2016. I therefore used non-probability sampling methods in selecting my population of cards (Etikan, 2016). Purposive sampling is defined as “the deliberate choice of a participant due to the qualities the participant possesses” (Etikan, 2016, p. 2). Purposive sampling can therefore be seen as a non-random technique which does not require “underlying theories or a set number of participants” (Etikan, 2016, p. 2). As Etikan (2016, p. 2) argues, in this approach to sampling, “the researcher decides what needs to be known and sets out to find

people who can and are willing to provide the information by virtue of knowledge or experience”.

In engaging with the cards in order to determine those which would be most relevant for my research questions, I reflected on TARSC’s (2016) suggestion of using the ten themes I identified earlier in this chapter. For this study, I therefore explored the ten themes TARSC had suggested in order to assist me in selecting my own sample. It is necessary to note that TARSC (2016) encourages purposive sampling of the intervention materials as part of its “basic method” (TARSC, 2016). They suggest, as part of this method, “choose a letter from the topics list” (TARSC, 2016) suggesting that it is not a requirement of the intervention that adolescents and facilitators engage with all of the cards.

I immediately ruled out Growing up, Speaking out, Relationships with family and community and Changing society, as these cards did not address my research questions. I therefore examined the remaining six themes more closely and determined that Living with HIV and AIDS, Sexually transmitted infections, Unwanted pregnancy and Forced sex were too narrow in their focus and did not encompass aspects of gender and sexuality that apply to adolescents more broadly. The Safer sex theme seemed appropriate for my research questions at first glance but was also too narrowly focused on sex, as opposed to encompassing a view of sexuality that includes relationships and identity for instance. This left me with the Sex and relationships theme which contained nine cards, many of which overlapped with all of the other themes I identified as being potentially relevant to my study. All the cards from within my dataset overlapped with all of the other themes except Changing Society. These nine cards were downloaded from the website in PDF form and printed out. However, for some reason I could only print and download a PDF of the first answer card, not the question card. Consequently, for the analysis of this question card I had to screengrab the online version.

4.6 Data analysis

A Feminist Foucauldian discourse analysis was used on the dataset. Researchers typically acknowledge that there are two broad kinds of discourse analysis (Willig, 2001; Wodak & Meyer, 2009). Wodak and Meyer (2009, p. 2) argue that the crucial difference between discourse analysis and critical discourse analysis “lies in the constitutive, problem-orientated, interdisciplinary approach of the latter”. Discourse Analysis (DA), being influenced by

conversation analysis and ethnomethodology, therefore is more interested in “discourse practices, that is, it studies what people do with language” (Willig, 2001, p. 91). Burr (2001, p. 47) for instance, notes that many researchers today are focused on “the performative qualities of discourse, that is, what people are doing with their talking or writing, what they are trying to achieve”. A critical discourse analysis (CDA), on the other hand “is not interested in investigating a linguistic unit...but in studying social phenomena” (Wodak & Meyer, 2009, p. 2).

This research made use of Foucauldian theory (Parker, 1992) to conduct a critical discourse analysis of the sampled material. As suggested by the name, a Foucauldian Discourse Analysis (FDA) is interested in the role that language and discourses play in producing particular kinds of realities (Willig, 2001). Drawing on Foucault’s (1980) understanding of disciplinary power, a FDA is interested in the ways “discourses facilitate and limit, enable and constrain what can be said, by whom, where and when” (Willig, 2003, p. 171). While a Discursive Analysis is interested in how people use discursive resources in interpersonal interactions, a FDA is more concerned with *what* social realities are produced through discourse (Willig, 2001). A FDA is therefore interested in “what kinds of objects and subjects are constructed through discourses and what kinds of ways-of-being these objects and subjects make available to people” (Willig, 2001, p. 91). Given its interest in power, a FDA is more broadly interested in the ways in which discourses legitimate particular social processes and inequalities (Willig, 2003).

In the current study, the FDA was used to determine whether and how the discursive constructions of gender and sexuality in the Auntie Stella intervention aligned with “wider social processes of legitimation and power” (Willig, 2003, p. 171). These social processes then produced particular kinds of subjects who are encouraged to behave in particular ways, some of which may be undermining safe sex practices. Accordingly, in order to answer the research questions of the current study, a Foucauldian Discourse Analysis was carried out using Willig’s (2001, p. 109-111) six stages which are outlined as steps 1) Discursive constructions, 2) Discourses, 3) Action Orientation, 4) Positionings, 5) Practice, 6) Subjectivity which are presented in the Procedure below.

4.7 Procedure

4.7.1 Discursive constructions

In stage one, I renumbered the cards for convenience in chronological order based on their position within the set of forty-two. I then numbered each line of text in the cards for referencing purposes. Finally, I read and re-read the Auntie Stella cards in the order they were presented and emergent discursive constructions of gender and sexuality were identified in relation to my research questions. I then identified and unpacked the discursive constructions relating to gender and sexuality within the Auntie Stella materials (Willig, 2001).

4.7.2 Discourses

In stage two, having identified the constructions I then focused on “the differences between the constructions” (Willig, 2001, p. 109). Discursive objects can be constructed in a variety of ways, therefore this stage of analysis aimed “to locate the various discursive constructions of the object within wider discourses” (Willig, 2001, p. 110). During this stage I drew on relevant literature to situate the emerging discursive constructions within a wider theoretical context.

4.7.3 Action orientation

In stage three, building on the theoretical context, I further explored the various contexts of the discursive constructions in close detail (Willig, 2001). At this stage I considered not only the context in which the cards were constructed for example the place and time (Zimbabwe in 2000), but also what the constructions accomplished within the context of the cards themselves. For instance, I asked myself, for example, what does a construction of sex as risky do within the context of the Auntie Stella cards? Moreover, what does this construction of sex do within the context of this particular agony aunt format of the cards? As an example, the saturation of discourses of risk and danger thus resulted in the emergence of the primary function of the cards as a risk-proofing tool for adolescents. Discourses of risk therefore legitimated particular kinds of interventions in adolescent sexuality such as the Auntie Stella materials, which include the agony aunt format. These risk-proofing technologies are therefore part of a broader process of regulating adolescent sexuality.

4.7.4 Subjects and subject positions

In stage four, I identified the subject positions being enabled and constrained by the various discursive constructions within cards (Willig, 2001). Willig (2001, p. 110) notes that “discourses construct subjects as well as objects and, as a result, make available positions within networks of meaning that speakers can take up (as well as place others within)”. Subject positions encourage adolescents to take up their identities in particular ways, for instance, dominant discourses of gender encourage men to take up positions in which they are constructed as aggressors in social and sexual situations, and in which women are victims of the male sexual gaze. These subject positions therefore have significant consequences for young women’s ability to negotiate their sexual relationships in ways which may promote their sexual and reproductive health. Additionally, these discourses could be argued to legitimate gender inequalities which contribute to GBV, and therefore, to increasing contexts of risk for young women.

Given my research questions, the main subjects that were identified were Auntie Stella, adolescents, boys and girls. These subjects were all constructed in relation to, and, in opposition to one another. Auntie Stella was constructed as an older, female authority figure, whereas adolescents were largely constructed as being younger and naïve or unknowing. These subjects, for example, position adolescents, girls, boys and Auntie Stella in relation to each other within the context of the cards which has consequences for their action orientation, or, their agency. For instance, to position Auntie Stella as an expert and adolescents as unknowing, creates conditions for action and response, particularly as this relates to safe sex for example, something that is identified as a key goal of this intervention.

4.7.5 Practice

Stage five of Willig’s analysis is interested in the ways in which discursive constructions and their subject positions “open up or close down opportunities for action” (Willig, 2001, p. 111). Given that discourses produce particular kinds of realities, this stage is interested in the ways in which discourses can limit or encourage particular actions. In this study, it was useful to identify the ways in which gendered discourses on sexuality may be constraining subjects’ abilities to engage in safe sex practices. As an example, risk-proofing technologies emerged as

the primary focus of the Auntie Stella cards I analysed. During this stage I therefore explored the relationship “between discourse and practice” (Willig, 2001, p. 111) to understand how the various subjects and positionings made available by the cards lent themselves to adolescent engagement and safer sexual-practices, or not.

4.7.6 Subjectivity

Finally, stage six is interested in “the consequences of taking up various subject positions” (Willig, 2001, p. 111). Willig (2001) uses Hollway’s (2005) male sex drive discourse as the example here, and argues that this discourse may encourage men to act in sexually aggressive ways and to absolve themselves of guilt for doing so. Stages five and six were therefore particularly useful in answering my second research question as it aims to understand the consequences of particular gendered discourses in the Auntie Stella cards as they pertain to safe sex and sexual health.

Where there were pictures in the materials, these too were analysed. Given that Willig (2001) does not provide steps for working with discourse in pictorial form, I used some of Parker’s (1994) steps to deconstruct these pictures in order to then analyse them using the steps outlined above. Parker’s (1994, pp. 96-97) steps for deconstructing pictures are as follows, a) turning the pictures into written form with as much descriptive detail as possible and, b) making free associations to the text in order to determine the various different ways it could be described. (Parker, 1994).

4.8 Quality in qualitative research

Concepts like reliability and validity are not particularly useful in assessing the quality of qualitative research, however, qualitative researchers are under no less obligation to demonstrate that they are conducting ‘good’ research (Creswell & Miller, 2000; Willig, 2001). Willig (2001) provides a framework developed by Henwood and Pidgeon for beginning to think about what this may mean. Willig (2001, p. 142) lists the following aspects as being key to considerations of quality in qualitative analysis 1) The importance of fit, 2) Integration of theory, 3) Reflexivity, 4) Documentation, 5) Theoretical sampling and negative case analysis, 6) Sensitivity to negotiated realities, 7) Transferability.

Step one involves the coherent ordering of analytic categories generated by research (Willig, 2001). In this study, the importance of fit was carefully considered throughout the research process. It also refers to the coherence of the research design in relation to the theoretical framework as well as the research questions. Discourse analysis is, for example, ontologically situated within qualitative approaches to research. Discursive approaches are also situated within social constructionist approaches as they both assume a non-realist stance (Bryman, 2012) and identify language as a powerful tool for the production of particular subjects and realities (Burr, 2001). Moreover, Foucauldian approaches to discourse are interested in the productive rather than prohibitive function of power in creating subjects in order to regulate them. A Feminist Foucauldian approach takes this further and takes special interest in the production and regulation of femininity. In other words, Feminist Foucauldian approaches ask what work discourses do in constraining and enabling women's agency. For this research in particular, the focus becomes on understanding how technologies of regulation in Auntie Stella constrain and enable young women's ability to negotiate their sexual relationships.

Step two involves the careful integration of material and theory (Willig, 2001). Throughout the analysis of research material, I paid careful attention to making it clear when I was referencing theory and when I was referring to my generated material. I also endeavoured to ensure that the selection and use of theory was informed by and was relevant to the generated material. A Foucauldian (1978) discourse analysis is interested primarily in power, and the ways in which modern power works through everyday social practices. These practices legitimate and encourage certain behaviours and ways of being, whilst marginalising others. Jackson (2003, p. 71) for instance argues that heteronormativity, defined as the assumption that heterosexuality is natural and normal, renders "alternative sexualities 'other' and marginal". The normalising function of these discourses renders particular constructions of gender and sexuality as natural and normal (Burr, 2001). These are mediated through existing power hierarchies and come to be seen in society as 'truth' (Hall, 2005). Power therefore produces knowledge of an object, through which we can understand and categorise it (Burr, 2001). It thus provides us with a language to talk about things and beings in particular ways of being. However, discourses also constrain agency by limiting what can be understood and known about an object or subject (Alsop et al., 2001). For this study, therefore, the subject positions produced by the Auntie Stella materials become an important way to understand adolescent sexual and reproductive health, as well as the possibilities for agency.

Step three relates to researcher reflexivity (Willig, 2001). Willig (2001) notes that qualitative research is typically focused on the importance of meaning in context, and the active engagement of researchers with their material. As such, it assumes an ideological standpoint, meaning that issues of researcher subjectivity play a role in constructing the study (Willig, 2001). Babbie (1992) argues that research is always shaped by the researchers who conduct it. For that reason, Fine, Weis, Weseen and Wong (2003) note that it is necessary for researchers to acknowledge their ideological positioning as well as their experiences throughout the research process.

For this study it is therefore necessary to note that I identify as a queer person. Having attended South African primary and secondary schooling, I also experienced sexuality education through Life Orientation. It is evident that I have both a personal and vested interest in this research which required careful consideration and reflection throughout the research process. As the researcher I have also had to be mindful of the fact that I myself am subject to discourses on gender and sexuality and that this research itself produces and reproduces various discourses on gender and sexuality. It was therefore necessary, through engagement with my supervisor to pay careful attention to contested meanings and discourses that may have arisen during the analysis. Instead of focusing solely on the easier to identify dominant discourses in the data, it was therefore necessary to be aware of challenges to dominant discourses as well as more complex discursive constructions.

Step four involves the coherent and appropriate management of documentation throughout the research process (Willig, 2001). This is seen as a necessary way of demonstrating how and why decisions were made throughout the research process. For instance in this study I selected a sample of the Auntie Stella cards for analysis which deal more specifically with my research questions. How and why I selected my sample has been outlined previously in this chapter. Moreover, Silverman (2013, p. 285) suggests that this refers to “the credibility of our interpretations”. In this study, therefore, this refers to whether or not the inferences made in this study are both supported by my dataset and also make sense within the broader context of the literature (Silverman, 2013). For this study I argue that my interpretations both confirm and challenge the existing literature on sexuality education. Moreover, these interpretations are based in the data which I present in the Findings chapter and which are cited in chapters seven and eight.

Step five is interested in theoretical sampling, which means the ways in which theories were selected and used throughout the research process (Willig, 2001). A key goal of qualitative research is not to merely agree with existing theory, but also to expand on it (Willig, 2001). For this reason, it was necessary to use theories or cases which might not be a clear fit, as well as those that are (Willig, 2001). For instance, existing theories on sexuality education note the lack of discourses on (female) desire, pleasure and sex positive messaging (Allen, 2004; Fine, 1988; Shefer & Foster, 2001; Tepper, 2000). An analysis of the cards suggests that this might both be the case as well as not be the case. In this instance, it was thus useful to pay attention to these examples in which existing theories were not a clear fit, so as to allow for the generation of new theory, or, at the very least, allow for a more complex and nuanced understanding of an issue.

Silverman (2013) identifies the refutability principle as one way of assessing the validity of our interpretations. In my case this implies an interrogation of whether my findings refute my initial assumptions about my data. This was certainly the case. One of the reasons I chose this study in the first place was that looking at the materials made it apparent that dominant discourses on gender and sexuality were, in fact being used, and that these might have negative consequences for adolescent sexual health. The current findings therefore agree with that initial assumption in a broad sense but also construct a more complex picture of adolescent sexuality and agency than I had initially assumed.

Silverman (2013) also identifies the constant comparative method as another means for assessing research validity. He defines this as “finding two or more things that are alike in some important way yet differ in others” and “looking for the further differences that create those you first noticed” (Silverman, 2013, p. 290). This was evident throughout my literature review and discussion where constructions of adolescence, adolescents, sexuality and gender often were both similar to and different from the existing literature. For instance, in some ways it can be argued that Fine’s (1988) missing discourse of desire is still missing in the Auntie Stella materials, however, there is also one instance which hints at the possibility of women’s desire which should therefore be carefully considered and engaged with. Silverman (2013) additionally identifies comprehensive data treatment as another method for assessing the validity of qualitative research. He argues that researchers need to be careful to avoid anecdotalism by constantly seeking out discrepant cases, until your interpretation can be generalised to “every single gobbet of relevant data you have collected” (Silverman, 2013, p.

292). As with the example above, this suggests the need to seek out discrepant and deviant cases so that generalisations are not simply anecdotal but have been applied to all of the pieces of data. Finally, and relatedly, (Silverman, 2013) identifies the need for deviant cases in qualitative research in order to demonstrate validity.

Step six is interested in the ways in which researchers account for the potential differences in interpretation by participants and by researchers (Willig, 2001). This typically applies to interviews or focus groups, which are not being used in this study, however, in this study, it also applied to participants' experiences of the Auntie Stella intervention. Given that the intervention was developed using participatory methods, it will be necessary to be sensitive to those adolescents' experiences of the intervention, discussed by Kaim and Ndlovu (2000), throughout my analysis, so as to be sensitive to potential differences or similarities.

Finally, step seven refers to the transferability of the research (Willig, 2001). I would argue that, given that this study is focusing on one particular sexuality intervention programme, that the results may not be broadly transferable to all sexuality education interventions in the world, or even in Zimbabwe. However, given the relative lack of discursive approaches to sexuality intervention in general, it is certainly possible that researchers in the field may draw on the findings of this study to form hypotheses about other intervention programmes. Moreover, the findings from this study with accompanying recommendations will hopefully contribute to the continued development of the Auntie Stella materials, and their use. A larger study could potentially analyse the gendered discourses in several interventions at the same time to make the study more transferable. Further, the methodology of this study can easily be replicated in various contexts and in looking at various interventions. Researchers demonstrate that transferability is ensured through methodological rigour (Bryman, 2012; Silverman, 2013). In presenting a clear and concise, step-by-step presentation of the research methods, this study hopes to make it possible for other researchers to replicate this research in different settings. This research received full ethical approval before I proceeded with my study. The ethical clearance letter can be found attached as Appendix B.

Chapter 5: Analysis

5.1 Introduction

This chapter presents an overview of the findings of this study in two sections. The first section will begin by briefly revisiting the aims of the Auntie Stella intervention as they relate to adolescent sexual and reproductive health. The findings of the analysis will be presented in response to the research questions. Additionally, I will briefly outline the nine cards which make up the materials for this study, including the revised numbering system I used as well as technical aspects like how to interpret the referencing system I have used.

The second section will identify the discourses that were identified in the analysis in order to explore the action orientation of these, such as what subject positions they make available, what realities they produce and what possibilities for adolescent agency in sexual-decision making and behaviour they allow or encourage. I will also identify and explore dominant discourses and missing discourses, as well as their consequences. The chapter will conclude by offering some thoughts on the implications of the findings for the Auntie Stella intervention as well as for adolescent sexual and reproductive health.

5.2 Research questions guiding this analysis

This particular study focused on the discursive constructions of various gender and sexuality within the nine cards that formed the data for this research. This exploration was guided broadly by these two questions:

1. What are the discursive constructions of gender and sexuality in the Auntie Stella cards?
2. How do these discursive constructions perpetuate dominant ideas of gender and sexuality, thereby contributing to particular kinds of sexual behaviours and practices?

The findings of this study will therefore be presented primarily in relation to these questions. The cards that make up the sample for this study can be found in Table 2 below. Cards will be referenced by their number as identified in the table below. A letter Q will identify whether the reference speaks to the Question portion of a card, the letter A will identify whether the reference speaks to the Answer portion of the card, the letters TP will be used to identify whether the reference speaks to the Talking Points of a card and the letters AP will be used to

identify whether the reference speaks to the Action Points of a card. For example, the reference (Card3A, lines 7-8) refers to the answer portion of Card number 3 (as I've numbered it for this research, which is in fact number six in the series of forty-two).

Table 2: Revised card numbers for the current study

Card number (out of 42)	Topic	Revised numbering for this research
Card # 1	Should I sleep with him?	1
Card # 3	Must I sleep with my sister's husband?	2
Card # 6	I want to have sex like all my friends!	3
Card # 12	I pay for lunch, don't I deserve sex?	4
Card # 16	I was raped	5
Card # 22	Should I tell him I'm HIV positive?	6
Card # 30	My husband is unfaithful	7
Card # 34	I'm gay – will anyone love me?	8
Card # 36	My sugar daddy treats me badly	9

The next section will present the findings of the analysis by identifying the discourses that were produced in the Auntie Stella materials as well as considering their consequences for adolescent sexual and reproductive health.

5.3 Sex is risky

Throughout the data there were numerous discursive constructions of sex. It was evident throughout the materials that sex was constructed within a context of danger and risk. This was clear from the outset from the very first card. The purpose of the first card, which will be explored in more detail later on in this chapter, appears to be engaging adolescents in thinking about whether they are ready for sex, or not. Auntie Stella encourages Zandile to wait until she is “older or married to have sex” (Card, 1A, lines 4-5), and identifies the “many advantages to this decision” (Card 1A, lines 5-6). She says “when you are older you are emotionally more ready to have a relationship. Also, if you don't have sex, you are not at risk from STIs, HIV, and unplanned pregnancies” (Card 1A, lines 6-9). Additionally, Auntie Stella encourages Themba to abstain from sex by saying

many girls and boys prefer to avoid the problems that arise from having sex when you are still a teenager. They don't want to be worrying about pregnancy, STIs and HIV so they choose to abstain until they are older (Card 4A, lines 7-10).

She also warns Nyarai that “having sex without condoms is very risky” (Card 9A, line 9). In the TPs of Card 4, there is a drawing by Lovemore, an adolescent boy who says he is waiting

until he is older to have sex because it is “better to be SAFE than SORRY” (Card 4TP, line 21). Sex was constructed within a context of risk in four primary ways, namely, HIV, adolescent pregnancy, STIs and gender-based violence.

The relative risk of each of these is suggested by its prevalence in the materials. For instance, out of the nine cards seven identify HIV as a risk, social crisis and a danger to be avoided. Josephine, says for instance that she is “really scared of AIDS” (Card7Q, line 7). On the other hand, only three letters address GBV, unplanned pregnancy and STIs. Additionally, unplanned pregnancy and STIs are not engaged with in any substantive way in the materials, rather, their inclusion in the cards is often only as part of a cluster of risk in which HIV, STIs and unplanned pregnancy are grouped. For instance, Auntie Stella tells Zandile “if you don’t have sex, you are not at risk from STIs, HIV and unplanned pregnancies” (Card 1A, lines 7-9). In the materials there are three cards that explicitly reference GBV (Cards 9Q, 2A & 5Q). However, the data is nonetheless saturated with indirect references to coercive relationships and contexts.

5.4 Auntie Stella is constructed as an expert

Responsive to these discourses of risk within the materials, Auntie Stella is constructed as an expert. For instance, the cards overwhelmingly construct Auntie Stella as an older, expert figure. The use of questions by adolescents constructs Auntie Stella as an expert as well. For instance, in their letters to Auntie Stella Patricia says “what should I do? Is this right?” (Card 2Q, line 7), Josephine says “what else can I do, Auntie?” (Card 7Q, lines 19 – 20) and Sibongile says “what can I do?” (Card 5Q, line 20). Additionally, many of the letters construct Auntie Stella as an expert through the desperation in tone. For instance, Sibongile says “Auntie, please help me” (Card 5Q, line 16), Titus says “please auntie, give me some advice” (Card 3Q, line 10) and Winnie says “Auntie, please give me some advice” (Card 6Q, lines 19 – 20).

Auntie Stella is therefore constructed and produced as an expert both in the way adolescents relate to her and as a consequence of the agony aunt format of the intervention. Cards are, significantly called “Activity Cards” which speaks to the nature of the cards as a response or an intervention to adolescent sexual and reproductive sexual health, to its orientation to future-action and also to the empowerment of adolescents.

Auntie Stella is therefore constructed as an expert both externally by TARSC in order to accomplish particular aims with the intervention, but is also internally constructed as an expert within the discursive space of the engagement between adolescents and Auntie Stella themselves. Part of what establishes her as an expert in the materials, is her ability to provide ‘correct’ or ‘true’ information and responses to adolescent problems. This was evident in the way adolescents’ own knowledge and their peers’ knowledge was undermined. Much of the work Auntie Stella does in the cards is a kind of information-provision, such as doing psychoeducation with the adolescents. For instance, Auntie Stella has to remind Zandile that “girls can also get and carry male or female condoms” (Card 1A, lines 24-25), she tells Patricia “It is illegal in Zimbabwe for anyone to have sex with a girl or boy under the age of 16” (Card 2A, lines 11-12) and she reminds Winnie that “even if your partner is also HIV positive, you must still use a condom” (Card 6A, lines 17-19). The fact that she has to do psychoeducation is therefore itself a signal that adolescents are perhaps lacking information, or may not have the incorrect information. Auntie Stella herself says “young people are still changing and they don’t yet know what they want from life” (Card 7A, lines 2-3).

5.5. Adolescents are young, naïve and immature

Auntie Stella and the adolescents are constantly constructed in relation, and, chiefly, in opposition to one another. There is therefore a binaried construction of Auntie Stella as the expert figure and adolescents as inexperienced which is reproduced throughout the materials and has complex consequences for adolescent agency. The adolescents in the materials are all younger than Auntie Stella. This is established in almost all of the letters to Auntie Stella where adolescents typically identify themselves by their age. For instance, “Dear Auntie Stella, I got married two years ago when I was 19” (Card 7A, line 1). Others give their age later on in their letter as Sibongile does when she says “last year, when I was twelve [my uncle] sometimes followed me into the bush when I was fetching water and touched my breasts and under my skirt” (Card 5Q, lines 3 – 6). Some do not mention their age but the context they provide suggests they fall into the category of adolescent. This is evident in Themba’s letter where he identifies himself as “a boy at school” (Card 4Q, line 1).

In the same way that pleading with Auntie Stella for help positions Auntie Stella as an expert, it also positions adolescents as being unknowing and in need of guidance. Some of the adolescents make it clear that they cannot talk to their friends about their problems, as Alice

says “my friends wouldn’t understand – they already laugh at me because I don’t wear dresses or have a boyfriend” (Card 8Q, lines 10 - 12). Additionally, Nyarai says “I boasted to my friends to make them jealous and they will laugh at me if I ask for advice” (Card 9Q, lines 21 – 22). Auntie Stella’s responses to adolescents therefore reinforce the sense that their adolescent peers are not reliable sources of information, undermining the validity of their friends’ knowledge, and implying that they should trust and listen to her instead. Adolescents are thus not seen as having valuable information regarding their own sexualities. For example, she tells Titus “don’t worry so much about what your friends say” (Card 3A, lines 8-9). Instead, adolescents are encouraged take up Auntie Stella’s suggestions. For example, Auntie Stella tells Nyarai “I hope you decide to leave your boyfriend” (Card QA, line 13), she tells Winnie that she “will need to do it (tell him about her HIV status) some time” (Card 6, lines 8-9) and she tells Josephine “you both need to have a (HIV) test” (Card 7A, lines 11-12).

While Auntie Stella is clearly constructed as an expert, constructions of adolescent agency and knowledge is more complex. In the first place, adolescents are obviously constructed as being unknowing which serves as a foil for the Auntie Stella character’s experience and expertise. Adolescent knowledge is undermined through the normative construction of Auntie Stella’s knowledge as being true and right.

5.6 The responsible sexual subject

However, as a consequence of framing adolescent sexuality within discourses of risk, Auntie Stella also produces the responsible sexual subject which appeals to adolescents to be responsible for their sexual and reproductive health by making safe and acceptable decisions. The “Are We Ready for Sex Quiz” in Card 1 is one of the tools through which adolescents are constructed as being responsible for their sexual and reproductive health. Sex is constructed as being “a big decision” (Card 1AP), which warrants appropriate responses from adolescent subjects. This card encourages adolescents to engage with particular aspects of sexual decision-making and communication identified by TARSC as being important before adolescents have sex (Card 1AP, lines 6-17).

1. Do we know each other well and trust each other?
2. Are we good friends?
3. Can we talk easily about sex and how far we want to go?

4. Have we talked about and agreed how we will protect each other from pregnancy, STIs and HIV?
 5. Have we discussed having an HIV test before we start having sex?
 6. Have we talked about what we will do if the girl gets pregnant?
- (Card 1AP, lines 6 – 17).

Moreover, the card uses discourse of risk to suggest that responsible adolescents will engage in careful consideration, communication and planning before they have sex, or, failing that, will abstain from sex until they are ready to answer yes to all of the questions. Consequently, adolescent knowledge and agency are constructed in contradictory ways. On the one hand, Auntie Stella as the expert exists to guide adolescents precisely because they are not seen as being mature or responsible enough to manage their own relationships. Indeed, as described previously, Auntie Stella suggests that adolescents do not really know what they want because they are still young. Adolescent knowledge and agency is therefore undermined as being inferior to Auntie Stella's. On the other hand, Auntie Stella constructs adolescents as being responsible for their sexual decision-making and behaviours, which suggests that they do have agency. These conflicting messages echo the literature on sexuality education in which sex communication was identified as being vague or confusing.

5.6.1 The responsible sexual subject communicates with their partner

Communication therefore emerges as one of the key practices responsible adolescents will engage in in order to protect themselves and their partners from the risks associated with sex. As Auntie Stella says to Josephine “talk to Thulani about it [sex] again” (Card 7A, lines 12 – 13). She also reminds Zandile that she and her partner need to use a condom before they have sex; she says “talk about this before – it's harder if you leave it to the last minute” (Card 1A, lines 23 – 24). The importance of conversation between partners before sex is emphasised in the “Are we ready for sex?” quiz from Card 1AP mentioned above. Out of the six statements which require participants to respond with yes, no or not really, four involve the importance of communication (Card 1A).

5.6.2 The responsible sexual subject abstains from sex, delays sexual debut or uses condoms

In addition to abstaining from sex until marriage and delaying sexual debut, the use of condoms also emerges as a primary technique of the responsible sexual subject. For instance, Josephine says she “finally got the courage to ask [her husband] to use a condom” after she realised he

was cheating on her (Card 7Q, lines 7-8) and Nyarai says “last week I asked him to use a condom” (Card 9Q, line 14). Additionally, Auntie Stella tells Winnie “one option is for you to use a female condom” and encourages her to continue to refuse to have sex with her husband if he does not use a condom (Card 7A, lines 10-11). She also tells Winnie that she “must still use a condom” even if her partner is also HIV positive (Card 6A, line 18). As a result, knowledge of condoms and use of condoms was widespread throughout the materials, which constructs condom use as a key tool of the responsible sexual subject.

5.7 Constructions of adolescents and Auntie Stella are gendered

Constructions of adolescents and Auntie Stella throughout the materials were normatively gendered. Auntie Stella is clearly constructed as a woman. This is also clear through the use of the moniker ‘Auntie’ to identify her. The adolescents in the nine cards which make up the materials for this study, are identified, both by themselves and Auntie Stella as boys (Titus and Themba), girls (Nyarai, Sibongile and Alice) and women (Winnie). Other characters are also identified in the cards, such as Nyarai’s boyfriend/sugar daddy, Josephine’s husband, Josephine’s husband’s girlfriend and Themba’s girlfriend, to name a few. All additional characters are also identified as either girls, boys and men. There are frequent references to boys, girls, boyfriends and girlfriends in the data both by the adolescents and Auntie Stella. For instance, “Dear Auntie Stella, I am a 15-year-old girl” (Card 2Q, line 1), “Dear Auntie Stella, I am a 16-year-old boy” (Card 3Q, line 1), “Dear Nyarai, I am sorry your boyfriend is no longer nice to you...sugar daddies like young girlfriends...” (Card 9A, lines 1 – 2) and “It is illegal in Zimbabwe for anyone to have sex with a girl or boy...” (Card 2A, lines 11 – 12).

5.7.1 Heterosexuality is normative

While not explicitly stated, the Auntie Stella materials demonstrates that sex is constructed as something that occurs between a man and a woman, or a penis and vagina. For instance, when Zandile says she enjoys hugging and kissing her boyfriend, but not having ‘sex’ it becomes apparent that sex is constructed as something that, crucially, occurs between a man and a woman, and also something that is defined by the insertion of a penis into a vagina (Card 1TP). This reproduces heterosexuality as the norm and constructs diverse sexualities as other and subordinate. This was evident by the fact that only one out of the nine cards dealt with same sex sexuality (Card 8Q). Moreover, Auntie Stella’s response to Alice suggests a distinct

discomfort with non-normative sexualities in her awkward use of language. She tells Alice to “find other gay people” (Card 8A, line 9) and employs a discursive technique for othering which will be familiar to critical race theorists when she says “contact them” (Card 8A, line 11). She also does not take the lived reality of being a gay teenager in Zimbabwe very seriously when instructs Alice not to “feel ashamed about it” (Card 8A, line 3), says “it isn’t hard” (Card 8A, lines 9-10), “you’ll feel good when you meet people who feel the same as you” (Card 8A, lines 12-13) and “don’t feel so bad!” (Card 8A, line 20). Auntie Stella does make an effort to normalise Alice’s experiences, but the talking points and action points are more successful at this than her own response. For instance in encouraging adolescents to distinguish between facts and opinions about “gay” people, and situating these within a human rights discourse, she is offering a challenge to the marginalisation of queer sexualities. However, I argue that the discursive potential of this is limited given that her response to Alice seems to undo her efforts to normalise same-sex sexualities. Moreover, on the whole in the cards sexuality is constructed as a binary, thereby marginalising sexual identities or sexual behaviours which fall outside of the heterosexual/homosexual framework.

The normative nature of heterosexuality was further demonstrated by the widespread use of condoms as a risk-proofing technology. For instance, Auntie Stella says “having sex without condoms is very risky...” (Card 9A, line 9). Following abstinence, or waiting until they are older or married (Card 1A; Card 3A), condoms are the primary method suggested to ensure safe sex. For instance, Auntie Stella tells Winnie “if he refuses to use condoms...then sex is OUT” and “you must still use a condom” (Card 6A lines 11-14; lines 17-18). Similarly, she encourages Josephine to say no to having sex with her husband without a condom by saying “many women are saying NO to their husband’s unfaithfulness and NO to getting HIV because of it” (Card 7A, lines 6-7). In only one of the nine cards is there mention of a belief that condoms are not necessary for safe sex when Zandile says “I asked him to use a condom because it was safer...he promised to get herbs for me I need them” (Card 1Q, lines 14 – 18).

5.7.2 Gender is constructed as a binary

In the materials gender is constructed as simply being “boys” and “girls” (Card 4AP), or, men and women, suggesting firstly that there are only two genders and secondly, that they exist in opposition to one another. This construction is so dominant that it operates as a taken for granted assumption. It also forms the basis of the belief that men and women should be viewed

in opposition to one another. This construction presents gender differences as part of a process of naturalisation. Additionally, the use of dominant gender discourses serves to legitimate male/female identities and renders gender identities which fall outside of this framework invisible.

5.7.3 Gender differences are normative

It follows from binary constructions of gender, that girls and boys are essentially different and that they can therefore be seen to want different things in their relationships. While sex is constructed as something boys want, girls are constructed as wanting love instead. Auntie Stella also says to Themba “it’s difficult when people want different things from a relationship and it seems that sex is more important to you...” (Card 4A, lines 1 – 3). This demonstrates that sex is constructed as a priority for boys but not for girls. This is produced by, and reproduces dominant discourses of essentialism.

5.7.4 Boys want sex, girls want love

Sex is primarily constructed as something that boys want and that girls have to do for them. Out of the nine cards, five cards explicitly demonstrate the ways in which boys/men want sex that girls/women are obligated or feel obligated to provide. Titus, Themba, Zandile’s boyfriend, Josephine’s husband and Patricia’s brother-in-law are all constructed as wanting sex from them. For instance, Zandile says her boyfriend “always wants me to satisfy him in ways that hurt my feelings” (Card 1A, line 1). In trying to persuade her to have sex with him, her boyfriend tells her “everyone has sex at our age” (Card 1Q, lines 3 - 4). In addition to girls being constructed as asexual and boys being constructed as wanting sex, adolescent boys are constructed as being overly preoccupied with sex. This is evident in almost all of the letters from adolescent girls to Auntie Stella in the ways they describe the boys/men in their lives. Additionally, the only two letters written by boys in the data demonstrate a preoccupation with sex. Titus just wants to have sex like his friends (Card 3Q) and Themba wants his girlfriend to have sex with him as repayment for all the things he buys her (Card 4Q). Constructions of women as passive in sexual encounters therefore relies on and reproduces dominant discourses of femininity. Moreover, constructing women as passive in their sexual encounters – as only having sex because their male partners wants to – undermines women’s sexual desire.

5.7.5 Boys need sex

Zandile says her boyfriend says “he’ll go blind if I continue to make him stop half-way” (Card 1Q, line 2). One of the ways in which boys/men deal with this need is by cheating on their partners or going elsewhere for sex if their partners will not provide it. This is something that is normalised by Zandile’s friends who tell her that if she does not have sex with her boyfriend, he will have sex with other girls (Card 1Q). Sibongile’s uncle justifies raping her by saying that she “made him need sex” (Card 5Q, line 15). Male sexuality is therefore constructed as an uncontrollable biological impulse. The consequences of this are for instance, to suggest that men are not responsible for sexual violence if they cannot control their urges. However, this dominant discourse is challenged in the materials. Auntie Stella counters this dominant discourse by telling Sibongile that what her uncle did was “very wrong”, that the rape was not her “fault” and that her uncle “committed a crime” (Card 5A, lines 2-3). She also counters the discourse that boys need sex by telling Zandile that “boys...can stop at any time with no ill-effects” (Card 1A, lines 13-14).

5.7.6 Girls as the gatekeepers of sex

In the Auntie Stella materials for instance, there is also evidence of women being constructed as being gatekeepers of sex in their relationships. In Titus’s letter to Auntie Stella, he says “I want to have sex like my friends!” (Card 3A, line 1). In the letter he describes his desire for a “proper girlfriend” (Card 3A, line 3) to fulfil this function. Titus therefore constructs women as being the gatekeepers of sex in a relationship. Sex is something a woman can provide her partner(s), but also something she can deny. This was also evident in Themba’s letter where his girlfriend’s refusal to have sex with him appears to frustrate him (Card 4Q). Moreover, Josephine’s ability to refuse to have unprotected sex with her husband is also constructed as something that gives her power in the relationship (Card 7Q). Her husband is clearly angry at her refusal but nonetheless ends up sleeping in the kitchen instead. These constructions of women’s power in heterosexual relationships therefore offer challenges to dominant discourses which construct women as passive victims of the male sexual gaze. In these discourses, women are able to exert their agency to regulate male sexuality but only within the context of a heterosexual relationship, suggesting that outside of heterosexual, monogamous relationships, girls are still victims.

Zandile for instance says “I don’t let him have sex with me” (Card 1Q, line 2). Similarly, Josephine says “I said I wouldn’t have sex with him until he went for HIV testing” (Card 7Q, lines 13 - 14). There is therefore an interesting entanglement around agency and power in sex. Women are constructed as being passive victims to their partners’ sexual needs but at the same time, are able to serve a gatekeeping function for sex in relationships which affords them bargaining power. However, this power is by no means absolute. Zandile may not let her boyfriend have sex with her, but her letter makes it clear that if she does not have sex with him, he is likely to have sex with other girls (Card 1Q). Similarly, while Nyarai says she asked her boyfriend/sugar daddy to use a condom, he refused and instead hurt her (Card 9Q). Consequently, constructing girls as the gatekeepers of sex places considerable responsibility on them for negotiating their sexual encounters.

5.7.7 Gender and biological sex are conflated

Throughout the materials, sex and gender are frequently conflated. For instance, in the Action Points of Card 4, there are instructions for “girls” and “boys” (line 4) to write down specific things. Later on, they are instructed to “find a group from the opposite sex” (Card 4AP, line 8). This suggests that there is an assumption that gender identity and biological sex are the same thing. These confluences of gender and biological sex, and the construction of distinct gender categories as normal and natural are so pervasive that they infuse all aspects of the materials. The conflation of gender and biological sex results in constructions of gender difference and reinforced existing gender hierarchies.

5.7.8 Auntie Stella often says one thing but discursively accomplishes another

Contradictory constructions of adolescent agency identified earlier in the chapter were evidence of a broader process in the materials where Auntie Stella will say one thing but discursively accomplishes the opposite. This was evident in Sibongile’s card, where Auntie Stella clearly tells her that the rape was “not [her] fault” (Card 5A, line 2) yet then spends time in her response encouraging girls to “try to avoid” rape in a number of ways (Card 5A, line 18). The talking points and action points of Sibongile’s card offer a better challenge to discourses of responsibility and risk, by engaging with the broader community and encouraging adolescents to think about what contributes to risk or safety for young women. But Auntie Stella’s own reply undoes her work of saying “rape is never the victim’s fault” (Card 8A, line 17). Moreover, the gender roles that function normatively in the card also encourages

victimhood. Similarly, Auntie Stella tells Alice “there’s nothing wrong with being gay” but discursively establishes heterosexuality as normal throughout the materials. These two examples are part of a broader theme of contradictory messaging in the cards.

5.7.9 Women’s desire still largely missing in sexuality education

While there is both implicit and explicit engagement with male sexual desire in the data, there is no similar engagement with female sexual desire, with one possible exception. Auntie Stella tells Winnie “you deserve the same as everyone else – love, relationships, sexual pleasure, marriage and children” (Card 6A, lines 4-5). As discussed previously, Auntie Stella challenges male sex drive by saying that “boys – and girls – can stop at any time with no ill-effects” (Card 1A, lines 13-14). However, her inclusion of the words ‘and girls’ is therefore significant as it represents a recognition of female sexual desire. However, it is also necessary to note that it is Auntie Stella who hints at this – there are no examples where young women themselves construct themselves as desiring subjects.

5.7.10 Male sexual desire is undone in complicated ways

Male sexual desire was explicitly engaged with and constructed in the materials in ways that have been described previously as both conforming to, and challenging, dominant discourses. However, where male sexual desire existed in the materials, Auntie Stella used techniques of undoing to undermine its legitimacy. For instance, appeals to hegemonic masculinity seemed to construct boys’ desire for sex as an important part of masculine identity and socialisation processes. Being able to brag about having sex or wanting sex was constructed within normative discourses of masculinity. For instance, Titus’ desire for sex is framed within his belief that his friends are all having sex themselves. He says that his friends all boast about having sex, consequently, he “would also like to be doing this” (Card 3Q, lines 4-5). Moreover, part of the reason Zandile’s boyfriend gives her for wanting to have sex is by telling her that “everyone has sex at our age” (Card 1Q, lines 3-4). Themba also frames his desire for sex as something he can reasonably expect because his “friends say that other girls do this” (Card 4Q, line 4).

This kind of construction serves two purposes. Firstly, it reaffirms the need to risk-proof adolescent boys against unsafe sex, and secondly, it works to undermine adolescent male

sexual desire by suggesting that at least part of the reason young boys want sex may not in fact be because they actually desire it, but because they believe they should or because it will make them cool if they are already having sex. Auntie Stella's responses seem to suggest that boys do not actually want sex for pleasure, but rather for conquest and to bolster a particular kind of masculine ideal. The materials therefore appear to be oversimplifying constructions of male sexuality. Auntie Stella's position as the expert is further legitimated by her ability to correctly assess and diagnose the 'real' problem in this card; a problem that is not about sexual desire or pleasure, but of misunderstanding.

5.8 Summary

The Auntie Stella materials were discursively constructed within contexts of risk. Dominant discourses of risk pervade the materials and produce an urgency, both for the need for intervention through sexuality education, but also of the kinds of interventions that are suggested in the content and discourse throughout the Auntie Stella materials themselves. Discourses of the risk and danger associated with sexual activity therefore legitimate the Auntie Stella intervention both externally and also internally. Another way that risk was both created and responded to in the materials, was the construction of Auntie Stella as an expert figure who established herself as having accurate information and advice in comparison with adolescents who were largely constructed as being too young and immature to be able to engage in sexual decision-making.

Adolescents were constructed simultaneously as being unknowing and immature, as well as being responsible sexual subjects. The agony aunt framework of the intervention itself sets up a hierarchy in which Auntie Stella's knowledge is constructed as being right and true in contrast to adolescents. Adolescents' own knowledge about their sexual and reproductive health was undermined discursively and therefore positioned as being inferior to Auntie Stella's own truth/knowledge. On the one hand, adolescents are constructed as being unable to adequately resolve their own difficulties, too young to know what they really want, or as being susceptible to being wrong. These constructions all undermine efforts to empower adolescents to engage with their sexual and reproductive health. However, these constructions of adolescents were contrasted and complicated by a discourse of responsibility employed in response to the risks associated with sex. Auntie Stella therefore discursively accomplished a process of responsabilisation in which adolescents were constructed as being responsible sexual subjects

who have obligations to both their own and others' sexual health and wellbeing. These contradictory messages regarding adolescent sexuality echo much of the literature on sexuality education which demonstrates confusing and mixed messaging. They also constrain adolescents' potential to position themselves as agents in their sexual and reproductive health. This therefore serves to largely undermine the aims of the Auntie Stella intervention, and of adolescent sexual and reproductive health more broadly.

Constructions were gendered in powerful ways. For instance, constructions of adolescents, Auntie Stella and sexuality were normatively gendered. Heterosexuality was constructed as normative, and gender was constructed as a binary, which produced gender differences as normal and natural. These constructions therefore rely on dominant discourses of biological essentialism and heteronormativity, which produce particular kinds of gendered subjectivities. Women were largely constructed as being passive victims of the male sexual drive. Additionally, women were constructed as not possessing any kind of sexual desire, therefore replicating concerns that discourses of desire in sexuality education are still missing (Fine, 1988). However, women nevertheless received a disproportionate burden of the responsibility for negotiating their sexual relationships. Where male sexuality was constructed as being out of control, women were constructed as being responsible for regulating it.

Constructions of gender and sexuality largely reproduced dominant discourses. These dominant constructions of femininity have significant consequences for the ways in which women are able to take up sexual subjectivities. Reproducing dominant discourses of femininity, as opposed to disrupting them, does not offer opportunities to shift discourses, subjectivities and realities. These constructions therefore constrain women's agency in their (sexual) relationships by reproducing gender inequalities.

There were examples of competing discourses, for instance, where women were constructed as having agency in their sexual relationships. Women were constructed as being the gatekeepers of sex in relationships, both by men and women, in the materials. Girls were therefore positioned as having power to regulate the conditions under which they might be willing to have sex with a male partner, such as marriage or monogamy for instance. Additionally, Auntie Stella was able to resist male sexual drive discourses by providing

evidence-based responses for the ways in which men ought to be held accountable for their behaviour.

However, in addition to accurately challenging the male sexual drive as something that is inherently out of control, the materials also discursively undermined opportunities for the legitimate expression of male adolescent pleasure or desire. The consequences of an over-reliance on dominant discourses of gender and sexuality are significant, and widespread. These discourses encourage adolescents to take up particular subjectivities which entrench, rather than challenge existing power relations. Women are encouraged to be passive and men are encouraged to be aggressors. These therefore provide a limited discursive repertoire for the fashioning of sexual selves. Moreover, they do not create opportunities for discursively shifting the sexuality education intervention field.

The findings of this study therefore suggest that, contrary to TARSC's and CWGH's (Kaim & Ndlovu, 2000; TARSC, 2016; CWGH & UNICEF, 2006) aims, the discourses in the Auntie Stella materials do not facilitate adolescent empowerment and agency. While the facilitation of the intervention may offer opportunities to disrupt traditional hierarchies that view adolescent knowledge as inferior, the materials and content themselves do little discursively to construct adolescents as valuable sources of knowledge about their own experiences. Additionally, the reproduction of patriarchal gender roles and sexualities marginalises women and queer persons. It also undermines the potential for the development of adolescent sexual agency. Taken as a whole, it could be argued that the discourses used in the Auntie Stella materials reproduce realities and identities which are more likely to facilitate rather than prevent risky sexual behaviours. They therefore offer a bleak view of the consequences for adolescent sexual and reproductive health.

This study explored the discursive constructions within the materials of the Auntie Stella programme in order to identify their role in producing particular subjects, subject positions and subjectivities. This study places specific emphasis on the ways in which these subjects are mediated through (dominant) constructions of gender and sexuality which work to produce particular kinds of normatively gendered subjects. Guided by the research questions, the discussion is therefore primarily concerned with how and why these subjectivities are produced and maintained, and what the consequences of these subjectivities are for adolescent sexual and reproductive health. The discussion of the research findings will be presented in the next two chapters. The first will establish and engage with the regulatory discursive framework of

risk and responsibility, and the second will explore the normative gendered subjectivities that emerged within this framework.

6.1 Introduction

This chapter is divided into two sections. The first section is concerned with exploring how and why adolescent sexuality was constructed within discursive contexts of risk. The saturation of risk discourses throughout the Auntie Stella materials therefore reproduces the dominant construction of sex as risky, thereby legitimating various public health interventions, such as the Auntie Stella intervention. Constructing adolescent sexuality within a framework of risk therefore produces an urgency for intervention, through sexuality education itself. Sexuality education consequently emerged in the materials as a means for controlling adolescent sexuality. A process of responsabilisation was similarly identified as one of the ways in which risky adolescent sexuality was both produced and regulated by Auntie Stella. The responsible sexual subject emerges from these constructions as a normative sexual subjectivity.

Moreover, this emphasis on risk and danger speaks not only to the need for intervention in general but more specifically to the kinds of interventions that are suggested in the Auntie Stella materials themselves. Risk was therefore created and regulated through the construction of Auntie Stella as an expert in contrast with adolescents who were constructed as being too immature to engage in sexual-decision making. Various other technologies for the regulation of adolescent sexuality were discursively produced in the materials, however, this chapter will focus on three of these which have been selected for their prevalence and significance across the materials – namely, the agony aunt framework of the intervention, the need for healthy communication and an ABCD approach to safe sex practices. The second section of the chapter will address the consequences of constructing adolescents, adolescent sexuality and Auntie Stella in the ways which are described above.

6.2 Disciplinary power is productive

This research is particularly interested in the productive aspects of disciplinary power which exert their force through discourses. Power is never an “essentially repressive force” (Burr, 2001, p. 44). Rather, Foucault argues that power is “at its most effective when it is productive, when it produces knowledge” (Burr, 2001, p. 44). Foucault has therefore argued that knowledge through discourses is put to work to “regulate the conduct of others” (Hall, 2005, p. 75). Similarly, Spilka (2018, p. 14) argues that “what a society considers

favourable/normative and unfavourable/abnormal is socially produced at specific points in history to maintain the status quo”. Burr (2001, p. 45) argues that invention of ‘sexuality’ as a discursive object therefore developed into a means for regulating sexuality “as people began to scrutinise their own behaviour, to ask questions about their own ‘normality’ and to adjust their behaviour accordingly”.

The overall function of disciplinary power is to produce subjects in order to survey and regulate them. For instance, Foucault has argued that “sexuality as a specific way of talking about, studying and regulating sexual desire, its secrets and its fantasies...only appeared in western societies at a particular historical moment” (Hall, 2005, p. 74). Hall (2005, p. 74) argues that while there may have always been

homosexual forms of behaviour...the ‘homosexual’ as a specific kind of social subject was produced, and could only make its appearance within the moral, legal, medical and psychiatric discourses, practices and institutional apparatuses of the nineteenth century, with their particular theories of sexual perversity.

Irvine (2000a, p. 60) for instance argues, “because sexual meanings, identities and knowledges are constituted through discourses, the discursive field is a key site” for the reproduction of dominant discourses, discursive contestations and resistance. The relationship between disciplinary power, discursive constructions and emerging subjectivities is therefore of primary interest to this study. Put differently, this study, and this chapter in particular, is interested in the consequences of putting particular discursive constructions to work in the Auntie Stella materials.

6.3 Risk, danger and disease in adolescent sexuality

6.3.1 Adolescent sexuality is constructed in a context of risk

The very first card in the Auntie Stella series frames the engagement with adolescent sexuality meaningfully by demonstrating the materials’ preoccupation with the risks associated with sexual activity. The Auntie Stella materials are therefore consistent with dominant messaging in sexuality education in southern Africa in its prioritisation of messages of danger and risk as the primary method for engaging with adolescents (Glover & Macleod, 2016; Francis, 2011; Mayeza & Vincent, 2019). Jearey-Graham and Macleod (2015, p. 14) for instance argue that

in South Africa and other sub-Saharan countries, parental communication about sex is often authoritarian and uni-directional, and contains vague warnings about the dangers

of sex or the need to avoid sex.

Similarly, Chiweshe and Chiweshe (2017) argue that sex communication between parents and adolescents in Zimbabwe tends to take the form of warnings. Additionally, parents use fear of the dangers associated with sexual activity as a way to regulate adolescent sexuality (Chiweshe & Chiweshe, 2017). This messaging is prevalent throughout the Auntie Stella materials as well. Because sexuality education developed inside and in response to what could be referred to as a context of risk, the forms it has taken over the years tend to be primarily responsive to this (Carr & Bednarek, 2019). Carr and Bednarek (2019, p. 227) point out that this is “most evident in sex education’s preoccupation with risk and safety, with a focus on contraception, sexually transmitted infections (STIs)”.

6.3.2 Adolescent sexual risk shaped the emerging subjectivities in the Auntie Stella materials

As a starting point it is necessary to demonstrate that these discursive constructions of risk were so prevalent throughout the materials that they played a role in the consequent construction of all the other subjectivities produced by the materials, namely, Auntie Stella, adolescents, boys, girls, heterosexuals, homosexuals and so on. Discursive approaches to sexuality education are therefore interested in the action potential of these discourses of risk; that is, what purpose they serve within the context of the cards, and within the context of sexuality education more broadly. A Foucauldian interpretation of this would be to argue that constructing adolescent sexuality within a context of risk creates the mechanisms for its regulation (Macleod, 2009). The sections that follow will engage with how these discursive contexts of risk are simultaneously produced and neutralised.

6.4 Intersecting contexts of risk

Two contexts were considered in relation to the cards, firstly, the external context of southern Africa in which adolescent sexual and reproductive health emerges as an ongoing public health crisis (Bhatasara et al., 2013). While the risks associated with sexual activity are therefore identified as being a global problem which warrants urgent intervention, this concern is amplified in the southern African context where countries like Zimbabwe and South Africa continue to experience a disproportionate burden of the prevalence of HIV, gender-based violence and unplanned pregnancies, as was described in chapter two. Additionally,

constructions of adolescence and black African sexuality in southern Africa have lent themselves to a particular urgency that legitimates and necessitates public health intervention.

6.4.1 Adolescence (and adolescent sexuality) requires a civilising force

Researchers argue that ‘adolescence’ as a distinct developmental category was invented and imported to Africa through colonisation (Chiweshe & Chiweshe, 2017; Macleod 2003; Macleod, 2009). This process resulted in the construction of adolescence as a complex time marked by the meeting of childhood and adulthood. As such, adolescence emerged “as the primitive urges characteristic of childhood competed with the requirements of civilised behaviour characteristic of adulthood” (Macleod, 2009, p. 382). This was evident in the Auntie Stella materials where she encouraged Titus to “focus on your studies” and “find other interests” instead of looking for sex and/or a girlfriend (Card 3A, lines 17-18). She therefore uses the civilising influence of education or other interests and pursuits as a means of regulating his desire for sex. Similarly, in the materials Auntie Stella tells Titus that many adolescents do not find boyfriends or girlfriends “until much later” and that “even when they do...it doesn’t mean they have to have sex” (Card 3A, lines 5-7). This serves to neutralise his desire for sex by encouraging him to wait to have sex until he is older and by redirecting his passions elsewhere. Bay-Cheng (2003) has argued that the way adolescents are constructed is similar to Freud’s concept of the id. Like Freud’s id, adolescents will “ceaselessly pursue satisfaction” unless checked by the civilising influences of the ego and the superego (Bay-Cheng, 2003, p. 62). Such constructions present adolescents, particularly adolescent males, as hypersexual slaves to their desires (Bay-Cheng, 2003). This was evident when Auntie Stella told Zandile “many young people believe that once you start touching and kissing you end up having sex, so it’s better to spend time together with friends, instead of alone cuddling and kissing” (Card 1A, lines 15-18).

6.4.2 Black African sexuality is dangerous

Additionally, Moffett (2006) has argued that the sexuality of black Africans is constructed as something that is particularly dangerous (Moffett, 2006). Black men have largely been constructed as hypersexual others that need to be feared, and black women have been constructed contradictorily as being both hypersexual and also as being the victims of black men’s sexual appetites (Bhana et al., 2019; Gqola, 2015; Posel, 2005). Bhana et al. (2019, p. 363) argues that “the sexuality of Black Africans was constructed as ‘other’ and ‘deviant’”.

These constructions of black African sexuality are so prevalent that they warrant various public health interventions, such as sexuality education interventions. Race is not mentioned once in the Auntie Stella materials or in their development. However, the materials were developed on adolescents in rural Zimbabwe and the pictures accompanying the cards appear to represent black adolescents, as opposed to other ethnic groups. It is therefore possible to suggest that one reason race is not addressed in the cards is because it is normatively assumed, which would indeed reproduce discourses around black African sexuality needing to be regulated.

6.5 The internal context of risk and the subjectivities it produces

I have argued that two intersecting discursive contexts of risk have been identified in the Auntie Stella intervention. The first of these is the external context of the intervention, which I have described above. The second context of risk is the internal context of the Auntie Stella materials themselves. In chapter three I provided a detailed outline of the ways in which adolescent sexuality has been constructed as a threat which needs to be neutralised in the sexuality education literature. Responsive to discourses of risk, I argued that sexuality education emerged as a means of controlling sexuality through encouraging adolescents to take up disciplinary practices of the self by producing the responsible sexual subject. This chapter will move to focus on how these disciplinary practices produce the responsible sexual subject and what the consequences of this are.

6.5.1 Risk and responsabilisation

Macleod (2009) argues that constructing sex as risky is not merely about providing information; it serves the purpose of regulating adolescent sexuality. Sexuality education is therefore seen as “being instrumental in simultaneously bringing about changes in the behaviour of individuals...and solving the social ills of teenage pregnancy, HIV and rape” (Macleod, 2009, p. 383). Adolescent sexuality is therefore constructed as something that requires discipline and management through appeals to rationality and responsibility (Jearey-Graham & Macleod, 2015). Auntie Stella’s appeals to adolescents to abstain from sexual activity until they are older or married can therefore be understood within this context of risk and responsibility. Moreover, they are part of a process of responsabilisation (Jearey-Graham, 2015; Macleod et al., 2015). The purpose of responsabilisation is regulation, however the ultimate goal of responsabilisation is not simply regulating others but a more complex process wherein adolescents are encouraged to regulate themselves (Juhila et al., 2017).

6.5.2 Responsibilisation encourages self-regulation

One very clear example of this responsabilisation is when Auntie Stella praises Winnie for being concerned about having a relationship now that she is HIV positive (Card 6A). She says “you are right to worry about passing on HIV! I wish everyone was as responsible as you!” (Card 6A, lines 15-16). This clearly constructs Winnie as the responsible sexual subject and also regulates her through normative constructions of the appropriate ways to manage HIV and relationships. In this card, Winnie as the responsible sexual subject is both produced, and also encouraged to behave in particular ways, namely, disclosing her HIV status to a potential partner. This is a useful example of how in sexuality education, “self management around sexuality” emerges as the primary goal of responsabilisation (Jearey-Graham & Macleod, 2015, p. 13). As Macleod et al. (2015, p. 92) argue, within this framework, it is reasonable to encourage adolescents to engage in “responsible decision making” in order to protect themselves from the risks associated with sexual activity.

Macleod et al. (2015, p. 92) for instance note that sexuality education materials “function as the approved...framework for how the sexual socialization of learners...should proceed”. In the Auntie Stella materials, it could be argued, that similarly to Macleod et al.’s (2015, p.95) findings on sexuality education materials in South Africa, responsibility is “paired with understanding and knowledge”. Given the preoccupation with risk in the materials, this suggests that being a responsible sexual citizen means being aware of the dangers associated with sexual activity. As noted by Macleod et al. (2015, p. 95) “the responsible sexual subject...understands the consequences of having sex and thinks deeply about whether s/he is ready for sex”. In the Auntie Stella materials this is no more clear than in the “Are we ready for sex” quiz in Card 1. Because this card is the first in the entire series, its contents, including this quiz, frame TARSC’s primary risk-proofing objective in creating the Auntie Stella intervention. Adolescents are encouraged to do the quiz to determine whether they are ready for sex, however, the quiz ends with a warning constructed as the appropriate way to interpret answers – if adolescents cannot answer yes to all of the statements, it is suggested that they are not ready for sex and should rather wait (Card 1AP).

The messaging in the Auntie Stella materials therefore sets up a moral gaze which is supposed to be internalised by adolescents, allowing them to engage in their own self-regulation. This demonstrates the power of discourses which “impose disciplines of thought and behaviour” on

people today (Smith, 1999, p. 93). This card, along with the quiz therefore frames the ongoing engagement with risk and responsibility which is so prevalent across the cards, and demonstrates the first of the two dominant constructions of adolescents in the materials; that of the responsible sexual subject. This amounts to a process of what Jearey-Graham and Macleod (2015, p. 13) call “responsibilisation”. Juhila, Raitakari and Lofstrand (2017, p. 2) define responsibilisation “as treating some individuals or groups of people as having certain responsibilities and making efforts to get them to act according to these responsibilities”. Responsibilisation is thus primarily about regulation. Furthermore, McLeod (2017, p. 43) says that the emphasis in this construction of responsibility is on “*self-responsibility*” where responsibility is mobilised to create the responsible neoliberal subject.

6.5.3 Auntie Stella is constructed as an expert

An over-reliance on discourses of risk therefore speaks not only to the need for intervention in general, but also more specifically to the kinds of interventions constructed by the Auntie Stella materials. Risk was therefore both produced and regulated by the construction of Auntie Stella as an expert. Auntie Stella is overwhelmingly constructed as an expert, older figure whose role is to guide the adolescents through their relationship difficulties. This is evident by the format of the letters where adolescents are writing to Auntie Stella to ask for advice and guidance. Jackson (2005, p. 298) argues that agony aunts “reassure and advise” in their responses. This sets up a knowledge hierarchy which contributes to the regulation of adolescent sexuality (Jackson, 2005). In other words, the adolescents would not be writing to Auntie Stella if she were not constructed as a figure of authority and knowledge regarding the problems they are experiencing. Wilbraham (1996, p. 52) describes the use of the agony aunt figure in sex communication as a “kindly aunt who issued commonsense wisdoms” and argues that contemporary advice columns tend to bring in expert-like figures to dispense sound advice.

6.5.4 The agony aunt format of the cards contributes to the discursive accomplishment of Auntie Stella as an expert

Auntie Stella’s expertise is therefore produced and established both by the agony aunt intervention format and also within the discursive space of the engagement between Auntie Stella and the adolescents. Jackson (2005, p. 298) furthermore adds that the agony aunt figure often invokes “a normalising discourse as to what is and what is not acceptable” sexual behaviour. Her suggestions for adolescents are therefore constructed as being ‘true’ and ‘good’. Consequently, part of what establishes or produces her expertise are her claims to ‘truth’ and

'knowledge' which constrain and enable adolescent subjectivities and knowledges. Wilbraham (1996) argues that advice column formats entrench knowledge hierarchies. She argues that "through intervention by the particular expert, our emotions, bodies and conduct are thought about in terms of conformity with or deviation from sets of institutional knowledges" (Wilbraham, 1996, p. 55). Mollborn (2015) for instance argues that messaging in sex communication is not only telling adolescents what they should do, but is also communicating how those who violate social norms will be treated. Auntie Stella's responses therefore encourage adolescents to think about their behaviours and practices in relation to her solutions, in order to promote a normative sexual subject.

As a result, it is suggested that the adolescents should take up her suggestions and guidance if they want to resolve their difficulties in a safe and responsible manner. For instance, the TARSC (2006, p. 26) facilitation handbook makes it clear that in a group facilitation context, adolescents will likely have incorrect information. In responding to this, facilitators are told "to counter this, Auntie Stella's response gives correct information". Chiweshe and Chiweshe (2017) argue that in Zimbabwe, adolescent sexuality remains under the regulation of adults. The Auntie Stella materials therefore reproduces the way that adolescent sexuality is mediated through and by adult figures.

6.5.5 Adolescents are young and immature

In contrast to Auntie Stella, adolescents are largely constructed as lacking knowledge. The adolescents in the materials are all younger than Auntie Stella. Being younger is constructed as a disadvantage in the materials, both by Auntie Stella and the adolescents. While Auntie Stella's knowledge and expertise is discursively accomplished in the materials, adolescents' knowledge on the whole is undermined. Where adolescents confided in their peers or sought advice from friends, this advice was constructed as somehow being, at best, inadequate or incomplete. Consequently, Auntie Stella's ability to provide accurate information establishes her expertise, and adolescents lack of expertise. Within this power hierarchy, adolescent knowledge is constructed as being insufficient, inadequate and inferior in contrast to Auntie Stella's own truth/knowledge. Moreover, despite TARSC's (2016) claims to participatory processes and non-authoritarian engagement and dissemination of information, it is nevertheless true that the TARSC (2016) have identified the need for an adult facilitator of the content, suggesting that there is something insufficient about adolescents using the cards on their own. While the cards are designed to be used independently, therefore, TARSC's (2016)

reliance on an external facilitator in the intervention and on Auntie Stella as an internal facilitator within the cards produces particular kinds of realities in which adolescents are not seen as having enough knowledge, experience or agency to effectively engage with their sexual and reproductive health.

Adolescents who want to overcome their difficulties are thus encouraged to take up Auntie Stella's views and suggestions for their own health and safety. Auntie Stella's responses therefore bear the stamp of truth. The normalising function of her advice is used to regulate adolescent sexuality by encouraging adolescents to follow her specific advice as opposed to trying to come up with their own solutions or rely on advice from their peers. Given this, it is therefore suggested that not to take her advice would be irrational and irresponsible. Moreover, constructing Auntie Stella and adolescents in this binary manner has consequences for adolescent agency.

6.6 Conflicting constructions of adolescent sexuality

In Zimbabwe, Chiweshe and Chiweshe (2017, p. 119) argue that there is widespread belief that "sex is for adults...young people are expected to avoid sexual contact of any kind as this is seen as immoral". Constructions of adolescent sexuality are often based on the assumption that adolescents are innocent and asexual (Aggleton et al., 2000; Chiweshe & Chiweshe, 2017; Francis, 2010). Adolescents in southern Africa are constructed as being particularly vulnerable and in need of protection through sexuality education, yet at the same time, there are concerns that sexuality education over-sexualises adolescents (Bhatasara et al, 2013). Bhatasara et al. (2013, p. 3) argue that "the core concern here is that excessive sexual knowledge is dangerous because it suggests the erosion of innocence". There is a clear tension in the literature between needing to address adolescent knowledge gaps in order to protect them, but at the same time not wanting to discuss sex with them for fear that it undermines their innocence.

This was evident in the over-reliance on condoms as a technology for safe sex practices in the Auntie Stella materials. Out of the nine cards, there is only one example where Auntie Stella mentions "the morning after pill" and "post-exposure prophylaxis (PEP)" (Card 5A, lines 14 – 15). These are suggested to Sibongile after she tells Auntie Stella that she was raped, suggesting that PEP is not encouraged as a primary way of addressing unplanned pregnancy and HIV. Rather, it is suggested that adolescents abstain, or use condoms in the first place so that they

do not need emergency contraceptives or PEP. The fact that Auntie Stella introduces these risk-proofing technologies only in response to Sibongile's rape also seems to suggest that this is perhaps not information that she trusts them to use responsibly in their sexual relationships, and that it may encourage risky sexual behaviour. This seems to capture the way in which adolescents are both constructed as responsible sexual subjects and also as naïve and irresponsible.

Because adolescence is constructed as a period of turmoil, adolescent sexuality is constructed as something that needs to be regulated by adults who can help guide adolescents through this difficult period of their lives “so they do not ruin their lives by having unprotected sex” (Chiweshe & Chiweshe, 2017, p. 120). On the one hand, therefore, Auntie Stella suggests that adolescents are too young and immature to be responsible for decisions in their relationships. It follows that adolescents should rely on her expert advice as opposed to relying on their own information or seeking advice from peers.

However, she notes later in the same reply that “in the end young people must decide what is right for them without pressure from anyone else” (Card 1A, lines 19-21). On the other hand, she is therefore constructing adolescents as being solely responsible for their sexual behaviour. Auntie Stella therefore constructs adolescents both as being too innocent and emotionally immature to engage in sexual decision-making, and, at the same time as being solely responsible for their sexual relationships. This demonstrates the central tension with the construction of adolescent sexuality in the Auntie Stella materials. Positioning adolescents as young and naïve suggests the need for the provision of sexuality education as a means for regulating adolescent sexuality. This relies on an assumption that adolescents have limited sexual agency. However, providing them with information and informing them of their rights and responsibilities presumes the existence of both sexuality and of sexual agency. These constructions have different implications for adolescent agency, and, correspondingly, constrain and enable the ways in which adolescents are able to act in their relationships which will be explored further below.

6.6.1 The responsible sexual subject can “talk easily” about sex (Card 1AP, line 11)

One of the consequences of constructions of risk and responsibility is that it produces the need for responsible engagement with sexual decision-making (Jearey-Graham & Macleod, 2015).

Conversation and discussion around sexual safety is identified throughout the materials as a key modality to prevent the risks associated with sex. Although a Foucauldian genealogy is sensitive to the ways in which encouraging communication is similar to the regulatory processes of the confessional.

The willingness, and the ability, of adolescents to communicate with their partners before sex is therefore constructed as being a vital way to engage with the risks associated with sex. If they are unable to communicate effectively around their sexual and reproductive health, it is suggested that they should not be having sex. The importance of communication is therefore foregrounded in two ways in the Auntie Stella materials. Not only are adolescents encouraged to communicate with each other in their relationships, the Auntie Stella materials themselves function as an inducement for sex communication.

Jackson (2005) has argued that that advice columns can offer safe spaces for young people to talk about uncomfortable topics. Additionally, in Zimbabwe, open communication about sex is constantly cited as a barrier to effective sexuality education interventions (Chiweshe & Chiweshe, 2017; Pattman, 1996). Young people describe the culture in Zimbabwe as one of “prohibitive silence” when it comes to sex communication (Chikovore et al., 2013, p. 1). The widespread focus on discussion and engagement in the Auntie Stella materials is therefore appropriate and makes sense, given the context in which they were developed. However, the Auntie Stella materials are also problematic at enabling sex communication in ways that will be explored below.

6.6.2 The responsible sexual subject will adopt an ABCD approach to sexual safety

In addition to establishing the responsible sexual subject as one who will engage in healthy communication both within the context of the intervention and also more broadly within their relationships, the Auntie Stella materials construct the responsible sexual subject as someone who will adopt an ABCD approach to safe sex practices. As defined in chapter two, an ABCD (abstinence, be faithful, condomise and delaying sexual debut) approach to risk-proofing clusters responsible sexual decision-making within a hierarchy (Jearey-Graham, 2015). Abstinence is “often presumed to be the healthiest behavioural outcome” (Harden, 2014, p. 255). Where adolescents cannot be abstinent, they are encouraged to delay sexual debut for as long as possible, to ensure they only have sex within the confines of a monogamous relationship, and finally, ensuring they use condoms in their sexual relationships. Nowhere in

the Auntie Stella materials does she specifically identify the ABCD approach as her guiding strategy for regulating adolescent sexuality, however, her emphasis on encouraging adolescents to think seriously about what a “big decision” sex is (Card 1AP, line 20), her preoccupation with encouraging adolescents to “wait until they are older” (Card 1A, 4) and her insistence on condom use - “you must still use a condom” (Card 6A, line 18) - establishes this regulatory framework as one of the ways in which she attempts to neutralise adolescent sexuality.

A positive consequence that emerges from this is the normalisation of condom use. In the Auntie Stella materials, it appears that knowledge of the need for condoms for safe sex is widespread, or that the intervention is trying to make it a widespread response to HIV. The AIDS education programme that has been implemented in Zimbabwe has been criticised by parents, teachers and churches for being “too explicit” despite the fact that it does not mention condoms (Chikovore et al., 2013, p. 2). Consequently, the naturalisation of the belief in using condoms to mitigate the risks associated with sex for adolescents is significant in the Auntie Stella materials and is no doubt a response to proposed plans to reduce adolescent mortality associated with HIV. In contrast to the earlier construction of adolescents as inexperienced and unknowing, this is therefore one area in which adolescents are constructed as having some knowledge. However, at the same time, an over-reliance on the significance of condoms does not offer adolescents other technologies for safe sex practices.

6.7 Consequences for adolescent subjectivities

6.7.1 Conflicting messages are confusing

Conflicting messaging in sex communication was identified in chapter two as a significant challenge for the successful implementation of sexuality education interventions. UNESCO (2012, p. 2) for instance argues that one of the challenges facing adolescent sexual and reproductive health (SRH) is the conflicting and confusing messaging they receive in sexuality education. Moreover, Chiweshe and Chiweshe (2017) outline confusing and mixed communication as a significant barrier to adolescent sexual and reproductive health in Zimbabwe. Similarly, the conflicting messages produced by the Auntie Stella materials regarding adolescent sexual agency are likely to have significant consequences for adolescents’ ability to take up sexual decision-making. Conflicting messaging seems to be a function of the apparent conflict between needing to risk-proof adolescents and needing to protect them, as

though these two practices exist in contrast with one another (Allred & David, 2017). Unclear and vague messages on sexuality education make it more likely that adolescents will experience these as confusing and therefore be unlikely to make use of them in their daily lives. These kinds of conflicting messages leave sense-making up to adolescents.

6.7.2 Constructing adolescents as immature does little to facilitate confidence-building

Yet, given that adolescents are overwhelmingly constructed as being too immature and lacking information to engage in sexual decision-making, how are they to interpret their own abilities to make sense of these confusing messages in safe and responsible ways? TARSC (2016) describe the empowerment of adolescents as a primary goal of the intervention. However, the constructions of adolescents' in the Auntie Stella materials provide little scope for the development of adolescent confidence in their abilities to engage in sexual decision-making. If Auntie Stella does not trust them to be responsible sexual subjects, how can they be expected to trust themselves? Emphasising the risks associated with sexuality and constructing adolescents as young and naïve therefore minimises “the capacity of young people to manage their own sexuality” (Macleod, 2009, p. 380).

6.7.3 Discursive constructions of risk may overwhelm adolescents – causing them to shut down or rebel

On the other hand, Mollborn (2015, p. 5) argues that “negative messaging about teen sex is one overarching piece of the message that *isn't* mixed”. Adolescents are bombarded with negative messaging on the dangers associated with sex (Glover & Macleod, 2016). As described in chapter two, Mayeza and Vincent (2019, p. 477) argue that sexuality education prioritises “problems, STIs, risks and unwanted pregnancies”. This chapter has argued that the effect of prioritising danger and risk “is to regulate and problematise learner sexuality” (Mayeza & Vincent, 2019, p. 477). Jearey-Graham and Macleod (2015, p. 20) have argued elsewhere that “the goal of such lessons to ‘responsibilise’ learners was constructed as unrealistic”. Similarly, I suggest that attempts to responsibilise adolescents in the Auntie Stella materials are also unrealistic. This is because responsibilisation is contrasted with conflicting messages about adolescents' sexual agency; moreover, the burden of responsibility it places on adolescents within the discursive contexts of risk is significant.

The proliferation of sex communication with risk is widespread and has consequences for adolescent sexual and reproductive health. For instance, Mollborn (2015, p. 4) argues that “the

pressures brought to bear on teens by the people in their social worlds can be hard to withstand, and for most of adolescence most teens don't even want to withstand it". Her suggestion is that the prevalence of discourses of risk can overwhelm adolescents so that they disengage from sexuality education entirely (Mollborn, 2015). Or, more concerningly, at some point adolescents realise that the overwhelming burden for responsabilisation is so great, that instead of trying to be responsible sexual subjects, adolescents do the very opposite – and engage in risky sexual practices (Mollborn, 2015). Mollborn (2015, p. 5) argues that adolescents who are bombarded with this kind of mixed and negative messaging often “start finding ways to resist” this regulation. Within these narrowly defined discursive subjectivities, adolescents have a limited discursive repertoire which they can draw on in fashioning their sexual subjectivities. Without more complex discursive resources, adolescents are only offered opportunities to either conform by themselves becoming responsible sexual subjects, or, by rejecting that identity completely, which could contribute to risky sexual practices.

6.7.4 Discourses of risk and responsibility do not provide adolescents with habitable subject positions

This was evident in Jearey-Graham and Macleod's (2015, p. 25) research where adolescents who could not find “habitable subject positions” rebelled in ways which posed a threat to their sexual health. For instance, Zanele found that the sex communication she received from parents did not provide her with a habitable subject position within which to understand and enact her sexual agency, as a result she “developed ‘a rebellious attitude’ in which she explored sex and which, in the end, led to ‘consequences,’ in this case pregnancy” (Jearey-Graham & Macleod, 2015, p. 25). While responsabilisation produces the responsible sexual subject, Jearey-Graham and Macleod demonstrate that discourses of risk and responsibility do not account for the lived realities of adolescents which “construct and constrain sexual behaviour ‘choices’” (2015, p. 13).

6.7.5 Discourses of risk and responsibility reproduce adolescent/adult knowledge hierarchies

The construction of Auntie Stella as an expert in the materials serves to reproduce a power/knowledge hierarchy in which adults' knowledge is positioned as being superior and in which adults are seen as being the custodians of adolescent sexuality. Reproducing these traditional parent/teacher-adolescent relationships does little to take seriously adolescent knowledges and experience and undermines adolescents' decision-making abilities. While the

intervention itself therefore encourages adolescent communication as a risk-proofing technology, it does little to encourage adolescent engagement in practice.

6.8 Summary

Using Foucault's (1978) work on disciplinary power, and Jearey-Graham and Macleod's (2015) work on risk and responsibility, this chapter has demonstrated that adolescent sexuality has been largely constructed within discursive contexts of risk in order to justify particular kinds of interventions. Adolescent sexuality can therefore be seen to be both responsive to and a function of discourses of risk and danger. The power of discourse therefore produces the adolescent sexual subject in order to regulate it in particular ways. One of the ways that adolescent sexuality is regulated is through the construction of Auntie Stella as an expert figure whose responses to adolescents can be understood within regimes of truth which establish her legitimacy and the truth of her knowledge in contrast to adolescent knowledge which is seen as being inferior. The agony aunt format of the Auntie Stella intervention was another risk-proofing technology which served to regulate adolescent sexuality. Moreover, Auntie Stella's production of communication as a means for neutralising the risks associated with adolescent sexuality was also clear in the materials. Competing constructions of adolescent sexuality produced mixed messaging which undermines adolescent agency. Moreover, I have argued that mixed messaging, a reproduction of adult/adolescent hierarchies, unrealistic constructions of adolescent responsibility, and the proliferation of discourses of risk, all have significant consequences for adolescents' ability to effectively engage with their sexual and reproductive health. Contrary to the Auntie Stella aims, therefore, I argue that the regulation of adolescent sexuality which is accomplished in the Auntie Stella materials may facilitate risky sexual behaviour. In the next chapter I will explore the ways in which the regulation of adolescents in the Auntie Stella materials is complexly gendered.

7.1 Introduction

This chapter will be divided into two sections. The first section will explore the ways in which constructions of Auntie Stella and the adolescents in the materials were normatively gendered. Discursive constructions in the Auntie Stella materials are both gendered and (re)produce complex constructions of gender. In the first section, I will explore and discuss the discourses that produce and reproduce dominant constructions of gender and sexuality. Moreover, I will argue that the agony aunt format of the intervention contributes to the production of a particular feminine subject.

In the second section I will explore challenges to the dominant discourses of gender and sexuality in the materials. This section engages with the complex and conflicting ways in which women's sexual agency is constructed, as well as the complex ways male sexual desire was constructed. Finally, I will explore missing discourses in the Auntie Stella materials and engage with the consequences of the normatively gendered sexual subjectivities that were produced. The consequences of the over-reliance on dominant discourses in constructing sexual subjectivities will also be addressed in relation to the aims of the Auntie Stella intervention, as well as more broadly in relation to adolescent sexual and reproductive health.

7.2 Dominant constructions of gender and sexuality in the Auntie Stella materials

7.2.1 Biological essentialism is pervasive

Boys, girls and women and men were the only gender identities that emerged in the materials. This was discursively accomplished in implicit and explicit ways. For instance, Auntie Stella frequently refers to and addresses "boys and girls" (Card 1A, line 7) in the cards. Moreover, Titus says that his "friends boast when they speak about having sex" (Card 3Q, line 4), but does not specify what gender his friends are. Yet, in Auntie Stella's response she says "boys are famous for boasting about sexual experiences they don't actually have" (Card 3A, lines 10 - 11) suggesting that she is assuming that his friends are boys because he is. Additionally, Alsop et al. (2001, p. 16) note that

there is a long tradition which regards the division of people into male and female, and of associated traits into masculine and feminine as being natural, simply a reflection of the order of things.

Within the Auntie Stella materials, gender is similarly constructed as being a binary of male/female which conflates gender and biological sex. Biological essentialism was therefore prevalent in the materials. This construction presents boys/girls as two distinct and essentially different categories which reflect and reproduce socially significant meanings, such as the hierarchical ordering of gender roles within sexual relationships. Biological essentialism entrenches the collapsing of gender, sex and sexual identities (McDermott & Hatemi, 2011). As McDermott and Hatemi (2011, p. 90) argue, sex and gender become “conflated in the public discourse”. Moreover, this discourse “anchors sexual and gender expression in anatomy” (De Cecco & Elia, 2011, p134) which allows it to present itself as fixed. However, as was explored in chapter three, identity is never fixed in discourse because it is constantly changing over time. Discourse allows for agency and creativity in identity construction, but dominant discourses often mask this potential by making it difficult for adolescents to construct and imagine their subjectivities in non-normative ways. This demonstrates the power of dominant discourses in producing a preferred set of subjectivities which encourages men and women to take up their gendered identities in particular ways. In the Auntie Stella materials biological essentialism therefore forms the discursive framework within which all other sexual and gendered identities are made sensible and reproduced.

7.2.2 Gender difference is normalised in Auntie Stella

Discourses of gender difference were prevalent in the Auntie Stella materials. For instance, Talking and Action Points of the cards often addressed girls and boys separately. This was evident in the Action Points of Card 3 where friendship between boys and girls is constructed as being unusual. This reinforces the idea of a separation between these two genders. Similarly, Pattman (2005, p. 500) argues that adolescents in Zimbabwe “tended to speak about boys and girls as members of opposite groups with opposite personalities with little or nothing in common”. Sunderland (2004, p. 57) argues that “coexisting and potentially contradictory discourses concerning sexuality make available different positions and different powers for men and women”. In the Auntie Stella materials, this was evident in the ways in which boys were constructed as having sexual desires, interests and expressions, whereas girls were not. Sex was constructed as something that girls might do for a male partner, but not something she

would herself want. In line with this, Allen (2003, p. 218) argues that the overwhelming construction of female sexuality “has been one of passivity and vulnerability where women were perceived as having less desire and achieving sexual pleasure less easily than men”.

Moreover, boys were largely constructed as having power and agency while girls were not. For instance, Patricia does not want to have sex with her brother in law but she worries “if I say no, he will tell me to leave” (Card 2Q, lines 8-9), when Josephine suspects her husband of cheating and asked him to use a condom he “refused” to get tested for HIV (Card 7Q, line 15). Sibongile’s uncle rapes her and tells her “it was [her] fault” (Card 5Q, line 14) and Nyarai’s boyfriend “hurt [her]” when she asks him to use a condom (Card 9Q, line 15). While gender is understood and constructed differently across contexts, discourses of patriarchy offer preferred and true understandings of what it means to be a man and woman throughout the world (Alsop et al., 2001). Gupta (2000) has argued that there is “a distinct difference between women’s and men’s roles, access to productive resources, and decision-making authority”. Burr (2001, p. 37) argues similarly that dominant constructions of femininity “serve to uphold this power inequality”.

The construction of distinct gender categories in the Auntie Stella materials is likely reinforced by Kaim and Ndlovu’s (2000) point that their pilot study found that adolescents are more comfortable talking about sexual and reproductive health with peers who are of the same sex. It is therefore likely that gender differences may have been deliberately constructed as being normal by TARSC in their development of the Auntie Stella materials, perhaps without understanding what the consequences of this construction may be. Barrett (1996, p.130) argues that “gender structures social relationships and upholds and reproduces rules and patterns of expectation”. Gender difference discourses normalise differences between the genders, which normalises gender inequality. Additionally, Glover and Macleod (2016, p. 3) argue that sexuality materials in South Africa “frequently reinforce a fixed gendered order with prescribed roles that young women and men ‘should’ embody”. The Auntie Stella materials therefore reproduced these dominant discourses of implicit gender difference and the gender binary.

7.2.3 Heterosexuality is constructed as normal

In the Auntie Stella materials sex is constructed as a “boy’s penis going inside his partner” (Card 1TP, line 7), and, given that this card engages with Zandile and her boyfriend, it is also

understood that sex occurs between a boy and a girl. So normative was the background assumption of heterosexuality that it is not mentioned once in all nine cards – making it conspicuous by its absence. However, boys and girls were constructed throughout the materials as “two halves of a normative heterosexual unit” (Wilbraham, 1996, p. 59). Epstein et al. (2000) argue that when sex is typically understood as coital sex, this sets up particular kinds of ideas about the gender and sexuality of the couple. This ensures that discourses of heterosexuality dominate a large number of sexuality education programmes, thereby facilitating patriarchal attitudes and behaviours. The pervasiveness of heteronormativity in sexuality education materials has resulted in what has been elsewhere defined as “compulsory heterosexuality” (Jackson, 2005, p. 297). Given the pervasiveness of heteronormativity within sexuality education, constructions of gender therefore intersect with heterosexuality in powerful ways which produce normatively gendered subjectivities (Holland, Ramazanoglu, Sharpe & Thomson, 2003).

While there is no mention of heterosexuality or heteronormativity within the materials, these gendered and sexual constructions nevertheless foreground the variety of relationship configurations in the materials. The relationships in the Auntie Stella materials therefore rely on an assumption of heteronormativity and consequently reproduce heteronormativity. It could be argued that the inclusion of a card in which an adolescent identifies as “gay” (Card 8Q, line 1) is significant and represents an effort to address sexual diversity both within the materials and by TARSC, particularly given the Zimbabwean context.

However, the heterosexuality that is normatively established throughout the materials constructs itself as being legitimate and as having particular truth claims to the kinds of gendered sexual relationships adolescents are encouraged to take up. Whereas, on the other hand, Alice’s card is constructed as an outlier. Mollborn (2015, p. 1) argues that social norms do not only encourage adolescents to take up particular identities, they also communicate “expectations about how to treat someone who has violated a norm”. Within the context of the Auntie Stella materials, it could be argued that heteronormativity establishes Alice’s experience of being “lonely and unhappy” (Card 8Q, line 19) as the normative consequences for those who choose to identify themselves outside of heterosexuality. Auntie Stella’s response does attempt to normalise Alice’s experiences, thereby challenging the construction of sexual minorities as marginal and perverse, however, her response also uses the discursive

language of othering. Even in trying to normalise Alice's experiences, therefore, she ends up marginalising her.

In addition to marginalising sexual minorities, heteronormativity also undermines women's agency. Jackson (2005, p. 301) argues that discourses of heterosexuality typically "produce meanings that endorse male sexual pleasure and the coital imperative and that override female sexual agency". This was also evident in the materials where there was a preoccupation with men's apparent desire for sex. Further evidence of heteronormativity from the Auntie Stella materials is the over-saturation of condom use as a risk-proofing technology. Condoms are identified and suggested by both Auntie Stella and the adolescents writing to her as a key way to prevent the dangers associated with sex which relies on the assumption of coital sex. Additionally, throughout the data there is an implicit assumption regarding the knowledge of the need for condoms for safe sex, at the expense of knowledge of other kinds of safe sex practices.

7.2.4 Heteronormativity creates the responsible sexual subject

Within the context of the Auntie Stella intervention, heteronormativity can be argued to be part of a process of responsabilisation, which encourages adolescents to take up their sexualities in normative ways which support the nuclear family (Rose, 1990). Concern over adolescent sexuality has therefore resulted in the use of heteronormativity to "create acceptable sexual citizens" (Elia & Eliason, 2010, p. 31). Understood this way, heteronormativity is reproduced in the Auntie Stella materials as part of a strategy for regulating adolescent sexuality. Heteronormativity creates the conditions under which sex becomes legitimate and acceptable – for instance in a heterosexual, monogamous, preferably married relationship.

Additionally, Harden (2015, p. 256) argues that

Within a risk framework, adolescent sexuality is viewed as morally wrong, inherently deviant, and socially problematic. Individuals are expected to marry, and this marital relationship is presumed to be the normative and appropriate context for sexual behaviour.

McNeill's (2013) review of US school policies on sexuality education overwhelmingly demonstrate a preoccupation with heterosexuality. Additionally, discourses of heteronormativity "promote a specific normative form of monogamous, marital, middle class,

normatively gendered ...heterosexuality” (McNeill, 2013, p. 827). McNeill (2013) argues that heteronormativity promotes a particular western family form – the nuclear family – as part of a risk-proofing strategy for adolescents. Heteronormativity can therefore be understood as a regulatory process.

7.3 Discourses of sexuality were normatively gendered

7.3.1 Boys want sex, girls want love

Additionally, it follows from discourses of biological essentialism and heteronormativity that men and women are seen as wanting different things in their (sexual) relationships. This was evident throughout the materials. For instance, I argued previously that boys were constructed as sexual beings, whereas girls were not. This was clear in Card 1Q where Zandile is uncertain about whether she should have sex with her boyfriend. Auntie Stella’s reply – “it’s hard when two people want different things from each other” (Card 1A, lines 1 – 2) demonstrates the difficulties that may arise from the construction of boys as sexual and girls as asexual. In these letters, Zandile’s boyfriend’s desire for sex is juxtaposed with her lack of desire for sex which sets up as the central conflict in their relationship (Card 1Q). This conflict was also evident in Nyarai’s letter where previously she said her boyfriend would spend time with her but now “he only wants to have sex and go” (Card 9Q, line12). Moreover, Allen’s (2003) research in New Zealand on young women’s constructions of their (sexual) selves emphasises this trend in the literature. She argues that

young women were positioned as sexually vulnerable and less easily pleased than young men, victim to male sexual gratification and more interested in the emotional aspects of physical intimacy. They subsequently appeared as the subordinate partner in (hetero)sexual relationships who was ‘acted upon’, rather than ‘acting’ (Allen, 2003, p. 218).

This was further evident in Reddy and Dunne’s (2007) research on how women in South Africa constructed their identities in their sexual relationships. Researchers (Muisse, 2011; Reddy & Dunne, 2007) note that women constructed intimacy, affection and love as the primary drivers of a relationship. They noted that “the desire to love and be loved was one of the principle reasons why young women begin sexual relations and unsafe sexual practices” (Reddy & Dunne, 2007, p. 163). As with the Auntie Stella materials, therefore, sex was seen as a male preoccupation whereas women and girls are constructed as being more likely to engage in sex in an effort to build a relationship. As with the Dr Delvin advice column, in the Auntie Stella

materials “disturbingly, gender differences in sexual desire are presented as 'facts'”. (Wilbraham, 1996, p. 59). Wilbraham (1996, p. 59) argues that “this underlines the patriarchal, heterosexist tone” of the agony aunt format.

7.3.2 Male sex drive discourse

While young women are constructed as seeking sexual relationships as a means for love or connection, young men were constructed as only being interested in “one thing” (Reddy & Dunne, 2007, p. 163). Similarly, Farvid and Braun (2006) argue that men are often constructed as being hypersexual. Dominant discourses, they argue, “have constructed male sexuality as driven by a strong biological ‘need’ for (coital) sex for its own sake” (Farvid & Braun, 2006, p. 297). Similarly, in the Auntie Stella materials, sex is also constructed as something that boys/men need. Out of the nine cards, five cards explicitly demonstrate the ways in which boys/men want sex that girls/women are obligated or feel obligated to provide. For instance, Zandile says her boyfriend “always wants me to satisfy him in ways that hurt my feelings” (Card 1A, line 1). In trying to persuade her to have sex with him, her boyfriend tells her “everyone has sex at our age” (Card 1Q, lines 3 - 4). Male sex drive discourse therefore regulates female sexuality by constructing it as non-existent. It also encourages men to take up their masculinity in harmful, and potentially risky ways which will be explored later on in the chapter.

7.4 The role of the agony aunt format in regulating women’s sexuality

I have argued in the previous chapter that the agony aunt format of the Auntie Stella intervention is a risk-proofing technology employed to regulate adolescent sexuality. In this chapter I argue that the agony aunt format also contributes to the production and regulation of particular gendered subjectivities.

7.4.1 Female sexuality is largely constructed by dominant discourses in advice columns

In a discursive analysis of sex advice in women’s magazines and self-help literature, Farvid and Braun (2014) identified recurrent themes in the construction of female sexuality. They argue that advice column formats for sex communication tend to be

predicated on the assumption that sex/sexuality is biologically determined, that men and women are naturally different in their desires and preferences in/for sex and that this is normal. (Farvid & Braun, 2014, p. 119).

Advice columns tend to focus on men's apparent desire for sex and "prioritise men's desire over women's" (Farvid & Braun, 2014, p. 119). Additionally, Wilbraham (1996) notes that advice columns create a gendered responsibility for women to maintain healthy relationships in particular ways.

7.4.2 Gendered roles in advice columns

Consistent with Jackson's (2005) work on advice columns, in the Auntie Stella materials adolescent boys are constructed as being preoccupied with wanting sex. They are also constructed as being more likely to have sex, to feel entitled to sex and to lie about how much they need to have sex. Additionally, they are more likely to cheat on their partners because of this preoccupation with sex. Male adolescent sexual desire is constructed as something that is risky because it is out of control and in need of regulation. Unfortunately, this places an uneven burden on girls and women to take on risk-proofing responsibilities for partners who will not, and/or in situations where boys or men do not (such as GBV).

Jackson (2005) argues that agony aunt formats are increasingly employed for sexuality education. She talks about the need to view relationship advice columns through a Foucauldian lens as "a site for 'confessions' about the proliferation of 'sex', and as another arm of a regulatory system that opens sex to discursive scrutiny" (Jackson, 2005, p. 299). Advice columns are typically written by and for women – placing emphasis on women's responsibility in their sexual relationships (Farvid & Braun, 2014). TARSC's (2006) own writing about the development of the Auntie Stella intervention clearly and deliberately positions her as a woman. Similar to their writings about the role of facilitators, TARSC (2006) constructs Auntie Stella's gender as an important aspect of the intervention, suggesting that there is something about being a woman which makes adolescents more comfortable when talking about sexual and reproductive health. A good facilitator is also constructed as having qualities often ascribed to women in dominant constructions of femininity - such as having a good heart, being caring, encouraging and patient. Good facilitators were constructed as 'she' and 'her' (TARSC, 2006). Moreover, the vast majority of the letters from adolescents were written by women (seven out of nine).

This constructs girls/women as being more likely to engage in communication and to seek help when they are unsure. Wilbraham (1996) argues that agony aunt advice columns are largely written by and for women. This was clearly evident in the Auntie Stella materials. It is notable that TARSC (Kaim & Ndlovu, 2000, p. 46) argue that “teenage groups” identified the ‘Aunt Rhoda’ letters and other “magazine helpline letters” as a source of information on sexual and reproductive health in their pilot study in 1997. The way this is written suggests that teenagers of all genders found advice column letters to be helpful sources of information. However, the example provided by the study is from a group of “Chemhondoro girls” (Kaim & Ndlovu, 2000, p45). It is thus not clear whether adolescent boys were positioned as readers of advice columns themselves. The agony aunt format of the Auntie Stella materials therefore acts as part of the process of responsabilisation described in the previous chapter. However, as opposed to constructing boys and girls as being equally responsible for engaging in safe sex practices, the Auntie Stella materials produce an uneven burden of responsibility in which young women’s desire is regulated and in turn they are encouraged to regulate men’s desire.

7.5 Agency and resistance

Understandings of agency are complex in Foucault’s approach to discourse. Some have argued that Foucault’s conception of power offers a bleak view for human agency because the logical conclusion is that everything is a construction (Burr, 2011), emerging research suggests that “the regulating power of discourse is never final and there are opportunities for resistance, agency, creativity and transformation” (Spilka, 2018, p. 19). Burr (2001, p. 43) adds that “we can exercise power by drawing upon discourses which allow our actions to be represented in an acceptable light”.

Foucault argues that discourses exert a certain amount of power in the production of subjects, however, the possibility of resistance also always remains (Pickett, 1996). Further, Bamberg (2004) argues that opposition to dominant discourses reveals the ways we often both reproduce and resist dominant discourses at the same time. Hollway (1984, p. 64) argues that “one consequence of looking at power in this way is to emphasise resistance: power is resisted and is itself resistance”. Allen (2003) for example argues that Foucault demonstrated that wherever power existed, so too did resistance and the possibilities for resistance. Allen (2003, p. 217)

argues that “the constitutive force of discourse produces an (inherent) agency for the subject rendering the potential for resistance ever present”. Foucault argues

We must make allowance for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. (Young, 1995, p. 4)

Similarly, the Auntie Stella materials demonstrate that constructions of agency and gender are complex. As Hollway (1984) puts it, women are never *just* victims. While women were overwhelmingly constructed in dominant one-dimensional ways, there were also more complex constructions of women’s (sexual) agency which complicated the obligations and duties expected of the female responsible sexual subject.

7.5.1 Have/hold discourses construct women as gatekeepers of sex in heterosexual relationships

Hollway (1984) argues that women are able derive power from being constructed as objects of the male gaze. This is because they can position themselves as gatekeepers of sex (Hollway, 1984). Women can therefore use men’s desire for sex against them by making themselves attractive to men and setting themselves up as gatekeepers for sex (Hollway, 1984). If men want sex from women, women, Hollway (1984) argues, have the ability to regulate the conditions under which they allow men to access sex, within the context of a relationship for example. Hollway (1984, p. 65-6) argues that so long as “women are seen as wanting relationships, men can see – and experience – themselves as liable to be trapped into a relationship by their ‘drive’ for sex”. These constructions of women’s power in heterosexual relationships offer challenges to dominant discourses which construct women as passive. In contrast to dominant discourses of women as victims, there are examples of women exerting their agency in their relationships in the Auntie Stella materials. For instance, Winnie refuses to have sex with her husband without a condom after she discovers he has been cheating on him, and makes him sleep in the kitchen instead (Card7A). Additionally, Zandile says she will not let her boyfriend have sex with her despite his pressure (Card 1Q). Auntie Stella’s response constructs her as being a good and responsible sexual subject for wanting to wait, and encourages her to continue to say no to her boyfriend (Card 1A).

In have/hold discourses women are able to enact agency through their ability to regulate male sexuality. However, this resistance is complex. Holland et al. (2003, p. 86) argue that

young women can spend a good deal of time on their outward appearance in order to construct a female body which will act as a magnet to attract men, but they have little control over whom they attract, and the sexual expectations that they are supposed to then meet.

Holland et al. (2003) therefore demonstrate the ways in which women's lived realities may undermine their agency in have/hold discourses. Consequently, it is by no means clear that simply saying no is enough to avoid coercion or even rape. The materials are replete with examples of this, such as Nyarai's boyfriend who rapes her when she asks him to use a condom (Card 9A). Moreover, it is necessary to note that in the materials and in the literature, women's agency in their relationships with men is thus premised upon the existence of a heterosexual relationship. Outside of a heterosexual relationship, therefore, women are constructed as having no agency.

Indeed, Macleod (2009, p. 380) argues that a focus on "modifying sexual risk behaviour in order to avert danger and disease rests on an unrealistic assumption of the level of agency and control that is afforded to many young people". For example, Sathiparsad and Taylor (2006, p. 119) argue that women in Africa "living with and at high risk of HIV infection have borne the brunt of persistent and deepening forms of economic and social inequality". Although many women reported an awareness of safe sex practices, many also reported feelings of powerlessness when it came to navigating their (sexual) relationships with men (Sathiparsad & Taylor, 2006).

7.5.2 Women are constructed as being disproportionately responsible for sexual decision-making

A discourse on adolescent risk and responsibility was identified in the previous chapter (Jearey-Graham & Macleod, 2015). This discourse constructs adolescent responsibility as an obligation in order to produce 'good' boys and girls who make 'good' decisions regarding their sexual health. However, it is necessary to elaborate on the ways in which responsabilisation makes use of, and reproduces, complex and dominant gender scripts. There is a complex construction of male sexuality and women's agency in and responsibility for their sexual relationships that emerges within the Auntie Stella materials.

Conflicting discourses tell young women on the one hand that they have sexual agency, and on the other hand that what they want in their relationships is not important and that “existing gender norms should determine how they behave sexually” (Kruger et al., 2015, p. 34). Macleod, Moodley and Young (2015, p. 90) argue that this gendered discourse of risk and responsibility undermines women’s agency by limiting them to two main subject positions for women, “the responsible sexual subject and the sexual victim”. Kruger et al. (2015, p. 34) argue that young women are taught that they are vulnerable to “male sexual advances and must take the necessary precautions to protect themselves from sex and its negative consequences”. Additionally, Kruger et al. (2015) demonstrate the prevalence of these discourses of responsabilisation by demonstrating that young women in South Africa understood themselves to be responsible for protecting themselves against the risk associated with sex. They argue that “the assumption seems to be that young women have the power to make reproductive decisions that will keep them safe and that are morally right” (Kruger et al., 2015, p. 35). This suggests that conflicting and complex discourses regulate women’s agency both in the sexuality education literature and in the Auntie Stella materials. Shefer and Macleod (2015, p. 5) address this contradiction and argue that

young women are taught that abstaining from sex is the only option and that they should take responsibility for this, while at the same time implicitly being told to follow prescribed gender practices in which the desires and needs of men should be dominant.

Through responsabilisation, young women are encouraged to be agents in their relationships. For instance, Auntie Stella encourages Patricia to “talk to” other family members about her brother-in-law wanting to have sex with her (Card 2A, line 10). She also encourages Josephine to continue to say “NO” to having unprotected sex with her husband and to insist upon an HIV test (Card 7A). Auntie Stella encourages Nyarai to leave her current abusive relationship (Card 9A) and cautions Winnie not to enter into a relationship with Thando until she has built a better friendship with him and can be honest about her HIV status (Card 6A). In these instances, girls are constructed as being necessary to resist male sexual advances, without much consideration for how easy and/or safe it may be for them to do so (Glover & Macleod, 2016). (2003, p. 86). The Auntie Stella materials could be argued to be broadly encouraging adolescents to take up the responsible sexual subject position. However, the gendered burden of risk and responsibility mobilises the docile female sexual subject in the service of regulating male sexuality. This disproportionate focus on young women demonstrates the ways in which women often “bear the burden of...sexual responsibility” (Jackson, 2005, p. 299). For example,

Glover and Macleod (2016, p. 3) argue that young women are “positioned as having to police male sexuality” through being “encouraged to take responsibility for their sexuality”.

7.5.3 Constructions of male sexual desire were complex

While constructions of women’s agency in sexual relationships were complex and contradictory, there were no similar constructions which contested men’s power in their sexual relationships. Even in have/hold discourses it is suggested that men still have power because they are able to choose whether they accept the conditions placed upon sex by their female partners. Male sexual desire in the Auntie Stella materials was constructed as both reproducing and resisting Hollway’s (1984) male sex drive discourse. While boys were constructed as being preoccupied with sex, male sexual desire was framed largely in negative terms and was discursively undone by Auntie Stella in various ways.

Firstly, male sexual desire was constructed in the context of biological essentialism as was demonstrated by Zandile’s boyfriend who argued that he would experience negative consequences if she stopped mid-way (Card 1Q). Moreover, Auntie Stella constructs male adolescent sexuality as being inherently out of control. For instance, in the same card, Auntie Stella encourages Zandile and her boyfriend to spend time with others instead of being alone because of the possibility that any kind of physical contact may lead to sex (Card 1A). Additionally, the only two cards in the Auntie Stella materials written by boys seem to reinforce this construction of boys as hypersexual. Titus says “I want to have sex like my friends” (Card 3Q, line 1) and Themba says “I want to have sex with my girlfriend.” (Card 4Q, lines 1-2).

Examples of GBV from the materials also position male sexuality as something dangerous and out of control, which is consistent with the male sex drive discourse. While women are constructed as having to police male sexuality, these discourses correspondingly construct boys as not being responsible for actions resulting from their sex drive, such as rape. Pattman (1996, p. 501) for instance notes that young girls in Zimbabwe felt the “need to protect themselves from boys, whom they stereotype as sexually motivated and naughty opposites”. These examples demonstrate the various discursive ways in which the dominant male sex drive discourse was reproduced within the Auntie Stella materials.

However, the materials also offer challenges to the male sex drive discourse when Auntie Stella tells Zandile that boys “can stop at any time with no ill-effects” (Card 1A, lines 13-14) for

example. Similarly, Auntie Stella counters male sex drive discourse by telling Sibongile that it is not her fault that she was raped by her uncle (Card 5A). Additionally, when Titus writes to Auntie Stella expressing his desire to have sex, she challenges his apparent desire for sex by suggesting that boys may want sex or pretend to want sex for social status or to uphold a particular masculine ideal, as opposed to being a function of legitimate sexual desire (Card 1A). Through appealing to boarder constructions of adolescent innocence and naïveté (Aggleton et al., 2000; Alldred & David, 2007), the Auntie Stella materials therefore reduce boys' interest in sex to a biological function or to a desire to uphold a masculine ideal. This therefore undermines the legitimacy of male adolescent sexual desire, as opposed to taking it seriously. This therefore represents an “undoing” of male adolescent desire (Jackson, 2005, p. 309).

The Auntie Stella materials therefore

undermine expressions of desire, assigning them to glitches of adolescent hormones, curbing them through fears of pregnancy and disease, side-stepping them through advocating the need for a love relationship. (Jackson, 2005, p. 309)

Where adolescent boys' desire existed in the materials, therefore, they were either reproduced within dominant discourses or undermined. Auntie Stella used technologies of undoing to neutralise, flatten and oversimplify these constructions in order to deny and undermine adolescent boys desire.

7.6 Consequences for adolescent sexual and reproductive health

7.6.1 Consequences of gendered discourses of danger and risk

An over-saturation of metaphors of danger and risk limit adolescents' potential to make safe and responsible sexual health decisions. Fine (1988) for example, argued that not having discourses of women's desire made them more vulnerable in their sexual relationships because it undermined their sexual agency. Fine's (1988) work argued similarly that an anti-sex discourse in sexuality education actually undermined efforts to protect adolescents from poor SRH outcomes. Chiweshe and Chiweshe (2017, p.126) note

We've done a really good job of constructing sexually active teens in a highly negative way, in a way that really emphasizes the risks, the peril — and not the pleasure. When's the last time you heard anything about teen sexual activity that was positive?

Moreover, Tepper (2000, p. 283) argues that an “anti-sex rhetoric ... does little to enhance the development of sexual responsibility and subjectivity in adolescents and in fact serves to increase experiences of victimisation...”.

7.6.2 Heteronormativity reproduces gender inequalities

Shefer and Foster (2001, p. 375) have argued that heterosexuality is “a central site for the reproduction of unequal gender power relations and male dominance”. Moreover, Jewkes and Morrell (2010, p. 1) argue that “assumptions about gender difference in sexual socialisation” underpin constructions of heterosexuality. These constructions of gender and sexuality are so problematic that they argue in South Africa, this has resulted in “the heterosexual epidemic” which is largely responsible for driving the HIV pandemic (Jewkes & Morrell, 2010, p. 1). Moreover, they point to the ways that this facilitates “gender power inequality in relationships, which is a cause of intimate partner violence” (Jewkes & Morrell, 2010, p. 2) and places women at increased risk for STIs and unplanned pregnancies.

Consequently, there is a growing body of research on the ways in which discourses of heterosexuality and heteronormativity produce, rather than minimise, adolescent risk in their sexual relationships (Elia & Eliason, 2010; Glover & Macleod, 2016; Shefer & Foster, 2001). For instance, Jackson (2003b) has argued that feminists critique heterosexual assumptions about gender because of the ways in which they marginalise women, while a growing body of literature on Queer Theory has critiqued heterosexual assumptions about gender because of the ways in which they marginalise queer persons.

The consequences of heteronormativity are therefore significant and far reaching. Heteronormativity reproduces gender inequalities which have been identified as creating a context for gender-based violence. Gender-based violence, as I have argued in chapter two, is intimately connected with adolescent sexual and reproductive health, which creates a context of vulnerability for young black women in particular. Heteronormativity therefore offers limited normative gender scripts which serve to reproduce rather than challenge existing power relations. Understood this way, heteronormativity also encourages a dominant construction of femininity, which constrains young women’s sexual-decision making abilities and encourages abuse.

7.6.3 Biological essentialism offers a fixed and limited conception of gender and sexual identities

Additionally, the use of dominant gender discourses serves to legitimate male/female identities and renders gender identities which fall outside of this framework invisible, such as transgender and bigender for example. Additionally, Moore (2018, p. x) argues that “many people experience sexual orientation fluidly, and feel attraction or degrees of attraction to different genders at different points in their lives”. However, biological essentialism constructs these as fixed. Moreover, biological essentialism collapses sexual orientation and sexual behaviour, meaning that a man who has sex with another man is assumed to be homosexual (De Cecco & Elia, 1993). De Cecco and Elia (2003) trouble this notion by pointing to the fluid and creative potential of sexuality, where a man may identify as heterosexual and nevertheless enjoy having sex with other men. Discourses produce subjectivities and identities. It offers resources for adolescents to do this, in much the same way as a painter makes use of colours. However, dominant discourses limit the colours available in a painter’s easel, therefore limiting the paintings they can produce. Encouraging fixed constructions of masculinity and femininity, therefore firstly, encourages adolescents to take up their identities in dominant ways, which, as I have argued, provide fertile ground for sexual violence and encourage victimhood. Secondly, they also provide limited resources through which adolescents can fashion more complex and more creative gender and/or sexual identities, which have the opportunity of challenging hegemonic masculinity, for example.

7.6.4 Male sex drive discourse regulates female sexuality and encourages men to take up their masculinity in dangerous ways

By presenting a lack of desire as part of normative ideas about what it means to be a woman, male sex drive discourses serve to legitimate women as non-sexual beings. Women are therefore not seen as not having any sexual agency and are further constructed as docile subjects. Within this discursive construction, women who do experience desire are constructed as deviant and perverse. Using Foucault’s work, Hollway (1984) argued that a construction of sexuality through the male sex drive discourse served as a means of regulating female sexuality. Her emphasis was on the ways in which the male sex drive discourse policed female heterosexuality by producing the good female subject as one who was passive and who had sex only in the service of a male partner (Sunderland, 2004). Kruger et al. (2015) for example argued that young women construct sex as something of an inevitability as opposed to a choice.

For instance, Zandile emerges within the male sex drive discourse as a good and responsible sexual subject for her lack of interest in sex as compared to her boyfriend. This serves to normalise and encourage a lack of female sexuality by encouraging young adolescent women to take up the subject position offered by Zandile.

The male sex drive discourse, which was so prevalent in the Auntie Stella materials, does not only have consequences for women's sexuality, but also constructs men's sexuality in ways which serve to increase risky sexual behaviour and sexual violence. For instance, the male sex drive discourse encourages adolescent boys to take up their sexual subjectivities in normative ways which are overly preoccupied with the need for power, status and heterosexual sex. The male sex drive discourse is therefore intimately related to hegemonic masculinity. Barrett (1996, p. 130) argues that "the hegemonic ideal of masculinity is a man who is independent, risk-taking, aggressive, heterosexual...". Additionally, hegemonic masculinity assumes power through difference (Barrett, 1996). This means that hegemonic masculinity constructs itself in opposition to femininity and needs to maintain that construction of difference in order to retain its superiority. In order to accomplish this particular masculine ideal, boys may be more likely to have multiple sexual partners, have earlier sexual debuts and to place less emphasis on safe sex practices as a result. Moreover, it is more likely that boys will seek to maintain their power and superiority through (sexual) violence and aggression. This was evident when Josephine, suspecting her husband of cheating on her, asks him to use a condom and "he went completely crazy" and tells her "no-one treats a husband like this" (Card 7A, lines 8-9; lines 18-19). Additionally, Nyarai's boyfriend rapes her when she asks him to use a condom. She says "he shouts if I ask for anything and calls me a prostitute" (Card 9A, lines 12-13). Hegemonic masculinity therefore draws upon male sex drive discourse in its attempts to establish and maintain gender inequalities. This increases the risks for gender-based violence and sexual violence. The male sex drive discourse therefore encourages boys to take up their masculinity in ways that will negatively impact adolescent sexual and reproductive health.

7.6.5 Heteronormativity marginalises queer persons

Heteronormativity legitimates particular sexual subjectivities and marginalises others. The normative construction of heterosexuality renders diverse gender and sexual identities as deviant. This has significant consequences for the widespread discrimination of queer persons in southern Africa today (Francis, 2017). Heteronormativity therefore both creates and

marginalises diverse sexualities. For instance, Jackson (2005, p. 297) argues that “compulsory heterosexuality creates relative silences around other sexual subjectivities such as lesbian and bisexual sexuality”. Consequently, in schools across the world, dominant discourses on heterosexuality police the boundaries of sexuality through normalisation, othering and silence (Epstein et al., 2000).

It is therefore argued that heteronormativity establishes a very limited discursive repertoire for adolescent sexual and gendered subjectivities. Heteronormativity therefore makes it more difficult for LGBTQIA+ youth on the margins to navigate their SRH (Glover & Macleod, 2016; Hunt et al., 2017). For instance, queer youth may not feel comfortable asking teachers or doctors about ways in which they can protect themselves during sex with two female partners for fear of discrimination and/or abuse.

7.6.6 Heteronormativity limits the ways in which we can talk about safe sex practices

Constructing heterosexuality as normative, and assuming that sex is coital, also limits the ways in which sexual safety can be talked about. For instance, studies have demonstrated the success of Pre-Exposure Prophylaxis (PrEP) in preventing the spread and transmission of HIV (Haberer, et al., 2015; Marcus et al., 2016). Moreover, the need to include lubrication as part of safe sex communication has been identified, particularly for those engaging in anal sex to ensure that broken condoms or anal tearing do not contribute to STI transmission (Blake, 2016). Lee, Sandfort, Collier, Lane and Reddy (2017, p. 501) argue that in South Africa “knowledge of condom-lubricant compatibility was rare” and therefore was a contributing factor to the spread of STIs, including HIV. Consequently, Blake (2016) argues that the use of lubrication as a method for encouraging latex barriers, and sexual pleasure should be included in sexuality education in South Africa.

Additionally, *Boilerplate* magazine (2014) argues that the majority of research and interventions about “sexually transmitted infections STIs focuses on sexual activity between cis men and women”. Barrier methods to safe sex practices typically emphasise condom use but not other latex barrier methods. These absences from sexuality education interventions, which are a consequence of the need to regulate adolescent sexuality, therefore limit the ways in which adolescents can effectively engage in safer sex practices, suggesting that current interventions may in fact leave adolescents vulnerable which could result in them unknowingly engaging in risky sexual behaviours.

7.6.7 (Still) missing discourses of female desire

The tendency to frame sexuality education within discursive constructions of risk ensures that there are experiences and views that are left out of sex communication (Fine, 1988; Fine & McClelland, 2006; Muehlenhard & Peterson, 2005; Tepper, 2000). Muise (2011, p .411) argues that “traditionally, reference to women’s sexual desire has been absent from school-based sex education”. This was largely consistent with the Auntie Stella materials. While male adolescent desire was both reproduced, denied and challenged, female sexual desire was, to use Fine’s (1988) work, largely, missing from the Auntie Stella materials. Auntie Stella tells Themba “very few girls want to rush into sex” (Card 4A, lines 3 – 4). She also tells him not to pressure his girlfriend into having sex because “she doesn’t want to” (Card 4A, line 15).

However, in the findings I suggested two possible examples of implicitly acknowledging women’s sexual desire; when Auntie Stella tells Zandile that boys and girls can stop at any time without experiencing any negative consequences (Card 1A), and when she tells Winnie that she deserves love, sexual pleasure and marriage among other things (Card 6A). However, because this implicit reference to female desire is embedded within the language of risk and sexual safety, and couched between marriage and relationships, this also operates as a regulation of female desire, which undermines its legitimacy. While there has been development since Fine’s paper in 1988, Muise (2011, pp. 411-412) argues that where constructions of women’s sexuality emerge, they are “rarely defined by women themselves”.

7.6.8 Little attention is given to positive aspects of sexuality

Shefer and Foster (2001) have called for research which broadens the scope of sexuality discourses prevalent in sexuality education. In doing so they (along with others) highlight the relative lack of sex positive discourses today (Allen, 2004; Fine; 1988; Shefer & Foster, 2001; Tepper, 2000). Fine (1988) argued that sexuality education needed to include discourses on pleasure to facilitate adolescent (and female) sexual agency. Focusing only on negative messaging therefore runs the risk of causing adolescents to disengage from the sexuality education messaging, because they may find it overwhelming, or they may feel that it is too removed from their sexual relationships. As Macleod (2016) suggests, adolescents are hearing the same messages over and over again, “if they’re even paying attention in the first place”. Consequently, constructing sex within gendered discourses of risk and responsibility inherently misses out on engaging with the positive aspects of sexuality. Nor does it offer a framework

for understanding adolescent sexuality as normal, male desire as legitimate or establishing the existence of female desire. Harden (2014, p. 255) argues that we need constructions of sexuality which view it as “developmentally normative and potentially healthy”.

7.6.9 Consequences for women’s sexual agency

Women’s sexual agency is constructed in complex and contradictory ways throughout the Auntie Stella materials. Heterosexual relationships offered the opportunity for women to exert agency through have/hold discourses. However, dominant constructions of women as passive and victims meant that, on the whole, they were constructed as having limited agency. Women in South Africa overwhelmingly reported experiencing “limited sexual agency” in their relationships with men (Kruger et al., 2015, p. 31). Yet, research suggests that in sexuality education “women are responsible for saying ‘no’ to sex, and, consequently, avoiding the consequences of sex” (Kruger et al., 2015, p. 32). These messages therefore appear to construct women as both having and not having sexual agency.

Women’s sexual agency is therefore typically constructed in binary terms; women either have or do not have agency in their sexual relationships. Muehlenhard and Peterson (2005) argue that we need to include discourses of “ambivalence” when engaging with young women’s sexuality as this more accurately captures the complexity around women’s sexual agency (Jackson, 2005; Muehlenhard & Peterson, 2005). This was echoed by Kruger et al.’s (2015, p. 40) research which demonstrate that young women “did not mention that they made a conscious decision to have sex”. Rather, their male partners wanted sex and they simply went along with it. As Kruger et al. (2015, p. 40) argue “there was male pressure and [young women] related their lack of agency in the sense of not having made conscious decisions”. When asked whether they had wanted to have sex, young women said “not really” (Kruger et al., 2015, p. 40).

Constructing women as lacking sexuality also limits the possibilities for women trying to negotiate safe sex practices with their partners. For instance, Reddy and Dunne (2007, p. 165) demonstrate that adolescent girls needed to appear “sexually unknowing” around men due to the pressure to “maintain an image of innocence”. This posed practical difficulties for their ability to negotiate safer sexual practices with their partners (Reddy & Dunne, 2007). Similarly, Hillier et al. (1998) argue that young women’s sexual agency was undermined by dominant discourses on women’s desire because it prevented them from feeling comfortable carrying

condoms. Young women in their study argued that “when you carry condoms all the boys think you want it” (Hillier et al., 1998, p. 15).

7.6.10 Consequences of an over-reliance on dominant discourses of masculinity and femininity

The constructions of gender and sexuality identified in the Auntie Stella materials produce normative scripts for adolescent sexual subjectivities which they are encouraged to take up in particular ways as a part of a process of responsabilisation. These normative scripts reproduce “the curtailment of feminine desire, the regulation of gender and sexuality and heteronormative prescription” (Bhana et al., 2019, p. 120). The findings of this study therefore echo much of the concern over sexuality education in southern Africa more broadly.

Because these normative scripts rely on dominant and oversimplified constructions of gender, they therefore offer limited discursive resources from which adolescents can construct their subjectivities. They consequently offer no challenge to existing gender hierarchies and instead reinforce the very power relations which create contexts of vulnerability. For instance, in this study, dominant discourses produced young women who:

- Are heterosexual
- Are cisgender
- Are passive
- Are not allowed to experience desire
- Have to be responsible for their own and others’ sexual safety
- Want love
- Want relationships
- Have to trap men into relationships
- Have to navigate contradicting messages about their agency and identity
- Are expected to be able to say ‘no’ to male partners
- Are victims of sexual abuse
- Are cheated on

In contrast, the dominant discourses identified in this study produced young men who:

- Are heterosexual
- Are cisgender
- Have no control over their sexual desires

- Are mistaken about their desires
- Are preoccupied with sex
- View girls' ability to trap them into relationships with suspicion, anger and disbelief
- Are sexual aggressors
- Use their sexual agency to coerce girls
- Abuse their power in relationships
- Cheat on their partners

These gendered constructions demonstrate the limited normative scripts from which adolescents can construct their identities and subjectivities. It is necessary to note that these are not the only constructions of boys and girls within the materials, rather they are the most dominant. This research is by no means suggesting that adolescents cannot construct their identities in ways which challenge these constructions, nor are these constructions an objective and pervasive truth. Rather, they are constructions of a particular moment and context for a particular purpose.

However, they are telling. Subject positions play an important role in the creation of identity and subjectivity because they constrain and enable the ways in which adolescents are able to think, act and be in the world, which has consequences for adolescent sexual and reproductive health. Subject positions which reinforce gender roles that lead to sexual violence need to be challenged as a starting point for addressing adolescent sexual and reproductive health. It is necessary to note that even challenges to dominant discourses do not enable subjects to escape Foucault's (1978) disciplinary power. For Foucault, "knowledge is not continuous and is not separated from the exercise of power" (Turner, 1992, p. 179). However, there is no way for subjects "to escape the productive power of discourse" (Spilka, 2018, p. 21). Opportunities for resistance therefore simply offer new ways "to produce another form of subject for surveillance" (Spilka, 2018, p. 21). However, the emergence of new, more complex subject positions would more accurately reflect adolescents' lived experiences and contribute to broad efforts to empower.

7.7 Summary

This chapter argued that constructions of adolescents, Auntie Stella and sexuality were normatively gendered in complex ways which relied largely on dominant discourses of gender and sexuality. These constructions there largely serve to reproduce rather than unsettle existing

gender inequalities. While there were examples of challenges to the dominant discourses, the over-reliance on dominant discourses therefore undermined adolescent sexual and reproductive health in various ways. The next chapter will summarise the findings, discuss the implications of the study for the Auntie Stella intervention, as well as provide suggestions for areas of development. Strengths and weaknesses of the study are also considered.

Chapter 8: Conclusion

8.1 Introduction

This study used a Foucauldian discourse analysis on the materials of a sexuality education intervention programme ‘Auntie Stella: Teenagers talk about sex life and relationships’, in order to explore the constructions of gender and sexuality it produced. This chapter will briefly review the overall findings of the study in engagement with the stated aims. I will then engage with the strengths and limitations of the study before addressing the implications for policy, research and practice, and concluding with a reflection on reflexivity.

8.2 Summary of findings

The primary aims of this study were to identify the discourses in the Auntie Stella materials, to deconstruct them, to determine to what extent dominant discourses were present and to explore the social realities and identities which were produced through discourse. All of the research questions for this study were addressed within these broader questions. This study found that the overwhelming construction within the Auntie Stella materials was one of risk and danger, in particular the risks associated with sexual activity, as well as the negative consequences. This construction was so dominant that it operated a framework through which all other constructions – of Auntie Stella, adolescents, gender and sexuality – were themselves constructed and produced. Negative messaging about the dangers of sex, and in particular, adolescent sexuality therefore operated as a regulatory force for disciplinary power which set out, within the Auntie Stella materials, particular practices that the responsible adolescent sexual subject is encouraged to take up for their own and others’ safety. Examples of these are as follows; adolescents are encouraged to take up Auntie Stella’s suggestions (rather than relying on their own knowledge), adolescents are encouraged to engage in communication with their partners and adolescents are encouraged to be abstinent first, failing which, they are encouraged to wait until they are older or married to have sex, and then, following that, only to have sex within the confines of a monogamous heterosexual relationship.

The agony aunt framework of the Auntie Stella intervention served to further entrench the need for risk-proofing. Contradictory constructions of adolescents as both being too immature to engage in safe sex practices and responsible decision-making, and, simultaneously as needing to be responsible for their own and others’ sexual and reproductive health reflects the tensions in sexuality education more broadly. Concerns about what adolescents are told, more

specifically, what they are mature enough to know versus what they need to know emerged as a conflict in the materials, mirroring the mixed and confusing messages adolescents receive in sexuality education in the literature.

Moreover, risk-proofing technologies that were discursively produced were also gendered in complex ways. Gender was constructed as a binary and was mediated through dominant discourses which were interrelated such as biological essentialism, gender difference and heteronormativity. All of these discourses were evident in the materials, and they entrenched the need for regulation in particular ways. For instance, heteronormativity acted as a means of neutralising the risks of adolescent sexuality through insisting that sex take place only within the confines of cisgendered, heterosexual, monogamous (and married) relationship configurations. Constructions of risk and responsibility were gendered in the materials. Because adolescent male sexuality was largely constructed as being out of control, young women were constructed as being responsible for regulating it.

Dominant and normative constructions of women as passive and asexual were therefore mobilised to police male sexuality. This uneven burden experienced by women in the materials represents a central conflict in the ways in which women's agency was constructed and negotiated. Women were on the one hand, largely constructed as being victims of male sexuality. However, at the same time they were constructed as being responsible for fending off male advances, or using their power in heterosexual relationships through have/hold discourses to regulate male sexuality. On the one hand, this suggests a lack of agency, and on the other hand, it suggests, perhaps too much agency, or at least a lack of understanding of the lived realities of women in the materials, and, in southern Africa more broadly, where saying no is often not enough to protect women against sexual violence or coercion.

While women's sexuality was only notable by its absence in the materials, male sexuality was constructed in somewhat more complex ways. On the one hand, male sexuality was largely constructed through the male sex drive discourse in which men's apparent need for sex was normalised, and sexual violence justified. However, this was also undermined and challenged in the materials. The possibilities of engaging with positive aspects of male sexual desire were, however, undermined by Auntie Stella's undoing where male desire was reduced to either biology or misinformation. Discourses of pleasure, or of the more positive aspects of sexuality were therefore truly missing in the materials.

As a result of an over-reliance on dominant discourses of gender and sexuality, I argued that the Auntie Stella materials unfortunately reproduce, rather than undermine existing gender inequalities and marginalise queer youth. Moreover, they limit the discursive resources from which adolescents can fashion their sexual selves which pose various challenges for adolescent sexual and reproductive health. Despite its participatory aims, its efforts to increase communication and its work in normalising condom use, I argued that the materials broadly contribute to risky sexual practices, marginalising adolescents' knowledge and experience, and creating contexts of vulnerabilities. These findings and the conclusions I draw from them exist in tension with the stated aims of sexuality education in southern Africa, and with the aims of the Auntie Stella materials more specifically.

8.3 Recommendations for Auntie Stella

The Auntie Stella intervention is primarily concerned with empowering adolescents to take up their sexual and reproductive health in responsible and safe ways. In many ways, this intervention represents a significant challenge to existing interventions in southern Africa. The intervention makes use of participatory methodologies, thereby creating a context for adolescent participation and engagement. It is also filling an information gap, thereby equipping adolescents with knowledge of safe sex practices, as opposed to pretending that they are not having sex in the first place. Given the sociocultural taboos on sex communication that are prevalent in Zimbabwe, the intervention itself is successful in creating a culture of communication through safe spaces such as the Auntie Stella working groups. Indeed, various adolescents, facilitators, community activists, parents and other figures who have used the Auntie Stella report on its widespread successes. A discursive analysis of the materials that make up the data for the current study suggests that the intervention is also problematic in many ways which I have summarised above. It is essential to foreground the recommendations below with an acknowledgement that the findings of the current study are based only on the analysis of the nine cards that make up the materials for this study. It is therefore possible that other cards in the series may address some of the challenges I raise.

8.4 The focus on condom use, abstinence and delaying sexual debut needs to be expanded

The intervention does indeed fill a knowledge gap by providing adolescents with reliable information on their sexual and reproductive health. The normalisation of condom use is a success of the materials, particularly given the stringent debates in Zimbabwe about whether adolescents should be informed about the use of condoms, for fear that this may over-sexualise them. However, I argue that the knowledge provision in the Auntie Stella materials does not go far enough. Apart from abstinence, and delaying sexual debut, condoms are the only safe sex technology that are engaged with and encouraged. Given that the Auntie Stella materials were developed in 2000, this makes sense. However, there have been significant developments in sexual and reproductive health since then, something TARSC (2020a) themselves have acknowledged through the development of new cards that address cervical cancer, living with HIV antiretrovirals, and menstrual hygiene.

In the Auntie Stella materials, the need for open and frank sex communication clearly exists in tension with the need to protect adolescents' innocence by choosing what information they are given. As a result, the materials make assumptions about how to define sex (for instance as coital) and what this might mean for safe sex practices. Consequently, there is an over-reliance on condom use, abstinence and delaying sexual debut as methods of safe sex practices. For instance, Auntie Stella only suggests the use of emergency contraceptive and PEP to Sibongile after she has been raped, despite evidence that women who have difficulty accessing or using condoms may view emergency contraceptives as a viable alternative in places like Chile (Bentacor & Clarke, 2017). Additionally, the materials do not engage with other latex barriers apart from condoms or the role of lubrication in safe sex (Blake, 2016).

There is clear room for a broader engagement with safe sex practices in the Auntie Stella materials, in order to determine that adolescents have as much knowledge about safe sex practices and their options as possible. Instead of viewing knowledge in addition to condoms and abstinence as risky because it may encourage more sex or earlier sex, communicating about safe sex practices more broadly invites adolescents into a conversation in which they are equal partners and respects their ability to make informed choices. This kind of communication, as opposed to limited communication, or communication only about the negative aspects of sex, also mirrors the kinds of communication the interventions say they want to encourage between

adolescent partners. It should be noted that merely adding cards that deal with PreP, lubrication and condoms, microbial lubricants and alternative barrier methods will not be sufficient to address this issue. Existing cards will also need to be reworked to incorporate a broader engagement with sexual safety.

8.5 The materials need to do more to encourage adolescent engagement

The Auntie Stella intervention might be participatory, and emphasis is placed upon inviting adolescent communication by insisting that facilitators merely guide, rather than lead the intervention, however, the discourses in the materials do not place similar emphasis on adolescent knowledge and engagement. The format of the materials reproduces knowledge/power hierarchies which privileges adult communication and reinforces the need for adolescent sexuality to be regulated through parental figures. It is necessary to note that the current study, however, did not conduct research on the intervention as a whole, but focused on the content exclusively. Accordingly, it is possible to argue that many of the successes of the intervention may be a result of the intervention as a whole, of which the materials form a part. However, given that the materials are freely downloadable and encourage independent use, more work needs to be done on making the content and format of the materials less authoritarian so that adolescent knowledge and experience is treated as valuable and relevant. Mayeza and Vincent's (2019) research into learner perspectives on sexuality education in South Africa for instance shows that adolescents want communication that is less authoritarian and less judgmental. They suggest that one of the ways for sexuality education interventions to address this may be "to view learners as the experts on their own sexual lives while encouraging them to raise their concerns about sexuality or any other issues that they might be faced with" (Mayeza & Vincent, 2019, p. 483).

While Kaim and Ndlovu's (2000, p. 46) research outlining the development of the materials and its implementation may suggest that "the teacher is a facilitator rather than a controller", the teacher facilitation manual argues that facilitators need to "direct the discussion and activities" (TARSC, 2000, p. 11). Moreover, the facilitation manual encourages teachers to "check that the facts participants are sharing are accurate, gently correct false information or myths..." (TARSC, 2000, p. 11). This places a significant burden on facilitators to equip themselves with 'expert' knowledge. The central tension in the materials where adolescents are treated as both too young to know, but also needing to know, could therefore be a result of

this tension between TARSC's (2006) stated aims and their concerns about what adolescents know and how adolescents may make use of their knowledge.

In addition to the Auntie Stella aims which suggest the need to encourage adolescents 'to express their own problems and questions' (Kaim & Ndlovu, 2000, p. 46), I suggest the need to encourage adolescents to share more broadly, instead of assuming that adolescents will have problems and questions that adults can help them to solve. Moreover, the need to encourage adolescents' own knowledge and problem-solving skills should be foregrounded as part of an attempt to build confidence, communication and skills which will be valuable tools for both sexual decision-making and life. As a suggestion for the Auntie Stella materials, perhaps work can be done to develop cards in which adolescents write to their peers and receive responses from them, as opposed to only receiving responses from Auntie Stella so as to trouble the notion of her 'expertise'. It may also be useful to provide more than one response to the question cards so as not to normalise and encourage certain behaviours and thought processes at the expense of others.

8.6 The Auntie Stella materials need to engage more substantively with gender, gender roles and gender inequalities

Most sexuality education interventions in southern Africa claim to address gender roles and gender inequalities but do little to effect change in practice (Wekesah et al., 2019). This gap in sexuality education is reflected in the high rates of gender-based violence in the region, which, in turn, drives the HIV epidemic and women's vulnerability to sexual risk. The need for good quality sexuality education intervention in the region is pressing, but the content of these interventions matter. It does little to encourage women to say "no to their husband's unfaithfulness and no to getting HIV because of it" (Card 7, lines 6-7) when this communication is framed within dominant discourses of gender and sexuality. Glover and Macloed (2016, p. 3) argue that "efforts must be aimed at challenging dominant patterns of masculinity and femininity in order to disrupt the gender order". While the Auntie Stella materials appear, broadly, to recognise the gendered nature of adolescent sexual and reproductive health problems, they do little to challenge them. Moreover, TARSC (2016), concerningly, do not foreground the need to challenge gender inequalities anywhere in the development of their materials or the intervention aims. As a result, the intervention falls back on reproducing the very roles which create vulnerabilities. Moreover, the reliance on dominant

discourses of biological essentialism, gender differences and heteronormativity suggests a lack of awareness of the broader sociocultural contexts which play a role in maintaining young women's vulnerabilities to gender-based violence.

By offering limited subject positions to adolescents, such as the victim, the aggressor, the responsible (girl), the Auntie Stella materials reproduce rather than trouble existing social norms. The Auntie Stella intervention, therefore needs to engage with the ways that gender norms, roles and hierarchies are sustained and enabled in socialisation processes such as sexuality education. Moreover, TARSC need to prioritise an engagement with the discursive contexts through which adolescents are socialised to take up particular gender roles (Francis, 2010). Cards that challenge these discourses need to be developed and existing cards need to be re-evaluated in light of the subject positions they constrain and enable. Facilitators need to be trained to understand the relationship between discursive contexts and adolescents' gender identities so as to encourage the development of creative and complex identities that do not merely conform to dominant scripts. TARSC could, for example, create cards which challenge gender hierarchies by subverting traditional gender roles (for example a card with a stay at home father or a woman who wants sex), or construct women as having agency in more complex ways, and also outside of heterosexual relationships. Additionally, in the materials, relationships are implicitly constructed as being romantic and heterosexual. However, a broader conception of relationships includes friendships. I would therefore suggest TARSC develop cards that both produce and encourage healthy adolescent relationships – both those that are sexual and/or romantic as well as platonic. This could be a useful point of entry to breaking down the gender difference discourses that perpetuate the materials, by encouraging adolescents to build relationships with their peers and normalise and encourage girls and boys spending time together. Finally, TARSC could develop cards which are gender neutral and/or make use of gender-neutral pronouns in order to encourage adolescents to take up their gender identities in more complex ways.

8.7 The Auntie Stella materials need to create room for gender and sexual diversity

In line with concerns about the Auntie Stella materials' treatment of gender, is a concern regarding the treatment of gender and sexual minorities. Gender is understood through biological essentialism which serves as the guiding framework for gender and sexuality in the materials. As a result, there is no room for gender identities which may resist dominant

discourses, which may be more complex, and which may lend themselves to safer sex practices. Cultural taboos imported during colonisation, have led many African countries to implicitly or explicitly criminalise homosexuality (Moore, 2018). This was reflected by a limited engagement with gender and sexual diversity in the materials. Consequently, Alice's "I'm gay will anyone love me?" (Card 8Q, line 1) card serves as a warning of the consequences for those who choose to identify themselves non-normatively. Moreover, Auntie Stella's response suggests a lack of understanding of the issues faced by sexual minorities in southern Africa on a daily basis.

Simply suggesting that she "find other gay people" and that "it isn't hard" (Card 8A, lines 9-10) suggests a serious disconnect with the experiences of violence, victimisation and fear that LGBTQI+ youth experience (Francis, 2017). As DePalma and Francis (2014b, p. 631) argue "acceptance of...these heteronormative processes as inevitable or even natural may result in simplistic and ineffective sexuality education". Additionally, they (De Palma & Francis, 2014) argue that "instruction on how the body works or how to properly use a condom will not be enough to challenge the kinds of heteronormative contexts in which young people must live and learn to relate to one another". This suggests that TARSC needs to engage more broadly not only with adolescents know, but how they come to know. Or, put differently, encouraging adolescents to engage with their sexual and reproductive health requires more than just focusing on safe sex practices; indeed, it requires a serious engagement with how these practices are mediated through understandings of gender and sexuality. Assumptions about normative gender identities and normative sexualities need to be decoded, explored and challenged, both in the behind the scenes planning and development, but also in the Auntie Stella materials themselves.

The intervention therefore needs to include more cards which deal with non-normative gender and sexual identities, so that Alice's card is not the exception. Moreover, cards engaging with gender and sexual minorities need to be more sensitive to the lived realities of queer youth. Finding "other gay people" is not as easy as Auntie Stella suggests when many LGBTQIA+ persons cannot be open about these identities either because they have internalised heteronormativity and therefore experience them as shameful, or they fear discrimination or violence from those around them. Moreover, the culture of silence on sexual and gender diversities prevalent in the cards in turn encourages queer youth to be silent.

8.8 The materials need to create positive constructions of adolescent sexuality

This research has demonstrated that sex communication is complex around the world. Difficulties with what, how, when, and if adults talk to adolescents about their sexual and reproductive health, dominates the literature. These concerns in southern Africa also reflect a long and violent colonial legacy which has negatively impacted constructions of black African sexuality more specifically. Throughout the Auntie Stella materials, sex is conflated with risk, damage and danger. This has negative consequences for adolescent sexual and reproductive health, as I have argued in chapters seven and eight. For instance, faced with an overwhelming sea of negativity, adolescents are likely to disengage or rebel. Indeed, Jearey-Graham and Macleod (2015) demonstrate that when adolescents cannot find habitable subject positions, they are more likely to engage in risky sexual practices. Additionally, if interventions want to be based in the lived realities of adolescents, they must also engage with the positive aspects of adolescent sexuality. Instead of rape culture, a positive construction of adolescent sexuality might be able to engage with consent culture for example. Aspects of adolescent sexuality such as pleasure, mutuality, masturbation and intimacy would offer powerful challenges to dominant discourses and also create more room for frank discussion about sexuality. They could also serve to disrupt gender norms in heterosexual relationships by emphasising mutuality, consent and intimacy.

Admittedly, it is far easier to prescribe sexuality interventions which include the positive aspects of sexuality, than to implement them, particularly in contexts such as southern Africa. I therefore recognise that this represents a significant challenge for the Auntie Stella intervention specifically, as well as for sexuality education interventions in the region more broadly. However, I want to suggest that TARSC make use of their participatory methodologies to help them accomplish this. We know that adolescents are sexual beings and that they have rich and complex sexual identities (Chiweshe & Chiweshe, 2017). I therefore recommend that TARSC engage in research with adolescents which gives them the opportunity to express the more positive aspects of sexuality. This would require setting up research projects and/or contexts which normalises adolescent sexuality and encourages them to share stories and experiences which affirm these. For instance, Allen (2004, p. 152) argues that a reframing adolescent sexuality within a discourse of the erotics “could mean reformulating these messages in ways which acknowledge and affirm young people as sexual subjects who can experience sexual desire and pleasure”. Additionally, Allen (2004) points out that this provides adolescents with the opportunity for enhancing the quality of interpersonal

relationships. Using this feedback and engagement, TARSC can begin to rework cards and develop new cards which offer competing discourses of sexuality, and therefore a broader range of discourses from which adolescents can fashion their identities.

8.9 The role of good facilitators is essential

The role of facilitators has been highlighted as an area for development in sexuality education in southern Africa. Glover and Macleod (2016) have argued that the burden of responsibility teachers experience is great and needs to be recognised in order to better support educators/facilitators. In the Auntie Stella materials, much of the challenge to dominant discourse is accomplished in the talking points and action points, which are central to the facilitation process. In addition to this, the Auntie Stella intervention argues that facilitators need to be patient, kind, encouraging, understanding, not be short-tempered, be able to create safe spaces and also be able to treat adolescents' experiences with confidentiality (TARSC, 2006). However, this study also highlights the need for good, critical facilitators, who not only understand the need to disrupt knowledge/power hierarchies by creating non-authoritarian safe spaces, but also who understand the problematics of framing sex within discourses of risk, as well as the relationship between dominant discourses of gender and adolescent sexual decision-making and behaviours. One way therefore to lessen the burden of responsibility is to view adolescent knowledge as equally important as teachers' knowledge.

Moreover, facilitators need to be trained to deal with gender and sexual diversity "in order to avoid marginalising lesbian, gay, bisexual, transgender, intersex and gender queer youth" (Glover & Macleod, 2016, p. 5). Moreover, facilitators need to be encouraged to reflect on their own positions and beliefs and the ways that these translate messages of gender and sexual normativity. Glover and Macleod (2016, p. 5) for instance argue that facilitators need to be trained "to recognise heteronormativity and homophobia in the environment and to facilitate classes focusing on these topics". The training of facilitators therefore represents a potentially significant intervention point for the Auntie Stella programmes. In addition to training, Auntie Stella facilitators need to be provided with clearer protocols for dealing with issues that may arise during the facilitation process. Mirsky (2005) for instance demonstrated that research suggests facilitators find it difficult to create a non-authoritarian environment. Glover and Macleod (2016, p. 6) have argued that facilitators can be seen as "foot soldiers of care" in relation to adolescent sexual and reproductive health. They are therefore positioned as being on the frontline of dealing with sexual violence and other difficult issues. As a result, following

Glover and Macleod (2016), I suggest that facilitators require additional support spaces and networks to debrief with one another.

8.10 Strengths and limitations of the study

8.10.1 Strengths of the study

In spite of the critical role sexuality education materials can play in sex communication, there is a paucity of research which analyses sexuality education intervention materials. Additionally, despite the Auntie Stella intervention's widespread use, this study is among the first to engage with the discursive constructions in the materials. Calls for more critical research into sexuality education are widespread in the literature. For instance, Francis (2010) has argued for the need to identify and explore the discursive contexts through which adolescents come to know and perform their gender and sexual identities. This call embodies the need to engage more substantively with context, as opposed to focusing solely on increasing adolescents' knowledge in the hopes that this will translate into healthier sexual practices. Moreover, despite the relative failures of sexuality education in southern Africa, the Auntie Stella intervention has reported widespread successes to the extent that it has been renormed for use throughout southern and eastern Africa.

Understanding the role that the content of the materials play in adolescents' sexual and gender identities may represent a crucial intervention point for adolescents who don't have access to the full intervention, but can download the materials independently. Given that adolescents' sexual behaviours and decision-making are deeply situated within normative gender contexts, research into the roles that these contexts play in creating or limiting adolescents' opportunities to take up their sexual and reproductive health in positive ways, is essential. Due to the fact that the Auntie Stella toolkit is updated over time, and that there are always efforts to renorm the cards for use in another country or region, this provides TARSC with the opportunity to revisit and rework the materials in such a way that addresses the gaps I have highlighted in this research. Additionally, my recommendations affirm the importance of the facilitation role in the Auntie Stella intervention and suggests that this be underlined through additional, more specific training, as well as providing facilitators with better networks of support. Toolan (1997) argues that one of the common critiques of discourse analysis is that it often does little more than critique without providing useful suggestions as to how a text might otherwise have been constructed in ways which do not reproduce dominant power relations. Consequently, in

this study I have attempted to offer practical guidance as to how the intervention and cards could be revisited and reworked in ways that challenge existing power hierarchies. Additionally, while much of the findings and discussion confirms what is evident in the literature, this study also offers examples of more complex and nuanced constructions of gender and sexuality which hope to more accurately capture adolescent sexual and reproductive health.

8.10.2 Limitations of the study

As was mentioned in chapter five, this study used a sample of only nine of the Auntie Stella cards, which represents a limited sample of the forty-two cards in the series. A discursive analysis of the constructions of gender and sexuality across all forty-two cards would have potentially been more reliable, although time constraints and the nature of this research project made that difficult. As a result, it needs to be acknowledged that some of the problems that arise from the constructions in the nine cards in my sample may have been addressed in other cards in the series.

Additionally, this study unfortunately does not engage substantively with race and class in the cards. Part of the reason for that is that race is not mentioned in the sample of cards that form the dataset for this study, nor is race mentioned as part of the development process. However, the cards were developed based on a pilot study in four rural areas of Zimbabwe, suggesting that it might be possible to make inferences that the study was developed primarily on the experiences of working class black Zimbabweans. Additionally, where there were pictures in the cards, these pictures seemed to be representing black, rather than white or Indian adolescents for example. Given the fact that these cards are being used in a region which has diverse ethnic populations, as well as a long history of racial injustice, it would have been useful to engage more substantively with the ways in which constructions of race and class in the cards interact with gender and sexuality. This may have been more possible had I analysed all forty-two cards.

Another limitation of the study may have been my own unintentional prioritising of the question and answer letters in the materials, at the expense of the potential of the talking and action points. Because these aspects of the cards become more useful in practice, that is through the facilitation of the intervention as a whole, I may have unintentionally placed more emphasis

on the questions and answers than may be warranted, which may have encouraged more critique as opposed to emphasising the strengths of the materials and the intervention as a whole. Additionally, understanding the important role facilitators play in the mediation of sex communication may suggest the need to place more emphasis on this aspect of the intervention than on the materials.

8.11 Recommendations for future research

Earlier on in this chapter I outlined various implications of my study for the Auntie Stella intervention. More broadly, I would like to suggest a number of recommendations for research. Firstly, I would like to suggest that more discursive research on the Auntie Stella materials is carried out, potentially on all forty-two of the cards in order to test the reliability of the current study and its conclusions. Additionally, as mentioned in the previous chapter, I recommend that TARSC undertake research which creates room for adolescents to engage with the more positive aspects of their sexuality, so that these can be incorporated into the development of new cards and the reworking of old cards.

This study suggests that the facilitation role is significantly related to the success of the Auntie Stella intervention, and also to the messaging that adolescents receive regarding their gender and sexual identities. I would therefore also suggest more discursive research into the Auntie Stella intervention that engages with this aspect of the intervention in order to make it more effective. Additionally, research in which TARSC develops new cards and does pilot studies of adolescents' responses to these would also be useful. Given that TARSC (2020) claims to have made significant changes to eleven of the old cards, it might also be useful for them to conduct research which engages with whether these changes reflect any significant changes for adolescents as compared to the old cards, or perhaps even conduct analysis on the cards themselves which compares the content.

The constantly changing field of sexuality education, and TARSC's responsiveness to this, I argue, offers exciting possibilities for the development of more creative and complex understandings of gender and sexuality in order to shift the landscape of sexuality education and provide adolescents with a broad range of discourses from which they can construct their identities.

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Appendix A

Card 1: Should I sleep with him?

 Teenagers talk about sex, life and relationships

QUESTION

1. Should I sleep with him?

Theme: Sex and relationships
Safer sex
Speaking out

Dear Auntie Stella

I am a 17-year-old girl and I am in love with a boy two years older than me. My problem is that he always wants me to satisfy him in ways that hurt my feelings. We kiss and hug which I like very much but I don't let him have sex with me. He says he'll go blind if I continue to make him stop half-way.

My girlfriends tell me that if I want to keep him, I have to have sex with him. I'm worried that he will sleep with other girls if I say no, so should I sleep with him? He says everyone has sex at our age.

Zandile

TALKING POINTS

- Do you and your friends ever find yourselves in the same situation as Zandile and her boyfriend - where one partner wants to have sex and the other doesn't? What do you do about it?
- Ask two members of your group to act out the conversation between Zandile and her boyfriend. Zandile says that she loves him but doesn't want to have sex. Her boyfriend tries to convince her she should have sex with him. At the end of the roleplay, ask the actors what it felt like to be in their situation. Did they resolve their differences? If not, ask them to go back into their roles and try to find a solution.
- Zandile's boyfriend says he'll go blind if he has to stop half-way. What does he mean by 'half-way'? What other things do boys say will happen if they: a) get sexually excited from touching and kissing and then stop before having sex and b) don't have sex? Which of these things are true? Do people say similar things about girls?
- Are there other ways that people can give each other sexual pleasure without the boy's penis going inside his partner? Would you recommend these?

Should I sleep with him?

I

Dear Zandile

It's hard when two people want different things from each other but, as the elders say: *ubude abuphangwa* (don't rush into doing something before you're ready). Many people decide to wait until they are older or married to have sex and there are many advantages to this decision. When you are older, you are emotionally more ready to have a relationship. Also, if you don't have sex, you are not at risk from STIs, HIV and unplanned pregnancies.

In the meantime, it's good that the two of you can hug and kiss and then stop. This is a wonderful way of showing how much you love each other. Don't worry, boys – and girls – can stop any time with no ill-effects.

However, many young people believe that once you start touching and kissing you end up having sex, so it's better to spend time together with friends, instead of alone cuddling and kissing.

In the end young people must decide what is right for them without pressure from anyone else. Talk to your boyfriend. If he truly loves you, he will understand.

If you decide to have sex later, be sure to use a condom. Talk about this before – it's harder if you leave it to the last minute. Remember, girls can also get and carry male or female condoms. Good luck.

Auntie Stella

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ACTION POINTS

- Do you think it's possible to hug and kiss and then stop without going the whole way (having sex)? If not, what can you do? If you were Zandile, where would you draw the line so you can have fun but not get carried away and do more than you want?

QUIZ: Are we ready for sex?

Do this alone or with your partner. Answer YES, NO, or NOT REALLY.

- 1 Do we know each other well and trust each other?
- 2 Are we good friends?
- 3 Can we talk easily about sex and how far we want to go?
- 4 Have we talked about and agreed how we will protect each other from pregnancy, STIs and HIV?
- 5 Have we discussed having an HIV test before we start having sex?
- 6 Have we talked about what we will do if the girl gets pregnant?

ANSWERS: If you answered NO or NOT REALLY to any of these questions, maybe you and your partner aren't ready to have sex yet. It's a big decision.

- In your group, write down all the reasons some young people go ahead and have sex. Then write all the reasons why others wait until they are older. Which would you choose and why?

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Card 3: Must I sleep with my sister's husband?

Must I sleep with my sister's husband? 3

Dear Auntie Stella

I am a 15-year-old girl, living with my older sister and her husband. This *baba mukuru* (brother-in-law) is very cheerful and is respected in my family. He has always been teasing me and talking about *chiramu*. Recently he said that he wants me to sleep in their bedroom, and that I should do this because it is our tradition.

What should I do? Is this right? I am afraid he wants to have sex with me. But if I say no, he will tell me to leave.

Patricia

TALKING POINTS

- Discuss what you know about *chiramusibale*? Do you have a similar tradition in your community? What is supposed to happen with this tradition? What actually happens?
- 'Respect your elders'— do you think young people should always respect their elders, even if their elders ask them to do something dangerous or harmful? How can young people get support in these situations?
- What advice would you give Patricia? Who can help her?

Gudo guru peta muswe vaduku vakutye.

Be respectful to young people if you want them to respect you.



From a drawing by Darlington Chijena

©TARSC

Must I sleep with my sister's husband? 3

Dear Patricia

Your brother-in-law is lying about tradition. In Shona and Ndebele culture, *chiramu* or *sibale* is a playful teasing friendship between a girl and her brother-in-law. It does NOT mean that she should sleep in the same room as him or have sex with him; this is not accepted in our cultures. You definitely have the right to say 'no' when adults try to harm you.

Ask your aunt, a family friend or another sympathetic adult for help – it will be easier to deal with this situation with support. Try to talk to your sister too.

It is illegal in Zimbabwe for anyone to have sex with a girl or boy under the age of 16. Any adult who does this can go to prison. It is illegal to force anyone of any age to have sex. This is rape and should be reported to the police. The chances of getting pregnant or being infected with an STI (including HIV) make it even worse.

Our culture is wonderful and keeps us together as families and communities. People should never use 'our culture' as an excuse to treat people – especially young people – badly.

Auntie Stella

ACTION POINTS

- Many traditional cultural practices in southern Africa relate to young people and sex, such as sexual initiations, virginity testing, wife inheritance and others. Make your own list. Then discuss what you like and dislike about these traditions. For example, which of them prevent and which encourage the spread of HIV?
- Does your traditional culture treat girls and boys equally? If not, how do you feel about this? What can you do about it?
- How can you work with traditional leaders and elders to change practices that are harmful to young people today? Who else can help you?
- Every community is influenced not only by our traditions, but also by new ideas that come from outside. Draw a picture (or make a list) to show what you like best about traditional AND non-traditional modern culture. Can you take the best from both cultures to guide you through your life?

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Card 6: I want to have sex like my friends!

I want to have sex like my friends!

6

TALKING POINTS

Dear Auntie Stella

I am a 16-year-old boy in Form 3 at a boarding school. My problem is this: I know many girls but I would like a proper girlfriend so we can enjoy love together. All my friends boast when they speak about having sex and I would also like to be doing this.

I am afraid that I am getting so old that when I finally find a girlfriend she'll laugh at my failure to do it well.

I am thinking seriously about going to see a *n'anga* (traditional healer) for love potions for these girls to like me very much. Please auntie, give me some advice.

Titus



- What is the difference between love and sex?
- Do you think it is true that Titus' friends have already had sex? If it isn't true, why are they pretending?
- What successes do you pretend about? Is this helpful or harmful for you and your friends?
- Why do you think you and your friends want to be the same as each other and do the same things? What is good about this? What dangers are there in this?
- Do you ever disagree with what your friends are doing? Do you tell them about it or keep quiet?
- Should Titus go to the *n'anga*? What other advice would you give him?

**Ukugijima akusikufika.
Kumhanya hakusi kusvika.**

*Running is not arriving.
Don't rush into doing something or you
might get hurt in the process or never make it.*

I want to have sex like my friends!

6

ACTION POINTS

Dear Titus

I can definitely say that you don't need love potions to get someone to fall in love with you.

It's wonderful to fall in love but you can't force it to happen. It just comes naturally. Some people find girlfriends or boyfriends at your age, but many don't until much later. And even when they do fall in love, it doesn't mean they have to have sex.

Don't worry so much about what your friends say. Remember, many of their stories about sex may not be true. Boys are famous for boasting about sexual experiences they don't actually have.

Also, you don't always have to do the same as your friends. Follow your own feelings and trust yourself more.

So, stop worrying – stay happily single until the right girl comes along. Lack of experience won't matter then.

In the meantime, focus on your studies, find other interests and learn to respect and talk to the girls around you without worrying so much about love. It will knock you off your feet sooner or later.

Auntie Stella

- Make a list of the things you do just to be like your friends. Decide which are good for you and which are risky. Would you like to stop doing these risky things? Discuss with your group how you could do this.
- Give yourself a mark out of 10 for self-confidence (how much you believe in yourself and your own decisions). Ask a close friend if they agree with your mark. If your mark is low, how can you help each other to be stronger? If it is high, how can you be sure you listen to other people's advice?
- Make a list of the good things about yourself. Include your good qualities (for example, *I'm generous, I've got a good sense of humour, I can solve problems*) and things you're good at (*I can dance well, I'm good at farming, I'm a great football player, I can tell stories to young children*). Put the list somewhere you can see it, and add to it when you think of other things.
- Is it usual for boys and girls you know to be just friends? Would you like this to happen more often? If yes, work with a mixed group of boys and girls to decide on two or three fun activities to do together this week. At the end of the week, discuss what you learnt about being friends.

Card 12: I pay for lunch, don't I deserve sex?

I pay for lunch, don't I deserve sex? 12

Dear Auntie Stella

I am a boy at school and I want to have sex with my girlfriend. I buy her lunch at school, pay bus fare and sometimes even give her gifts but she won't have sex with me. My friends say that other girls do this. Why can't she give me sex to say thank you for the things I do for her?

Themba



TALKING POINTS

- **GIRLS:** Do you feel you have to have sex with your boyfriend if he gives you presents or money?
- **BOYS:** Do you expect your girlfriend to have sex with you because you buy things for her?
- Why do you think Themba's girlfriend refuses to have sex with him? What advice would you give Themba? And what advice would you give his girlfriend?
- Some say boys and girls don't want the same thing from relationships. What do they each want? Do you all agree?
- Look at the picture below. What do you think of Lovemore's motto? Write your own motto – about sex, life and relationships. Whose is the coolest?



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I pay for lunch, don't I deserve sex? 12

Dear Themba

It's difficult when people want different things from a relationship, and it seems that sex is more important to you than to your girlfriend. However, very few girls want to rush into sex. They are unhappy when boys treat them like property and expect to buy sex from them in return for gifts and money.

Many girls and boys prefer to avoid the problems that arise from having sex when you are still a teenager. They don't want to be worrying about pregnancy, STIs and HIV so they choose to abstain until they are older.

Think about a good relationship – is it just a way to get sex, or do you want to be with a real friend who cares about you? If you want this kind of friendship and love you need to think about what your girlfriend wants. Don't pressure her into having sex; she doesn't want to.

Some people might still treat girls differently from boys, but attitudes are generally changing now. Boys and girls are treated as equals. I hope you'll have the courage to treat your girlfriend as your equal in the future and that you will be happy together.

Auntie Stella

ACTION POINTS

- What do you think about Auntie Stella's reply? Do you agree with what she said to Themba? If not, what is your advice?
- **GIRLS:** Make a list of what boys should and shouldn't do and say if they want good friendships with girls.
BOYS: Make a list of what girls should and shouldn't do and say if they want good friendships with boys.
Then find a group from the opposite sex. Swap your lists and study them. Get together in mixed groups and ask questions to find out more about what the others think.
- Have a debate on one of the following topics:
 - A girl should sleep with her boyfriend if he buys her things.
 - 'Love without sex is like a garden without flowers' Do you agree?
 - It is not okay to have sex before marriage.

Card 16: I was raped

I was raped

16

TALKING POINTS

Dear Auntie Stella

I feel really terrible and have nobody to talk to. When I was younger my uncle always hugged us children nicely and gave us presents. But last year, when I was twelve, he sometimes followed me into the bush when I was fetching water, and touched my breasts and under my skirt. I was frightened but he said it must be our secret or we would both get into trouble.

Then this weekend he came for a funeral and everyone was drinking beer. In the night, when I came back from the toilet, he was waiting. He grabbed me, pushed me down and had sex in me. It was so painful but he hit me when I cried.

Afterwards he said it was my fault because I was wearing a bra and that made him need sex.

Auntie, please help me. I feel bad and dirty and I keep remembering it. I'm too afraid to tell my parents. They will be very angry with me because my uncle helps us with food and money. But what if he does it again? I'm so scared. What can I do?

Sibongile

- What is rape? Is it common in your community? Are the rapists usually strangers or members of the family?
- In Sibongile's story, who was responsible for what happened? Why did Sibongile's uncle behave like that?
- Is a girl or woman ever to blame for being raped, for example, if she is wearing sexy clothes? Organise a debate around this question.
- What advice would you give Sibongile about what to do now?
- What would you do if you were raped? (boys and girls should answer). Would you go to the police? What are the advantages and disadvantages of reporting a rape?

Umntwana ongakhaliyo ufela embelekweni

Keeping silent can destroy your life; speaking out can relieve you from torments and depression.



©TARSC

I was raped

16

ACTION POINTS

Dear Sibongile

I'm sorry to hear your story. What your uncle did was very wrong. It is not your fault – he committed a crime and he must be stopped from doing this again.

Don't be afraid – you must tell someone immediately. You cannot keep this a secret. *Umntwana ongakhaliyo ufela embelekweni* (keeping silent can destroy your life). Tell your parents, another relative or someone you trust. You need someone to advise and support you who will also help you go to the police and get other help.

Report the rape as soon as possible, preferably without washing or changing clothes in case the police want to take evidence. Also, ask a health worker for protection from pregnancy (the 'morning after' pill). Some clinics also have post-exposure prophylaxis (PEP) drugs which prevent HIV if taken within three days after the rape.

Rape is never the victim's fault but there are ways for women to try to avoid it. Never walk alone (if you do, look confident and walk fast). Never, at any age, drink too much alcohol or smoke *mbarje*. If you like a boy, tell him firmly how far you want to go before you start romancing. If you are attacked, scream, kick, bite, hit or knee him between the legs – and try to get away.

Sibongile, I do hope you find the help you need.

Auntie Stella

- Why is there so much rape and violence against girls and women in our societies? Have a discussion. For each answer you give, ask the question 'But why?' to try and find a deeper cause.

Rape and abuse in your community

Look at these statements. How well do they describe your community? For each one, write TRUE, FALSE or NOT SURE.

- 1 In our community, girls and women can walk around safely anywhere, at any time, without being afraid.
- 2 Rape and abuse are not kept secret. If a young person reports rape or abuse, adults take action to stop it from happening again. No-one ever blames the young person.
- 3 If a young person has been raped, clinics have the right medical and counselling services and the police do their best to find and punish the culprit.
- 4 Boys believe and respect girls when they say 'no' to sex. They don't think they have a right to sex; they know they can control their desires.

Results: Very few, if any, of you will be able to answer TRUE to all of the above questions. What would need to happen in your community to make it a safe place, free from rape, violence and abuse?

- Find out more about the 'morning after' pill and PEP drugs. Ask your clinic if they are available there. If not, where can you find them?

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Card 22: Should I tell him I'm HIV positive?

Should I tell him I'm HIV positive?

22

Dear Auntie Stella

I am a 19 year old woman and I found out I am HIV positive a year ago. At first I was shocked but I told my sister and she helped me to tell my mother. We never tell other people – I am not sick and I can still do my dressmaking.

Recently I met Thando at the choir I joined. I like him and he is proposing love to me. But now I am so worried. I don't want to tell him that I am positive because he won't want me for a girlfriend. Also he might tell others around here and they will stop coming to me for sewing.

I wonder if someone like me can have a boyfriend now. At my support group they say it is fine to have sex if we use condoms, but I am still afraid. Is it better to wait for a boyfriend who is also HIV positive so he will understand and not blame me?

So, these are my questions: can I accept Thando's love and if I do, must I tell him about the HIV before I become his girlfriend? Auntie, please give me some advice.

Winnie

TALKING POINTS

- Would you buy clothes from a dressmaker if you knew she was HIV positive? Why or why not? Is your answer based on good information?
- In your opinion, how many young people in your area have sex without knowing their partner's HIV status – a few, some, a lot? When is this very risky, and when is it less risky?
- Is it OK for Winnie to have sex with Thando if he's HIV-negative? What dangers are there? How can they avoid them?
- Is it possible Thando is also HIV positive? If yes, what should they do?
- When should Winnie tell Thando that she is HIV positive?

- Never
- Before she starts having sex with him
- Only if he asks her
- When they know each other much better
- Only if they want to have children

Give reasons for the answer you choose.

What could happen in each situation? Think of good and bad possibilities.

©TARSC

©TARSC

I was raped

16

ACTION POINTS

Dear Sibongile

I'm sorry to hear your story. What your uncle did was very wrong. It is not your fault – he committed a crime and he must be stopped from doing this again.

Don't be afraid – you must tell someone immediately. You cannot keep this a secret. *Umntwana ongakhaliyo ufela embelekweni* (keeping silent can destroy your life). Tell your parents, another relative or someone you trust. You need someone to advise and support you who will also help you go to the police and get other help.

Report the rape as soon as possible, preferably without washing or changing clothes in case the police want to take evidence. Also, ask a health worker for protection from pregnancy (the 'morning after' pill). Some clinics also have post-exposure prophylaxis (PEP) drugs which prevent HIV if taken within three days after the rape.

Rape is never the victim's fault but there are ways for women to try to avoid it. Never walk alone (if you do, look confident and walk fast). Never, at any age, drink too much alcohol or smoke *mbanje*. If you like a boy, tell him firmly how far you want to go before you start romancing. If you are attacked, scream, kick, bite, hit or knee him between the legs – and try to get away.

Sibongile, I do hope you find the help you need.

Auntie Stella

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- 4 Boys believe and respect girls when they say 'no' to sex. They don't think they have a right to sex; they know they can control their desires.

Results: Very few, if any, of you will be able to answer TRUE to all of the above questions. What would need to happen in your community to make it a safe place, free from rape, violence and abuse?

- Find out more about the 'morning after' pill and PEP drugs. Ask your clinic if they are available there. If not, where can you find them?

Card 30: My husband is unfaithful

My husband is unfaithful

30

Dear Auntie stella

I got married two years ago when I was 19 and my husband was 22. We were madly in love and now we have a beautiful baby. I never had sex with anyone else in my life, only my husband, Thulani. But six months ago he started coming home late. He said he was working but I was sure he was seeing someone else. I am really scared of AIDS so I finally got the courage to ask him to use a condom. Well, he went completely crazy and accused me of not trusting him.

Then I found out he had been visiting a woman just two streets away and at last Thulani admitted he had a girlfriend. He said he would break up with her because he only really loves me. But when I said I wouldn't have sex with him until he went for HIV testing, he refused. He says he absolutely doesn't want to know.

This has been going on for nearly a month now. I mostly make him sleep in the kitchen. He says no-one treats a husband like this. But what else can I do, Auntie? I still love him but I am terrified of getting HIV from him. Please help – perhaps I shouldn't have married so young!

Josephine

TALKING POINTS

- Josephine got married when she was only 19. Do people often marry at this age or younger in your communities? What are the advantages and disadvantages of marrying young?
- Why do men and women look for sex outside their marriages? Make a list of reasons and think of solutions for each one.
- Married women have the highest rate of HIV infection in southern Africa. Why do you think this is? What can society do about this?
- What do you think Josephine should do now? What should Thulani do?



Akulahlwa mbeleko ngokufelwa.

Do not give up. Better things are to come.

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My husband is unfaithful

30

Dear Josephine

Marrying young does often cause problems, because young people are still changing and they don't yet know what they want from life. But you should know that many women these days are, like you, refusing to have sex with their husbands without using condoms. Many women are saying NO to their husband's unfaithfulness and NO to getting HIV because of it.

You are brave to be tough with Thulani to protect yourself, especially since you have a young child to consider too. One option is for you to use a female condom. But you can't go on like this forever. You both need to have a test. Talk to Thulani about it again. Be understanding about his fears. Is there anyone else who could encourage him to go for a test? If not, go to a testing centre for advice.

If Thulani still refuses, you will have to make some big decisions – about what is important to you and what to do next. Tell your husband what you are thinking and find out whether he wants to save your marriage. If you do stay together, this is a good opportunity to talk about what you each need from your marriage. Your family or a counsellor may be able to help.

Good luck to both of you.

Auntie Stella

ACTION POINTS

- **ROLEPLAY:** In pairs pretend to be a husband and wife (even if you are two boys or two girls). Have a conversation **either** when the wife wants the husband to use a condom **or** when she wants him to go for an HIV test. Afterwards, tell your group what happened. How did the 'wives' and 'husbands' feel? What did you learn from the conversations?
- Is it easier for a girlfriend to ask her partner to use a condom or for a wife to ask her husband? Or is it the same? If it is different, why is this?
- In your groups draw a husband and wife who are happy together. On your picture write down or draw all the things that make a good marriage. Show your picture to the other groups. Did you all have the same ideas?

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Card 34: I'm gay – will anyone love me?

I'm gay – will anyone love me?

34

TALKING POINTS

Dear Auntie Stella

I'm 16 years old and I have a terrible problem. I can only fall in love with other girls. I don't like boys at all. When I was in Form One I had a boyfriend so that I would be like the other girls but I didn't even want him to kiss me, so we broke up.

I'm afraid and ashamed to tell anyone. My parents would beat me and chase me away. I can't talk to anyone at church because the pastor says that men who like men, and women who like women (we are called gays but I feel so sad!) are Satanic and evil. My friends wouldn't understand – they already laugh at me because I don't wear dresses or have a boyfriend.

What is wrong with me? I don't want to be different from everyone else. I hate feeling so alone. Sometimes I think about going to a phone box and calling any number, just so I can talk to someone about how I feel. All I think about is finding someone to love, but I've never even met another girl like me. Please help me. I'm so lonely and unhappy.

Alice

- Do you think there are young people in your community like Alice, who like people of the same sex?
- Do they have to hide their feelings? Why? If you're gay or have a gay friend and would like to talk about it, tell the group about your or your friend's experiences.
- Alice is afraid that everyone will reject her if they find out she's gay. Is this true? How do you think your family and friends would react if you told them you were gay?
- What advice would you give Alice? Should she tell anyone? What else can she do?

QUIZ: Gay people

Which statements are **facts** and which are **opinions**?

- 1 It is wrong to have sex with someone of the same sex.
- 2 There are gay people in every society all over the world.
- 3 The constitutions of some countries in southern Africa support the rights of gay people.
- 4 Gay people will harm our children.

I'm gay – will anyone love me?

34

ACTION POINTS

Dear Alice

There is nothing wrong with being gay. People who say it goes against their culture or religion don't understand. Do not feel ashamed about it.

The first step is to accept who you are. Talk to someone who can help you be more confident. You are not alone. Gay people exist in all societies. If you hide your feelings because you're afraid of other people laughing at you, others probably do the same.

So the second step is to find other gay people. It isn't hard: ask, listen, read newspapers and magazines. Most major cities have gay organisations. Contact them. You'll feel good when you meet people who feel the same as you!

Also, many gays find that their family and friends don't reject them. In private, people often understand and accept. Remember, when you tell people something like this, wait until they're relaxed and practise your 'speech' before to give you confidence. Some pastors are more tolerant than yours. They feel that if God created gays, the church should accept them. So, don't feel so bad.

Good luck with finding someone to love!

Auntie Stella

- **ANSWERS: Gay people quiz**
1 and 4 are opinions, 2 and 3 are facts.
- Do you agree with Auntie Stella's reply? Which of your ideas come from actually knowing gay people, and which ideas are from what people around you say?
- Find out which organisations give advice and support to gay people. Ask someone from there to come and talk to your group and answer your questions. You can write questions if you're shy to ask them directly.
- Find out about your country's constitution and laws. For example, does the constitution say that there must be 'no discrimination on grounds of sexual orientation'? This means that gays must be treated like everybody else, by law. For example, a gay person can join the police, be a teacher or a mayor, like anyone else. Have a debate about this.



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Card 36: My sugar daddy treats me badly

My sugar daddy treats me badly

36 TALKING POINTS

Dear Auntie Stella

I am a girl of 16 years. I dropped out of school because I want to be a model. My boyfriend is a businessman and also owns a big farm. I met him three months ago when I was at his store and he proposed love to me. My friends told me to agree because he had the three Cs: cash, car and cellphone. They said sugar daddies give you clothes and proper food like chicken.

At first he gave me presents and said he would help me become a model. He even gave my brother a job on his farm. We went in his car and even stayed at hotels. But now he only wants to have sex and go. He shouts if I ask for anything, and calls me a prostitute.

Last week I asked him to use a condom because it was safer but he got angry and hurt me when we had sex. He says if I want presents I must give him sex without wrappers. He promised to get herbs for me if I need them. But I am still afraid. He has not said any more about me being a model.

Auntie, what can I do? I boasted to my friends to make them jealous and they will laugh at me if I ask for advice.

Nyarai

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- In pairs, draw a picture of a sugar daddy and his girlfriend. If you like, add labels to give more details. Explain your pictures to the whole group.
- Why do older men like to have young girlfriends like Nyarai?
- Why do some teenage girls like to have sugar daddies? Are some reasons good and others bad?
- What advice would you give to Nyarai?



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My sugar daddy treats me badly

36

ACTION POINTS

Dear Nyarai

I'm sorry your boyfriend is no longer nice to you but, regrettably, this often happens with an older, richer man. Sugar daddies like young girlfriends because they are sweet and don't complain. Also, sometimes it is because they think young girls are free of HIV.

But the relationship is not equal, and when the man gets tired of the girl, he starts to break his promises and treat her badly. This is what is happening to you.

Having sex without condoms is very risky and herbs cannot cure HIV – if they could, the *ri'anga* (healer) would be very rich indeed. Taking herbs to get rid of pregnancy can be dangerous and may not succeed.

I hope you decide to leave your boyfriend – this relationship cannot make you happy. Try to find a relationship where you are equal and you can say what you want.

Think about your future and how to make your dreams come true. If you learn other skills and earn some money, you can do a modelling course. Models need education too and they usually have other jobs so try to find something you can do to survive.

Auntie Stella

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- Look back at the talking points to see what reasons you gave for girls liking sugar daddies. For each one, find a way that girls can get this without getting into danger. For example: money and nice clothes – they can...
- **ROLEPLAY:** In pairs, act out the conversation when Nyarai tells Godfrey she doesn't want to see him any more. What does he do? Afterwards, tell your group what happened and how you each felt when you were acting. What did you learn from the roleplays?
- Some people say that sugar daddies abuse young girls and should be punished. Others think the problem lies with the young girls who are greedy and go with sugar daddies in order to get luxuries. What do you think?
- In pairs or with your small groups, make up a song to show your ideas about sugar daddies. Arrange a time to sing it to the whole group.

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Appendix B



22 June 2016

Ms Chantelle Malan (216071878)
School of Applied Human Sciences – Psychology
Pietermaritzburg Campus

Dear Ms Malan,

Protocol reference number: HSS/0890/016M

Project title: Auntie Stella: Teenagers talk about sex, life and relationships – Discursive constructions of gender and sexuality in the materials of a sex education programme

Full Approval – No Risk / Exempt Application

In response to your application received on 14 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/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.

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

Yours faithfully

.....
Dr Shamila Naidoo (Deputy Chair)

/ms

Cc Supervisor: Dr Mary van der Riet
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Nondumiso Khanyile

Humanities & Social Sciences Research Ethics Committee
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