GENDER-BASED VIOLENCE IN THE AGE OF AIDS: SENIOR SECONDARY SCHOOL LEARNERS' ENVISAGED SOLUTIONS IN TWO RURAL SCHOOLS IN KWAZULU-NATAL

By

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Declaration

This research report is the result of my own work. All reference material contained in here has been duly acknowledged.

This thesis also forms part of the NRF funded "Every voice counts" project. This thesis slots into the third study area, "teachers and youth as knowledge producers" as well as the fourth study area, "community partnerships for addressing gender violence", and acknowledges that young people in rural areas are allies in addressing gender-based violence in the age of AIDS.

Any opinion, findings and conclusions or recommendations expressed in this material are those of the author and therefore the NRF does not accept any liability in regard thereto.

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Date: 18 March 2011

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SUMMARY

Patriarchal male power is a fundamental issue that explains the reason for gender-based violence (GBV) as well as societies acceptance of it. Social and cultural forces shape behaviour in society. A patriarchal mindset and power relations influence behaviour towards GBV as a means of controlling women in society. These societal norms are reflected in schools, which are supposed to be havens of safety but seem to allow for and perpetuate societal GBV, increasing girls' risk of being sexually abused at school and making school unsafe sites. Even though extensive intervention and prevention strategies have been legislated and implemented, statistics indicate that the prevalence of GBV and HIV/AIDS have not decreased in adolescents. Policies and strategies are currently still failing to help youth be less vulnerable to GBV.

This study worked with adolescents, aiming to place them at the centre of the problem and of the solution, by conducting research in two rural schools in KwaZulu-Natal. The participants were grade 9 learners (adolescents) attending these schools, who were given the opportunity to explore problems regarding GBV experienced in their schools and to find possible solutions that they can

implement themselves in order to curb or address GBV in their schools. A qualitative approach was used, working in a critical paradigm, allowing the participants to be a voice of change in a socially destructive situation. A purposive sample of 30 learners (boys and girls) provided information-rich data. The methodology used was participatory video, and learners simulated examples of GBV at school as well as solutions to them. The research process of producing the participatory videos was an intervention in itself.

Three themes emerged from the findings, indicating that: girls' bodies are sites for GBV in unsafe schools; men who are stereotypically seen as the protectors of society are in fact the perpetrators of GBV through low-level sexual harassment, intimate partner violence and educator sexual misconduct; and learners have a sound understanding of how to address GBV in school and show agency by clearly indicating their disapproval, reporting misconduct, speaking out about the problem in assembly and forming support groups to provide invaluable assistance to each other.

This has implications for dealing with learners' safety at school, and recommendations are made regarding learners' safety. These include involving the whole community, and endorsing a "safe school" plan with effective school policies and adequate safety and security measures to protect learners (and, more specifically, girls). In order to address patriarchy, recommendations include supportive educator involvement, guidelines for educator misconduct, school counsellor involvement, appropriate sex education and workshops on appropriate male behaviour.   Although learners had a sound understanding of what can be done to address GBV in school, it is also recommended that parents, police and health care providers become more involved and that educational programmes, such as peer education, are incorporated.

KEY WORDS

- Adolescent

- Gender-based violence

- HIV/AIDS

- Learner

- Participatory video

- Research as intervention

- Rural school

- Safe schools

LIST OF ACRONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
ARV	:	Antiretroviral medication
HIV	:	Human Immunodeficiency Virus
GBV	:	Gender-based violence
UNAIDS	:	United Nations Aids Program
SAPS	:	South African Police Service

LIST OF FIGURES

Figure title	**Page**

LIST OF TABLES

TABLE OF CONTENTS

CHAPTER ONE

ORIENTATION TO THE STUDY

CHAPTER TWO

GENDER-BASED VIOLENCE IN THE AGE HIV/AIDS IN THE CONTEXT OF SAFE SCHOOLS

CHAPTER THREE
RESEARCH DESIGN AND RESEARCH METHODOLOGY

CHAPTER FOUR

RESULTS AND INTERPRETATIONS OF FINDINGS

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

CHAPTER ONE
ORIENTATION TO THE STUDY

"We are a nation crying out for help"

Seekoei and Steyn, 2010, p.22

1.1   INTRODUCTION

Many learners in Africa, and particularly in South Africa, are growing up confronted by HIV/AIDS and many other issues which negatively affect their well-being or which make them vulnerable to HIV infection (Walker, 2004). Many learners are also confronted with gender-based violence (GBV) at home or at school. Women who are unable to negotiate safe sex due to GBV face an increased risk of contracting HIV ("Women, HIV/AIDS and human rights," 2004). It is said that if governments are serious about fighting HIV/AIDS, they first have to deal with another worldwide pandemic, namely that of GBV. For example, in Southern Africa many girls' first sexual experience is often forced, and one in every three women will suffer some form/s of GBV ("Violence against women fuels spread of HIV/AIDS," 2004).

Research regarding HIV/AIDS indicates the prevalence of HIV/AIDS in South Africa and its links with GBV, and the occurrence of GBV in schools (Leach & Mitchell, 2006). For the purpose of this study I reviewed contextual factors that contribute to GBV as well as the spread of HIV. I consulted literature around GBV and the spread of HIV, as well as prevention/intervention strategies used in schools in attempting to make schools safe.

GBV, mostly directed against women, is often physical and sexual in nature, such as assault, forced sex or rape (Leach, 2002). Hoosen and Collins (2004) believe that the AIDS epidemic is a gendered epidemic and a discourse of male power. Strebel, Crawford, Shefer, Cloete, Henda and Kaufman (2006) in this

regard refer to a female lay counsellor in rural Western Cape who noted that male adolescents in a working class community are encouraged to be violent – pronouncing it a male trait. According to Sathiparsad (2006), masculinity is not inherited but socially constructed in the context of class, race and other factors. This allows for social organisation that is hierarchical and where difference in gender allows for hegemonic masculinity, a dominance which may be realised through violence. Ludsin and Vetten (2005) concur that traditional views of masculinity within a patriarchal, competitive and physical culture influence some men's socialisation towards GBV, making it easier to express anger in this way. GBV is also becoming apparent at school. Exploring learners' perceptions around GBV would thus provide the basis for discussing envisaged solutions in making schools safe.

Worldwide, HIV/AIDS causes great concern. South Africa is most affected by HIV/AIDS - in 2007 32% of new infections occurred here, with more than half of all infected South Africans residing in KwaZulu-Natal (UNAIDS, 2008a), the province in which I live and where I undertook my research. Female adolescents face a greater risk of infection in South Africa than elsewhere in the world - and in South Africa female adolescents aged between 15-24 years make up 90% of all new infections. This age group is also most at risk of experiencing one or more forms of GBV. South Africa has among the highest rates of GBV, and it is thus no coincidence that GBV experienced among female adolescents is seen as the biggest indication for the vast HIV infection rates (UNAIDS, 2008b).

It therefore seems that there are social and cultural forces, as well as power relations, at work in the high prevalence rates of both GBV and HIV/AIDS. Unfortunately, women often have economic, psychological and social dependence on men. These are issues which directly manipulate the way in which HIV/AIDS affects women (Hoosen & Collins, 2004). Culture also links both GBV and HIV/AIDS, since it still upholds men's behaviour when it comes to condoning gender abuse (Strebel et al., 2006). Disclosing a positive HIV/AIDS

status could also lead to violence (Strebel et al., 2006). So HIV infection is conveyed through violence and further perpetuated by women who keep silent.

How does this situation play itself out in a rural school? To what extent is safety questioned in terms of GBV at school? What specifically are the silences that occur at school? This study explored how these issues play themselves out at school.

For the purposes of my study I looked specifically at GBV in the age of AIDS, and in the context of safe schools. Leach (2002) points out that AIDS has turned a new spotlight onto GBV in schools. Quoting the Human Rights Watch, Leach (2002) argues that GBV is linked to bullying, corporal punishment by educators, verbal abuse and other forms of violence in school, and that it is often the authoritarian school that allows GBV to flourish. Sexual advances from male learners and male educators within the school and adult and adolescent men outside school make girls vulnerable to GBV. This type of behaviour is often condoned, due to stereotypical masculine and feminine behaviours.

Gender violence therefore appears to be part of school life, and influences learners' socialisation as male and female (Leach, 2002). GBV against school girls, and the unwelcome physical, verbal and non-verbal violence, violates learners' right to safe education and exposes them to HIV/AIDS. According to Prinsloo (2006), over 30% of girls in South Africa are raped at school. The Department of Education (DoE) views educators who have sex with learners as breaking the law and betraying the trust of the community (Prinsloo, 2006). This, according to the Human Rights Watch, causes many girls to drop out of school and others to endure violence in silence (Prinsloo, 2006).

Female adolescents are a vulnerable group (Leach, 2002) and sexual harassment a serious problem since it denies girls equality and effective education, causing possible unwanted pregnancy, emotional pressure and loss

of self-respect. Hence the school which should be a safe institution for teaching and learning in general, but also learning about safe sex, stands in contrast to the school as a high-risk sexual location (Leach, 2002; Leach & Mitchell, 2006). Leach (2002) argues that schools should promote the right views on GBV through their ethos and role models.

Schools, however, remain sites of high levels of GBV, most of it directed at girls, making them the most likely to contract HIV infection through GBV such as intimidation, harassment and rape (Leach, 2002). It is therefore necessary to explore learners' perceptions of GBV as well as their envisaged prevention/intervention strategies for a safer school, drawing on their own assets in this fight for gender equality in the age of AIDS.

The ideal is a safe school free from danger and with an absence of harm. There should be teaching and learning without GBV, and this should be accomplished through good discipline, professional educator conduct and good school governance and management (Prinsloo, 2006). Understanding this ideal, and working towards it, requires consideration of the context in which GBV and the spread of HIV occur.

Myths surrounding HIV/AIDS hamper the advancement of HIV/AIDS education. One such setback is virginity testing, which some sections of the isiZulu-speaking communities believe is a way to safeguard adolescent girls against HIV/AIDS. Virginity testing is supposed to curb female adolescents' sexual activity before marriage, and to keep them "pure" ("Virginity Testing," 2000). According to some government officials, up to tens of thousands of young girls are being examined each month, as virginity testing is preferred by traditionalists over educating adolescents about sex, condoms, HIV/AIDS and sexually transmitted diseases (STDs) ("Virginity Testing," 2000). Girls who are virgins have social prestige and wear colourful stickers on their foreheads to indicate their purity to the community.

Virginity testing has problems in and of itself; for example, according to Hoosen and Collins (2004), a belief of some individuals in South Africa is that sleeping with virgins can prevent or cure HIV/AIDS. Furthermore, if the first girls inspected are HIV infected and the same pair of gloves is used on the rest of the girls, they could all be infected ("Virginity Testing," 2000). Amnesty International claims that virginity testing is a form of GBV which is cruel, inhuman and degrading ("Virginity Testing," 2000).

Poverty seems to play an important role in HIV/AIDS, as young girls are bought over by expensive gifts in exchange for sexual favours (Strebel et al., 2006). Transactional sex between female adolescents and older men (Strebel et al., 2006) is prevalent, also in rural communities. Condoms are not provided at school, and furthermore it would seem as though both women and men resist the use of condoms, because they are seen as a breach of trust (Strebel et al., 2006). In Sathiparsad's study with youth, 70,2% reported being sexually active, with only 28,8% always using condoms during sex (Sathiparsad, 2006). Educators and community leaders often refuse to educate about condoms and sexual health, because they believe that this will cause adolescents to engage in sexual activity ("Virginity Testing," 2000). For example, an educator supports this idea, saying, "We are against the use of condoms. We think condoms promote a lust for sex. If a person has condoms he can go to another man's wife knowing he will not get her pregnant. I don't think we should teach children about such things" ("Virginity Testing," 2000, p. 1). This notion still holds true for many educators.

A further problem is the ignorance, stigma and discrimination around HIV/AIDS and the community's response to it. These responses include blame and punishment in the form of violence, such as the case of Gugu Dlamini, who after speaking openly about her AIDS status on World AIDS Day in 1998, was stoned and beaten to death by community members in her township in KwaZulu-Natal

(Fredriksson & Kanabus, 2008). Some people are also unaware of their rights. These can easily be violated when they are discriminated against in relation to access to health, education and social services (Goldstein, Pretorius, & Stuart, 2003; Gruskin & Taratola, 2002). Culture, too, plays a vital role, and (in Gruskin & Taratola, 2002) culture - particularly gender inequalities and oppression of women - controls how men and women behave, and these norms may be enforced by societal institutions such as schools and are likely to have a significant influence on sexual behaviour and attitudes.

These are just a few of many factors which form the background to my study, which aims to uncover the solutions envisaged by learners by drawing on the assets they possess in order to make school a safer place.

In the article "Understanding High School students' risk behaviours to help reduce the HIV/AIDS epidemic in KwaZulu-Natal, South Africa", Taylor, Dlamini, Kagoro, Jinabhai and De Vries (2003) explain the need to understand youth behaviour, including sexual promiscuity and injection drug use, as factors contributing to HIV/AIDS. Their research focused on learners' sexual practices, and not on the causes and preventative measures. Intervention programmes addressing GBV, according to Strebel et al. (2006), include gender roles, gender policies and practices and the existence of gender equity, and should also take into account the particular community and its social and local context, with issues such as poverty, unemployment and substance abuse.

Prinsloo (2006) refers to an article in *The Citizen* (20 February 2002), wherein the Chief Director from the National DoE expressed her views on child abuse and sexual violence and the need to institute a prosecution system geared towards schools, to provide counselling for learners and educators, as well as self-defence projects. Attempts to address GBV in schools include establishing a culture of human rights, creating awareness among learners and skills to assert themselves in cases of sexual harassment, and encouraging female learners to

talk and make their voices heard (Prinsloo, 2006). The Bill of Rights provides a legal foundation to ensure that schools are free from GBV; however, the Constitution cannot ensure social responsibility and changed attitudes (Prinsloo, 2006). Intervention programmes, both in school and in the community, could help prevent GBV among youth (Prinsloo, 2006).

In spite of the above, GBV remains a problem in our society, and therefore the scope of this study wishes to bring to bear the insights of learners on GBV and strategies drawing on their own experiences to suggest ways to create a safer school in a rural community.

1.2   PROBLEM STATEMENT

HIV/AIDS has turned into a crisis of pandemic proportions in South Africa, and especially in KwaZulu-Natal. The biggest factor that fuels HIV/AIDS is that of GBV, not only at home, but at school, because of "…poverty, under-resourced schools, relations within families and identities framed by ideas about appropriate, but inegalitarian forms of masculinity and femininity" (Morrell, Epstein, Unterhalter, Bhana & Moletsane, 2009, p. 4).

Schools which should be a haven of safety are now grounds for the manifestation of patriarchal male power, increasing female learners' risk of abuse through sexual harassment and violence. Considering that most infections occur in young girls of school-going age and that GBV occurs at school too, effective strategies are needed to make schools a safe place. However, effective intervention requires collaboration of the whole school and community. More importantly, though, learners themselves need to become agents for their safety. Addressing GBV in schools means hearing the voices of the learners most affected by it, by means of lifting the problems to the surface, and then having the learners offer solutions to address GBV in school, contributing towards making schools a safe place.

7

Most of the related literature highlights the problems regarding HIV/AIDS and GBV, and includes the failings of existing intervention strategies. This study intends to emphasise the envisaged solutions from the learners themselves, as Smit (2007, p. 54) suggests: "Learners rank amongst the best crime prevention planners in the school environment."

1.3   RESEARCH OBJECTIVES

Considering the problem stated above, the objectives of the study are the following:

The primary research objective is to explore grade 9 learners' understanding of GBV at school.

The secondary research objective is to explore the solutions that grade 9 learners envisage in addressing GBV at school in order to make school safe.

1.4   RESEARCH QUESTIONS

- What are grade 9 learners' understandings of GBV at school?
- What solutions do they envisage in addressing GBV in order to make school safe?

1.5   CONCEPT CLARIFICATION

1.5.1 Gender-based violence

GBV includes perpetration of violence against women and men, but is more common against women. It includes sexual abuse, rape, domestic violence, sexual assault, harassment, human trafficking and several harmful traditional

practices. GBV can seriously affect a person's health, dignity, security and autonomy ("Ending widespread violence against women," 2008). The most common forms are childhood sexual abuse, domestic violence and rape or sexual assault.

The Beijing Platform for Action on violence against women (United Nations,1995) argues that GBV robs the victim of their rights and freedom. GBV is not subjected to lines of income, class and culture ("Ending widespread violence against women," 2008). GBV does not only happen to women - evidence indicates that men are also victims of it. For a long time violence against men has been ignored, and it's only recently that legislation has recognised that men can be raped (Clowes, Lazarus, & Ratele, 2010). It would seem that attacks on men are more violent and, according to Donson (2008), males are six times more likely to be killed from violent attacks than women. However, these attacks are directed at men, by men; in fact, very little evidence indicates women physically abusing men.

Violent male attacks are induced by substance abuse, a need to protect oneself, low self-esteem or a distorted male identity. GBV is a means to control and dominate and usually involves a pattern of abuse. The pattern of abuse can be episodic, recurrent or chronic ("A practical approach to gender-based violence," 2001). For the purposes of this research, GBV refers to violent treatment and sexual misconduct made towards someone - in this study a learner - without his or her consent.

1.5.2 HIV/AIDS

According to UNAIDS (2008a), HIV (the human immunodeficiency virus) is a retrovirus infecting the cells of the human immune system, destroying or impairing their function. If a person is infected with the virus, it results in a progressive decline of their immune system, leading to an 'immune deficiency'.

Immunodeficient people are susceptible to numerous infections, known as 'opportunistic infections', as they take advantage of the weakened immune system.

AIDS (Acquired Immunodeficiency Syndrome) indicates that the infections have spread due to the deficiency of the immune system being infected with HIV (UNAIDS, 2008c). Although there are many lengthy explanations of HIV/AIDS, I will focus on the relationship of the disease to GBV since women are twice as likely to contract HIV through vaginal sex with infected males than men. Semen has higher levels of HIV and the vagina has a larger area of body tissue, and is also more likely to crack and tear during intercourse, increasing the chance of HIV entering the women's bloodstream ("Women, HIV/AIDS and human rights," 2004). This biological vulnerability, coupled with GBV (due to social and cultural factors), are seen as key reasons for the spread of HIV/AIDS ("About HIV/AIDS," 2008). In this study I will use HIV when referring to the virus, AIDS when referring to the disease and HIV/AIDS when both virus and or disease are implicated in the discussion.

1.5.3 Learners

A learner is someone who gains knowledge and skills in order to be able to do something that he or she was unable to do before. A learner therefore comes to realise or know something new. Learners are also referred to as students, pupils or scholars, who learn something from an educator ("WordNet," 2010).

For the purpose of this research, "learners" refers to both boys and girls in senior secondary school in grade 9 and between the ages of 13 and 16 years.

1.5.4 Rural school

The school is the main setting in which the formal education of society's children takes place (Donald, Lazarus & Lolwana, 2009), and is an educational institution

where educators formally teach learners. Schools in South Africa are usually divided into primary schools (grades 1-7) and secondary schools (grades 8-12). The population and remoteness are key considerations when defining rural schools, since these factors influence school organisation, availability of resources and economic and social conditions (Gabriel, 2009).

In this study, rural school refers to two secondary schools in a rural district, with the closest city about 60 km away. The schools have limited resources and are situated in a rural community where poverty and unemployment are high.

1.6   THEORETICAL FRAMEWORK

It has been noted that GBV is a serious problem in South African schools. Female adolescent learners from rural areas are at high risk for GBV. Violence is often directed against women, due to social and cultural forces, since women often have unequal power in relationships and a low status in society. The lack of power could be due to a dominance of patriarchy in society, which is also common in rural areas. Patriarchal values are characterised by inequalities between men and women: women are often without power and men are dominant rulers over women. This lack of power makes women more susceptible to acts of violence and silences them. School is more often than not a mirror image or a reflection of behavioural patterns in society. Thus this study draws on a framework of power (Sadan, 1997) which is briefly referred to here, but more fully discussed in chapter two (c.f. 2.6).

Power is gained through patriarchy or domination in society and within the community. Those without power are forced to do as those with power want. Power thus favours a certain group of the community without resistance from the oppressed, due to an overt control and lack of power, but can also alter a person's will to make him do things against his true interests. Power is dependent on culture, place and time and the activation of a social body in which it operates. A lack of power means a lack of agency for empowerment to take

place, an acknowledgement of powerlessness, and disempowerment (Sadan, 1997). "The implication of empowerment is that people are concerned both with their own well-being and the well-being of others and the social environment" (Morrell et al., 2009, p. 17).

GBV in school and HIV/AIDS statistics among adolescents are still rife and escalating, with growing concern. It would seem that behaviour cannot simply be changed by providing information and promoting the ABC principles of Abstain, Be faithful and Condomise. This is because behaviour is not independent from culture and social relations. Sexual behaviour among adolescents is constructed within their particular social setting. Therefore the aim should be to change the power imbalance and encourage social environments that enable change to take place (Hoosen & Collins, 2004).

RESEARCH DESIGN AND METHODOLOGY

The study is positioned in qualitative research, because I am focusing on "lived" experiences of the participants, emphasising the complexity and diversity of the research context (Clarke, 2000). Qualitative research allows for interactiveness among the participants (Clarke, 2000) and, being holistic, strives to record multiple interpretations of concepts, situations and events (Cohen, Manion & Morrison, 2007). Furthermore, working in a qualitative approach allows me to explore social issues in greater depth (Aluko, 2006). A qualitative approach to research also allows me to look closely at specific results before comparing them to other findings (Aluko, 2006) - what Poggenpoel (1998, p.342) calls "recontextualising of the data."

The enquiry is also underpinned by a critical frame, as learners are expected to critique their society and draw on their own understanding to envisage possible solutions. Their views could contribute to changing society in small ways, in order to try and reduce "entrapment, domination or dependence within society,

and ultimately try and provide participants with autonomy and freedom" (Cohen et al., 2007, p. 26). To more narrowly define my particular frame of enquiry, I position my work in the emerging paradigm called "critical educational research" (Cohen et al., 2007, p. 26). This allows me to study the learners in school and in the society in which they live, focusing on inequality and power relations. In this regard, I do not merely give an interpretive account of their understanding of GBV in school (and society), but I will be biased towards a political view of social democracy, and will draw on the transformative power of the research as intervention. "This research would possibly change the participants, giving voice and power to those without and eliminate illegitimate power" (Cohen et al., 2007, p. 26).

The research will generate qualitative data, working in a critical paradigm, because the data are made up of words and involve not only me, as the researcher and active role-player (Aluko, 2006), but also the learners as active participants. As researcher, I will produce the data together with the participants, which will be in the form of participatory video workshops. My aim is to get rich data, without making generalisations and always being aware of my subjectivity regarding the subject (Aluko, 2006). Qualitative research understands human behaviour to be bound by the context in which it occurs; because of this I provide a clear description of the context in which the research takes place (Aluko, 2006). A critical paradigm supports the notion of change - which brings me to research as intervention.

The approach I take is that of research as intervention, aimed at changing counterproductive behaviour, in this instance GBV, but also to inform the development of solutions (in a participatory way) that will increase the practice of healthy behaviour (Center for Applied Behavioural and Evaluation Research, 2006). Research as intervention can facilitate improvement or effectiveness of policy or existing programmes (Center for Applied Behavioural and Evaluation Research, 2006). It is also vital to analyse all factors impacting on the topic in

question (GBV) so that a picture is created of what intervention works, what needs improvement, and which tools or methods can be used to improve the work that has already been done (Center for Applied Behavioural and Evaluation Research, 2006).

I will draw on visual participatory methodologies, i.e. participative video, to stimulate discussion around GBV and HIV/AIDS. This allows participants to envisage solutions to the highlighted issues. Visual participatory research is based on the capacities and skills of the participants. It is utilised in such a manner that participants themselves address issues regarding GBV, ultimately showing their experience and inward focus as they might share a personal connection to the topic and be stimulated to express their own interpretations through visual data. Ultimately visual participation can mobilise participants to act against GBV (Connors & Prelip, 2008; Leach & Mitchell, 2006; Mitchell, 2008).

Video-enhanced participatory discussions are a powerful tool for stimulating learners' understanding of issues that make them vulnerable to HIV/AIDS and involving them to generate their own solutions (Walker, 2004). According to De Lange and Stuart (2007), learners prefer action-orientated projects, such as engaging in interventions by giving them a voice in their own health and sexuality, as well as giving them an opportunity to contribute to the success of such programmes. Ultimately, working with visual participatory methods becomes an intervention in itself, creating a context for intervention, action and social change (De Lange & Stuart, 2007; Leach and Mitchell, 2006). According to Stanczak (2007), video allows voicing the experiences of the participants in a new dimension, which includes texture, sound, colour and movement, which allows a holisitic, critical and reflective understanding of the participants' "lived" experiences. Furthermore, it engages learners from the brainstorming session right through to the video viewing. I will therefore explore learners' understanding of GBV through a participatory video process.

1.7   THE SAMPLE

I used non-probability sampling, i.e. purposive sampling, relying on the
educators' judgement to select participants who were be able to provide rich data
around GBV. I used this because it was less costly and less time-consuming
(Burger & Silima, 2006), and because the methodology required intense
engagement with the learners. The accessible population of the study were
adolescent learners between the ages of 13-16 years from two senior secondary
schools in the Vulindlela district in KwaZulu-Natal. By targeting this specific
group, I acknowledged that it did not represent the wider population, it simply
represented itself and therefore there will be no generalisations made (Cohen et
al., 2007).

Purposive sampling allowed me to handpick the sample with the help of the
participants' educators, selecting learners possessing characteristics fit for my
research purpose (Cohen et al., 2007). The sample included both male and
female adolescents between the ages 13-16 years who were in grade 9, and who
were willing to partake in the data generation (Burger & Silima, 2006). Grade 9
learners were chosen because it would seem that they would be more able to
express themselves and engage in discussion around the issue.

1.9   DATA PRODUCTION

I drew on participatory video as a data generation technique for my study. The
learners in groups had discussions about HIV/AIDS and GBV. The initial prompt
for brainstorming focused on the most important issues affecting their safety at
school. I facilitated the brainstorming and discussion, which were video
recorded. Once the brainstorming was completed, each participant in the group
voted for the most challenging issue by placing a sticker next to a topic on the
chart. Once the votes were tallied and the group identified the most important
issue, they brainstormed how that issue could be resolved. Once again they

voted on which solution was most suitable, and whether the topic could be presented visually.

The solutions were drawn out on a storyboard explaining each scene and writing out the storylines and roles. The key purpose was to generate solutions that they think could address the issue they were focusing on. This was followed by a 'no editing required' approach, developed by Mak (De Lange & Stuart, 2007), to make the videos. Once made, the viewing of the videos allowed them to further discuss the videos generated. It was important to be reminded that the *process* of making the participatory video was more important than the final products.

1.10 DATA ANALYSIS

I analysed the primary, secondary and production texts of the research (Fiske, 1987), which included verbatim transcriptions of the participatory videos and the discussions that followed after viewing the videos. This allowed learners to make their own interpretative comments/statements, producing texts about the process, and ultimately producing their own videos (Mitchell, 2008). When analysing the data, I tried to make sense of it in terms of the participants' understandings of GBV, noting patterns, themes categories and regularities, ultimately ensuring a process of sifting and sorting (Cohen et al., 2007).

The video transcriptions are the primary texts, according to Fiske's frame of analysis. The data generated after viewing the videos is seen as the secondary text and production text and includes the participants' responses to their video, their videos' messages and what they had learned on the day. This is contextualised and confirmed against existing literature and research (Olivier, Wood & De Lange, 2007).

1.11 OUTLINE OF THE STUDY

Chapter Two consists of a literature review regarding HIV/AIDS and GBV in the context of safe schooling, as well as the theoretical framework.

In **Chapter Three** the research design and methodology are put forward. The sample used, data production, method of data analysis, the trustworthiness and ethical considerations will be further explained.

In **Chapter Four** the findings are presented and discussed, and recontextualised in existing literature.

In **Chapter Five** the conclusions and recommendations of the research are presented. Limitations of the study will also be addressed.

1.12   CONCLUSION

The purpose of this study is to explore GBV within the context of safe schooling and to uncover learners' envisaged strategies in terms of suggested solutions to problems they face at school. As a general orientation to the study, the first chapter set the scene for Chapter Two, where I explore the literature around GBV and also HIV and AIDS in schools, as well as how schools currently address these issues.

CHAPTER TWO

GENDER-BASED VIOLENCE AND HIV/AIDS IN THE CONTEXT OF SAFE SCHOOLS

"It's about being scared, because we all have been scared…" - Participant

2.1 INTRODUCTION

"South Africa is one of the most violent societies in the world and also one of the most grievously afflicted by the AIDS pandemic" (Morrell, et al., 2009, p. 34). According to reports in newspapers such as *The Sunday Times* and *Mail and Guardian* (in Clowes et al., 2010), the findings of the Shadow Report (2010) and articles such as 'Youth Crime and Violence' (Bell, 2007), South Africa is known to be one of the most violent countries in the world, and the most dangerous for women and young girls. According to Joubert-Wallis and Fourie (2009), there is a large body of local South African research indicating gender inequality, arguing that patriarchal societies produce men who see themselves as superior to women. This imbalance of power is central to GBV and the spread of HIV infection (Joubert-Wallis & Fourie, 2009).

HIV/AIDS is the most destructive disease man has ever experienced (Kelly, 2002). It is a pandemic of global concern and is

> "rooted in multi-faceted causes and exacerbating factors, spurred on by wars, poverty, migration, urbanization and changes in government policies … it has global proportions with severe socio-economic, developmental, human rights, ethical and security implications" (Hudson, 2005, p. 86).

HIV/AIDS is rooted in deep-seated inequality which spans cultural, economic, social, age and many other categories. Everyone can be infected and everyone

is affected by it. HIV/AIDS seems to grow on social inequalities, specifically gender and sexuality (DoE, 2001a). In South Africa, for example, female adolescents aged 15-21 years account for 75% of all new infections, and these girls are three times more likely to contract the disease than any other person. It is argued that there are direct and indirect reasons for this disproportionate transmission, one direct reason being GBV, and indirect reasons include sexual risk-taking for economic reasons, an inability to negotiate condom use, as well as partnering with riskier older men (World Health Organisation (WHO), 2005).

The rapid spread of HIV calls for serious intervention, since it greatly affects the youth of South Africa and their future. Many HIV/AIDS programmes have targeted schools as a focal point in redressing HIV/AIDS inequities. However, if education is the answer to curb the spread of HIV, then school safety, including addressing GBV in schools, should be the focal point of intervention. Although both boys and girls are exposed to GBV, schools are not girl-friendly. The school, as a place where learners socialise and learn, should be safe, but often GBV is instituted and exacerbated at school (UNICEF, 2009a).

In this chapter I first look at GBV in South Africa, and then at HIV/AIDS and its prevalence in South Africa. Having discussed the two bodies of knowledge that I draw on, I give an overview of literature on schooling and safe/unsafe schools as well as current GBV intervention and prevention strategies in school. This serves as a background to position the chosen theoretical framework of power in terms of the study.

2.2   GENDER-BASED VIOLENCE

The Beijing Platform for Action on violence against women (1995) states that GBV broadly includes physical, sexual or psychological harm, with specific examples of "battery, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to

women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking women, forced into prostitution, and violence against women perpetrated and condoned by the state" (United Nations, 1995, p. 1).

Keeping the above in mind, the South African Government defines GBV as rape, femicide, sexual assault, coerced sex, domestic violence, abuse, intimidation, intrusion, threat and force or any means men use to control women. These acts are recorded according to the following definitions: common assault, rape, murder, sexual harassment or aggressive assault (DoE, 2001a). This terminology is unclear in describing the specific intrusion and abuse, thus making it difficult to determine the amount of GBV that takes place as definitions are largely left to assumptions. There also seems to be little evidence to rate the seriousness of acts of GBV. Many forms are experienced in multiple ways, and often different forms of violence are enmeshed and shade into one another.

In a patriarchal society many forms of violence are tolerated and deemed harmless and socially accepted. South African, women may therefore experience GBV every day. Because of society's perceptions, police response to these crimes is often inconsistent. This means that some police members do not regard domestic violence or even rape as crimes, and will use crisis intervention techniques to try to solve the problem. Police might even try to settle domestic arguments if the assailant and the victim know one another, rather than separating them or arresting the perpetrator (Jackson, 1997; Vetten & Bhana, 2003).

GBV is not only directed against women, but could also be violent acts against men. Although there is little evidence indicating abuse against men, GBV is experienced very differently by men and women. Little research has been done to investigate GBV against males. In cases of assault, physical damage caused by men is usually more damaging than harm inflicted by women (Oregon Counseling, 2007).

GBV against men includes physical attacks, including the use of weapons. Mental or emotional abuse, such as humiliation and ridiculing, are more common forms of abuse against men. There are three main reasons why women resort to abusing men, namely alcohol abuse, psychological disorders, and unrealistic expectations they have of men (Oregon Counseling, 2007). Unfortunately, very little attention is paid to men who are abused. This is due to the patriarchal society's mindset. For example, when a man has a bruise or a black eye, people assume he was in a fight with another man or received an injury while working. Patriarchy also enforces silence regarding GBV against men, as victims are too embarrassed to disclose abuse. They might be scared of ridicule and people's disbelief. Edging women forward to disclose abuse is hard enough, and for the above reasons, getting men to disclose abuse is equally difficult (Oregon Counseling, 2007). Male violence usually includes attacks made on men by men, such as in the study on male prison violence (Clowes et al., 2010). Such studies and violence on men by men are not the focus of this study.

Although GBV is a form of discrimination against both men and women, GBV against women is more common and usually more severe, with greater implications. The South African Constitution's Bill of Rights clearly indicates that no discrimination against gender or sex will be tolerated (DoE, 2001a). GBV, which was once seen as a private issue, is now an infringement of women's rights. Unfortunately there are difficulties in enforcing laws that protect women, and many women are unaware of systems in place to protect them, accompanied by a woman's choice to remain silent due to their guilt feelings (Jansen van Rensburg, 2007).

Of all the countries that collect GBV statistics, South Africa has the highest rate of violence against women in the world. One in three women in South Africa are subjected to one or more forms of GBV (Jansen van Rensburg, 2007). Women are subjected to physical, sexual or emotional violence, with physical violence the highest at 69% and sexual violence at 59% (Garcia-Moreno, Henrica, Watts,

Ellsberg, & Heise, 2005). According to studies done by the WHO (2005), in ten Southern African countries, women often experience a great deal of suffering due to GBV, and bear this in silence without reporting or disclosing abuse (Garcia-Moreno et al., 2005).

Rates of sexual assault in South Africa are among the highest in the world, and children are most at risk, with 40% of reported cases committed against children (UNICEF, 2009b). This is a cause for serious concern and urgent need for intervention. It is argued that a history of colonialism and apartheid, enmeshed with social patriarchy, has reared extremely violent masculinities - much to the detriment of women (Shadow Report, 2010).

When exploring who the perpetrators are, Bell states that most are young of age (between 16 and 35 years), and are "consumed with anger and uncertainty about their role in society… and led by prevailing negative environmental and social conditions" (2007, p. 115). More often than not, perpetrators are middle- to lower-class individuals of low educational attainment and seen as marginalised members of society. Perpetrators are often repeat offenders and likely to reside in a low-class, densely populated or rural area, as well as possessing at least one weapon, such as a knife or firearm (Bell, 2007).

In order to understand the concept of GBV and exactly why adolescent boys are perpetrators it is important to look closer at the term 'gender'. 'Gender' refers to a separation of men (boys) and women (girls) due to socio-cultural and patriarchal differences, and influences masculine and feminine behaviour. Stereotypes of masculinity and femininity in patriarchal South African society pave the way for power inequalities; violence against women, for example, could be a means of disciplining women, keeping them at a disadvantage and socially disempowered (DoE, 2001a, 2001b; Leach & Mitchell, 2006; Phorano, Nthomang, & Ntseane, 2005; WHO, 2005). Morrell et al. (2009, p.24) consider

gender "largely as a relational concept that binds boys and girls, men and women together in conditions marked by inequalities in power."

Men's desire for sexual domination could be seen as a cause for GBV in school. When boys harass girls at school there are different forms of power at play - individual power and institutional power (De Wet & Palm-Forster, 2008; Leach & Mitchell, 2006). Power and gender can be seen as the contributing and sustaining factors of GBV in school (Fineran & Bennett, 1999). Sexual violence is often misconstrued as usually happening between strangers, but Fineran and Bennett argue that "the chances of being harassed by a schoolmate that the student knows… is greater… than the chance of being harassed by strangers" (1999, p. 635).

In light of agency women are urged to protect themselves, as if the responsibility of avoiding sexual harassment or deciding on safe sex is theirs only. Agency lies in expecting women to take care of their bodies since they are seen as more responsible and capable of sexual constraint (Hoosen & Collins, 2004). However, women are the ones challenged by power imbalance and placed at the heart of finding solutions, while men are ignored since their behaviour is seen as inevitable and something "to deal with" (Shefer, Strebel & Foster, 2000, p.12). In order to change these power relations we have to challenge coercive sexual practices (Shefer et al., 2000). Imbalance of power relations makes coercive sex seem acceptable and negotiations of sex and safe sex difficult. The responsibility for safe sex is expected of women, who ironically do not have the power to enforce safe sex (Hoosen & Collins, 2004).

GBV is the result of "unequal and unjust structural conditions, between men and women" (Morrell, et al. 2009, p.18), and is repeatedly cited as a woman's greatest risk of contracting HIV/AIDS (Mswela, 2009; Shadow Report, 2010). According to research conducted by The Global Health Council (2010), women on the receiving end of GBV are three times more likely to contract HIV/AIDS

through either rape or coercive sex with an HIV-infected partner, or through lack of power in enforcing safe sexual practices such as using a condom, having an abusive partner, physical or sexual abuse in childhood and older men who exploit young girls or women, including transactional sex and trafficking (Garcia-Moreno et al., 2005). The Shadow Report (2010, p.1) underscores that "violence is as much a cause as it is a consequence of HIV infection" because violent partners inflict sexual harassment, intimate partner violence and rape on women. All of these prevent women from sexual negotiations and HIV testing as well as treatment seeking (Garcia-Moreno et al., 2005), and will be discussed further below.

2.2.1   Sexual Harassment

Sexual harassment is a form of GBV which positions one person in power over another. Sexual harassment includes unwanted physical, verbal or non-verbal conduct such as insults, intimidation, embarrassment or threats, and these are usually persistent. The recipient makes an indication that the harassment is unwanted and the perpetrator is aware that the behaviour is unacceptable. Prinsloo (2006) identifies two categories of sexual harassment, namely quid pro quo and a hostile environment. Quid pro quo occurs when a person in power decides whether or not the other should comply with the sexual demands made. A hostile environment refers to any unwelcome occurrence of a sexual nature, which leaves the victim intimidated and fearful (DoE, 2001a, 2001b; Fineran & Bennett, 1999; Jansen van Rensburg, 2007; Prinsloo, 2006).

Sexual harassment at school can be any of the following: unwanted physical contact including touching, sexual assault and rape, unwelcome sexual innuendoes, suggestions and hints, sexual advances, jokes, unwelcome gestures, indecent exposure and unwelcome exposure of sexually explicit pictures and objects. Perpetration may be by any member of the school community, creating a hostile learning environment (De Wet & Palm-Forster,

2008; Prinsloo, 2006). Sexual harassment originates from an imbalance of power between males and females, gender stereotypes and a patriarchal mindset. The school as institution could also harbour a patriarchal mindset in many regards, exacerbating gender differences and making girls highly vulnerable to GBV (De Wet & Palm-Forster, 2008).

Sexual harassment in school causes great concern. It is estimated that between 28% and 30% of female adolescents have their first sexual encounter as forced, and that more than 30% of female learners are raped at school (Prinsloo, 2006; Rape Survivor Journey, 2010). Adolescent females of school-going age who experience GBV are at considerable risk for HIV infection. Studying peer sexual harassment and intimate partner violence could provide insight into the dynamics of GBV and the spread of HIV (Fineran & Bennett, 1999).

Peer sexual harassment is rife in many secondary schools all over the world, including South Africa, and is much the same as any other sexual harassment except for it being between adolescent peers. Peer sexual harassment is enmeshed in control and dominance and creates, maintains and is rooted in male gender patriarchy. Unfortunately, many societies perceive peer sexual harassment as typical adolescent behaviour, and often the perpetrator goes unpunished. Thus it ignores the criminal aspect of sexual harassment as well as the effect it has on the victim (Fineran & Bennett, 1999). If sexual harassment is left unaddressed, especially in school, it can escalate into producing men who partake in more extreme forms of violence such as rape and sexual or physical assault (DoE, 2001a).

There are multiple suggestions as to why GBV and sexual harassment occur in schools. Social exposure to domestic violence, genetic predisposition, poor high-crime neighbourhoods, a broken family unit, child-rearing methods, child abuse, early traumas, understaffed schools with no counsellors, teachers who are poorly trained, as well as violent actors and characters in the media (Bell, 2007; Leach

& Mitchell, 2006) can all influence the rate of sexual harassment in school. Sexual harassment does, however, violate any learner's constitutional right to human dignity (Section 10), freedom, security (Section 12) and education (Section 29) ("Constitution of the Republic of South Africa", 1996; De Wet & Jacobs, 2009).

Sexual harassment seems to be a reality and a part of everyday school life, and it would be hard to speak out against such acts - especially when society trivialises it or views it as normal. Sexual harassment is fuel to "power" theory in which unwanted behaviour is forced on girls who do not desire it, placing them in a powerless position (De Wet & Palm-Forster, 2008). Power in many cultures and social circles means male domination (Shefer et al., 2000), and provides the dynamics within which we can understand sexual harassment at school. Fineran and Bennett (1999) were surprised to note that in most studies on school sexual harassment, the issue of power was not examined.

2.2.2 Rape

GBV also takes the form of rape, which is the most pro-active form responsible for the spread of HIV. Rape is extreme sexual aggression. The dangerous myth that having sex with a virgin will cure HIV/AIDS results in further violent rapes, which increases the spread of HIV (Fourie, 2003; Vetten & Bhana, 2003). According to the UN Millennium Project, in South Africa one of every two women is likely to be a rape or attempted rape victim (Jansen van Rensburg, 2007). According to Rape Survivor Journey (2010), South Africa has 1300 women raped on a daily basis, or 17 women every second. Only one in 36 rape cases is reported, and only 15% of those cases end up in convicted trials (Rape Survivor Journey, 2010). A larger portion of women are raped by boyfriends, estranged boyfriends or people they know (Dastile, 2008). Reasons for raping largely include patriarchy in society, the role of alcohol and drugs, and the failure of victims to report abuse (and then remaining silent) (Dastile, 2008).

It is noteworthy that more than 50% of rape victims are in the lowest income distribution (Rape Survivor Journey, 2010). Studies conducted in 'Third World' countries conclude that rape and acts of sexual aggression are part of everyday life, and many victims perceive it as normal (Shefer et al., 2000). This normalisation of rape is rooted in social patriarchy and cultural perceptions. Many women don't define their experience as rape, and believe sex in certain situations is their duty. If they refuse sex it might upset their partner and cause force in order to obtain sex (Vetten & Bhana, 2003). Many women form a belief that 'real rape' occurs between strangers late at night in dark alleyways, and this perception makes it difficult for some to perceive rape as possible by a partner or someone they might know. The patriarchal Zulu culture, for example, holds the view that a husband cannot rape his wife as he has paid *lobola*, or a bridal dowry for her, and is therefore entitled to conjugal rights (Vetten & Bhana, 2003).

2.2.3 Intimate partner violence

According to Managa, Pengpid and Peltzer (2007), intimate partner violence is abuse handed out by a woman's partner. Nearly 40% of participants in Managa et al.'s study indicated receiving a combination of physical, sexual and emotional abuse from their partners. Nearly 60% of these participants indicated an awareness of the fact that their partners placed them at risk of contracting the HIV/AIDS virus, and also indicated that they weren't in a position to do anything about the abuse. A peer educator in the 'Men as Partners' programme once rightly said "It is impossible to talk about HIV/AIDS without talking about domestic and sexual violence" (WHO, 2005, p. 1).

Many women are victims of intimate partner violence, and it is believed that one in every four women is in an abusive relationship, and that one woman is killed by her partner every six days. This required the South African Government to instate the Domestic Violence Act No. 116 of 1998 ("Constitution of the Republic of South Africa", 1996; Jansen van Rensburg, 2007; Managa et al., 2007).

Research indicates that up to 30% of secondary school learners who are in a relationship experience violence (Fineran & Bennett, 1999). Adolescents who are in violent relationships seem more likely to partake in risky sexual practices, like having more than one sexual partner, alcohol and drug abuse, and being sexually active from a young age (Wingwood, DiClemente, Harrington, Lang, Davies & Hook, 2006).

2.2.4 Social and cultural norms that contribute to gender-based violence and the spread of HIV/AIDS

If behaviour could simply be changed through access to information, perhaps we could have addressed GBV and the AIDS pandemic more easily. However, social systems such as culture and social relations are an integral part of human behaviour (Hoosen & Collins, 2004), and we need to look at these in order to understand why trends that exacerbate the problem persist.

"Why complain? Women in the coloured community are used to being beaten up. Violence is part of their nature". A judge's response to female battery (Jackson, 1997, p. 4) clearly indicates how difficult it will be to stop GBV if people in authority condone it; it also shows, in a patriarchal society, how cultural norms and myths are used as excuses to protect perpetrators of GBV as well as silencing victims (Jackson, 1997). High rates of GBV and HIV/AIDS are thus seen as inevitable.

Gender is a social and cultural constructed identity and gender stereotypes are expressed according to socio-cultural forces at play (Castle & Kiggundu, 2007; Van de Wouwer, 2005). In a patriarchal society women are controlled by men, and women are disempowered as 'only home-keepers'. Culture and social systems rear women as home-keepers and child bearers, with little regard to their education (Amollo, 2009), which leads to vulnerability and an increase in HIV infection. Gender inequality and the lack of power cause the greatest social

vulnerability towards GBV and HIV infection (UNAIDS, 2008a). Power inequalities render women socially subordinate, unable to negotiate sexual intercourse, and with very little say when it comes to their protection (Wojicki & Malala, 2001).

Mswela (2009) further comments on the connection between masculinity, male dominance and the risk of HIV/AIDS infection. Hoosen and Collin's study (2004) concurs, as participants indicated it socially acceptable for men to be in power, as figures of authority, and to have more than one female sexual partner (Hoosen & Collins, 2004). In patriarchal societies men have greater influence over when, where and how sex takes place (Vetten & Bhana, 2003).

Dominant patriarchal discourses of sexuality mean women should please men, and this social perspective makes women feel obligated to fulfill their husband or partner's needs. Furthermore, men also expect women to be responsible for safe sex, as women are perceived to be sexually responsible and men to have uncontrollable sexual urges (Hoosen & Collins, 2004). These perceptions cause a lack of open communication, which is often largely due to fear. Because women fear violence, there is silence, and silence helps maintain trust within a relationship and excludes certain ideas from the individual consciousness, like suggesting the use of condoms (Hoosen & Collins, 2004).

So, seemingly, men cannot control their sexual urges and women seem to bear the responsibility for safe sexual practices and negotiating the use of condoms. Ironically, women are in no position to communicate or negotiate safe sex due to a patriarchal mindset. Considering all of this, women are still targeted for intervention as they are seen as responsible for health and sexual constraint. In an African culture, where great emphasis is placed on fertility, condoms are also contraceptives and could be viewed negatively as they prevent women from proving their fertility (Hoosen & Collins, 2004).

Ultimately, culture, social systems and gender-specific roles make women subordinate to men, especially when it comes to decision-making concerning sexual relations. Men are often seen as risk-takers and so might reject the idea of condom usage and being 'safe' (Joubert-Wallis & Fourie, 2009). This perceived patriarchal male power and ideas of masculinity excuse men to have multiple sexual partners due to their perceived uncontrollable sex drive (Joubert-Wallis & Fourie, 2009). All this puts into effect control and authority over women (DoE, 2001a). Ultimately, patriarchal power is the focal point in explaining gender and sexuality (Onuoha, Attah, & Onuoha, 2008).

There are a number of patriarchal cultural practices regarding gender and sexuality that increases GBV and the spread of HIV and that produce sexual, psychological or physical harm (Mswela, 2009). In South Africa, as in other parts of the world, different beliefs and habits shape (Joubert-Wallis & Fourie, 2009) culture and identity. These are maintained through traditional practices that have been brought from the past into a societal context (Joubert-Wallis & Fourie, 2009), and not only influence day-to-day activities and decision making, but also affect issues surrounding health (Joubert-Wallis & Fourie, 2009). Social and cultural factors cannot be viewed as the cause for spreading HIV, but rather as a factor contributing to the complexity of the spread thereof (Joubert-Wallis & Fourie, 2009). In community and home, spiritual beliefs, cultural taboos, obligations, sorcery and others all influence thinking and behaviour (Kelly, 2002).

One of the African cultural practices of great concern in South Africa is polygamy and its contribution to the spread of HIV infection (Mswela, 2009). Contributing to the increase of polygamy are husbands who migrate to urban areas for employment. If they engage in sexual activities with other women and become infected, they may pass HIV to all the wives at home, and if the women at home have sexual partners they too could pass it on to everyone else since no one has control over the others' sexual encounters within the family circle (Mswela, 2009).

Levirate union is a cultural practice that when a man dies without an heir, the widow chooses a husband from the deceased's younger brothers to provide for her. This preserves the relationship from the original marriage (marriage by inheritance), and unless the wife's family pays back the *lobolo* or dowry price, she cannot get out of this arrangement. If her husband passed away from HIV/AIDS, then subsequently the virus might get passed on to the new husband and all the other wives (Mswela, 2009).

In some African societies young girls are married off to much older men. Often young girls have lovers of their own age, and the bachelors in turn might have a number of affairs or be involved with commercial sex workers. This places both parties at high risk of contracting AIDS (Mswela, 2009) by being exposed to each other's partners. Furthermore, these girls stay economically and socially dependant on these men and can never 'escape' (Mboi, 1996).

Two other cultural practices that are emphasised, especially within the Zulu community, are virginity testing and non-penetrative sex. Non-penetrative sex places the responsibility on women to control the epidemic by guarding their virginity. Although traditional Zulu customs of virginity testing fell into disuse, HIV/AIDS has revived this traditional practice, because the majority of people in rural areas know that most HIV infections are transmitted through sexual intercourse (Taylor et al., 2007). Virginity testing done by older women was their solution to curb the spread of AIDS, child abuse and pregnancy. However, it does not determine chastity or provide any guarantee that a girl does not get infected (Hoosen & Collins, 2004).

Virginity testing contradicts South African efforts to promote gender equality among rural secondary school students in KwaZulu-Natal (Sathiparsad & Taylor, 2006). The idea of virginity testing is to prevent girls from becoming sexually active and there is social pressure for girls to participate therein, although according to Murphy (in Sathiparsad & Taylor, 2006). It is unhygienic, ineffective

and a violation of human rights. Women of the community who are deemed competent carry out these tests by inspecting the female genitalia (Sathiparsad & Taylor, 2006). There are numerous concerns around virginity testing: it targets women and stigmatises women who are not virgins; parents or peers might force women to partake in this practice; it is an invasion of privacy and a form of abuse as it involves touching girls' genitalia; and also very young girls might be tested without understanding the reason for examination (Vetten & Bhana, 2003).

A higher value is placed on brides who are virgins, due to a higher amount of *lobolo* paid for them (Hoosen & Collins, 2004). It violates their human rights and heavily stigmatises children found 'impure' due to sexual abuse. Furthermore, in the context of the myth that a child virgin can cure AIDS (Hoosen & Collins, 2004), these girls are identifiable targets (Sathiparsad & Taylor, 2006). Public identification by making girls who are virgins wear red dots on their forehead may increase GBV and the spread of HIV. According to Curran and Bonthuys (2005), female adolescents might be scared to report perpetration as it will reveal that they are no longer virgins (Mswela, 2009).

Young girls are more appealing as it is perceived that they are sexually inexperienced or possible virgins and more likely to do as told. However, because their bodies are underdeveloped, they are more at risk of injuries during sex and thus more vulnerable to HIV infection (Mswela, 2009).

It would also seem that young girls are keen to do virginity testing, but as they get older than 15, their enthusiasm decreases. Girls are largely convinced that this will protect them against STDs and pregnancy. It would seem as though both girls and boys do not think this practice degrading, and many think it beneficial because it is a cultural practice. Many girls believe it gives them and their parents reason to be proud of them and not to distrust them (Sathiparsad & Taylor, 2006). However, a model developed to evaluate if virginity testing could predict abstinence from sex found it to be no protective factor in preventing sex

(Sathiparsad & Taylor, 2006). In fact, due to social pressure, even sexually active girls participate in virginity testing. In Sathiparsad and Taylor's (2006) study some of the participants claimed they were able to prove false "virginity", which clearly discredits the aim it sets out to achieve.

Many young girls drop out of school to become caregivers to family members who are infected with HIV, exposing them to the infection. Girls also drop out of school because they feel unsafe at school or because of early pregnancies (Mswela, 2009), both of which could be due to GBV. Schools embedded within a patriarchal mindset could reinforce a culture or social system that promotes stereotypes and peer sexual harassment (Peltzer & Pengpid, 2008). Stereotypical masculine and feminine behaviours make girls vulnerable to GBV from male learners and educators (Leach, 2002). It is thus no surprise that adolescent females are most at risk of contracting AIDS, since sexual activities take place in conditions of fear and intimidation (Leach, 2002).

It would seem that patriarchal societies' views on gender and sexuality, customs and traditions assist in providing men with an incredible amount of power. This exacerbates GBV since it discriminates against women and is often brutal (Shadow Report, 2010). Women, particularly in rural patriarchal societies bear the brunt of the impact, having least power. Due to similar patriarchal structures in schools in rural areas, it thus comes as no surprise that adolescent girls from such areas experience increased GBV and are the group at highest risk for HIV infection (Mswela, 2009).

2.3   THE CONTEXT OF HIV/AIDS

GBV, as described in the previous section, plays itself out in the broader context of HIV/AIDS, adding a further dimension to the effects that GBV has on victims. I present the prevalence of HIV/AIDS, highlighting the prevalence among women and adolescents, showing how women and girls bear the brunt of HIV/AIDS. I

also explain stigma and how it exacerbates GBV and increases the vulnerability of adolescent girls.

2.3.1 Prevalence of HIV/AIDS

In 2007 the UNAIDS global report estimated that around 33 million people are living with HIV/AIDS (UNAIDS, 2008a); in 2010 this figure was estimated at 33,3 million (AVERT, 2010). (This is 6.7 million less than estimated in a 2004 UNAIDS report, that estimated 40 million people to be infected (UNAIDS, 2004)).

Southern Africa, which comprises a mere 2% of the world's population, housed 30% of all people with HIV/AIDS in 2004 (Hudson, 2005). South Africa alone accounts for 35% of HIV infections, which means that 5,7 million people in South Africa are infected. Furthermore, a staggering 38% of AIDS-related deaths in the world also occur here (UNAIDS, 2008a). The prevalence rate still remains highest in KwaZulu-Natal, at 15.8% (AVERT, 2010). In Southern Africa the probability of one's partner having HIV/AIDS is one in four to six (UNAIDS, 2008a).

Other diseases of epidemic proportions usually affect the very young or very old. However, HIV/AIDS hits mainly adolescents - especially female adolescents - in their most productive years (Kaiser, 2007). A reason for HIV spreading is unawareness, as only one-tenth of infected people are aware of their status (Garcia-Moreno et al., 2005). However, the high level of GBV in South Africa is the greatest contributor to HIV infection. The virus tends to thrive in marginalised social groupings or in rural areas and those with the least access to economic power (Joubert-Wallis & Fourie, 2009).

From viewing different reports, it would seem as though the infection rates are dropping slightly. In less than 10 years, from 1997 to 2006, the death rate per

annum has nearly doubled. Even more significant is the sharp increase in mortality rates in the age group 25-49 years - from 29% to 41% (AVERT, 2010).

This regionally and age-specific phenomenon finds its origin in a whole range of interrelated socio-political, economic and cultural factors, including poverty and gender. HIV/AIDS can only be meaningfully addressed if social, economic and gender inequities are acknowledged and addressed (Hudson, 2005). My study places the spotlight on gender and GBV, and in particular how learners themselves can address GBV in schools.

2.3.2 Prevalence of HIV/AIDS in women

HIV/AIDS is the leading cause of death in women of productive age, with more than 20 million women living with HIV/AIDS (Global Health Council, 2006). A single episode of unprotected sex proves to be more lethal to women due to biological and social factors (DoE, 2001a). Not only do women account for 50% of people living with HIV/AIDS, but UNAIDS indicated that 75% of these women reside in sub-Saharan Africa (UNAIDS, 2008a). In South Africa there has been an 87% increase in AIDS-related deaths between 1995 and 2005, and death rates have more than tripled in women between the ages of 20 and 39 years (UNAIDS, 2008a).

African female adolescents aged 15-19 years are six times more likely to contract HIV than their male counterparts. Among adolescents aged 15-19 years in KwaZulu-Natal, 15.64% of African girls were likely to be HIV positive compared to 2.58% of African male boys (AVERT, 2010). UNAIDS (2004) calls this the feminisation of AIDS, since more than 75% of new infections occur among girls aged 15-24 years. Not only that, but more than 75% of HIV-infected youth aged 15-24 years are in fact female, making them the most vulnerable group in South Africa (Hudson, 2005; Global Health Council, 2006).

2.3.3   Women bear the brunt of HIV/AIDS

The myth that women are HIV transmitters persists (Van de Wouwer, 2005).
However, in many aspects, the spread of HIV infection has men to blame.
HIV/AIDS was first diagnosed in men, it is transmitted through men, and due to
culture and social systems is kept alive by men (Kelly, 2002). Interesting to note
though is that women bear the brunt of its impact (Kelly, 2002), and adolescent
females face the biggest blow as HIV infection is four times greater in girls than
in boys (DoE, 2001a). HIV prevention is failing women and girls (Seeley,
Grellier, & Barnett, 2004). Women's vulnerable social position is what causes
unsafe or harmful practices to continue, because the cost of avoidance may be
too high (Mswela, 2009). Vetten and Bhana (2003) argue that women face a
triple jeopardy: firstly, HIV/AIDS greatly impacts women as mothers and
caregivers; secondly, women are more vulnerable when it comes to contracting
HIV; and thirdly, HIV/AIDS affects all women, regardless of their infection status.

In exploring the vulnerability of women, I look at their vulnerability in terms of
biology, gender relations, economics, and social roles.

Due to women's biological make-up, they are twice as likely to contract the
disease through unprotected sex. The vagina has a larger mucosal area and
semen has a greater viral inoculum compared to vaginal secretions.
Furthermore, women's genital tissue is more easily damaged, and young girls
are even more susceptible as the genital tract is less developed (Mboi, 1996;
Vetten & Bhana, 2003).

Although women's biology makes them vulnerable to contracting HIV, it is the
gender relations between men and women that make them more vulnerable to
infection. Sex is about power; men have the power, initiate sex and make sexual
decisions, and decide whether to use a condom or not (Castle & Kiggundu,
2007). A growing body of research indicates that coercive and violent sexual

relationships render women powerless to negotiate condom use, and subjected to non-consensual sex makes them particularly vulnerable to HIV infection (Moletsane, Mitchell, De Lange, Stuart, Buthelezi & Taylor, 2009).

Besides their biological vulnerability and their lack of power, many women lack financial independence; 70% of the world's poor are women, and because of HIV/AIDS women's poverty is worsening (Hudson, 2005). In South Africa one in nearly three black South African women are unemployed (AFP, 2008). In a study by Hoosen and Collins (2004), 90% of the participants admitted to being financially dependent on men to fulfill immediate needs in terms of food and shelter. Others admitted to having more than one partner in order to support themselves. Financial dependence exposes women to HIV/AIDS as they acquire sexual partners for financial support, for example through transactional sex, in order to feed families. Women are poorer than men, have less access to education and formal employment, and bear the burden of looking after family members that are ill. Sex work is thus an answer in addressing financial needs. Sex workers are unprotected by the law, and criminalisation makes them vulnerable and open to abuse by law enforcement agencies. These women are at high risk of contracting HIV as their financial dependence makes them unable to negotiate safe sex and exposes them to GBV and barriers to health care (Amollo, 2009).

From an African social perspective, women experience the social pressure of having to bear children and prove their fertility (DoE, 2001a). Men are reared as the leaders, thinkers and decision-makers of society. Women are expected to be domesticated beings, belonging in the home as mothers, well-behaved, obedient and faithful to one partner (Ackermann, 2006). This gender inequality and imbalance of power is key in the vulnerability of women to HIV/AIDS (Ackermann, 2006; Van de Wouwer, 2005). In South Africa women have a low status and a traditionally subordinate role, and in a society where women are

seen as objects of men's desire they are more easily exposed to HIV (Ackermann, 2006; Mswela, 2009).

Women often find out about their status during antenatal care when they are pregnant. Where treatment is accessible, it is often just for the unborn baby (Durojaye & Amollo, 2006) as mother-to-child transmission is the second biggest cause of infection after heterosexual intercourse (AVERT, 2010). In fact, many women in Africa who are in direct need of treatment are not getting it. UNAIDS (2009) estimated that about 85% of infected people did not have access to treatment in South Africa in 2005. However, the new AIDS plan intends providing 80% of those who need antiretrovirals (ARVs) with them by April 2010 (Nkosi, 2009).

Discriminatory attitudes towards women serve as a barrier to equal access to treatment (Durojaye & Amollo, 2006). Disclosing their HIV/AIDS status could put women at risk of rejection or physical violence, and thus many women are unable to access health care and AIDS treatment (Mswela, 2009). More women than men are also unable to afford their monthly medication. Women still remain the 'poorest of the poor', and their financial dependency on men makes accessing treatment near impossible (Durojaye & Amollo, 2006). Furthermore, for fear of GBV, rejection and shame on the family means women are reluctant to attend HIV/AIDS counselling and treatment services (Van de Wouwer, 2005). In a focus group discussion in a study by Van de Wouwer (2005), married women were scared to know their HIV/AIDS status, and opted rather not to know than be abandoned and discriminated against (Van de Wouwer, 2005).

Women are also seen as the main caregivers, since 90% of AIDS care is home-based, with women doing most of the care. This highlights gender stereotypes that assign care giving to females. This could cause an abrupt end to girls' education and causes greater HIV/AIDS exposure to these girls (Amollo, 2009). Being out of school increases their vulnerability; The Nedcor project on crime and

violence found that young girls are two and a half times more likely to be raped outside a protective school setting, and that street children are most at risk of abuse, rape, prostitution, and psychological harm (Jackson, 1997).

Women's financial dependency, their biological vulnerability to HIV/AIDS, and social norms make women and girls vulnerable to various forms of violence (Shadow Report, 2010). This can only be addressed if power relations within the particular society are addressed. In practice, this means that women must be seen as agents of change rather than as victims. Gender mainstreaming in HIV/AIDS programmes could contribute to addressing gender inequalities through empowerment (Hudson, 2005), and this is taken up in my study.

2.3.4 HIV-related stigma

Stigma is a social process and rooted in notions of power (Parker & Aggleton, 2003). I will discuss HIV stigma and how it relates to GBV against female adolescents in school, thus creating a climate for discrimination and male power (Francis & Hemson, 2006).

2.3.4.1 Stigma, HIV/AIDS and gender-based violence

HIV/AIDS stigmatisation is a social process (Goudge, Ngoma, Manderson, Schneider, 2009) based on ignorance about HIV transmission. It involves being prejudiced and fearful, and discounting, discrediting and discriminating against people perceived to be HIV positive. It is a cruel social process that offers a false sense of protection to those uninfected, while increasing the psychological load on the infected person (Skinner & Mfecane, 2004).

This stigma and discrimination has an even greater impact than the virus itself – with labels such as the "gay plague", the racist "African AIDS", and the sexist

"women sex workers" and "foreigners". People have used countless labels to mark those with HIV/AIDS as unworthy (Francis & Hemson, 2006, p.54).

HIV/AIDS stigma didn't arise in a social vacuum - it has a history that shapes its form. This history is one of power, domination and social inequality, and is embedded in cultural and religious concepts (Ackermann, 2006), particularly regarding the perception that people who contracted the virus did so through sexual intercourse and are "guilty" and "deserving" of "God's punishment" for sinners (Skinner & Mfecane, 2004, p.158). This means adolescents could be scared to get tested for HIV/AIDS and would rather be ignorant than be the target of social stigma and discrimination for disclosing a positive HIV status.

Stigma is a complex phenomenon, and Francis and Hemson (2006) mention five factors that contribute to HIV/AIDS-related stigma: (1) HIV/AIDS is associated with behaviour that is already stigmatised, (2) people who have HIV/AIDS are thought to be at fault and to blame for their infection, (3) HIV/AIDS is a death sentence, (4) people fear infection, and (5) religious and moral beliefs place guilt on infected people and they convince themselves that they are worthy of their punishment (Francis & Hemson, 2006). HIV/AIDS stigma is also referred to as being experienced in threefold ways: first, stigma as referring to all stigma towards a person living with HIV/AIDS; second, internal stigma, a person's own negative ideas regarding his status; and, third, associated stigma against people who choose to associate with HIV-infected people (Greeff, Uys, Holzemer, Makoae, Dlamini & Kohi, 2008).

The importance of looking at stigma and discrimination is that it prevents disclosure of not only HIV status, but also of GBV. If a girl is raped she might be too scared to report it as she fears the stigma. This becomes a barrier to effective prevention and provision of treatment, and therefore stigma exacerbates the problem (UNAIDS, 2008a).

For adolescents disclosure of GBV and HIV/AIDS is more difficult as adolescents are already self-conscious, and infection or abuse could lead to aggravated feelings of neglect, wanting to spare the family shame, and low self-esteem. Furthermore, they could be subjected to verbal abuse, accusations, blame, shame, guilt, feelings of dirtiness, physical abuse, and direct confrontation. It is due to the internalisation and self-perceptions of the affected and infected that GBV and HIV/AIDS remain rife, as adolescents adhere to strategic avoidance and not speaking out about their HIV/AIDS status or abuse. GBV and HIV/AIDS stigma alter adolescents' sense of identity and ultimately how they react to the world, which is often framed by a process of isolation (Skinner & Mfecane, 2004), which harms the person most.

2.3.4.2 Adolescent girls, HIV/AIDS stigma and gender-based violence

HIV/AIDS stigma is often seen as a female stigma, since girls with HIV/AIDS are discriminated against as they are blamed for spreading the epidemic (Van de Wouwer, 2005). Historical views on gender and race have developed particular forms of discrimination, and blame for spreading the infection has shifted particularly towards black women (Skinner & Mfecane, 2004).

This compromises HIV-infected women, whose sense of self is eroded since they are made to take the blame for their situation (Skinner & Mfecane, 2004). These feelings are heightened in adolescent female learners, since they are likely to be marginalised and experience social hostility for disclosure of GBV or their HIV status. This is due to pre-existing stigmas regarding gender, race, and stereotypes for HIV transmission (Wingood et al., 2008). Gender stereotypes stigmatise women in such a manner that it makes discrimination against them acceptable. Thus, if girls disclose abuse, peers might blame them, bully or avoid them, and cause social isolation. As opposed to facing the realities of stigma, girls accept being scapegoats, leading to greater vulnerability to experiencing GBV and contracting HIV (Van de Wouwer, 2005).

The findings of a quantitative study examining stigma among black adolescent females in South Africa exposed adverse mental health problems, depression, less quality of life, more severe post-traumatic stress and greater fear of disclosure. The study ultimately concluded that stigma has a harmful effect on mental health and has a spectrum of mental health implications (Wingood, Reddy, Peterson, DiClemente, Nogoduka & Braxton, 2008).

In the next section I refer to violence and specifically GBV in schools.

2.4   SCHOOLS AS UNSAFE SITES

School violence has escalated and schools are often unsafe and dangerous as learners are becoming more violent (Smit, 2007; Van Jaarsveld, 2008). South African schools are also experiencing increased levels of violence. Large-scale research by the South African Medical Research Council surveying nearly 13 000 primary and secondary learners indicated that 15,3% of the participants experienced some form of violence, 17% of students carried weapons, 41% experienced bullying, 14% belonged to gangs, 15% experienced coercive sex, 15% experienced intimidation on school grounds, and 32% felt unsafe at school. Secondary schools with more than 500 learners, especially in rural settings, were found to be more prone to school violence (cited in Van der Westhuizen & Maree, 2009; Wilson, 2007).

According to Smit (2007), violence, abuse, alcohol and drugs are some of the root causes for school violence; this leads to an increasingly violent educational climate, with a decrease in the ages of the perpetrators. Currently there is much gang and expanded gang activity. There is also a large percentage of high-risk adolescents with unpredictable behaviour in schools, who resort to drug and weapon dealing and drug usage (Smit, 2007).

There is a connection between violence at school and social problems such as family stress, changing social climates, poverty, child abuse, truancy, lack of positive activities, parental unemployment, social marginalisation, alcohol and drug use, corruption and the ineffectiveness of the existing criminal justice system (Bell, 2007; Smit, 2007). School as a site of violence, which is often difficult to control, becomes a space where GBV can play itself out.

2.4.1   Gender-based violence in school

GBV (see also 2.2) happens to both boys and girls at school, and includes verbal abuse, bullying, sexual harassment, intimidation, abuse, assault and rape, corporal punishment, verbal and psychological abuse, educators' unofficial use of learners' free labour, and other aggressive and unauthorised behaviour that is violent (Wilson, 2007).

The study 'Scared at school' (Human Rights Watch, 2001) looked at the incidence of GBV in schools and revealed that girls are sexually abused, harassed and assaulted at school. This severely affects their access to education and can cause girls to leave school due to fear or unwanted pregnancies. The girls who leave school miss out on an education and the other girls who stay suffer in silence, having learnt that GBV is inescapable (Human Rights Watch, 2001).

As mentioned, adolescent girls suffer due to GBV; for example, 17% of school-going adolescent girls in Peltzer and Pengpid's (2008) survey reported being raped at school. In South African schools many young girls below the age of 15 years have experienced coercive sexual practices (Prinsloo, 2006), and one in three girls living in the Johannesburg Southern Council has experienced GBV in school (DoE, 2001a).

At school adolescent girls not only fear violence from peers, but also educator harassment (South African Human Rights Commission, 2006). Educators take advantage of their position of authority to force girls to have sex with them. The report provided an example of a learner who arrived late for school, and in order to be allowed on the school premises, which already had been locked, she had to have sex with the educator (Amollo, 2009). Prinsloo (2006) provides further evidence from *The Sunday Times* (23 November 2003), which reported that 32 educators had been deregistered in the preceding three years due to having sex with learners. According to Brijraj, the then Chief Executive of the South African Council for Educators (SACE), educators who had sexual relationships with learners usually drew them from grades 10 to 12 (Prinsloo, 2006). The Council clearly disapproves as educators in such relationships are abusing their power and exploiting their position (Prinsloo, 2006).

Violence against girls leads to further widening of the gender gap in education and causes significant challenges to learning (Colclough, 2004). The dynamics of school life enable learners to interact on a daily basis with one another in class, during school and after school through extra-curricular activities, which could create opportunities for GBV and increase the likelihood of perpetration (Dastile, 2008). Any sexual harassment, abuse, intimidation and victimisation of female learners are serious infringements of their right to human dignity, freedom and security. It is important that female learners receive equal opportunities, equal treatment, human dignity, freedom and security and a safe school environment which is free from sexual harassment, intimidation and violence (Prinsloo, 2006).

2.5   SAFE SCHOOLS

From the previous discussion of GBV in the context of HIV/AIDS, it would seem that schools are no longer safe places where all learners have equal access to educational opportunities or are treated equally (Prinsloo, 2006). According to

the Constitution, learners have a right to education in a safe school environment (Prinsloo, 2006).

In a safe school learners do not experience intimidation or GBV and teaching and learning take place in a safe and warm environment. Safe schools would therefore be focused on the learners and their rights (Amollo, 2009; Turk, 2004). A safe school is child- and girl-friendly and is close to learners' homes, limiting their exposure to dangerous elements like being harassed and exploited outside school (Amollo, 2009). A safe school also promotes gender equality in education, which means all learners have an equal chance to achieve in society in terms of personal, political and professional opportunities associated with holding particular educational qualifications (Colclough, 2004).

Positive messages in curricula, teachers' skills and attitudes, safety and improved facilities can contribute to gender equality (Colclough, 2004). In order to make schools safe, a change in attitude is needed, school management and governing bodies need to be accountable and responsible for protecting the rights of all learners, including female learners, and creating an environment free from sexual harassment and violence.

A safe school must also at best try and ensure learners' safety after school. In poor and rural communities learners have limited extramural activities and can become sexually active at a very young age due to a lack of parental supervision at home or perhaps being picked up after school and offered money in exchange for sex (Joubert-Wallis & Fourie, 2009).

A safe school therefore has a culture which values human rights and protects, promotes and fulfills them, and equips learners with the necessary skills to assert themselves in times when they are victims of sexual harassment. Safe schools create awareness of the different forms of GBV and develop a code of conduct among gender groups, create a climate of trust and avoid stereotyping,

encouraging female learners to confide in trusted educators to report any forms of GBV (Prinsloo, 2006).

Although a safe school policy does not ensure safety, the development thereof raises awareness of the need for safety. In the next section I discuss the different policies as well as intervention strategies employed to curb GBV in school.

2.5.1 Policies to assist in a decrease of Gender-based violence in schools

South Africa boasts a progressive democracy and a Constitution which instills values of freedom and aversion to discrimination and GBV. Section 12 of the South African Bill of Rights of the Constitution of the Republic of South Africa advocates freedom to everyone, security and freedom from violence (1996) ("Constitution of the Republic of South Africa", 1996; DoE, 2001a). The South African Schools Act (1996, p.3), Section 3(1), provides: "Every parent must cause every learner for whom he or she is responsible to attend a school from the first school day of the year in which such learner reaches the age of seven years until the last school day of the year in which such learner reaches the age of 15 years or the ninth grade, whichever occurs first."

There are various legal documents addressing the rights and safety of learners. These are embedded in the South African Constitution, Bill of Rights, codes of conduct and policies. These include The Child Care Act No. 74 of 1983 and the Prevention of Family Violence Act No. 133 of 1993 that designates anyone who takes care of a child to report suspicion of abuse to either the police, welfare or a social worker (DoE, 2001a).

White Paper 6 on inclusive education (DoE, 2001a) focuses on reducing all barriers to learning and enabling success. The Manifesto on Values, Education and Democracy (DoE, 2001a) promotes non-racism and non-sexism, and a

classroom culture for human rights by incorporating it into the curriculum as stipulated in the National Curriculum Statement (DoE, 2001a).

Schools should be successful in addressing the realities faced by learners due to GBV, HIV/AIDS and socio-economic conditions. A successful school includes committed and dedicated educators, principals, school management teams and School Governing Bodies (DoE, 2001a; Prinsloo, 2006). According to Prinsloo (2006), the School Governing Body is in charge of developing policies dealing with learners' safety at school. These include a code of conduct on safety and another to address GBV.

Although South Africa has the legal footing to ensure schools are free from danger and GBV, Morrell et al. (2009, p.10) believe there is a "…gap between policy and practice … ideal aspiration and messy reality." The Constitution cannot ensure social responsibility and changed attitudes. The values entrenched in the Bill of Rights, for example, must therefore be realised in the hearts of the people. Every individual must believe and value the Bill of Rights until it becomes the standard in society and in all our schools (Prinsloo, 2006).

Many reformation attempts have been made to address GBV in schools, including the intervention and prevention strategies outlined below.

2.5.2   Existing prevention and intervention strategies to reduce Gender-based violence and HIV/AIDS in making schools safe

GBV in South African schools leads to great despair and HIV infection, and requires urgent intervention (Smit, 2007). Many attempts and initiatives have been made through prevention and intervention strategies which aimed to restore safety at school and counter GBV and the spread of HIV/AIDS (Smit, 2007).

In 2001 the DoE planned the following to address GBV in schools: they aimed to raise awareness and knowledge of GBV and HIV/AIDS among educators and learners, to promote values that respect female learners and their rights, and to improve school safety and educator professionalism (DoE, 2001a).

Educating learners seems a fundamental strategy in addressing GBV and HIV/AIDS. Research has shown that better educated adolescents have sex at older ages, have greater HIV/AIDS knowledge, fewer sex partners and are more likely to use condoms, all of which could ultimately prevent millions of new HIV infections (UNAIDS, 2004). Education is also a sound way of promoting zero tolerance against GBV.

Preventative education programmes aimed at educating learners, especially when they are still very young, preferably in primary school. These programmes extended into the following areas: healthy sexuality, relationships, and equality and power-sharing between sexes. Furthermore, they aspired to shed light on the myths around HIV/AIDS and promote sound principles for preventing HIV/AIDS. Programmes were designed to create an environment suitable to voluntary counselling and testing, and to teach the meaning of a healthy lifestyle (Kelly, 2002).

In 2003 the South African Minister of Education launched Girl's Education Movement (GEM), a programme aimed at achieving equal and quality education for girls. Research indicates an alarming drop-out rate of adolescent girls due to early pregnancies and GBV at school (Amollo, 2009). GEM was thus geared towards reducing GBV, abolishing harmful practices and creating safe and secure schools for female adolescents. It did so through providing training for educators and learners, and it focused on training peers. The interventions included having boy and girl teams clean the school; a suggestion box or report box; and training drama groups to make educational skits, plays or songs on gender-related topics (Amollo, 2009; UNICEF, 2009a).

DramAIDE is another national school programme used to address GBV and HIV/AIDS and improve sex education in schools (Morrell et al., 2009). Through drama life-skills, gender and GBV and HIV/AIDS-related themes are taught. This, according to dramAIDE, encouraged "young men to become involved in health promotion, care thus demonstrating personal responsibility for their own behaviour" (Moletsane, et al., 2009, p. 41).

SACE has also opened a 24-hour hotline to inform learners as well as educators as to their rights, and also to report cases of educator misconduct such as male educators demanding sex from schoolgirls. The National DoE has also implemented legislation which allows for educator dismissal in the event of an educator being found guilty of having sex with a learner. Furthermore, the educator is to be deregistered from SACE and will not be allowed reappointment as an educator (Prinsloo, 2006).

As detailed above, many different intervention and reform strategies have been implemented. These strategies have yet to prove efficacy in South African schools. Statistics indicate an incline in GBV violence and HIV/AIDS in schools, despite these existing intervention and prevention strategies (Prinsloo, 2006).

2.6   A THEORETICAL FRAMEWORK

Having discussed GBV in the context of the current HIV/AIDS pandemic, also referring to social and cultural issues which drive GBV, it seems as if a theoretical framework of power is a suitable lens through which to make sense of GBV in school.

Sadan (1997) offers valuable insight into the notion of power. She refers to and explains different models of power. Sadan (1997) begins by referring to Hobbes, one of the first theorists on power, who understood power as patriarchy in

society, meaning men have power. Later Weber provided new insights on power by looking within an organisation and seeing it "as the probability that an actor within a social relationship would be in a position to carry out his will despite resistance to it" (Sadan, 1997, p. 35). Power was therefore a factor of domination. Dahl expanded Weber's idea of power as within an actual community, and which is exercised by an individual preventing others from doing what they would like to do within the community. Those without power are forced to do as those with power want. Ultimately Dahl's definition of power is "the ability to make somebody do something that otherwise he or she would not have done" (Sadan, 1997, p. 36). Clegg's contribution positioned power as confined in values and beliefs that favour a certain group in the community (McPhee, 2004), while Luke added that it is "to implant in people's minds interests that are contrary to their own good" (Sadan, 1997, p. 37).

Gaventa (Sadan, 1997), another theorist on power, asked why people often offer no form of resistance to being oppressed. He viewed power as oppression experienced in three different dimensions: overt control over another, and being able to make another act on command; being covert and preventing people without power from making any decisions; and not only telling another what to do, but altering the person's will, and making him do things he would not have - things against his true interests. According to Gaventa, these three dimensions of power are integrated in explaining the process of power and powerlessness (Sadan, 1997).

Foucault's model of power (Foucault, 1982) is not a true fit in explaining power in a social context. However, the following ideas provide valuable points in understanding power. According to him there are *assumptions about power*, i.e. power is dependent on culture, place and time; it is present in every sphere of social life and in everyday life. Thus power is deep rooted in social relations. There is a relation to power and the person who rejects it. As an example, if people subjected to GBV show signs of rejection of the coercion, then power

relations are present. Resistance is thus a part of power relations and the catalyst shining light on power relations. Foucault believed that defining power was not of importance but rather understanding how power acts and what its outcomes are. According to him, power entraps everyone - those who exercise power as well as those subjected to it. However, unlike the aims of this study, Foucault did not believe in bringing about social change through local efforts (Foucault, 1982; Sadan, 1997).

Giddens (McPhee, 2004; Sadan, 1997), on the other hand, discusses power as a social theory and called his theory structuration. This refers to power that is provided due to societies input, perceptions and ideas of power. Like Foucault, he believed that power is part of social thought. However, according to him power is integrated into social practice. Structuration consists of two factors, i.e. social structure of power and human agency in opposing or accepting power, with power being a central component of both (Foucault, 1982; McPhee 2004).

Powerlessness is not a personal problem, but a specific social situation rooted in social inequalities. In order for empowerment to take place, an acknowledgement of powerlessness and disempowerment needs to take place. Gaventa (1982)) believes a social shift and revolution towards empowerment can only happen if those in power lose power and those without it gain power. In order to obtain this, those without power have to take some steps in order to overcome their powerlessness (Gaventa, 1982; Sadan, 1997).

Giddens believes a lack of power means lack of agency, and power is an integral part of human social life (McPhee, 2004). Thus, power intervenes between agency and social structure, and empowerment is achieved only through a sense of agency (McPhee, 2004; Sadan, 1997). In this study I explore GBV in school and how to make school safe, and therefore engage my participants to discover their sense of agency and obtain empowerment.

2.7   CONCLUSION

This chapter has focused on GBV and its relationship to HIV/AIDS in South Africa. This was also put in the context of schooling and how South African schools are not sites where learners feel safe to learn. GBV plays an enormous role in the spread of HIV/AIDS; therefore, stressing the role of gender is crucial in establishing links between HIV infection and GBV. Gender, however, could perhaps also provide the passageway in correcting counter- productive behaviour (Fourie, 2003). For this reason, young adolescents have been identified as the best target group for changing the route of this crisis.

Many countries have shown positive results when working with adolescents in finding ways to combat the problem, because unsafe and harmful behaviour is less established in younger than in older people. Although knowledge alone cannot stop the spread of HIV/AIDS, knowledge becomes more relevant and useful when produced in a participatory way by youth themselves. The next chapter presents the research design and methodology used to respond to the research question of how learners view GBV in schools, what they think can be done to make schools safe, and how they themselves can bring about social change through empowerment.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1   INTRODUCTION

GBV seems to outstrip other reasons for the cause of the rapid spread of HIV/AIDS in South Africa (Shadow Report, 2010) – it is rife and statistics often underestimate the seriousness of the situation. In fact 19 out of 20 rapes go unreported and as many as one-third of South African women have already been raped. Shocking statistics also indicate that one in every two women will experience rape or attempted rape in their lifetime (Rape Survivor Journey, 2010).

HIV/AIDS preventative programmes have often insisted on altering sexual behaviour by providing 'scary' facts on the consequences of contracting the virus. The failure of intervention and prevention strategies has indicated that behaviour cannot be changed through information and educational programmes. Human nature is not independent of culture and social interactions. Thus we need multi-dimensional perspectives on individuals, society and culture in order to understand sexual behaviour, as well as multi-pronged approaches in dealing with the causes of GBV and HIV infection (Hoosen & Collins, 2004).

The vast infection rate in young people is cause for serious concern. Literature seems barren on young adolescents' perceptions and ideas to curb the spread of HIV/AIDS. For this reason I proposed turning to adolescents, where the infection rate is the highest, and for them to try to put forward solutions to the problem on their doorstep. The literature emphasises the key role that education plays in addressing this problem; however, there seems a scarcity of literature that recognises the role of the learner, as both infected and affected, in contributing to finding solutions.

Ultimately, in this study I wanted participants to be central, and to reflect and provide insights through participation. The aim was to address GBV as the main cause for HIV/AIDS infection, in the school context. Finding possible solutions that the learners themselves can take forward was part of the plan in addressing GBV in schools within the epi-centre of one of the most highly HIV infected areas. By doing so, participants would not only take responsibility in terms of their own health and safety, but could provide invaluable input in addressing GBV and ultimately the spread of HIV in school and community (Mitchell & De Lange, 2010).

This chapter presents the primary and secondary objectives, research questions, design, methodology (including data collection and analysis), trustworthiness of the data and ethical considerations of this study.

3.2   RESEARCH OBJECTIVES

The following objectives were derived from the problem statement outlined in Chapter One:

The primary research objective is to explore grade 9 learners' understanding of GBV at school.

The secondary research objective is to explore the solutions grade 9 learners envisage in addressing GBV at school in order to make school safe.

3.3   RESEARCH QUESTIONS

The research questions were formulated as follows:

What are grade 9 learners' understandings of GBV at school?

What solutions do they envisage in addressing GBV in school in order to make school safe?

3.4   RESEARCH DESIGN

According to Cohen, et al. (2007, p.78), a research design is finding a "fitness for purpose" and determining what the research aims to achieve and which method/s to use in order to do so. I constructed two research aims for the research, i.e. to explore learners' understanding of GBV at school and also to explore their solutions to these problems. In order to achieve this goal I decided to make use of a qualitative research approach within a critical paradigm, using a visual participatory methodology. The intention of making the research participatory was to empower participants to generate solutions to GBV in their schools and to acquire a sense of agency and responsibility by using their skills in problem solving.

3.4.1 Qualitative research

Qualitative research explores social phenomena. It allows the researcher to build a complex, holistic and detailed report on participants' views. Qualitative research describes, makes sense of, interprets and reconstructs social interactions only in terms of the participants' views and understanding. Thus qualitative research concentrates on understanding phenomena in a particular context, focusing on the views, definitions, perceptions and experiences of participants. This includes how they see the world, how they define it, and ultimately what it means to them (Creswell, 1998).

Qualitative research therefore allowed for valuable representations of participants' social worlds and their understandings of GBV at school (Davis & Klopper, 2003). I used qualitative research because of the interactiveness among the participants in the face-to-face participatory methods of data

generation (Clarke, 2000). Being holistic, it allowed for recording of multiple interpretations (Cohen et al., 2007) of participants' understandings of GBV, which was the phenomenon being studied, as well as their envisaged solutions. The decision to use qualitative research was informed by the purpose of my study, which intended to explore the understandings of GBV through the lived experiences of GBV of adolescent learners in a specific context, taking into consideration a limited time frame and the availability of resources (Aluko, 2006; Clarke, 2000).

Dey (1993) points out that in qualitative research, data are tied to a particular context with the researcher facilitating the process of producing knowledge. Therefore, it was most beneficial for me, as the primary data gathering instrument, to be actively involved in the whole research process in order to learn as much as I could (Aluko, 2006).

Qualitative research also allowed the participants to share their vulnerability as well as their understanding of their experiences of GBV at school, but also to take action. It also produced critical data, which promoted change, through participants' own words and participatory videos. This qualitative approach to my research allowed me to look closely at the individual results of my participants, before comparing them to other findings (Aluko, 2006).

3.4.2 Critical paradigm

A critical paradigm positions the participants as able to analyse their society with the notion of bringing about change. Here the researcher and the participants are active role players, and participants are encouraged and expected to draw on their understanding of social situations and how they perceive reality. Working in this paradigm aims to decrease one's power as researcher and to provide the participants with liberty and choice in contributing to changing counter-productive social behaviour within their society (Cohen et al., 2007).

I chose to use a critical paradigm which allows giving a voice to marginalized groups and redressing of inequalities, all within a democratic frame (Cohen et al., 2007). In the critical paradigm I focused on doing critical educational research (Cohen et al., 2007), allowing me the opportunity to examine and interrogate the relationship between school and society. It involved looking at how schools perpetuate the inequalities and contribute to the social construction of knowledge. Working in a critical paradigm and doing critical educational research is ultimately working towards social change. This meant not only giving an account of social behaviour, i.e. GBV, but also undertaking the research with the participants with the intention of finding real and relevant solutions to their social problems (Cohen et al., 2007; Schratz & Walker, 1995).

As researcher I was an active role-player and the learners were active participants. Working in the critical paradigm allowed me to explore GBV within schools. Participants were the voice in this matter, which is contradictory to their common repression or powerlessness. This approach was transformative and practical, and allowed for "*verstehen"* (understanding) in unpacking meanings, intentions and social construction of knowledge by my participants (Cohen et al., 2007).

Aluko (2006) and De Lange, Olivier and Wood (2008) believe that researching with participants should be done in an active manner, such as using focus group discussions and participatory video. Doing this allowed me to focus on the individual, but also on the group of participants, each with their own views on pressing social problems. My goal was to produce rich data, in spite of my different educational and social background.

The context in which human behaviour occurs is forever changing, and because of this I provide a clear description of the context in which the research took

place, and explain why I used 'research as intervention' approach (Aluko, 2006; Cohen et al., 2007).

3.4.3   Research as an intervention

The methodology had a 'research as intervention' approach (Schratz & Walker, 1995) aiming at changing counter-productive behaviour. In this research the focus was GBV in a school context. Research becomes an intervention when it identifies and addresses power relations, allowing for participation of both participants and the researcher with the goal of taking action conducive to transformation within a democratic frame.   It sets aside time for reflection on individual positioning and the possible actions the participants can take. In this research I wanted participants to own a sense of power and responsibility to emancipate themselves from what harms them in terms of their own safety; to provide them with an opportunity to critically reflect and question social realities in terms of GBV; and to empower them by generating possible solutions (Du Preez & Roux, 2008).

Rothman and Thomas (1994) explain intervention research as 'developmental research' as it is flexible and takes into account issues important to participants. It has three main facets: knowledge development – which aims to contribute to basic human conduct; knowledge utilisation – how knowledge regarding human conduct is applied; and design and development – creating intervention programmes and policies. This allowed me to analyse active factors impacting on GBV in order to get a holistic picture (Center for Applied Behavioural and Evaluation Research, 2006). Bearing in mind the notion of research as intervention, I chose to use a visual participatory methodology.

This research as intervention has a social change focus (Schratz & Walker, 1995). The research becomes the intervention in itself - in the case of this study the participatory video work allows the participants to explore their own

understanding of GBV and to construct a participatory video (Pain & Francis, 2003), with the process and not just the product of this research being important. Engagement of the participants in producing data was to their own benefit as they generated and role-played envisaged solutions to pressing problems regarding GBV. By participating in the video production, learners were the driving force for change and ultimately contributed to making their school safe.

3.5   RESEARCH METHODOLOGY

3.5.1 Visual participatory methodology

Visual participatory research aims to provide power to marginalised research participants and engages the people on whom it is focused. It aspires to address power dynamics within especially rural communities where extreme power issues are evident. It intends maximising the agency of the marginalised, oppressed or disempowered section of the community. The visual methodology de-emphasises verbal fluency, but still allows articulation, extending and analysing local knowledge (Leach & Mitchell, 2006; Van der Riet & Boettiger, 2007).

Visual participatory methodologies could include drawing, collage, photo-voice, participatory video, theatre and so on. Using these provides the researcher with deeper data to analyse. Participants have the opportunity to express what they mean in a holistic manner and do not need to rely only on words in order to illustrate meaning. Thus more than words are analysed and the researcher can include background, body language, expressions, texture, sound and colour (for example) in the analysis in a holistic, critical as well as reflective understanding of participants' own experiences (Cohen et al., 2007; Leach and Mitchell, 2006).

According to De Lange and Stuart (2008), visual participatory methodologies in themselves are an intervention and a way of taking action to bring about social change and create a context for prevention. One can elaborate by saying the

participants become the means to social change through their expressions and views in working with the visual, in this instance making the participatory videos (Mitchell, 2006; Schratz & Walker, 1995). It is therefore rightly referred to as the "heart of the social science" (Gauntlett & Holzwarth, 2006, p.83). Furthermore, learners prefer action-orientated projects which fully engage all their senses and provide them with a voice and an opportunity to contribute to social change (De Lange & Stuart, 2008). According to De Lange et al. (2008), a significant feature about using video as means of visual participatory methodology positions the participants to reflect on their own perceptions and the action they take, which becomes the data, offering a critical way to engage them in research and knowledge production.

If participants have a personal connection to the topic, in this instance GBV at school, they could be provoked to tell their own stories and present them visually (Mitchell, 2008). The participatory video seems to be a powerful tool for stimulating participants' understanding of issues that make them vulnerable to GBV and involving them in creatively generating their own solutions (Walker, 2004).

The key elements of visual methodologies are involvement, fun and, most importantly, taking action. It is fun, therapeutic, expressive and full of imagery. There is opportunity for participants to explore their understanding and to communicate this. Furthermore, it engages learners through mind, body and emotions, from the brainstorming session right through to the video viewing. Stuart (2006) mentions three good reasons to use videos, the first from Geertz (in Stuart, 2006), pointing out that small group work allows for "thick and deep" data and gaining understanding of individual responses. Secondly, visual texts offer rich and varied data perfect for close analyses. Thirdly, video allows action regarding the participants' posed problems (De Lange et al., 2008).

3.5.2 Participatory video

Participatory video was chosen because of its ability to empower the marginalised, to communicate problems, needs and wants, enable social action and solve participants' problems (Lunch & Lunch, 2006). For this purpose, participatory video making is more involved with content than appearance, or process than product.

Participatory video is a tool for social change and suited to work with learners (Leach & Mitchell, 2006). Learners often have a sound understanding of "the language of visual media" (Leach & Mitchell, 2006, p.107). Learners were given the equipment and skills to make short videos. The process of doing so involved discussions, a process of elimination through voting and storyboard production (Leach & Mitchell, 2006). The process involved the participants constructing their own video texts with as little assistance from the research team as possible (Mitchell & De Lange, 2010).

Using participatory video allowed me to involve the whole group of participants in the research process and video making. According to Lunch and Lunch (2006), participatory video means the data produced from the videos are entirely products of the participants' work - what they would like to represent and how they want to present it. This was evident in the participants' videos as they identified the problems and generated solutions according to their understanding of what was important (Leach & Mitchell, 2006). According to Mitchell and De Lange (2010) participatory video, through the stories produced, utilizes the participants' strengths to envisage solutions to social problems in a collective and collaborative manner (Mitchell & De Lange, 2010).

Participatory video stimulated discussion, innovation and creativity in a meaningful and enjoyable way (De Lange et al., 2008). It allowed participants personal choice of representation and interpretation of reality. They had leading

roles in the research production and addressed GBV through intervention strategies that they themselves envisaged. The role-play in producing the videos enabled learners to explore personal feelings, thoughts and beliefs about GBV experienced at their school (Francis & Hemson, 2006).

3.5.3   The research setting

The study took place in Vulindlela in rural KwaZulu-Natal, South Africa. KwaZulu-Natal is the province with the most HIV-infected people in South Africa. The Vulindlela community is mostly poor and without the resources of big cities. Many learners live in impoverished homes. Numerous family members, including grandparents, aunts and uncles, often share homes and household facilities. They have few recreational activities and hardly any extra-mural activities at school. Most learners walk to and from school, with distances up to and sometimes greater than 2 km. The community is predominantly African and isiZulu speaking.

The two secondary schools visited, Siyabonga High and Komanani High (both pseudonyms) are about 20 km apart. Both schools are co-educational and properly fenced and have solid brick buildings with zinc roofs. Siyabonga High is the larger of the two schools, with 1098 learners and 22 classes and enough furniture for all learners.   In 2009 Siyabonga High had a matric pass rate of 58%. There are 32 educators, 16 of them male and 16 female. They have assembly in an open area in the school and sometimes in a multi-purpose classroom. The school grounds are kept neat and tidy. There is running water and toilet facilities, with electricity in most classrooms. The school has community vegetable gardens on its grounds. It also has a sponsored computer Lan with Internet access. The school offers extra Maths and English lessons on some Saturdays and certain days of the holidays. After-school co-curricular activities include netball and soccer. The educators have access to a copier and notes are photocopied where textbooks aren't provided.

Komanani High is a far smaller school, with 360 learners and 26 classrooms, with enough furniture for all learners. Komanani High had a matric pass rate of 22% in 2009. The staff includes 14 educators, of whom 5 are female and 9 male. However, the school is run down with some broken furniture and windows, and electricity is only available in the small administrative block that has a telefax line and no photocopier. There school has running water and basic toilet facilities. They have assembly in an open area and one multi-purpose classroom. The school grounds are kept neat and tidy, and there is enough space for after-school curricular activities that include netball and soccer.

3.5.4 Sample

Non-probability sampling was used and the sample was purposively chosen. The grade 9 Life Orientation teachers at the two senior secondary schools chose learners who they thought would be able to engage in the discussion around the topic, and who could provide 'rich' data in terms of participating in the activities. Using purposive sampling was also convenient for this small-scale research, because I did not intend to generalise my findings beyond the sample (Cohen et al., 2007; Mitchell, 2006; Rajput, 2008).

In order to achieve the aims of the research, the study involved 30 participants. They were all grade 9 learners, ranging in age from 13 to 16 years. At Siyabonga High there were 11 female and 4 male participants, and at Komanani High there were 12 female and 3 male participants. These learners were all living in the community around their school, and would have first-hand knowledge of the prevalence of GBV in their community and school. Not only would their voices be heard about GBV, but their solutions could inspire agency to bring about change, starting with themselves.

3.6   RESEARCH PROCEDURE

3.6.1   Data generation

Before I set about generating data with the participants, I familiarised myself with the following responsibilities of the researcher, which included being competent and aware of what doing research involves. I followed the correct procedures and used rigour, clarity and truth to make data easily accessible for future use and maintained integrity and autonomy of the research (Cohen et al., 2007). Although my role as researcher included me in the research process, the participants remained dominant and their voices and actions were the ones I would use for analysis.

I first visited the participants at their schools and met them face-to-face to discuss the project and consent. I informed them of the requirements of the research process and negotiated with them about the expectations. I also gave each participant an assent and consent form (Appendices A and B), where I explained the ethical code protecting both the researcher and the participants during the research process. One form had to be signed by themselves and the other by their parents or legal guardians in order for them to participate in the research. The participants gave me the signed forms on the day of the workshop (Du Preez & Roux, 2008).

The first and second Saturday in March 2009, we (myself and two facilitators) worked with 15 learners (participants) from each school on the two consecutive Saturdays. The purpose was to engage the participants in the issue of GBV and safe schools by exploring learners' views on: 1) safety at school and what GBV takes place at school; and 2) what solutions they envisage in addressing these problems at school by engaging in the making of short participatory videos. The workshops, which I explain in the next section, were a build-up towards producing participatory videos.

3.6.2 Making of participatory videos

3.6.2.1 Brainstorming

Gathered in a classroom with electricity, introductions were done, a short ice-breaker was used to get participants and myself better acquainted, and we divided the group into three groups of five. The focus of the study was on GBV in and around school, but I firstly provided a broader prompt: "What affects your safety at school?" Participants had to brainstorm and record their answers on a chart. (cf. 4.2.1 phase one)

Figure 3.1 Participant sharing her group's work with the other participants

I then presented a PowerPoint presentation on the prevalence of GBV and HIV/AIDS. This was as an entry point to turn the focus towards GBV and what makes learners scared at school, and to provide the context for them to reflect on GBV at school.

Figure 3.2 Participants viewing the PowerPoint show

In the second phase I used the prompt: "What GBV do you experience in and around school?" Participants did a brainstorming activity to generate as many examples as possible (cf. 4.2.2 phase two). Deciding on which idea or topic is the most pressing was done democratically, as each person, without discussing with the other participants, placed a sticker next to the topic he or she thought most important. Once the group decided which topic was the most important, I prompted the participants to generate solutions they could think of in addressing the topic that received the most stickers. Again the participants voted on the 'best' solution, and with the help the facilitator discussed whether the topic could be visually represented. (cf. 4.2.3 phase three)

3.6.2.2 Making the storyboard

A storyboard had to be created to facilitate planning the video to visually represent the solution. This involved the groups discussing the storyline, briefly

outlining the contents of each scene, where to film it, who would play which part and what would be said. Similar to the film industry, we used a storyboard to help draw their ideas into a script. Participants could choose any visual genre. Each storyboard had roughly 10 scenes, including the title and credits. It was exciting for the participants to decide on the 'who, what, where and how' of their video. All participants were required to try out different roles, from being an actor, the director, to being the camera person, and so on. The resulting six storyboards (cf. 4.2.4 phase four) were then ready to be filmed. Below is an example of such a storyboard, followed by a re-typed version (not language edited) to improve readability.

Figure 3.3 Example of one group's storyboard

	2	3	4
Working together is better than alone	Some girls and boys haress each other in the classroom. Mlondi can haress Noxolo L. Mlondi is going to say "You are a beautiful girl" Noxolo is going to say don't do that to me."	Noxolo is going to report to the class teacher. Teacher is going to say "We are going to talk about that later."	Noxolo is going to tell her friends that Mlondi was haressing to her. Noxolo M. is going to tell Nox that they have to do something to make our school safer for us.
5 This friends are going to form a group. Nxolo is going to stand in front of the class calling other learners because she want to tell them about Nox problem.	6 Noxolo is going to tell the group about Nox's problem. Noxolo is going to say "Guys let's talk about Nox's problem because if she is alone she cant alone."	7 The group is going to find some ideas about the problem. 'Guys let's go to other grade's to find some more ideas. NT	8 When we are in other grades they going to tell us that our solution is better "Your solution is better"
9 The learners now have to go to talk to Mlondi "Mlondi please apologise to Nox"	10 Mlondi is going to apologise Nox I'm sorry, please forgive	11 Mlondi will see his falt and then say that "We have to go to the assembly."	12 Group is going to go to the assembly to advise others about about. Please guys don't haress others we are hear to learn and get knowledge. End!!

3.6.2.3   Video training

A hands-on training session and demonstration on how to use the video camera included skills necessary for the groups to shoot their videos. The demonstration and practice were around the following: positioning the camera on the tripod; switching video cameras on/off; recording/pausing; positioning the video camera by swiveling it; framing the shot/good and bad shots; zooming in and out; best ways to record the full script by counting a second or two in silence after the record button has been pushed and waiting a second or two before pausing and rewind/playback. All of the training was geared towards using "no editing required" approach in making participatory videos. This meant that after each scene ended, the video camera was paused, and when the group was ready to

record the next scene, they simply had to push record. If they made a mistake
they had to rewind and start all over again (De Lange & Stuart, 2008, p.18).

3.6.2.4 Making the video

Figure 3.4 Participants engaged in video production

A key point in the video production meant everyone had to be involved in the
process of using the camera or acting, and participants had to take turns in doing
so. The groups had free choice on the genre they wanted to use to represent
their storyline. They all chose to do a "skit" (a short drama).   It was encouraged
that each scene be no longer than 30 seconds and practised before being filmed,
and the transition from one scene to the next was made possible with the
pause/record option. With great enthusiasm the groups scattered around the
school to find the space to shoot their video according to their storyboards.

3.6.2.5 Viewing each other's videos

Once all the videos were completed, we gathered to watch the videos together, shown through the video camera connected to a data projector on a portable screen. This was done so that everyone could "see for themselves" (De Lange & Stuart, 2008, p.19) what other groups had videotaped and so that further discussion could take place around these issues. Viewing of the videos allowed me to prompt for further reflection, discussion and feedback, emphasising the agency of the participants.

Figure 3.5 Participants viewing their videos

3.6.3 Data analysis

The data generated included data from all the phases: brainstorming safety at school; brainstorming GBV at school; brainstorming possible solutions to GBV in school; generating a storyboard for the video production; and feedback and comments from the audience after viewing their videos. I categorised the data of the brainstorming sessions and I present the categories as topics in table format in Chapter Four. This was done with topics that received the most votes first and those with the least votes last in the table.   The various brainstorming activities informed the generating of the video.

The videos themselves were analysed using Fiske's (1987) approach.   He emphasises three layers of analysis: the primary text, secondary text and production text. The six videos were transcribed and the verbatim transcriptions made up the primary text. The analysis was done drawing on the genre and basic storyline to generate themes. The secondary text is the audience's response to the primary text, while the production text refers to the video-makers' conclusions about their videos (Fiske, 1987). In practice, the last two were combined. The secondary and production text provided participants' reflections on their work, what it set out to do and whether their message was achieved, as well as what each participant had learnt on the day (De Lange et al., 2008; Fiske, 1987).

In analysing the data it was necessary to make sense and extract meaning from the data texts (according to Fiske's (1987) framework) in a systematic, comprehensive and rigorous manner (Smit, 2002). The data analysis took place throughout the data generation process. I searched for similarities, differences, categories and themes. First I described the data and then I interpreted and discussed it. However, as researcher I had to be aware of my own biases.

The video recordings of my research were transcribed into text in order to reduce and analyse. I listened to the transcriptions three times and edited where necessary. The data were divided into smaller and more meaningful units as referred to by Miles and Huberman (1994), Tesch (1990) and Smit (2002). Through coding I organised similar units into categories, which provided the foundation on which interpretations and explanations were based to build and refine categories. Most importantly, I always reflected on the participants' perceptions, which led to a higher order synthesis in the form of themes.

3.6.4 Recontextualising/literature control

I recontextualised emerging findings through a thorough study of the existing and published work of other researchers. This helped me place my findings within context (Poggenpoel, 1998). The results were supported by the literature, and although the pressing social phenomenon seems universally similar, their envisaged solutions provided new light and insights into addressing GBV in and around school.

3.7 TRUSTWORTHINESS

Validity and reliability are not applicable in this qualitative research due to the visual participatory research methods used. This, combined with my topic, promotes a uniqueness to my research interest (Oulu University Library, 2003). Lincoln and Guba (1985) refer to the trustworthiness of findings in qualitative research; such findings can be trusted and are worth paying attention to. By working in the critical paradigm, trustworthiness is obtained through the participants' understandings, views, thoughts, intentions and experiences. These need to be accurately understood and reported by me, the researcher (Oulu University Library, 2003).

3.7.1 Guba's model of trustworthiness

In this study I adhered to Guba's (1985) model of trustworthiness. The first part of his model pays attention to credibility. I had to evaluate whether the findings were credible, and cross-checked for truth. I did so by ensuring that data generated were solely from the participants' work that they produced. I also included multi-layers in my brainstorming phase, and drew on Fiske's (1987) method of data analysis, which further strengthened the case for credible and reliable data. In order to ensure credibility, my research supervisor facilitated and attended the data production. She assisted in the process of credibility by cross-checking the transcription and videos for accuracy in interpretation and facilitated the process of data analysing (William, 2006).

Transferability, the second aspect of Guba's (1985) model, asks "can the data be applied or transferred beyond the study?" and "In what ways can the findings be generalised to other settings?" Transferability is thus the responsibility of the researcher. In order to make the study transferable, I described the research process and context in depth, with "thick" descriptions in Chapter Three, in the event that someone consults my work and wishes to 'transfer' the findings that are based on their judgment in relation to the context of their study (William, 2006).

Dependability, another aspect of Guba's (1985) model, means the data and findings were dependent on certain factors, and if those factors weren't part of the process the study could no longer depend on the same results. Thus my research questions served as a strict code of adherence. This meant ensuring participants were all grade nine learners and members of the two schools included in my study, making the findings dependant on the answering of the research questions (William, 2006).

Confirmability justifies each researcher's unique perspective of the study. However, it is the researcher's responsibility to remain as neutral as possible throughout the study. Confirmability then refers to the degree to which others could confirm the results. In order to adhere to confirmability, I not only thoroughly rechecked my own data and findings, but had my supervisor ensure a certain degree of neutrality, allowing only the voice of participants to be analysed and used (William, 2006).

3.8   ETHICAL CONSIDERATIONS

The University of KwaZulu-Natal granted me ethical clearance to conduct this research (Appendix C), and I adhered to their ethical principles throughout the whole research process and writing of the dissertation.

It is commonly known that human beings are complex to study; it is also necessary to acknowledge the human rights of the participants. I ensured that participation in my research was voluntary, and I received assent and consent from participants and their parents (Trochim, 2006). The principals of the two schools were very accommodating, and thought my research a worthwhile effort. Anonymity and confidentiality posed challenges, as visual data can hardly be anonymous. However, the data will be used for research purposes only, and this issue was thoroughly explained, ensuring that the participants were comfortable with it. However, no names of the schools or the participants were revealed. All the participants were eager to contribute to addressing GBV in the age of HIV/AIDS through envisaging and expressing possible solutions. The videos will be kept safe for the purpose of completing my studies, but the videos will also be given back to the participants as well as their Life Orientation teachers, who could use them as a teaching tool. So the good was ultimately for the community, and time was taken to explain to participants the importance of handling sensitive issues with care to avoid embarrassment.

3.9 CONCLUSION ON USING PARTICIPATORY VIDEO

The participants had the opportunity to acquire video-making skills and, more importantly, (re)construct their understanding of GBV at school as well as to identify and construct possible solutions. The videos produced could be used as an entry point for further teaching and discussions on GBV. Making the videos enabled participants to imagine complex social change within their lives. Considering gender and unequal power relations, finding effective prevention strategies in a collaborative way had more chance of producing social change. Participants themselves were engaged in identifying issues that affect their safety as well as in finding appropriate solutions. The participants were well placed as they were providing information from the inside, voices and representations of the situation at the school and re-enacting simulations of events that were real to them. Ultimately doing research *with* participants rather than *on* participants proved worthwhile in addressing GBV as a social problem (Moletsane et al., 2009; Schratz & Walker, 1995).

3.10 CONCLUSION

The research design and methodology were discussed in this chapter. I explained why I used a qualitative approach, worked in the critical paradigm and focused on using a visual participatory methodology, with a research as change focus. I made it clear what form of sampling I used and explained why I chose this method. To explain the research procedure I discussed the data generation process and analysis. Consent and ethical considerations as well as ways to ensure trustworthiness were also included.

The interpretation and findings will be dealt with in the next chapter.

CHAPTER FOUR
RESULTS AND INTERPRETATION OF FINDINGS

4.1   INTRODUCTION

GBV is a problem of global proportions, affecting children, families, communities and societies, and could also lead to HIV infection (Global Health Council, 2010). Many young women who are victims of GBV are not aware of the agencies that can help them against such abuse (Managa et al., 2007), and often they are also not aware of their own agency.

"The right to education is one of the most important instruments through which not only HIV/AIDS may be addressed, but also the problem of gender violence" (Mswela, 2009, p. 202). In light of this, the school, which is supposedly a place of safety and security, can very easily be a place where GBV occurs. The aim of my research was not only to explore whether GBV is an existing problem at school, but also to expose the nature of the possible predicament and ultimately to uncover what participants as learners in schools think they could do to address this problem.

The focus of the data generation was the process of participatory video production by the participants. Six videos were produced from the two workshops, highlighting the voices of 30 learners from two rural schools in KwaZulu-Natal. The aim was to address the following research questions: What are grade 9 learners' understandings of GBV at school? What solutions do they envisage in addressing GBV in order to make school safe? As explained in Chapter Three, I used Fiske's (1985) method of analysis, drawing on the primary text and the secondary and production text. For analysis of the primary text I included a summary of the initial brainstorming sessions before the videos were made, as well as the transcriptions of each of the six different videos. The

secondary and production text involved participants' descriptions of their videos' messages and what they had learnt on the day about producing the video.

Moletsane et al. (2009) say working with video allows engagement with the text in a qualitative manner, and therefore my analysis produced themes, which I present in the next section. Ultimately, to see participants engaging enthusiastically in each task, is what Moletsane et al. (2009) call visual empowerment.

4.2   FINDINGS

A summary of the findings of the four phases of data generation in this study is presented below.

4.2.1   Phase 1: Brainstorming safety at school

Extracting the pertinent issues from learners' explanations produced the categories presented below. The votes tallied produced an end result of 35 votes. Some of the groups' answers addressed more than one category, and I defragmented their answers in order to make categories. For this I used a coding method, as explained in Chapter Three. I categorised the answers and votes by grouping together those which were similar to produce the following categories (Figure 4.2.1):

Table 4.2.1
The most important issues affecting safety at school

Votes	The most important issues affecting safety at school
♀ ♀ ♀ ♀ ♀ ♀	Alcohol and drugs
♀ ♀ ♀ ♀ ♀	Bullying and name calling
♀ ♀ ♀ ♀	Breaking and entry onto school grounds and stealing
♀ ♀ ♀	Fighting
♀ ♀	Vulgar language

	Sexual harassment
♀ ♀	Relationship jealousy over a girl/boy
♀ ♀	Absent principal
♀ ♀	Threatening
♀ ♀	Fear of contracting HIV/AIDS
♀	Sex in school with no available condoms
♀	Walking alone to and from school
♀	Having to pay for lost school property
♀	Teachers beating learners
♀	Being pregnant and not able to learn properly

These categories reveal a range of issues affecting learner safety at school, with some definitely pointing to GBV.

4.2.2 Phase 2: Brainstorming gender-based violence at school

Analysis of the 30 participants' votes was done according to the coding method explained in Chapter Three, and the results are presented in Figure 4.2.2.

Table 4.2.2
Types of gender-based violence experienced at school

Votes	What GBV do you experience at school?
♀ ♀ ♀ ♀ ♀	Male learners touching female learners inappropriately
♀ ♀ ♀ ♀	Educators who misuse their power for sexual favours
♀ ♀ ♀ ♀	Intimidation/threats and strong language
♀ ♀ ♀ ♀	Male learners hitting female learners
♀ ♀	Male learners bribing female learners for sexual benefit
♀ ♀	Use of weapons for sexual benefit
♀	Learners threatening educators of sexual misconduct
♀	Male learners showing off their bodies inappropriately
♀	Female learners who tease male learners

These categories show a range of examples of GBV against both boys and girls, implicating educators and peers.

4.2.3 Phase 3: Brainstorming and discussing how to address gender-based violence at school

Analysis of the participants' votes was coded in the same manner as the other brainstorming sessions (Figure 4.2.3).

Table 4.2.3
Addressing gender-based violence at school

Votes	Solutions to address GBV at school
👤 👤 👤 👤	Tell your perpetrator it's not right and that when you say no you mean it
👤 👤 👤 👤	Report the problem to police/parents or teachers
👤 👤 👤	Organise whole school meetings to discuss problems and get advice
👤 👤 👤	Form support and discussion groups
👤 👤	Talk to the perpetrators to try and iron out the problems
👤 👤	Make a play or show to inform people about the problem
👤	Avoid situations that could lead to GBV

These solutions cover a range of ways of addressing GBV, indicating what can be done both individually and collectively, and demonstrating a sense of agency.

4.2.4 Phase 4: Generating a storyboard for the video production

The solutions offered reflect the notion that GBV is everybody's concern and that broader involvement in addressing it is required, but that it can begin with the individual. This is reflected in Table 4.2.4.

Table 4.2.4
A summary of the titles of the videos and suggested solutions

Video no.	Title	Solution
Video 1	Sexual harassment	Resist, speak out and form a support group
Video 2	Working together is better than alone	Talk about the problem, confront the perpetrator and talk about it in assembly
Video 3	Young stars	Tell a teacher, call a parent's meeting to address safety at school
Video 4	Always say no	Call a meeting to address the problem and confront the perpetrator
Video 5	Be strong and face or tell the facts	Be brave, speak out about abuse
Video 6	Being scared	Call a parents' meeting and use the police to unmask the perpetrator's actions

4.3   DISCUSSION

4.3.1   Videos as primary texts

In this section I first present the primary text as a verbatim transcription of each video, followed by issues emerging from the primary text. Although the six videos put forward their message in a simplistic way, the messages are powerful and during production thereof allowed for participant discussion around GBV, a topic not easily spoken about. After the six videos have been presented, I offer the themes that emerged from the six texts.

Video 1: "Sexual harassment"

The characters in this video are Nxobile (Nxo) the perpetrator, Maha the victim and Thandi, Gugu and Cindy, Maha's friends.

Scene 1
Nxo: "Hey, Maha."
Maha: "Hey!"
Nxo: "You know, I have been meaning to tell you this, but I have been a coward…"
Maha: "What?"
Nxo: "I love you and I wanna make you my girl… (turns her around). Your sexy body…"
Maha: (Shocked) "What is this? What you think?"

Scene 2
Nxo: (Talks to her roughly) "Hey, Maha, didn't I tell you to love me and stay my girl?"

80

Maha:	"But I told you that I don't love you" (Maha tries to walk away but Nxo grabs her arm and pulls her back)
Nxo:	"Where do you think you are going to? I am talking to you…"
Maha:	"I told you I don't love you."
Nxo:	(Points to himself) "You will love me or otherwise I will slap you!" (lifts up his hand and hits her)

Scene 3
(Maha is crying and covering her face)

Thandi:	"Oh Maha, what is wrong?" (Approaches her friend and gently rubs her back.)
Gugu:	"What did he do to you? What happened?"
Maha:	"He hit me in my face."
Thandi:	"Why?"
Maha:	"Because I don't want to be his girl."
Thandi:	"How can he do such a thing and get away with it? I think we should go and talk to him."
Gugu:	"Yes."

Scene 4
(Nxo is standing against the wall his one foot resting against it, rubbing his arm.)

Thandi:	"Hey you, can you talk?"
Nxo:	"About what?"
Gugu:	"About what you did to our friend Maha."
Nxo:	"What did I do?"
Thandi:	"You don't know? You beat her because she didn't want to be your girl!"
Nxo:	(Gets an ugly look on his face) "Oh, now I see, do you want me to do to you what I did to your friend?"
Gugu:	"No!"
Thandi:	"No"(Nxo grabs them both by their jerseys and pulls them together roughly! – They both shout out; he then releases them and shoos them away before he walks off.)

Scene 5
(The two girls walk up to another girl)

Gugu:	"Hi Cindy" (out of breath)
Cindy:	"Hi" (looks bewildered)
Thandi:	"We are here (throws her hands up in the air) because we've got some important problem."
Cindy:	"What problem?"
Gugu:	"It's Nxo."
Cindy:	"What did he do?"
Gugu:	"He slapped our friend, Maha, because she didn't want to be his girl."
Cindy:	"Oh my G...! How could he do such a thing?"
Thandi:	"We don't know, when we try to make him accept that she don't love her... she don't love him, he said he will attack us too."
Cindy:	"So what she do?"
Gugu:	"Maybe you should open the support group during break time."
Cindy:	"Maybe."
Gugu:	"Ok, sharp." (walks off)

Scene 6
(Cindy standing in front, while Gugu, Maha, Thandi and another girl are seated in the desks)

Cindy:	"Hi, guys."
Everyone:	"Hi."
Cindy:	"Sorry, to interrupt you during your break time, but I think this is the perfect time to use to address the problems and factors from school. For example what happened the day, the day before yesterday, when Nxobilo attacked Maha just because she didn't want to be his girl. I mean you don't have to do that to another person, 'cause girls should respect boys, boys should respect girls. For instance we should respect one another. It's right to say no, it's your right to say no. You can do whatever you want that is your right, but you

shouldn't do that because you want to abuse your right and to bring peace. The only way to do that is you have to go to Maha and apologise to Maha for what you did because it is wrong…"

Scene 7
(Thandi, Gugu and Maha are standing when along comes Nxobilo)

Nxo:	"Hi"
Everyone:	(Reluctantly) "Hi"
Nxo:	"I am so sorry for what I did you, I am so sorry for what I did to you, I promise I will never do it again to any single person…"
Maha:	"Do you really promise?"
Nxo:	"Yes, I really mean it this time…"
Thandi:	"Are you really sorry?"
Nxo:	"I am sorry."
Gugu:	"Ok, we forgive you, now we are going to be friends forever" (stretches out her arm, shakes his hand and bends over into a hug – he then goes to give Thandi a hug).
Thandi:	"Friends forever." (Lastly he gives Maha a hug.)

The example of GBV highlighted in the first video "Sexual harassment" refers to inappropriate male behaviour when trying to get the attention of a girl. He demands her love and her body and when she refuses he lashes out by hitting her.

The approach of Nxo confessing and trying to force his love on Maha, the DoE (2001a) argues, is a gender normative. Nxo thinks it's appropriate and acceptable for him to say whatever he feels (whether offensive or not) and do whatever he wants to. Gender normatives such as these are visible in societies where masculinity is constructed as insistent, intimidating and forceful towards women, to prove masculinity. Nxo tries to maintain control by holding on to Maha and not allowing her to go, which could indicate the gender normative of treating the female body as a possession (DoE, 2001a). Shefer et al. (2000) and Morrel et al. (2009) concur that violence or the threat of violence are often means to control the outcome of women's sexual behaviour in favour of men's desires. Maha's assertiveness crumbled as soon as Nxo hit her.

The violence as seen in this video could be viewed as low-level sexual harassment, which society often views as natural and undeserving of attention (Leach & Mitchell, 2006; Morell et al., 2009). De Wet and Jacobs (2009) argue

82

that lack of attention to low-level sexual harassment is due to the belief that it is normal and expected behaviour, in this case, for adolescent male youths. However, the low-level sexual harassment escalates when the girl is 'threatened' and slapped. This is viewed as quid pro quo sexual harassment, which the Canadian and US courts define as a person threatened or forced to perform sexual favours in return for some benefit, or to avoid a negative outcome, as in this situation (De Wet & Jacobs, 2009).

When Nxo hits Maha he crosses the line to physical assault (Prinsloo, 2006). Such perpetrator rage among young people is extremely high, as sexual abuse among learners often plays itself out in rage (Bell, 2007). It could also be explained as an expression of sexism that operates within society (DoE, 2001a). Unfortunately, the Human Rights Watch (2001) indicates that this is the fate of many young girls at school. This results in unequal treatment and unfair discrimination, and can impair female learners' human dignity and affect their school performance (Bell, 2007; Prinsloo, 2006).

The young girls in "Sexual harassment" showed agency through their willingness to resist the unwanted attention of the young man, to speak out and request help, but also to form a support group. Support groups allow learners the space and freedom to talk about GBV and receive advice, emotional support and share information regarding sexual harassment and GBV. This can provide learners with a space to give and receive both emotional and practical support as well as to exchange information about sexual harassment (Randall, 2003). Forming a support group is beneficial because participants usually share often unspoken and hurtful stories, and help in confirming that their feelings are "normal". In the support group there was a group leader who was informed and helpful, and who united the group to "tackle" the problem (Randall, 2003). In this support group the learners did more than merely sympathise about the problem - they related to Maha and what she was going through and showed her that she was not alone. The benefit of the support group lies in providing relevant information about the

problem and, most importantly, finding a solution to address the problem which, if left unattended, could in the long run have affected the whole group's safety. Forming a support group is a viable solution learners themselves can implement, as shown in their video - they can "do" something about the problem. As a group they decided that the young man must acknowledge his wrongdoings. This sends out a powerful message not only to him, but to all other perpetrators that they will not tolerate sexual harassment in their school.

Video 2: "Working together is better than alone"

The characters are the Narrator, Mlondi the perpetrator, Nxolo the victim, Miss the teacher, and Ayanda and Thobeka, Sandy and Sam who are Nxolo's friends.

Scene 1

Narrator:	"Hi guys, the topic is 'Working together is better than alone' and there are boys and girls who's harassing each other in the classroom. Let's see what's going to happen."

Mlondi:	"Hi, beautiful girl." (Goes and sits next to Nxolo)
Nxolo:	"Hey, stop it man!" (She pushes him away) "Don't touch me! Leave me alone!"

Narrator:	"In the next step Nxolo is going to tell her teacher. See what is going to happen."

Scene 2

Nxolo:	"Hi Miss, Mlondi has touched me in class, he touched my private parts, what shall I do?"
Miss:	"No, no, let's talk about that later." (Gets up and leaves)

Scene 3

Narrator:	"Nxolo is telling her friends that Mlondi was trying to harass her."

(Two friends walking and talking)

Nxolo:	"Wait guys, wait guys, I want to tell you something…"
Ayanda:	"What now?"
Nxolo:	"Mlondi harassed me in class. When I try to tell Mistress, Mistress said: 'We will talk about it later'. This thing is hurting me, please help me guys."
Thobeka:	"Oh that's horrible." (Empathetic)
Ayanda:	"Hi, no guys we do something that is going to be safe, to be safe for us…"
Nxolo:	"Please help me!"

Scene 4

Narrator:	"Nxolo's father and family want to do something about it. Let's have a look."

Nxolo:	"Please guys, attention, attention! I want to tell you something. I was harassed yesterday (points to herself) and I went to tell mistress and mistress said nothing. I want you to help me, please help me. If we are together, we can do this, but I am so scared." (The voices of disbelief of the family saying 'No! No!' is heard.)

Scene 5

Narrator:	"Nxolo is telling the group about her problem, I don't know what's going to happen, but watch it."

(Group of friends sitting by the desk – Nxolo looks very sad.)

Ayanda: "Hey guys, let's talk about Nxolo's problem."
Thobeka: "Yes, okay." (Nods her head.)

Narrator: "The group is coming out with the facts of the problem, watch it."

Ayanda: "Let's go and find out what that boy did."
Thobeka: "Yes, that is a good idea."

(Camera is focused on the boy)

Ayanda: (whispers) "Ok guys, let's go find out what that boy did."

Scene 6
Narrator: "Nxolo and her group are going to other friends to find some ideas."

(Sandy and Sam is standing in the front of the class, Sandy is combing her hair.)

Nxolo: "Hey guys, have you heard about my crisis?"
Thobeka: "Yes, guys, she was harassed and all that we have done is to help her cope with the
                 situation."
Sam and Sandy: "Yes, that's a better solution."
Thobeka: "Yes."
Ayanda: "Ok."

Scene 7
Narrator: "The learners are going to talk to him (Mlondi) about what he was doing."

(Mlondi standing with his hands in his pockets.)

Ayanda: "Please Mlondi, please, please, please, can you tell Nxolo why you did that to her?"

Mlondi: "Tsh…, Tsh…" (Makes a sound that shows disinterest)

Ayanda: (Pleads) "How? Please"

Nxolo: (Standing up for herself and pointing to herself) "You harassed me in class!"
Mlondi: (Looks defiant, brushes them off.)

Scene 8
Narrator: "Mlondi is going to apologise to Nxolo (points to camera). Go for it."

(Nxolo and her three friends are standing in the front of the classroom)

Mlondi: "Hi."
Both friends: "Yes."
Mlondi: (Facing Nxolo) "Nxolo, I am sorry, please forgive me."
Nxolo: (Looking away) "Your apology accepted."

Scene 9
Narrator: "Mlondi is seeing his fault and he has some ideas of his."

(Nxolo and two friends are once again standing in the front of the classroom.)

Mlondi: (approaches girls) "Hey guys."
Ayanda/Thobeka: "Hi Mlondi."
Mlondi: "We are going to do right about this thing."
Ayanda/Thobeka: "Ok." (They all walk away)

Narrator: "Finally, Mlondi and his group are going to assembly – enjoy it."

Scene 10
(Everyone is standing in front at the assembly)

Everyone: "Please guys, don't harass others. We are here to learn and gain knowledge."
                   (Takes a bow)

(Two learners hold up the title, "Working together is better than alone" while the whole group hums Nkosi Sikelele Africa)

In the second video, "Working together is better than alone", Nxolo was harassed by Mlondi, and tries to share her problem with both a teacher as well as family members, but both parties seemed reluctant or incapable in assisting her. Her friends, Ayanda, Thobeka, Sandy and Sam are eager to help her and they confront Mlondi, who apologises and joins the girls to address sexual harassment in assembly.

The video-makers highlighted the issue of sexual harassment as GBV. Although the girl made it clear that she does not desire affection from the boy, he persisted in his pursuit. According to De Wet and Jacobs (2009), nearly 30% of female participants in their study were subjected to sexual harassment in terms of unwanted touching, grabbing and pinching, as presented similarly in this video.

A key issue the learners highlight is that when reporting the instance of harassment to the educator, she doesn't seem bothered to help her. By saying "No, no let's talk about that later", she is perhaps indicating her inability to deal with harassment or her embarrassment to talk about issues of a sexual nature. In fact, De Wet and Palm-Forster claim that "schools respond with hostility and indifference to girls who complain about sexual violence and harassment" (2008, p. 110). Such complaints could be interpreted as attention seeking or looking for excuses for truancy, and are therefore brushed off as of no consequence. Failure of educators to address or report GBV allows perpetrators to go unpunished and in turn increases the victims' vulnerability to sexual harassment (Human Rights Watch, 2001; Mswela, 2009; Prinsloo, 2006).

The solution offered is, as in the first video, linked to peer support. According to Visser (2007), social support can provide resources, information, skills and caring. Nxolo's friends seem empathetic and, as in the first video, the "friends" seem to step in to help, by talking about the problem and confronting the perpetrator. Often peers pressurise each other to conform and participate in risky sexual behaviour, but Visser (2007) highlights an extensive body of research which concludes that adolescent behaviour and norms, both positive and negative, are shaped through social systems. Ultimately peer examples influence sexual practices as they provide each other with models of behaviour. Friends, however, can also provide the necessary support in times of crises, as seen in the video, as victims are more likely to discuss abuse with a friend, in an understandable and accessible language (Morrell et al., 2009; Visser, 2007).

The family, who ought to be able to help, shows disbelief, either about the fact that Nxolo was harassed or that the teacher did not want to help. The parents show their disapproval, but that is where it ends. According to Van der Westhuizen and Maree (2009), a lack of parental involvement is an exacerbating factor as they don't seem to involve themselves with their children's problems. Parental involvement is crucial to stopping GBV in school. According to Bell (2007), 90% of children from safe, stable homes are law-abiding, while only 10% of children from unsafe and unstable homes avoid crime. This underscores the importance of parents' (and adults') roles in the prevention of GBV at school.

In assembly the group decides to further "address" the problem by sharing their views with the rest of the school, perhaps in an attempt to bring the situation out in the open. Ultimately it would seem the message is to not remain silent, but to talk about the issue and expose the problem. Visser (2007) reinforces this message by adding that learners can be positive models of behaviour, as adolescents are more likely to change risky sexual practices when their peers, who they like and trust, model the same behaviour. Finally, discussing the topic

in assembly makes GBV everyone's problem to be incorporated in a 'whole-school' approach.

Video 3: "Young stars"

In this video Daena is the victim, and Thombi and Jane are her friends. Ngu is the perpetrator and Jabu is his friend. Mrs Dlamini is their teacher. The same actors also play the parts of three parents and a learner at the end of the video.

Scene 1
Daena: (Looking sad and walking slowly with her hands in her pockets)
                   "Hi guys."
Thombi and Jane: "Hi friend."
Thombi: "How are you?"
Daena: "I am not fine."
Jane: "Why?"
Daena: "Because Ngu just harassed me."
Thombi: "Ngu who?"
Daena: "Ngulelekho"
Jane: "What are you going to do about that?"
Daena: "I don't know."
Thombi: "Why?"
Jane: "You should talk to him."
Daena: "I can't, will you talk to him for me?"
Jane: "Maybe we should go and find him."

Scene 2
(Jane and Thombi approach Ngu and Jabu outside the classroom)

Jane: "Hi guys."
Ngu and Jabu: (Utters something.)
Jane: "Ngulelekho, I heard that you harassed Daena."
Ngu: (Doesn't look surprised) "What? She lied to me."
Thombi: "What are you going to do about it?"
Jabu: "Nothing – he didn't do it."

Scene 3
(Teacher is sitting at her desk. Jane and Thombi approach her)

Jane: "Good morning, Mrs Dlamini."
Mrs Dlamini: "Good morning, girls."
Jane: "My friend has been harassed."
Mrs Dlamini: (doesn't seem helpful or surprised) "By whom?"
Jane: "Ngulelekho."
Mrs Dlamini: (still no alarm) "When?"
Jane: "Yesterday."
Mrs Dlamini: "What happened – did you talk to Ngulelekho about it?"
Jane: "Yes, he said he didn't do it."
Mrs Dlamini: "Then what do you think we should do?"
Jane: "Maybe we should call a parents' meeting?"
Mrs Dlamini: "I will do so."

Scene 4
(Learner, standing in front of the classroom, parents are sitting and facing him.)

Learner:	"Good evening parents, we want more security at our school and cameras."
Parent 1:	(raises his hand) "What security?"
Learner:	"Security guard by the gate."
Parent 2:	"What security? What? Where do you want to put the cameras?"
Learner:	"In the class."
Everyone:	"Yeah!"

Scene 5
(Learner, standing in front of the classroom, parents are sitting and facing him.)

Learner:	"And put also transport to school and home."
Parent 3:	"Why? Why transport?"
Learner:	"Because there are learners who feel unsafe, because it's time to do that."
Learner:	"Also build a place of safety."
Parent 1:	(Stands up) "Do you agree with that?"
Parent 2 and 3:	(Make agreeing noises.)
Parent 1:	"Amandla!"
Everyone:	"Awethu!" (applause).

In video three, "Young stars", Daena is harassed by Ngu and seems unclear of what to do. With the help of her friends, Thombi and Jane, they confront the perpetrator who is defiant and whose friend stands up for him. The teacher, Mrs Dlamini, seems uneager to respond to the harassment, but is willing to assist the girls when they suggest calling a parents' meeting. In the meeting the parents seem eager to improve school security.

In this video too, the victim seems unclear of what to do after being harassed. When the girl approaches her friends, she admits to being harassed by her boyfriend thereby taking the first step, i.e. to tell. Experiencing sexual and physical violence from a partner is corroborated by Peltzer and Pengpid's (2008) study, in which more than one-fifth of the participants who were in a relationship experienced violent behaviour. Harassment affecting learners' safety at school negatively impacts on them, leaving the victims feeling isolated (Van der Westhuizen & Maree, 2009).

The video also demonstrates the young man's defence of his deed. The perpetrator blatantly lies when confronted and his friend covers for him by lying too. Abusive behaviour among adolescents is interwoven with culture and social systems that influence peer group norms and their perceived gender roles. Often

this results in coercive abuse (Leach & Mitchell, 2006; Visser, 2007). Adolescent boys often proposition girls sexually, as they perceive it to be behaviour of real men. The notion of masculinity being related to gangs and the need to abuse and to boast about it to gain respect can be a risk factor for GBV in schools (Erikson, 1968).

The video also points to the requirement of educators to address or report GBV, as well as to ensure learners' safety as part of their job description (Prinsloo, 2006). This educator seems reluctant to help, concurring with research from Van der Westhuizen and Maree (2009), which shows that teachers do not always take action when they become aware of incidents of violence. In their study the student teachers felt that educators were not taking action, because they themselves felt unsafe and feared the consequences, which could include threats, being the target of vicious rumours or even gang vengeance (Van Der Westhuizen and Maree, 2009). This correlates with the behaviour of the educator in this video, as she was reluctant to help on her own but seemed willing to assist in calling a meeting where the decision-making around helping was not left to her alone. Van der Westhuizen and Maree's (2009) study also found that teachers often feel strongly about the rights of the victims and are usually eager to form part of anti-violence strategies in schools.

The learners' solution to engage the parents through a meeting is quite telling. Parents are mostly presented by teachers as unwilling to engage; in fact, "the lack of parental involvement in some schools is an exacerbating factor" (Van der Westhuizen & Maree, 2009, p. 56) in the context of GBV. Overall, the level of parental engagement in learners' safety at school is not conducive to helping the school deal with violence (Van der Westhuizen & Maree, 2009). Participants who produced these videos are of the opinion that parents are keen to help. This should be the case, because parents share in the responsibility to protect their children at school (Van der Westhuizen & Maree, 2009).

The parents decide they are going to improve security by installing cameras, hiring security guards, and arranging transport and "building a place of safety." According to Van Jaarsveld (2008), various security measures can be implemented in schools, including human, physical and electronic measures and the participants clearly indicated a need for all three of these. Ultimately these security measures can assist the school, the parents and the police and reduce the probability of and impact of violence in schools.

Video 4: "Always say 'No'"

The actors are Lungi the perpetrator, Kye the victim and Dorothy and Thando, Kye's friends. Trisha assists the victim. Some actors have double roles as some are seated in this meeting, however the camera does not focus on them.

Scene 1
(The camera focuses on a girl, who gets up from a chair, slowly walks across the room and goes and sits in another chair. Then the camera travels back and focuses on a boy. He walks over and goes and sits next to the girl).

Lungi:	(Leans over and grabs the girl by the shoulder. He pulls her closer and tries to kiss her.) "Come here, Kye, let me kiss you."
Kye:	(Tries to get him off her.) "No, just leave me alone!"
Lungi:	"Why Kye?"
Kye:	(Pushes him off) "Just leave me alone." (Gets up and walks off.)

(Kye joins Dorothy and Thando at a set of desks.)

Kye:	"Hallo, I've got a problem."
Dorothy:	"What is your problem?"
Kye:	"Lungi tried to kiss me."
Dorothy:	"Go to Thando …" (shakes her head.) "Let's go to…" (shakes her head again).

Scene 2
Dorothy:	"Let's go to tell Thando." (The two girls get up and walk off to where Thando is sitting.)
Dorothy:	"Hi, Thando."
Thando:	"Hi."
Kye:	"I've got a big problem."
Thando:	"What is your big problem?"
Kye:	"Lungi tried to kiss me."
Thando:	"Ok, I will go and tell them."

Scene 3
(Four people are sitting at the table)

Person 1:	"We have a problem with Lungi."
Trisha:	"Ok, I will go and call them."

(Trisha gets up and walks away to sit in the open seat next to Lungi.)

Trisha: "Hallo Lungi, how are you?"
 Lungi: "Fine."
Trisha: "I am here to fetch you going to the class."

(The two stand up and walk off).

Scene 4
Trisha: (Addressing Lungi) "Kye told us about her problem, that you tried to kiss her and she is not like it. When you say, 'No' it means 'No is no!'"

Everyone: "No is no!"

Scene 5
(Everyone is sitting and facing the camera).

Everyone: (shouting) "No is no!" (Throwing up their arms in the air.)

In the fourth video, "Always say 'No'", Lungi forces himself onto Kye, kissing her, and she pushes him away. Kye decides she needs to talk and tell someone about their incident. Trisha ultimately assists and Lungi gets called into a meeting where a group of people reprimand him for his actions.

The storyline confirms girls experiencing sexual harassment from friends and strangers, the level of harassment varying from trying to kiss and/or touch them inappropriately to rape (Peltzer & Pengpid, 2008). In a study by De Wet and Jacobs (2009) nearly 50% of respondents indicated that they were kissed against their will in a similar situation as the victim in this video.

The solution they generate in their video is to tell someone, seemingly with power, but also to call a meeting where they tell the perpetrator that "No is no!" Although this was a case of low-level harassment, the victim decided to stand up against the perpetrator by seeking advice. The people around her clearly showed intolerance to this behaviour and eagerly assisted.

The message of the video, "No is no!", is a powerful one. Research suggests it is extremely difficult to speak out against sexual harassment, especially when an environment normalises sexual harassment, with perceptions that it is in adolescent boys' nature to act like that (De Wet & Palm-Foster, 2008), or where it is believed that men expect women to 'put up a fight' to play into their male

power and submit to their pressure (Shefer et al., 2000). The message also refers to the notion that 'no', means 'yes' when girls say 'no', getting the boy to 'work harder' to win the girl's affection. Perpetrators also like to use this as an excuse to blame the victim for misleading or enticing them (De Wet & Palm-Forster, 2008). In fact, 16% of male participants in a study regarding men and rape believed the victim enjoyed being raped and wanted to be raped (Rape Survivor Journey, 2010). Society regards it as inappropriate if the female asks for what she wants sexually; hence a 'no' response, seen in this light, is construed as consenting to sex (Dastile, 2008).

Video 5: "Be strong and face or tell the facts"

The actors are Diva, the perpetrator and his friend Nthuthuko. Londi is Diva's girlfriend. Another girl appears on the scene to help Londi.

Scene 1
The group in chorus announces the title "Be strong and face or tell the facts."

(Starts a beat for a song)

Diva: (Rapping the song)
                 "No-one is to blame because we are just the same.
                 As the people you meet when you walk down the street.
                 In the air you breathe and life where you live.
                 We all have a purpose in life to fulfil,
                 to some other way we are all just the same,
                 to some other way we are all just the same."

                 (Ends the scene with the rap beat)

Scene 2
Diva: (Grabbing the front of Londi's shirt roughly) "Hey, we have been dating for two months
                 now, but you don't want to have sex with me."
Londi: "So what?" (Acts flustered and tries to get away.)
Diva: "So what? You must have sex with me."
Londi: "I am not ready for sex."
Diva: "You are not ready for sex?"
Londi: "Eh-he, Yes." (Makes an agreeing sound)
Diva: "You are going to do it, like it or not."

(Diva bends down picks up a piece of wood and shows it to Londi in a threatening way.)

Londi: (Sounding shocked) "Please, please, please don't do it to me."

Nthuthuko: "Yes, you will do it! You will do it! You deserve to have the sex with him."

(Diva is now looking around as if checking to see whether someone is watching.)

93

Londi:	"I am not going to! I am not going." (She tries to protect herself and covers her face.)
Nthuthuko:	"You deserve to."
Londi:	"No! Why?"

(Fighting breaks out. The two move closer to Londi.)

| Diva: | "I am going to shoot you." |
| Londi: | "No! Please" (tries to cover her face and get away.) |

| Diva: | (Grabs hold of her arm so she cannot get away.) "I am going to stab you with my knife." |

| Londi: | (Frantic and pleading.) "No! Please, please!" (starts crying) |
| | (Another girl appears on the scene. She seems alarmed. Before she can say something she gets stopped from moving forward.) |

(Londi is frantic and tries to cover herself.)

(Another girl comes onto the scene. She is on Diva's side.)

| Nthuthuko: | (Addresses the girl.) "You just keep quiet." |
| Diva: | (Shouts out to the girl and moves closer in a threatening manner. The girl steps back.) "You just stay out of this and you (grabs Londi's hand) are going to have sex with me." (Pulls Londi away.) |

Scene 3
(The whole group is standing in a line and swaying to a rap beat they are making)

Diva:	"You must tell only the facts,
	We must show that we don't like it.
	We must do things we won't regret.
	We must know how to say 'no'.
	Let's be strong and say the facts,
	Let's be strong and say the facts."

Scene 4
| Diva: | "For all those who force girls to have sex with them, stop! It's not good for you, your family or your friends. You could get hurt. Stop before you get arrested. So please to everyone who is abusing girls, please just stop." |

The fifth video, "Be strong and face or tell the facts", starts with an upbeat rap, using the lyrics of the AIDS song played earlier that day. The rap ends with "We are all just the same," linking it to the theme of their video, the unequal treatment of girls by boys abusing their power and strength. The video moves from rap song to a short drama showing violent sexual harassment perpetration, back to a rap, and concluding with a plea to the audience to stop abuse.

Learners often know no other way to communicate their feelings than through violence, also often copying behaviour seen at home (Leach & Mitchell, 2006). The prevalence of violence in school is also a function of the social, financial and

job statuses of parents, patriarchal values and practices at home. Research has revealed that the effects of school violence extend deep into adulthood, and could provide a frame of reference for the escalating violence in South Africa (Morrell et al., 2009; Van der Westhuizen & Maree, 2009).

In this video the harassment is scaled up to physical violence. Studies (Jansen van Rensburg, 2007) indicate that one in three women worldwide is subjected to this abuse. In the first scene the boy approaches the girl by reminding her that they have been dating for two months and yet they still haven't had sex. When she declares that she is not ready for sex, he wants to show his power by forcing her: "You are going to do it, like it or not." The male is setting the parameters for the discourse of their relationship as he has no intention of negotiating and seems determined to have his way (Shefer et al., 2000). This abuse of power is part of a cultural patriarchal pattern and reflects society's traditions and views of male-female relationships. The Human Rights Watch refers to it as coercive male power, inspiring fear either psychologically or physically in the victim. The viewer can only infer what happened at the end when the victim was denied her self-respect, dignity and freedom of choice as she desperately pleaded for her safety (De Wet & Palm-Foster, 2008; Harber, 2004; Human Rights Watch, 2001; Prinsloo, 2006).

The perpetrator's friend comes to assist him, highlighting the influence of peers. In the context of GBV the pressure from outside can exacerbate the abuse. Vetten (2010), for example, states that "women … are frequently coerced … by male gang members" (Vetten, 2000, p. 2). Although we cannot infer that typical gang behaviour is portrayed in this video, we can concur that boys' socialization might contribute to experiencing a greater social challenge to be in control, relying on each other to achieve that goal (Fineran & Bennett, 1999).

The video also demonstrates the reality of intimate partner violence. One in every six women experiences abuse in their relationship. According to the South

African Parliament, every six days a women is killed by her partner (DoE, 2001a). Women whose partners try to control them through violence have an increased risk of contracting HIV (Managa et al., 2007). In a study conducted in schools, only 36% of girls who experienced partner violence reported the crimes to anyone (DoE, 2001a).

Refusing to have sex angers the male, who tries to intimidate, scare and force her to have sex with him and ultimately threatens to kill her. This specific sexual harassment is referred to as intimate partner violence (Managa et al., 2007). Intimate partner violence is actual or threatened physical, sexual violence, psychological or emotional abuse, and is directed towards a partner. Furthermore, a lot of young girls are victim to this abuse and are unaware of agencies that can protect them (Managa et al., 2007), and are therefore open to being subjected to lifelong abuse either from one partner or from multiple partners (WHO, 2005). Violence such as portrayed in the video could even lead to femicide, which is becoming a serious problem (Shadow Report, 2010).

The rap rhythm ends with: "Let's be strong and say the facts." The narrator persuades the audience with a clear message that abuse hurts and exacerbates feelings of insecurity and fear (Van der Westhuizen & Maree, 2009), and should therefore be stopped.

Video 6: "Being scared"

Luthandazo plays the victim in this video and Mr Dumo is the perpetrator. Lusanda and Gladys are Luthandazo's friends. A police officer makes it onto the last scene.

Scene 1

Luthandazo:	"Sanelisiwe said I must come and give you this." (Hands a note to the teacher)
Mr Dumo:	(Takes the note from her and whispers) "I want to feel your body."
Luthandazo:	"What?"
Mr Dumo:	(Grabs her hand to pull her closer and repeats softly) "I want to feel your body." (He pulls her closer and starts to move his hands over her.)
Luthandazo:	(Shocked) "No! No! Don't do that!" (tries to pull away from him) "No!"

Scene 2
(Luthandazo is crying and covering her face.)

Lusanda:	(Approaches her) "Luthandazo, Luthandazo" (tries to pull her arms away from her face) "what's going on?"
Luthandazo:	(Crying.) "Nothing."
Lusanda:	"I said Luthandazo, what's going on?"
Luthandazo:	"I said nothing."
Lusanda:	"Did you get harassed?"
Lunthandazo:	"No."
Lusanda:	(Still trying to pull her hand away from her face.) "Did you get harassed?"
Lunthandazo:	"No."
Lusanda:	(Looks as if is panicking and turns away and walks off.) "Luthandazo!"

(She goes away, but immediately returns with someone else.)

Gladys:	"Luthandazo, what happened?"
Luthandazo:	(Pauses.) "The teacher tried to touch me all over the body, I did not agree. I tried to stop him." (Moves her hands over her body as if to cover herself.)

Scene 3

Lusanda:	"Luthandazo, what are you going to do?"
Luthandazo:	(Still upset and covering her face.) "I don't know."
Gladys:	"I think we should call the parents and the teachers for a meeting."
Luthandazo:	(Utters) "I think that is a great idea."

Scene 4
(Luthandazo is standing tall and facing Mr Duma)

Luthandazo:	(With a piece of paper in her hand) "Sir, I want an apology for touching my body."
Mr Duma:	(Brushes her off and pushes her away.) "Hey, Suka!" (Go away.)
Luthandazo:	"I have got a list of girls you have touched." (Shows him the list.)
Mr Duma:	(Still brushes her off and pushes her away) "Hey, Suka!"

(Police officer, making the sound of a police car, enters. Police officer comes in and grabs Mr Duma's hands and puts them together behind his back.)

Police officer:	"I have come here to arrest you for touching the girls' bodies." (Takes Mr Duma away.)

In this video, "Being scared", a male learner is not the perpetrator, but instead a male educator, who uses the same tactics as the other perpetrators, and takes what he wants in spite of resistance. This is the only video where the victim is hesitant to report the abuse, possibly because it is an educator who did the deed. With the persuasion and support from her friends, she manages to talk about the abuse. The group of girls gathers enough evidence to report the educator's misconduct to the police, and they arrest the educator.

The victim is clearly reluctant to disclose the abuse as up to 88% of rape cases go unreported (De Wet & Palm-Forster, 2008). There is a greater reluctance when an educator is the perpetrator. Victims are often reluctant to talk for a host of reasons, including tarnishing their own public image, their relationship to the perpetrator, their self-esteem and the fear of being blamed, fear of reprisals, social stigma and ostracism at school, in their families and in the community, including the educator deliberately failing the victim in the subject he teaches (De Wet & Palm-Foster, 2008; DoE, 2001; Human Rights Watch, 2001; Vetten & Bhana, 2003).

Often educators harass learners in a quid pro quo "this for that" style, which implies that a person in power bribes or threatens others in a less powerful position for sexual favours. Sexual groping is the most common form of sexual harassment by educators, followed by sexual molesting. Regardless of the type of sexual harassment, any educator who has sexual relations with a learner is abusing his/her position of authority and could create another level of sexual harassment referred to as a hostile environment (De Wet & Palm-Foster, 2008; Fineran & Bennett, 1999).

Calling a parents' meeting clearly indicates the need to engage parents in making schools a safer place. The victim and her friends avoid involving the school in their attempt for justice. Many schools vigorously discourage victims of sexual harassment from approaching the justice system. Furthermore, they might try and hide GBV or be reluctant to help authorities. Maybe schools do not want accountability or to be seen in a bad light. If victims do disclose abuse, it is often handled unsystematically, without proper follow through. Unfortunately, failure and lack of knowledge to act is exactly what reinforces sexual harassment in schools (Brookes & Higson-Smith, 2004; De Wet & Jacobs, 2009).

The victim in this video firmly insists on an apology and takes back her power when she declares she has a list of names of his previous victims. Often victims

need some form of compensation, and in this video the victim wanted an apology. It is essential for victims to acquire empowerment and a sense of security after being abused (Hargovan, 2007).

In this video the police assistance and quick response seems admirable; however, studies indicate differently. Jackson (1997) is of the belief that members of the police are often ineffective when dealing with charges relating to GBV. They often use intervention techniques and their own discretion to avoid arrest. Even if police and courts respond, the action taken is often unsuccessful due to unnecessary red tape. This, she believes, is because the justice system, similarly to that of society, is patriarchal and "the law sees and treats women the way men see and treat women"(1997, p. 3). This treatment often includes a lack of sympathy or even hostile treatment (Shadow Report, 2010).

The message is one that claims it doesn't help to remain silent, and in unity justice can prevail. In this video the victim received support and her needs were met by laws that favour the victim. Sexual harassment and GBV are a serious crime and human violation. Action taken against the perpetrator is a powerful message that no sexual harassment would be tolerated (Jackson, 1997).

4.3.2 Secondary and production texts

The secondary text, according to Fiske (1987), refers to an audience's response to the primary text, while the production text refers to what the video-makers have to say about producing their videos (Fiske, 1987). I combined the two as the participants spoke about both producing the video and reflecting on it as audience. Studying the participants' videos was most important, as the whole day was a build up towards producing the videos. In encouraging the participants to view their work critically, I asked them to reflect on what their video intended portraying, and whether they thought they had succeeded; also, if they could change something in the video, what that would be. Some responses about the

message the video intended portraying highlighted the type of GBV experienced at school, as the following demonstrate:

> "We chose the sexual harassment, 'cause we saw how in fact it is in school. Uhm … a lot of things happen … some people don't really know if it is sexual harassment when someone touches you where you don't like and uhm the solution … the solution … we opened a support group and then we talked about the problem".

> "We talked about sexual harassment. We chose sexual harassment because it is the one that is the most happening here at our school. And we came to the solution … the solution was to put cameras and more security".

> "That's why we chose this topic … about sexual harassment … and we are working together … is better than alone. Our solution uhm, we go to Mlondi uh apologises and then we are … basic his fault. We learned that it is very important to help each other."

> "… we were trying to say, you must always say no if someone is touching you, when you don't want to and you must mean it …"

> "The message that we are trying to express is a message of … of expressing ourselves as girls. Boys force girls to have sex with them and threaten them with weapons. So us, we wanted to give a message that we must tell the facts and say we don't like that thing and that is it".

> "The solution we had to do as girls … that you must know how to say no … tell the facts and just be brave".

> "It's about being scared, because we all have been scared when somebody touch our private parts … that's why we said our movie is being scared".

The above production text corroborates with the primary texts, indicating what the participants had to say on what affects their safety at school, what GBV they experience at school, and what solutions they themselves could implement to eradicate their problem. Studying participants' views regarding their video messages, whether their intervention could work, and what they learnt on the day was also important in making the research a process for social change (Moletsane et al., 2009; Schratz & Walker, 1995). Some responses to what they felt they had learnt are given below:

> "There is different types of violence like physical abuse … sexual abuse etc. and we learn about how does HIV and AIDS affect our bodies … We also learned that if you have a problem to talk about it so you can come up with a solution".

> "... about sexual harassment and we are working together is better than alone".

"We learned that it is very important to help each other"

"I have learned that HIV is not about you, you can't get HIV by having sex only you can get HIV by so many things … We have learned to be equal".

"I learn HIV does not cure"

As part of understanding the production, I filmed the participants' interactions throughout the whole day, capturing how they worked in groups and interacted with me, the researcher, before and after video productions. Talking about the production allowed me to probe the messages of the participants' videos. For example, I probed the participants from the video "Being scared", which focused on sexual harassment by the educator, for further explanation:

Martha (researcher): "Does this happen often where teachers try to do similar things?"

Group: "Yes" (a few loud yesses)

Martha: "What do you do then?"

Participant: "You are too scared to tell anyone."

Responses from the video "Always say 'No'":

Martha: "Does it happen when people say no and they don't mean it?"

Participant: "Yes"

Martha: "Why do you think people would say no and not mean it?"

Participant: "They are stubborn"

According to Joubert-Wallis and Fourie (2009), saying no is a complicated matter, as participants mentioned above. Women's social position is not equal to that of men. Even though women say they know they have the right to say 'no', they might choose not to act on this belief due to power imbalances (Joubert-Wallis & Fourie, 2009). The participants thus indicated a need to eradicate ambiguity with regard to sexual communication.

Similar to Moletsane et al. (2009), I too adapted Fiske's (1985) idea of making the producers the audience of their own videos, and this secondary text also became part of the data. Responses from the groups at the two schools were very similar. Before the screening of the videos, learners seemed nervous and waited in anticipation to view their work. As soon as I played the videos back and they saw themselves on the big screen, participants burst into laughter and would giggle nervously all throughout the videos. At the end of each video's screening, participants would clap and cheer loudly and pat each other on the back as if to say "well done." Some participants who were acting at any given stage would appear very self-conscious, but also curious to see how the others responded to their performance.

4.3.3 Emerging themes around gender-based violence

Having brainstormed what makes learners scared at school, then focusing on the GBV in school, the participants identified some pertinent examples of GBV playing out in their schools and how these could be addressed. Having provided a close reading of each video text, I drew out three emerging themes: girls' bodies as sites for GBV at unsafe school sites; the keepers of safety are perpetuating GBV; and learners have a sound understanding of what can be done to address GBV.

4.3.3.1   Girls' bodies as sites for gender-based violence at unsafe school sites

As seen in all six videos, it would seem as though girls, significantly more than boys, experience various forms of GBV (Leach & Mitchell, 2006; Peltzer & Pengpid, 2008) such as low-level harassment from peers, intimate partner violence and educator sexual misconduct at school. Male learners and the male teacher expressed their desire for the girls and when their affection was rejected, they lashed out with anger.

Non-verbal sexual harassment was most common in all six videos, and girls were harassed mostly in classrooms or in the school yard (De Wet & Jacobs, 2009). In a study by Fineran and Bennett (1999) nearly 90% of the girls experienced peer sexual harassment from male learners. In five of the videos, male learners made unwelcome sexual advances and requests (verbal and non-verbal) (Taylor et al., 2003). The DoE (1997) refers to peers' sexual harassment as creating a hostile and abusive educational environment for girls. These acts of sexual aggression, frustration and lust, evident in the videos, were not carried out by strangers but by male learners well known to the victims (Shefer et al., 2000).

Clearly, as seen from these videos and other studies like Peltzer and Pengpid's (2008), girls' bodies become sites of sexual harassment and abuse. They experience it in forms of low-level harassment such as verbal abuse, to physical violence and even rape. Male friends, boyfriends, ex-boyfriends and even male teachers (2008) are all culprits of this abuse. Reactions of the victims include helplessness, vulnerability, anger and shame (Hargovan, 2007). It should be noted that although the perpetration was often represented as low-level harassment, the most important factor determining sexual harassment is how the harassment makes the victim feel (DoE, 2001a).

From the videos and contributing literature, victims of peer sexual harassment more often than not know the perpetrator. Males ganging up together could increase a victim's vulnerability as victims are subjected to threats, humiliation and embarrassment by perpetrators as well as their friends. Friends exacerbate the issue by justifying and encouraging sexual harassment and rape (Dastile, 2008). Some studies have indicated that up to 20% of participants cited peer pressure as the reason for early sexual activity (Shefer et al., 2000), which might become the reason for GBV.

Unfortunately, intimate partner violence brings with it an indirect threat of HIV/AIDS infection. Female learners, as seen in these videos, are unable to negotiate condom use and biologically there is a greater risk of HIV infection due to vaginal trauma from exposure to abuse. Many factors could contribute to why girls' bodies are such targeted sites for GBV. These include alcohol and drug abuse, poor school performance, being abused as a child, poverty and being in a gang, home environment, culture, and societal influences as well as being in a rural setting (Van Jaarsveld, 2008).

Erikson (1959) offers an interesting view on why male adolescents are spurred on to engage in sexual harassment. He says that if the male learner did not experience all the stages of childhood development, he stands a chance of developing "developmental compression" (Ilesanmi et al., 2010, p. 158). This, according to Erikson (1968), leads to low-level identity development, which is a basic mistrust in oneself and the future. This low-level identity development allows for negative identity formation, where the adolescent finds it easier to identify with what he is least supposed to be, rather than to struggle with demands he cannot meet. This could also provide insight into why peer sexual harassment by boys takes place (Erikson, 1959).

It is disappointing that school, which ought to be a safe site, has become an unsafe site, with increasing use of guns, knives and weapons (Leach & Mitchell, 2006). This is evident in video number five, and has caused a manifestation of violence not only to solve disputes, but also to coerce girls through sexual harassment (Morrell et al., 2009; Van der Westhuizen & Maree, 2009). Van der Westhuizen and Maree's (2009) study is filled with examples of recent violent attacks at school, and claims that an increase has occurred in the use of guns and knives and specifically sexual violence targeting girls at school. Unfortunately, weapons seem to play a major role in GBV. Men most commonly use weapons to display their manhood in order to control women. This is

particularly true among young men, who use it as a means to control, hurt and force victims to do what they want (Abrahams, Jewkes & Mathews, 2010).

School is seen as the place where adolescents act out socially due to the school being common social ground (Van Jaarsveld, 2008). It is here where girls experience sexual harassment and GBV. Due to sexual harassment, participants have indicated that they feel unsafe at school. Schools are supposed to ensure the safety and security needed for advantageous learning (Van Jaarsveld, 2008).

4.3.3.2 *'Keepers of safety' are perpetuating gender-based violence at school*

From the participants' videos and local research in South Africa, it is seen that GBV is rife in our schools. Even though it is commonly thought that boys should watch over and look after girls, GBV at the hands of boys seems to be a part of everyday life (Van Jaarsveld, 2008), inflicted by societies 'gatekeepers of safety'.

Peer sexual harassment was the common thread throughout the participants' videos. In their videos and according to research, more often than not girls are the victims (Fineran & Bennett, 1999). Peer pressure involves male learners who encourage each other to commit acts of GBV against female adolescents (Van Jaarsveld, 2008). Two of the videos in this study indicated male peer encouragement towards perpetration. Participants' videos indicated that some men believe in 'punishing' women for the following: not wanting to be their girlfriends or not responding positively to their sexual advances (Shefer et al., 2000), both of which were evident in these videos. Due to peer pressure boys might have the need to prove their power to their friends by wooing many girls, and may have more than one girlfriend at a time. Furthermore, if they have money, which they can use to buy little gifts or alcohol or drugs, then they too have more power (Joubert-Wallis & Fourie, 2009). Instead of male power being used to protect women, it seems to allow men or adolescent boys to control

women or adolescent girls and their sexuality and which leads to GBV, to the detriment of the female victim.

Thus girls involved in male power issues are vulnerable to GBV and ultimately HIV/AIDS (Leach & Mitchell, 2006). Exacerbating the situation, male patriarchy causes a culture of silence and acceptance from victims (De Wet & Palm-Forster, 2008) allowing perpetrators even more power. According to Brookes and Higson-Smith (2004), learners keep quiet because they fear repercussions at school or in the wider community. Unfortunately it is silence that plays into male power and maintains sexual harassment in school.

Unfortunately educators, too, do not protect female adolescents but enhance the factors that perpetuate male violence in school. Participants' videos clearly indicated the following realities regarding educators and GBV: firstly, male educators commit acts of GBV against female learners; female educators are reluctant to assist victims of GBV; some educators deliberately decide not take action, for various reasons, when GBV is reported, since they possibly fear reprisal from male adolescents, like gang vengeance, and therefore avoid conflict at all costs (Van der Westhuizen & Maree, 2009). Thus educators, who are in a position to protect and safeguard female learners and who, by law, have an obligation and a responsibility to do so, are either themselves guilty of GBV or are too scared to report it.

Often victims and perpetrators are in relationships indicating intimate partner violence. Young girls who desire protection from their male partners are often suffering from physical, psychological/emotional and sexual abuse. Unfortunately this not only causes severe psychological harm, but places victims at risk of contracting HIV/AIDS (Managa et al., 2007). Female learners, in the study of Shefer et al. (2000) indicated that they understood that rape could not happen within a relationship. Such misconceptions exacerbate the problem and prevent the perpetrator from being brought to book (Shefer et al., 2000). Male

partner violence seems to be accepted rather than viewed as a problem, especially when the victim loves the perpetrator, which prevents her from challenging the man's power (Shefer et al., 2000).

In the patriarchy and male-powered society, sexual harassment is viewed as normal, and therefore the victims are more tolerant and remain silent about abuse. This makes it extremely difficult to uncover the reality, since victims themselves often don't perceive the acts as wrong (Ilesanmi et al., 2010). For example, a male-dominated society allows for benefit of the doubt for male adolescent and adult perpetrators of GBV (Dastile, 2008). Male educators also have the benefit of the doubt, since female victims are shrugged off as seeking revenge for bad test marks or an educator's disinterest in her sexual advances. The psychological impact on the adolescents, both victim and perpetrator, varies.

Culture plays a pivotal role since it prescribes male power and accepts it, making it very difficult for men to resist their roles given the importance culture has in everyday life and identity formation (Shefer et al., 2000). However, the influence of Western or modern culture, which is more geared towards gender equality, could perhaps cause rapid social change in rural areas, where the culture is more often than not based on patriarchy. Rural adolescent learners who have access to Western or modern culture through media such as their cell phones and the television could contribute to a shift in social thinking, which could create instability and could produce acts of violence against women (Van Jaarsveld, 2008) when the patriarchy is challenged. Research also indicates that adolescents from rural areas are under more pressure to act like adults, and childhood is shorter for them (Ilesanmi et al., 2010). Therefore boys have to grow up and take responsibilities quicker than their counterparts in suburban areas (Ilesanmi et al., 2010). Because of this they can get caught in the crossfire between traditional culture versus Western culture, which could contribute to an increase in GBV in school.

This male domination and power demonstrates patriarchy, where the man is in total control and women are their possessions (Leach & Mitchell, 2006; Morrell et al., 2009). Men who should be protecting women are in fact ruling and dictating to them (Shefer et al., 2000). This domination therefore impacts on women's security. Women from patriarchal societies are missing out on male protection as they become victims of their male domination, and unfortunately women from rural settings are often even more affected (Mswela, 2009).

Unequal power dynamics, especially between men and women (Joubert-Wallis & Fourie, 2009; Morrell et al., 2009), creates this male domination. GBV can be explained through this mindset. In order to feel powerful, men can use sex to assert power over women. Men gain power by treating women like 'sex objects' and use violence as a means to reinforce their power (Shefer et al., 2000).

In studies done by Wood, Maforah and Jewkes (1996), girls' responses to sexuality indicated that it is a service to male sexuality and that these girls are aware of power inequalities. They also indicated that it is extremely difficult to resist this power due to peer pressure and the fear of GBV. Hand in hand with patriarchal power is a social mechanism which makes women prone to HIV/AIDS, as they are unable to negotiate safe sex due to their lack of power (Wingwood et al., 2006).

It is a common understanding that men are the protectors of safety in society. However, research indicates that women are extremely vulnerable and susceptible to GBV (Morrell, et al., 2009). Men are physically stronger and stereotypically cultivated to protect women. However, in a society filled with patriarchy, men who desire power and control can resort to GBV in order to achieve this. School is part of a community and reflective of behaviour patterns within society. Thus culture, patriarchy and unequal power dynamics are the most common explanations for school-based sexual harassment.

4.3.3.3 *Learners have a sound understanding of what can be done to address gender-based violence*

Participants in this study had a sound understanding of how to address GBV in school. In the above videos victims were not disempowered due to male power, and helplessness didn't overshadow their sense of agency.

Participants specified a need for a whole-community approach in dealing with the problem. This included the need for the school, parents and members of the police force to become more involved. Victims themselves showed a willingness to resist GBV by saying 'no', reporting abuse and speaking out about the problem. Lastly, victims pointed towards the importance of having peers to assist them and the need for peer counselling.

Regrettably, school safety is no longer only the responsibility of the principals, the school management team, or governing body, but is now seen as the responsibility of the whole community, specifically parents and members of the South African Police Services (SAPS) (Van Jaarsveld, 2008). Intervention from educators, parents and police is critical in dealing with violence in general and GBV in particular (DoE, 2001a).

Participants indicated that more than being protected with fences, cameras and security staff, they still have a need for parental and police involvement and for them to take responsibility for their safety. If parents and the police are aware of the full scope of the problem of GBV they might be more empathetic towards victims. An absence of parental and police responsibility could thus provide an indication as to why victims revert to and choose to remain silent about abuse. Unfortunately, parents or the police do not always support and believe victims, and might often be inefficient or unable to help the abused (Dastile, 2008).

In these six videos, participants thus gave a voice to 'a silent problem'. It started by just telling someone about the abuse, breaking the silence and acting pro-actively against perpetrators (De Wet & Palm-Forster, 2008). They did so through reporting the perpetration, addressing the problem in school assembly and forming support groups, all of these with the aim of addressing GBV in school.

It is important to break the code of silence, as herein lies the agency of the victims. The resistance shown by participants indicates a need, attempt and effort made to change their current social structure (Shefer et al., 2000). Even though "speaking out" against GBV is a complicated matter, they simulated actions of reporting crimes and showed bravery and no fear of vengeance from perpetrators (Rape Survivor Journey, 2010).

Peer support, evident in most of the videos, is a very effective way of addressing GBV. Through peer assistance most victims managed a sense of negotiation and communication, which promoted equality among learners. Peers assisted their female friends to be assertive in reporting perpetration and confronting the perpetrator. These learners acted in accordance with their rights, and participants drew on their strengths in order to challenge GBV (Shefer et al., 2000). Taking ownership of one's health and taking the initiative in solving problems is exactly what Visser (2007) believes empowers victims or the socially marginalised, and is needed to improve relationships and the whole school climate.

In all of these videos, it is evident that the girls' problems weren't theirs alone. Gender equity is thus found in everyone's willingness to assist, similar to the traditional beliefs of Ubuntu, which means: 'I am because we are.' This attitude builds social capital and a whole community that is gender-inclusive (Moletsane et al., 2009).

4.4   CONCLUSION

In this chapter I presented and discussed the findings of the participatory video process involving grade 9 learners from two secondary schools in rural Vulindlela, KwaZulu-Natal, exploring "What makes you scared at school?" "What GBV do you experience at school?" and "What can you as learners do to address these issues?" Using participatory video, participants from this rural setting had the opportunity to bring into the open issues affecting their safety at school, and also encouraged learners to become agents of change by putting forward some solutions. Being involved in this participatory video process also provided participants with video-making skills as well as space to voice their experiences of GBV in schools (Moletsane et al., 2009).

The relationship between GBV and HIV/AIDS infection rates is a given, and needs urgent address (Wingwood et al., 2006). In light of this, it is of utmost importance that intervention programmes address GBV in school (Wingwood et al., 2006). Research such as this, drawing on visual participatory methodologies, has an intervention focus which could contribute to social change.

CHAPTER FIVE
CONCLUSIONS AND IMPLICATIONS

5.1   INTRODUCTION

The study engaged grade 9 learners to explore their understandings of GBV at school as well as their envisaged solutions in addressing GBV in order to make school safe. A participatory visual methodology was used to try explore and simultaneously address issues of power faced by the marginalized research participants within a rural community.   This chapter thus focuses on conclusions and implications useful in addressing GBV at school.

Evidence that links GBV and HIV/AIDS among adolescent girls is on the increase (Managa et al., 2007). GBV, which is a leading cause for the spread of HIV/AIDS, is not sufficiently dealt with at school. The feminisation of HIV/AIDS means young girls are at serious risk of being infected and often the worst affected. The epidemic is indeed a 'youth crisis', and a culture of silence is exacerbating the situation. The whole community, parents, school and the police have a responsibility to communicate sexuality to their children and talk about rights, choices and responsibilities (Wilbraham, 2009) and, more importantly, to protect them.

The participants in this study indicated an admirable sense of agency to tackle GBV in their schools. This study also emphasizes the importance of tapping into youth voices.

5.2   KEY FINDINGS

In this section I offer a summary of the findings per theme and then go on to include, in each theme, implications for the DoE, community, school and learners.

5.2.1 Girls' bodies as sites for gender-based violence at unsafe school sites

Schools, which ought to be havens for learning and safekeeping, are often the places where sexual harassment and intimidation take place, as has been revealed in the findings. For many male learners masculinity is associated with male power, and they often act on this by sexually harassing girls at school and using their bodies as sites of GBV.

In order to protect girls in school, a comprehensive plan for safety is needed. This is possible by involving the whole community; having a "safe school programme"; creating appropriate school policies, specifically a Sexual Harassment Policy; and safety and security measures to protect and keep all learners - but more specifically girls - safe.

5.2.1.1 Involving the whole community

To make girls feel safe at school requires the input and implementation of the whole community. This includes the DoE, the School Governing Body, School Management Committee, all parents, learners, police, and the community in general (Van Jaarsveld, 2008). Current school policies regarding GBV and sexual harassment could be failing due to lack of support from the whole community. For policies to take effect, the whole community should have opportunities to make input into the policies and to think or talk along the lines of gender safety and protecting girls from GBV (Moletsane et al., 2009). Smit (2007) provides a frame when planning for safety in school, which includes a climate of agency where every person involved in the school should play a key part in ensuring a safe school.

5.2.1.2   *Having a safe school plan*

Every school should ensure that a plan is in place to protect all learners. The first step, according to Smit (2007), is incorporating practical steps that include the following. Firstly, targeting the troublemakers, usually a small group, and supervising them according to a plan. This could help prevent them from further victimising themselves and others. Secondly, punishment for low-level harassment could include writing an apology letter to the victim, removing privileges, temporarily redirecting learners to a different supervised location (for example, outside the principal's office) and, in extreme situations, transferring the learner to a different school. The crime should be reported to the police in the case of a criminal offence such as rape or sexual assault (DoE, 2001a).

5.2.1.3   *School policies*

The next clear step in a "safe school programme" is developing and implementing school policies. These are excellent for raising awareness, managing and preventing GBV and creating safe schools for girls (DoE, 2001a). Policies should outline grievance procedures to effectively handle complaints of GBV, include definitions of sexual harassment and its different forms, articulate who is in charge of dealing with reported cases, and describe the way in which the cases should be handled, including formal and official reporting to the police, and informally by seeking help from a counselor or health official (DoE, 2001a). The aim of the policy should be to aid victims, provide confidentiality, as well as consequences for the offenders, like immediate expulsion or suspension (Dastile, 2008).

School policies regarding safety should clearly disapprove of any behaviour that hurts girls or is conducive to the transmission of HIV. The school code of conduct should reject racism, sexism, touching or humiliating behaviour (DoE,

2001a), and address GBV and sexual harassment in order to help ensure girls' safety at school.

5.2.1.4 *Gender-based violence/sexual harassment policies in safeguarding female learners*

The DoE (2001a) clearly indicates that policies addressing GBV at schools should have the following legislated: respect for girls; the elimination of gender discrimination; zero tolerance towards GBV and sexual harassment; and the right to mediation, assistance, protection and counselling with regard to such acts (DoE, 2001a).

With the aim of protecting female learners, a sexual harassment policy is pivotal and should aim to address GBV in order to eradicate it. The sexual harassment policy should be in line with the Employment of Educators Act, Code of conduct for learners, South African Schools Act and the Constitution. It should indicate clear reporting procedures and clear stipulations about dealing with both the victim and the perpetrator (DoE, 2001a). A Sexual Harassment Policy should cover all members of the school community, as everyone should be involved in implementing and adhering to the policy (DoE, 2001a).

The policy must define GBV and sexual harassment. The aim should be to increase personal safety and outline the consequences of perpetration. The policy should have clear guidelines on how to report harassment, and learners should be advised to talk to the offender in the presence of an educator or peer, as was done in some of the participants' videos. A note documenting the date and time of the meeting, the name of the offender, a description of the incident and a record of the conversation should be kept in the event that a formal complaint is necessary (DoE, 2001a). If this takes effect, it could help reduce the risk of GBV in schools and perhaps in larger society as learners become more

sensitive and responsible, so ultimately the quality of life could improve for all citizens (DoE, 2001a).

In order for this to happen, the school should have a sexual harassment contact counsellor. The sexual harassment contact counsellor must inform the principal, who should be in charge of all outcomes (DoE, 2001a). With regard to low-level harassment, the sexual harassment counsellor will be in charge of the paperwork regarding all disciplinary action according to the school's GBV/sexual harassment policy (DoE, 2001a). The consequences for the perpetrator should be determined by the seriousness of the act, the perpetrator's history, persistence of behaviour as well as ages of the perpetrator and victim. There should be a possible appeal process for the alleged perpetrator, with a possibility of review investigation in the case of irregularities (DoE, 2001a).

5.2.1.5 *Safety and security measures to protect girls at school*

Physical safety and security measures are the last of my recommendations in order to protect girls from GBV at school. The era where we only need to protect school property is over. The emphasis is now focused on protecting the learner, especially the female learner (Van Jaarsveld, 2008). Safety measures include: fences, gates, burglar bars and cameras. It would be advisable if the school keeps a record of who enters and exits the school premises. Visitors should receive a visitor's card and be escorted to the appropriate destination and back out of the school area (Van Jaarsveld, 2008). Unfortunately, not all schools can afford the necessary security measures, and ultimately poorer schools in the rural areas would need funding from the DoE or other sources (Van Jaarsveld, 2008).

5.2.2   'Keepers of safety' are perpetuating gender-based violence at school

Even though it is commonly thought that men are the 'keepers' of safety in society, GBV is affecting learners' safety at school. Peers' sexual harassment towards girls was common throughout the participants' videos. Peer pressure and male power issues make girls vulnerable to GBV. Instead of assisting girls, male educators can exacerbate the factors perpetuating male violence in schools. A male-dominated and patriarchal society not only causes unequal power dynamics, but exacerbates intimate partner violence and women being viewed as sexual objects (Morrell et al., 2009).

In order for schools to restore the male image of men as protectors of safety, implies the following: educators should take on their obligation to protect learners; serious reformation needs to be in place to deal with educators' sexual misconduct; school counsellors should assist in learner safety; and effective sexuality education and workshops to address patriarchy and gender.

5.2.2.1   Educator involvement

Educators should take on the responsibility and accountability to protect learners from GBV. Educators play a pivotal role in dealing with GBV at school. Two statutory laws in fact make it compulsory for educators to report abuse: 1) the Child Care Act No. 74 of 1983; and 2) the Prevention of Family Violence Act No. 133 of 1993. These laws indicate that anyone taking care of a child and who suspects abuse must report this directly to the police, welfare or a social worker (DoE, 2001a).

As stipulated in the school policies, educators should teach learners skills such as what to do when harassment and GBV take place. It should also define the different forms of harassment; develop a code of conduct according to the school

policies, and help create a climate of trust free from stereotypes. Educators should do everything in their power to secure learners' safety at school. Male learners should be discouraged by educators from partaking in harmful cultural and patriarchal practices such as peer sexual harassment and intimate partner violence, they should also be well informed of the consequences of such action as stipulated in the school policy. Female learners should be encouraged by educators to report incidents of GBV, and to talk about sexual harassment and so break the shackles of silence (DoE, 2001a).

5.2.2.2 *Guidelines for educator misconduct*

Unfortunately not all educators value learners' safety in the same manner. All educators have received training on appropriate conduct and ways to prevent misconduct. However, some educators are guilty of educator sexual misconduct. According to stipulations from the school policy, the principal must be the intervener, step in and take control of the situation to protect learners' safety. In the school policy the educator should be recommended to attend counselling and a letter outlining the outcomes must go in his staff file (DoE, 2001a). If the educator is found guilty of sexual harassment, he or she must be removed temporarily from the classroom or the school. A dismissal is allowed if the staff member is convicted. If a criminal offence has occurred, the educator must be reported to the police (DoE, 2001a). Provincial Departments should have a zero tolerance policy towards any educator misconduct, and SACE should promote educator professionalism in this regard (Prinsloo, 2006).

5.2.2.3 *School counsellor involvement*

Unfortunately, not all schools have school counsellors. According to the DoE (2001,a) school counsellors could play a vital role in keeping girls safe at school, especially if teachers are unwilling or unable to address issues of GBV. They are in a position to implement school safety and sexual harassment policies.

Furthermore, they have the opportunity and job responsibility to counsel learners privately and to screen them for any abuse. Not only can counsellors identify abuse, but they should provide support and insight into perpetration. School counsellors are in a position to provide information and skills that could modify behaviour and improve sexual health in schools. Furthermore, they can start and monitor peer counselling programmes (which will be discussed later) (Taylor et al., 2003).

School counsellors are at the heart of prioritising girls' safety at school, and should possess the following qualities and adhere to the following criteria: Firstly, confidentiality and privacy need to be advocated. Learners' cultural social systems, gender perceptions, religion, the current teen culture and experiences of sex (Kluge, 2006) all make up an interwoven part of the counselling process. Counselling must be an ongoing guidance and teaching process. Teachings should include communication techniques, especially sexual communication and how to negotiate needs and wants with partners (DoE, 2001a).

School counsellors should be considered as a serious requirement of every school. They are trained in understanding identity development and character formation and identifying areas of concern which need addressing (Smit, 2007). Victims of GBV need to know they have support, emotionally and spiritually. Recent research suggests that there is a lack of psychological support in our education system. If counsellors are present for learners (Van der Westhuizen & Maree, 2009), it might alter the current status quo of GBV in schools since the victims will have more support.

5.2.2.4 Sexuality education

Addressing GBV through education is vital in order to protect female learners. Male power, patriarchal societies and a cultural acceptance of abuse means men who are supposed to protect women now have the license to abuse them. This

is due to a cultural acceptance of patriarchy, and it robs women of their agency and prevents them from fighting back against GBV (Vetten & Bhana, 2003).

Sexuality education might be the answer to the safekeeping of female learners from GBV. Sexuality education that promotes the ABC principles and frowns upon harmful cultural and social systems could well lead to safer sexual decision-making, promote responsibility and increase sex-related knowledge. This could delay early sexual activities as well as curb GBV (Khoza, 2004).

Sexuality education could break the social shackles of male perpetration, provide female adolescents with strategies to be assertive and safe, and teach them how to control reproduction. It can challenge aggressive expressions of masculinity that increase the risk of abuse and ultimately HIV infection (DoE, 2001a). Awareness and negotiations will increase condom usage dramatically. Studies indicate that younger adolescents who have sex are more likely to have unprotected sex and are biologically more vulnerable to infections due to their bodies' sexual immaturity (Kluge, 2006).

A study regarding adolescent learners' perspectives on safer sexual practice indicated that people should be educated to protect themselves. Sexuality education can provide the information to learners to protect themselves to avoid sexual activities at an early age, get tested for HIV and do regular health tests (Khoza, 2004). Ultimately sexuality education should boil down to two fundamental basics: firstly, promote abstinence and teach the importance thereof; and secondly, if learners are already sexually active, teach safe sexual practices, being faithful and promote the use of condoms (De Villiers & Kekesi, 2004; DoE, 2001a).

Sexuality education should be a part of everyday school life activity. This should include posters and pamphlets on HIV/AIDS, voluntary counseling, and the availability of condoms (Kluge, 2006). Sexuality education should move beyond providing the facts or instilling fear. It should aim to empower adolescents about

their sexual choices and their sexual health. It should take form through a comprehensive approach that not only provides knowledge but encourages development through positive attitudes and self-esteem and provides skills to cope with negative social and cultural norms (Kluge, 2006).

Sexuality education could be the key to addressing issues of patriarchy that allow men to abuse women as opposed to protecting them. Sexuality education can be viewed as a reinforcement in providing learners with practical steps in making responsible choices for their sexual health (Khoza, 2004). Sexuality education should already be implemented in primary school so that learners can be equipped with all the facts, which should be reinforced and elaborated on in high school (Kluge, 2006).

5.2.2.5 Workshops to address patriarchy and gender

Because GBV in school is a product of a patriarchal society and is influenced by culture and laced by male power, it is therefore important to rely on strategies that do not just involve school learners but everyone in the community. Patriarchal male power, culture, GBV and HIV/AIDS are everyone's concern, and addressing them means involving everyone within the community. Well-planned, organised and detailed workshops conducted by community leaders in health care, education and justice could be useful in bringing about social change.

It is women's vulnerability towards GBV that calls for developmental programmes and workshops. Women's safety and security is typically the responsibility of males; however, patriarchy has made it all too easy to abuse women, and for this reason workshops should be implemented. Workshops on manhood, anger management, GBV, sexual harassment, intimate partner violence, low-level harassment and the legalities surrounding perpetration, to name but a few, can help to eradicate the patriarchal male power problem. Patriarchal masculinity includes issues like living dangerously, abusing alcohol and using drugs,

engaging in violence and unsafe sexual practices, and in light of women's safety, this mindset should not be tolerated. We need to educate men and boys in upholding and valuing women's safety (DoE, 2001a).

Masculinity does not equate to violence and a man does not need to resort to violence to prove his worthiness (Gear, 2009). These workshops can illustrate examples of abuse, provide statistical information on the problem (Managa et al., 2007), advocate human rights and allow for a remediation plan and support. Training should include the following: sexual communication, anger management, the nature and forms of GBV and legalities surrounding rape, intimate partner violence and low-level harassment (Vetten & Bhana, 2003). This behaviour is present in everyday school life and needs drastic reform and remediation for effective sexual education to take place.

The focus of these workshops could also include youth development and leadership skills, transformation, being an ideal and effective learner, communication, conflict management, GBV and how to ensure a safe school (DoE, 2001a). Other factors to help young men avoid violence include building sound relationships and communication skills, and a supportive home environment consisting of a positive male role model. This means the workshops should not be limited to school-going learners - again the importance of including the community should be stressed in development workshops (Clowes et al., 2010).

Participatory workshops promoting skills development for both parents and youth, so that they can challenge social/cultural norms detrimental to their health and promote positive interactions within the community (Wilbraham, 2009), are therefore recommended in dealing with patriarchal masculinities. Training will empower parents, teachers and community members, since studies indicate that parents play an enormous role in teaching sexuality education. Training will assist in promoting sexual safety, moral values, condoms and contraception

usage and delaying onset of intercourse, leading to fewer unwanted pregnancies and HIV/AIDS infections (Khoza, 2004).

5.2.3 Learners have a sound understanding of what can be done to address gender-based violence

Participants in this study indicated various strategies they can employ in order to combat GBV in school. These learners were aware of their own agency with regard to dealing with GBV, which included involving the parents, speaking out against abuse, addressing the problem in assembly, confronting the perpetrator and forming support groups. Victims managed to achieve a great deal of bravery and results through the help of their peers. Participants' video productions offered insights into their envisaged solutions. There envisaged solutions have some implications, which I next discuss.

5.2.3.1 Parental involvement

The need for parental involvement was evident in three of the six videos. Parents, just like learners, need to know what GBV is and its consequences (Van der Westhuizen & Maree, 2009). Parents have the primary responsibility to provide sexuality education to their children; however, in many cultures talking about sexuality is taboo - even though many teenagers are sexually active (Khoza, 2004). This also makes it difficult for parents to talk about GBV.

Research indicates that parental involvement is inadequate in helping educators and learners deal with violence, and they should take responsibility for their children's actions and safety (Van der Westhuizen & Maree, 2009). Parental involvement includes higher-quality parental involvement and open communication regarding sexuality (Kluge, 2006). Parenting styles also need to be more supportive and warm, and less intrusive and coercive (Swart & Bredekamp, 2009), demonstrating being good role models.

Good parenting dynamics involve closeness, support, communication, interest in children and monitoring their activities (Wilbraham, 2009). Often adolescent problems are attributed to poor parenting, lower socio-economic status and disadvantaged neighbourhoods (De Villiers & Kekesi, 2004). In order to work towards this, implies that schools offer parenting classes conducted by either the principal or trained community leaders, also teaching how to support their children when they report GBV.

5.2.3.2 Police involvement

Victims often don't report abuse because the police officers are often insensitive and judgmental, especially if the rape is due to intimate partner violence. Strict accordance to the Domestic Violence Act must be followed, which means assisting the victim and the serving of protection orders. Failure to act on suspected misconduct means the police official will face a disciplinary hearing (Dastile, 2008). Investigation from the police should involve interviewing the victim, the alleged perpetrator and any witnesses with confidentiality and sensitivity. Police should also work with a timeline, ensuring prompt investigation and action.

Attending to the needs of victims includes personal safety and ensuring the victim's injuries are attended to and that they are referred to counselling, being non-aggressive and non-judgmental, patient, understanding and supportive (Dastile, 2008). In order to achieve this, I suggest the implementation of a 'safe school' programme in the police services, where the police do routine checks at schools as well as offering their assistance by talking to learners during assembly about safety and GBV. Adopt-a-Cop' is a programme that invites the South African Police into schools to assist with training and security on topics like drugs, weapons, gangs and GBV (Van Jaarsveld, 2008), and is another good initiative.

5.2.3.3   Healthcare providers

It is important to note that GBV is also a health/wealth problem, since treatment of victims' injuries can amount to great economic costs (Van Jaarsveld, 2008). If trained properly, healthcare workers could do check-ups and provide great assistance to schools. They could work in close cooperation with schools, educators and school counsellors and provide services, advice and management on safe sexual practices.

Managa et al. (2007) point out that healthcare workers can routinely assess female learners for abuse and provide condoms, advice and education to improve their health. However, these people also would need the appropriate skills to screen for abuse as well as the emotional barriers that could prevent disclosure. They can provide valuable information to victims and reassure them that they are not alone. I therefore recommend the implementation of health care in schools. Healthcare workers could have 'mobile' offices and could visit schools on a routine basis.

5.2.3.4   Learners' agency against gender-based violence

Participants in this study indicated that they are well aware of their agency and what can be done to address GBV. In order for learners to speak out, there should be a conducive school climate, created by the school community that encourages this. The involvement of the whole community could help victims receive the necessary support to speak out against sexual harassment and blame the perpetrators for their deeds, instead of internalising it as a fault of their own (De Wet & Palm-Forster, 2008).

5.2.3.5 Sound educational programmes to assist learner agency

Education programmes must embrace two aspects. Firstly, learners should have a say in what they desire from these programmes; they are more aware of their situations and needs than anyone else. Secondly, they should be actively involved in these programmes through representation and participation (Kelly, 2002). The programmes should also be health-enhancing, promote sexual development, include ways of how to resist peer pressure to have sexual intercourse, and educate learners in finding other, non-sexual ways of showing affection. Programmes should be inclusive of culture, social systems, views on sexuality, gender and power relations, as well as forms of discrimination (Khoza, 2004). Culture and the dynamics of sexual violence need to be taken into account in order to tackle the problem (Gear, 2009). Therefore sexuality education cannot be isolated from the school and the community in which it is found. This implies that peer education and peer counselling programmes need to be in place to assist in facilitating learner agency.

5.2.3.6 Peer education programmes assisting learner agency

Peers and friendships are central in the lives of learners. All of the participants' videos indicated the need for peer support, since victims relied a great deal on their friends for support. This included confronting the perpetrator, reporting the abuse, and addressing the school in assembly or by forming a support group. The victims of GBV often confide in peers before adults, as evident in these videos. It is important then to build the capacity for learners to help one another through peer education (De Wet & Palm-Forster, 2008). Peers educated on GBV could be an invaluable support to victims who might already be traumatised or unsure of what to do (Cowie & Olafsson, 2000). The WHO therefore suggests education programmes that focus on peers to promote equitable gender and sexual relations (2005). Involving peers is most important as peers listen more

eagerly and hear one another intuitively, communicate in the same language and encounter similar problems regarding GBV in schools (Kelly 2002).

Peer education means 'selected' young people are trained in listening skills, being empathetic, problem solving and supportiveness. Peers can provide resources, information, skills and caring. Peer knowledge and understanding can be shared in a common language. Peers can be positive role models for one another, and learners are more likely to change behaviour if their trusted peers change theirs (Visser, 2007). These skills could be further emphasised and taught through the Life Orientation Curriculum by stimulating class discussions around these topics as well as incorporating participatory approaches such as video production (Morrell et al., 2009; Swart & Bredekamp, 2009).

The aim of GBV peer education should ultimately be to assist victims in their agency to fight back against GBV, to postpone sexual relations and promote safe sexual practices. Peer education in a number of studies have indicated GBV support with a higher level of knowledge, changed attitudes and self-efficacy and ultimately changed sexual behaviour (Visser, 2007).

5.3   LIMITATIONS OF THE STUDY

The following are considered to be limitations of this study:
- The number of participants was limited to only 30 adolescent learners, but being a qualitative research design which does not aim to generalise, this was deemed sufficient.
- Although the learners were allowed to use their mother tongue (isiZulu) in the videos, they opted to use English, which limited their expression.

5.4   IMPLICATIONS FOR FURTHER RESEARCH

Further research is suggested in the following areas:

- Developing a specific peer education programme and evaluating its efficacy in addressing GBV.
- Exploring male adolescents' understandings of patriarchy.
- Exploring the lives of male educators who engage in GBV at school.
- Exploring the use of participatory visual methodologies in addressing sensitive issues around gender-based violence and HIV/AIDS.

5.5   CONCLUSION

Research indicates that GBV is a big concern in the spread of HIV/AIDS (Frank, Esterhuizen, Jinabhai, Sulivan & Taylor, 2008) in South Africa. This research found GBV to be prevalent at school and that patriarchy and its power dimensions played out at school, provided the context for men - male educators and learners - to misuse their position and power, exacerbating the situation even further. In order to change this situation men need to be engaged to become gatekeepers of safety rather than perpetrators of GBV.

The challenge for schools is to look at policies and strategies through a gender lens and to draw on political commitment, expertise and resources to respond to the urgency of addressing GBV at school (Colclough, 2004), and importantly to listen to the voice of the youth.

Currently the most successful prevention and intervention programmes involve comprehensive whole-community approaches. As indicated, addressing GBV effectively means that everyone shares responsibility in solving it. Thus a whole-community approach includes sound school policies around safety and sexual harassment, reliable and well-trained educators and school counsellors, developmental community workshops and involved parents, police and health

care workers, as well as educational programmes that include peer education to enable learner agency against GBV (Swart & Bredekamp, 2009).

5.5   FINAL SYNTHESIS

This study reflects findings which mostly concur with local literature, but has contributed to the knowledge base with regard to GBV in rural South African schools. More specifically, though, it looked at addressing GBV in schools and the results of this study can contribute to the understanding of GBV faced by many girls in school. The strength of the study lies in its methodology. Using participatory video not only enabled the generating of data but also created the space for the participants to discuss problems close to home and more importantly, to consider how to address them. This touches the essence of participatory research, enabling awareness of own agency to be raised.

The social phenomenon of GBV in school proves to be complex and problematic, and for this reason a host of intervention strategies were recommended. The results of this study, i.e. the voices of youth, can contribute to helping school and community better understand the nature of GBV in school. More importantly, the research could help participants to make positive changes in their own lives and those of others. This involves a 'mental awakening' - becoming aware of feelings, beliefs and values the participants were previously unaware of - leaving them, at the end of data generation, with richer insights and a need to make a positive contribution to their well-being (Swart & Bredekamp, 2009). This mental awakening was present when one of the participants concluded in the production text:

> *"The message that we are trying to express is a message of … of expressing ourselves as girls. Boys force girls to have sex with them and threaten them with weapons. So us, we wanted to give a message that we must tell the facts and say we don't like that thing and that is it".*

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APPENDICES

APPENDIX A

Learner Participant Assent Form

Dear Participant (Learner)

ASSENT TO PARTICIPATE IN A RESEARCH PROJECT

I am an M Ed student at the University of KwaZulu-Natal, and I wish to undertake research at your school regarding gender-based violence in the age of AIDS and I hope to explore not only your understanding regarding this topic, but moreover your solutions to address gender-based violence in school.

In order to do my research I will engage 15 learners, who are currently in grade 9 to come to a workshop on a Saturday the 14th of March 2009, from 09:00 – 15:00. Your grade 9 educators will choose 15 learners who are interested and willing to participate and who are capable of expressing themselves clearly. Your participation is voluntary and you may withdraw any time you want to

I plan to make participatory video documentaries. The day will consist of an icebreaker, in which learners will be split into their groups of five learners each. I will then lead a discussion around statistics of gender-based violence in the world, South Africa and school and will prompt you to write down key issues affecting your safety at school. These ideas will have to be brainstormed and I will ask: "How can these issues be resolved and how can you as learners address them?" Once you have finished brainstorming these topics you will choose one topic to present visually for your video documentary. You will then write a storyboard and shoot a video. Afterwards you will view the video documentaries followed by a discussion by the producers and the audience.

I ensure you that the data generated will be used for research purposes only and the video documentaries will be brought back to you for viewing. This in itself could be useful in the school context.

With this letter I hereby ask you to give consent to participate in the project.

You can contact my supervisor Prof N de Lange if further information is needed (031-2601342).

_____
Martha Bosch
Cell : 0763027780

DECLARATION

I, ……………………. (full name of learner) hereby confirm that I understand the contents of this document and the nature of the research project and I give my consent to participate in the project. I understand that I may withdraw at any time should I feel so.

Signature: ……………………………

Date: …………………………..

APPENDIX B

Parent/Guardian Consent Form

Dear Parent

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

I am a M Ed student at the University of KwaZulu-Natal, and I wish to undertake research at your child's school regarding gender-based violence in the age of AIDS and I hope to explore not only learners' understanding regarding this topic, but moreover their solutions to address gender-based violence in their school.

In order to my research I will engage 15 learners, who are currently in grade 9 to come to a workshop on Saturday the 7th of March, from 09:00 – 15:00. I will request that the grade 9 educators choose 15 learners who are interested and willing to participate and who are capable of expressing themselves clearly. Their participation is voluntary and they may withdraw any time they want to.

I plan to make participatory video documentaries. The day will consist of an icebreaker, in which learners will be split into their groups of five learners each. I will then lead a discussion around statistics of gender-based violence in the world, South Africa and school and will prompt learners to write down key issues affecting their safety at school. These ideas will have to brainstormed and I will ask: "How can these issues be resolved and how can they as learners address them?" Once they have finished brainstorming these topics they will choose one topic to present visually for their video documentary. They will then write a storyboard and shoot a video. Afterwards we will view the video documentaries followed by a discussion by the producers and the audience.

I ensure you that the data generated will be used for research purposes only and the video documentaries will be taken back to the learners for viewing. This in itself could be useful in the school context.

With this letter I hereby ask you to give consent for your child to participate in the project.

You can contact my supervisor Prof N de Lange if further information is needed (Prof Naydene de Lange :031-2601342)

_____
Martha Bosch
Cell : 0763027780
DECLARATION

I, ……………………. (full name of parent) hereby confirm that I understand the contents of this document and the nature of the research project and I give my consent for …………………(full name of child) to participate in the project. I understand that my child may withdraw at any time should he/she feel so.

Signature of parent/guardian: …………………………….

Date: …………………………..

APPENDIX C
Ethical Clearance Approval

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL : ximbap@ukzn.ac.za

28 NOVEMBER 2008

MRS. MM BOSCH (203506396)
LANGUAGE, LITERACIES, DRAMA & MEDIA EDUCATION

Dear Mrs. Bosch

ETHICAL CLEARANCE APPROVAL NUMBER: HSS/0749/08M

I wish to confirm that ethical clearance has been approved for the following project:

"Gender-based violence in the age of AIDS: Senior Secondary School Learners' envisaged solutions in two rural schools in KwaZulu-Natal"

PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years

Yours faithfully

MS. PHUMELELE XIMBA

cc. Supervisor (Prof. N de Lange)
cc. Mr. D Buchler

RECEIVED
2008 -12- 0 9
FAC RESEARCH OFFICE

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

APPENDIX D

Note of Verbal Permission from Principals

UNIVERSITY OF KWAZULU-NATAL, DURBAN
King George V Avenue
Durban 4001
SOUTH AFRICA
Tel: (031) 2601111

Re: Permission

This study falls within the NRF funded Every Voice Counts Project where consent was provided by the principals for the researchers to conduct research. Prof De Lange and I were again verbally negotiated with the principals to get permission to do this part of the project.

Mrs M. Bosch[1]

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[1] During the study my surname changed from Bosch to Geldenhuys.

APPENDIX E

Extract from the Transcriptions

Martha: "So the thing that you think, really makes you the most scared for
            you, (so no talking now), your thoughts and don't worry what the
            other one thinks, what makes you the most scared? Then you put
            your sticky dot next to that one and if you think ah…there is another
            one, put a sticky dot next to that one as well, so read the list and
            think what makes you the most scared…each one individually."

(Learners start circulating the list and soft talking erupts)

Martha: "So send the list around and everyone put their stickers down."

(Learners do so quietly)

Martha: "What we are going to do now is…you are going to tell me what
            your group decided and share it with the rest of us. Which is the
            topic that got the most stickers? So quickly look at your list, count
            it up, tally it up. Which topic did you vote to be the most scariest?
            Which makes you the most afraid at school? Count your stickers
            and say which topic did you choose" (Learners count and look at
            their work).

Martha: "Should we start with group three today? Because we always start
            with that group (points to group 1). Group three, who are you going
            to choose to be your speaker? (They look nervously at one another,
            before one girl – Precious - shoots up her hand and volunteers).
            Stand for us, I think, so we can get you nice on the camera and
            loudly, please tell us which topic received the most stickers that
            affects your safety at school?"

Precious: "The topic that I see that got the most stickers is number 2. It says like there is some other girls and boys if they don't have money to buy cigarettes or drugs, they force us to give them up, cause of money and if you don't want to give it up they give you stress like: 'I will stab you or get you.' Something like that."

Martha: "Group number two"

Pretty: "Our group chose number 6, it's not good, it's not good to be sent home while we there are still learners at school, maybe you can become raped or killed." (Sits)

Martha: "So um…it's, say, not safe to stay at school?"

Learners: "Sent!"

Martha: "To be sent to school…on your way to school?"

Pretty: "No to be sent home!"

Martha: "Oh! Group number three…the talkative girl"

Tholo: "Well it's sexual harassment. Why, because the boys at school, who touches wherever they like and that when we told them that we are going to report them they say go ahead! And report it, but you are going to get a detention and then call the parents and then I will be back at school and I will still touch you again. And that makes us feel very unsafe and it can lead to rape."