

Sexual risks amongst young African schoolgirls16-17

In the context of HIV and AIDS

BY

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DECLARATION

I, Busisiwe Mirriam Nyawose, declare that the research reported in this dissertation,

except where otherwise indicated is my original work, and that all the sources and views of authorities used throughout the research have been acknowledged.

This dissertation does not contain other person's data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

This work has not been previously submitted for any degree or examination at this or any other university.

Busisiwe Mirriam Nyawose

Date

Professor Deevia Bhana

Date

DEDICATION

This study is dedicated to God for being with me all the way and for giving me strength and patience to successfully complete this study. I humbly give honour to Jesus Christ.

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ABSTRACT

This study addresses the problem of sexual risk-taking among young African girls aged 16 turning 17 years of age and factors influencing these risky sexual behaviours. The main question that arises from this problem is: How do young African schoolgirls construct sexual risks in their social context? The purpose of this study therefore was to explore how young African schoolgirls construct sexual risk in the context of HIV and AIDS in one high school in the Pinetown district of KwaZulu-Natal, South Africa.

The research context was one high school in the densely populated township of KwaNdengezi in Pinetown district, Durban. The study comprised of 8 female participants in the 16-17 year age groups. In order to find out which factors influence young African girls' sexual behaviours, a qualitative research design based on socio-constructionist theory was used. Data were collected using semi-structured interviews.

Results of this study showed that the majority of young girls were knowledgeable about HIV and AIDS; they knew how it is transmitted, and they knew that involving themselves sexually is dangerous, which is why most of them had not done so. Some girls preserved their virginity, a good way of delaying early sexual debut. The young girls also had knowledge about preventative measures. The results also indicated that factors influencing young girls' sexual risk behaviours included, among others, partying at night, fear of their partners, culture, gender inequalities and – mostly – alcohol intake. They also revealed that there is a lack of support about sexual issues from parents, community and the Government.

This study revealed that young African school girls involve themselves in risky sexual behaviours, and experience a lack of support from parents, the community and the Government – agencies which the young girls feel can be instrumental in helping them to change their sexual behaviours. From all of

this it is concluded that there is a need for further research among young African girls aged 16 turning 17 years.

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Chapter 1: Introduction to the study

1.1 Introduction

This study explored how young African schoolgirls aged 16-17 years construct their meanings around sexuality and sexual risk in the context of HIV and AIDS.

Risky sexual behaviours put young girls' lives in danger of being infected with HIV and AIDS. Rivers and Aggleton (1999) maintain that young people are exposed to infection. According to the World Health Organisation, (2004), risky sexual behaviours account for a big number of chances for getting HIV infection.

In sub-Saharan countries, with a heterosexual HIV epidemic, the prevalence in women climbs steeply in the late teens (Jewkes & Morrell, 2010). "In KwaZulu-Natal it is estimated that among 15-19-year-olds, 15.64% of black African females are likely to be HIV positive compared to 2.58% of black males" (Reddy & Dunne, 2007, p. 162).

These statistics about young girls who are infected made me concerned, and I wanted to find out why young African girls are at such risk of contracting HIV. It also focused my attention on gaining an understanding of how they construct sexual behaviours in their social context.

The purpose of the study, rationale, methodology and research design, theoretical framework which guides the study, context, sampling and ethical issues are outline

1.2 Rationale

My interest in conducting this study is based on my observation of sexual risk behaviours amongst young African school girls between 16 and 17. My school and the community are faced with the challenge of pregnancy and HIV infections which climbs steeply among young school girls between this age group. The escalating rate of these sexual risk behaviours has necessitated an investigation to find out what these young girls perceive as sexual risk behaviours. The major reason why I am conducting this study is to find out why young school girls involve themselves in sexual risk behaviours while they are aware of all the negative consequences which are ahead of them.

The study provided an in-depth understanding of the sexual risk that young African schoolgirls are faced with. Despite all the knowledge and information girls have on sexual risk and HIV infection, young African schoolgirls still find themselves at sexual risk (MacPhail & Campbell, 2001).

MacPhail and Campbell (2001) highlight that the rate of transmitted HIV infection is high among young people in South Africa. Leclerc-Madlala (2002) confirms that South Africa is recognized as being overwhelmed by a threat for acquiring HIV and AIDS. Leclerc-Madlala (2002) recommended that studies intended to find out how adolescents are exposed to HIV are fundamentally important.

That is why I would like to know what influences sexual risk-taking among African schoolgirls. Development behaviours occur in a social setting. This study explores the youth in a specific social context. Social setting refers to background and the influence of friends, community and the school. According to MacPhail and Campbell (2001), there is evidence of the existence of dominant social norms, which place young people's sexual health at risk, as do peer and gender pressures.

1.3 Focus and aim of the study

The study focused on young girls' experiences of sexual risk behaviours and the factors they viewed as putting them at sexual risk. The aim of this study was to explore how young African girls construct their sexual risk behaviours in their natural setting, which is the school, and to capture data about their lived experiences. Another purpose was to understand why young girls engage themselves in sexual risky behaviours despite all the information they have about HIV and AIDS and its negative effects.

1.4 Problem statement

There is poverty, high rate of pregnancy and sexually transmitted infections among young girls in the KwaNdengezi community. I have been aware of young girls' risk-taking behaviours and the challenges that young girls are faced with. Young girls may still be taken by force from their homes (*ukuthwala*), which is an African tradition. What is not known is why they involve themselves in risky sexual behaviours.

Finding out what factors influence the construction of sexual risk-taking behaviours among young African schoolgirls aged 16 - 17 years is vital to providing insights that might contribute towards solving this problem.

1.5 Key research questions

The key research questions in this study were as follows:

1. What do young girls regard as risky sexual behaviour?
2. Why do young girls engage in risky sexual activities?
3. How is gender connected to sexual risk?

1.6 Theoretical framework

My study aims at investigating how young African girls discuss sexual risk in the context of HIV and AIDS in a township context in Durban. The literature that will assist me is located within sexuality, power and social constructionist theoretical framework. Drawing on gender power is important here. The ways in which men and women negotiate sexuality draws from power relations. Historically women have been mostly viewed as powerless and voiceless in our communities. Much of the reason why HIV and AIDS affect young women disproportionately is based on unequal gender relations and inability to control sexual relations. According to Holland *et al* (1990), sexuality does not only mean sexual practices but also what people know and believe about sex and it is socially constructed. In collaboration with MacPhail and Campbell (2001), Holland *et al* (1990) states that the inequality of power in sexual negotiations reduces the amount of control which young women have over the practice of safe sex. Jewkes, Morrell and Christofides (2009) noted that gender power inequalities constrain young women's sexual choices. This is supported by Holland *et al* (1990) who argued that if we are to understand young people's sexual relationships we must attend to the power relations within which sexual identities, beliefs and practices are embedded. Jewkes and Morrell (2010) state that gender power inequality in relationships and intimate partner violence places women at enhanced risk of HIV infection. They also said that "Men who have been violent towards their partners are more likely to have HIV". Jewkes and Morrell (2010) also state that in South Africa, while gender identities show diversity, the dominant ideal of black African manhood emphasizes toughness, strength and expression of prodigious sexual success.

1.7 Context of the study

The school is located in the densely populated KwaNdengezi Township south of Durban. KwaNdengezi Township includes cluster houses as well as Reconstruction and Development Programme (RDP) houses



Map showing the area of the study

KwaNdengezi is surrounded by rural and semi-rural areas. KwaNdengezi was a rural area before development, and there were no schools in the area. This was the first school to be developed in the area and a crisis centre.



RDP Houses



Cluster Houses



Most of the learners come from KwaNdengezi and the two neighbouring areas of Zwelibomvu (a semi-rural area) and Emangangeni, which is a formal settlement. Seventy per cent of the students walk to school and those who stay far from school take buses and taxis to school. The school has a population of 890, of which 380 are boys and 510 are girls. The school has 18 teachers, of which 11 are male and 7 are female educators, including a male principal and female deputy principal. The school starts from Grade 8 up to Grade 12. The total number of classes is 16. Grade 11 has three classes. The participants were chosen from these classes. The school had a pass rate of 90% for the 2009 matric examination. This is a well developed school with many resources and good infrastructure. It has a laboratory and a computer room with 20 computers donated by Smith and Nephew Company in Pinetown. There is a netball and tennis ball field next to the administration block. The

playgrounds are 2 km away from the school.

1.8 Research design and methodology

Mouton (1996) states that the main function of the research design is to enable the researcher to anticipate what the appropriate research decisions should be so as to maximise the validity of the results. To gain a better understanding of how young girls construct sexual risk and what they view as sexual risks, choosing an appropriate design that would capture their information was vital. Qualitative research methodology and an interpretive paradigm utilising semi-structured interviews were deemed suitable to collect data for this study.

My interest was in how young African girls construct sexual risks and how they explain their engagement in these sexual behaviours. Answering these questions would call for a qualitative design. Qualitative research is defined by Creswell (1998) as an inquiry process of understanding that explores a social or human problem, based on building a complex, holistic process formed with words, reporting detailed views of informants and conducted in a natural setting. Maree (2007) concurs, and states that a qualitative mode of inquiry assists in understanding the school and the cultural context in different ways.

According to Babbie and Mouton (2001), an interpretive paradigm is primarily directed towards understanding, gaining meaning and understanding individuals in terms of their own interpretations. The research is interpretive because it enabled me to capture the participants' experiences of sexual risk-taking in their school using a qualitative method.

1.9 Sampling

My intention was to intentionally select the participants in order to understand and provide in-depth information for the study (Creswell, 2005) so purposive sampling was used. Cohen, Manion and Morrison (2007) indicate that in purposive sampling the researcher makes a specific choice about which people to include in the study. Maree (2007) says that qualitative studies focus on small-scale studies with a small sample, but aim at in-depth understanding of a phenomenon.

Eight female participants were purposively selected from a Grade 11 class. The reason for selecting a sample was to get information related to a study. According to Wiersma and Jurs (2009), the reason behind decisive sampling is to get information based on cases that studied intensively, there is no guess that those who are chosen will give the same information, but there is a belief that they have enough information. Cohen, Manion and Morrison (2000) added that researchers build up a sample that is satisfactory to their specific needs. Lunenburg and Irby (2008) further added that if you carry out a qualitative research, you should choose participants who will give you the kind of information that will accomplish your intention.

1.10 Ethical issues

Ethical clearance was granted by the University of KwaZulu-Natal Ethics Committee. It was critical that ethical issues be taken into consideration since the research was going to be conducted with young people aged 16-17 years. A letter stating the focus, aims and the potential benefit of the research was provided to all participants. Permission from the gatekeepers of the research site was also obtained, as was consent from parents of each child who volunteered to participate in my study by writing to them.

Participants were given letters of consent to sign containing the details of the study. Confidentiality and anonymity were stipulated in the consent forms. Pseudonyms were used to protect the anonymity of the participants and the school's name in the report. Participants were told that they can leave the study whenever they feel they no longer wanted to participate. They were also made aware of the sources of referral available should anything come up during the interviews that made them feel the need for counselling.

1.11 Conclusion

This chapter provided the reasons for exploring how young African schoolgirls construct their sexual risk-taking behaviours in the context of HIV and AIDS. The contexts of the study, purpose, theoretical framework which guided the study and ethical issues have been presented. The participants' responses indicated that there are factors that influence their sexual risk behaviours. The next chapter presents international and national literature reviewed regarding how young African schoolgirls aged 16-17 years construct their risky sexual behaviours in the context of HIV and AIDS.

Chapter 2: Literature review

2.1 Introduction

“International studies have shown high levels of risk-taking behaviour among young people” (MacPhail & Campbell, 2001, p. 1613). In spite all the information and knowledge that they have, young people still put their lives at risk and become vulnerable to HIV and AIDS. Jewkes & Morrell (2010) state that the rate of HIV epidemic in Saharan African is high among young women. . According to UNAIDS report (2010), in Southern Africa there are three young women infected with HIV for every two men who are infected. This difference is most distinct in the 15-24 age groups. This study attempted to find out why young African girls are at such risk, and also focused on how young African schoolgirls construct sexual behaviour.

There is a concern around the world about the increase in young girls’ sexual risk. The literature will show how these girls are put at risk, and it will also show that there are girls who willfully engage themselves in sexual risks. Young girls need to understand sexuality and how they engage in risky behaviours in the context of HIV and AIDS. The literature reviewed will address the research questions:

1. What do young girls regard as risky sexual behaviour?
2. Why do young girls engage in risky sexual activities?
3. How is gender connected to sexual risk?

To understand why young girls involved themselves in sexual risk, literature regarding issues on gender relations and power ,sexuality, condom use and availability, sexual risk, peer and social norms, construction of femininities, and theoretical frameworks.

2.2 Gender relations and power

Gender plays an influential role in shaping the way girls are exposed to risky sexual behaviours. Dowsett (2003) states that gender underpins most of the epidemiological models used to describe HIV and AIDS. Shisana (2004), as cited in Kodi (2009), stated that the HIV and AIDS epidemic is often identified as a gendered epidemic. Young women are still dominated by men. Men want to show that they have power over women by raping them. According to Connell (1997), rape is a form of violence from one person to another and is linked to imbalances in power and supremacy by male. Weeks (2003) states that power does not operate through single mechanisms of control; it operates through complex, overlapping and often contradictory mechanisms which produce domination and opposition, subordination and resistance. The study conducted by Harrison, Xaba and Kunene (2001) indicated that young women are at risk and that their risky behaviours include young age at sexual initiation, bad decision making and coercion.

Men use power to have sex with young women. In collaboration with MacPhail and Campbell (2001), Holland *et al.* (1992) stated that young women do not discuss safe sexual encounters because of gender power inequalities. This is also supported by MacPhail and Campbell (2001), who states that the imbalance of power may lead to violence against women who suggest condom use. Hallman (2005) indicated that there is evidence that the first sexual practices that female have, are forced and they did not like it.

2.3 Sexuality

Weeks (2003) assert that “sexuality is a difficult term that has versatile meanings, directed to power issues and defenselessness in relationships. Sexuality is multifaceted, dictatorial and is full of misunderstanding and inconsistency (Bhana & Pattman, 2010).

Sexuality is often reduced to a component of gender and is subsumed within the emotional and relational domain of gendered families and culturally prevailing forms of heterosexuality (Dowsett, 2003). Furthermore, Dowsett (2003) states that there are other ways to understand sexuality – as a structure of ideas, an array of discourses and sensations, the embodiment of pleasures and forming of sex object choices, and the endless unfolding of categories of desire.

Leclerc– Madlala (2002) states that young women use sex to get goods and money for themselves. Leclerc–Madlala (2002, p. 31) added that “sexual economy operates on a continuum or scale of benefits. This ranges from the trading by young women of sexual favours in order to secure their basic needs, to the use of sex for obtaining expensive fashion accessories”. This is supported by Adams and Marshall (1998), who indicate that young women exchange sex for material things and engage themselves in sexual practices that will give them money. The age 16–17 years is the time during which young girls are at the peak of their teen years, and when their sexual identities are critical. This resonates with what is said by Jewkes and Morrell (2010) that “In countries of sub-Saharan Africa with a predominant heterosexual HIV epidemic, the prevalence in women climbs steeply in their late teens” (p. 2). Jewkes *et al.* (2009) noted that imbalances in power prevented young women to discuss and do what they want about sex and that some pregnancies are the results of forced sex because they cannot discuss about condoms. Women do not always carry condoms with them. They do not bother to ask about their partners’ sexual status because that would confess to the community and to themselves that their aim is to involve themselves in sex. (MacPhail & Campbell, 2001).

The reviewed literature by Leclerc– Madlala (2002, p. 22) suggested that the strong cultural support for a sexuality linked to economic expectation and

social status provides a very fertile context for the continued growth of the local HIV and AIDS epidemic. A study by MacPhail and Campbell (2001, p. 1613) found that the “literature on sexuality in South Africa is on pregnancy”.

2.4 Condom use and availability

A study by MacPhail and Campbell (2001) found that there is low condom use among young people aged 13–25 years in the community of Khutsong, which is known for high levels of HIV infection. They also found that the majority of young people use sources of condom supply like clinics and retail stores. The Government is trying to minimise chances of HIV infection in young people by making condoms available free of charge at clinics. MacPhail and Campbell (2001) also indicate that young women have a problem in getting condoms because of the negative attitude of nursing staff at clinics, and males have a problem with buying condoms due to lack of funds.

Holland *et al.* (1990) state that women avoid carrying condoms due to not wanting to gain a negative reputation and being seen as women who are looking for sex. De Olivier (2000), as cited by Mudaly (2006) added that a young woman who insists that her partner use a condom or who presents her partner with a condom is perceived to be sexually experienced and sexually promiscuous. She is also viewed as a whore. Therefore women choose to remain submissive where the use of condoms is concerned. Furthermore, Wood and Jewkes (1997) state that condom use is a difficult topic to discuss, with women reporting fear that it would lead to negative emotional, physical or economic consequences from their partners.

Pettifor *et al.* (2004), found condom use at last sexual experience to be lower in urban informal than urban formal neighbourhoods. The Human Sciences Research Council (2002) reports that adult men and women (age 15 years and over) in urban informal neighborhoods have used condoms during last sexual

act. Hallman (2005) argues that the use of condoms at last sexual practice by females is linked to the lack of money. According to MacPhail and Campbell (2001), young men see condoms as something to be used by people who already have HIV and sexually transmitted diseases. Abdool-Karim (1992) found that using condoms for a long time in a relationship can be seen as a sign of unfaithfulness that is why partners do not want to use them. Harrison *et al.* (2001) found that young people think that condoms are not for stable relationships, but are meant for casual sex practices. Reddy and Dunne (2007) state that despite the suggestions that young women get about practicing safe sex, they do not ask their partners to use condoms because that would suggest that they want sex. It is not easy for women to predict condom use because of the contradictory pressures operating in sexual encounters. Females who succeed in practicing sex using condoms cannot discuss their frequent use as the relationship goes on or making sure that it is used with succeeding partners (Holland *et al.*, 1990). Holland *et al.* (1990) further say that condoms tend to be used in situations where partners are not to be trusted. This means that their safety is based on the appearance of the partner and the period of the relationship. Marston and King (2006) found that young men reported that they do not take a woman who offers them condoms seriously. Marston and King (2006) added that “young people are concerned that if they ask their loved ones to wear a condom it will mean that they assume that their loved ones are diseased”. MacPhail and Campbell (2001) reported that condom use faces a challenge of disapproval from sexual partners and friends. The National Department of Health is faced with a problem of influencing young people to practice safe sex and to stop infections and pregnancies. (Shoba, 2009).

2.5 Sexual risk

Hallman (2005) state that living in a household faced with economic problems are linked with early age of sexual practice for women. According to Baylies (2000), poverty forced poor people to involve themselves in risky behaviours, whereas those who are not poor are considered to be doing it at their own will. Sexual awareness is part of young people's development and comes at the stage when young people want to experiment with things in life. Reddy and Dunne (2007) state that young females engage themselves in unprotected sexual acts because they want to be loved. Because of this reason, young men promise love so that they will be able to have sex with them. This is supported by Jewkes and Morrell (2010, p. 3), who state that "with sex viewed as natural, women's sexual desire is acknowledged, as in an expectation that sex should be pleasurable, preferably flesh-to-flesh and thus with no condom use".

"High levels of physical and social coercion and violence in South Africa triggered by attempts to discuss condoms or AIDS, put the lives of young women at risk and thus make them vulnerable to HIV (Woods & Jewkes, 1997, p. 325). According to Reddy and Dunne (2007), for young people having sex without a protection will increase their love and will also make them understand each other better with their partners. This means that they do not think about the effects of these risks: they want to prove their love to their boyfriends by risking their lives.

Early sexual practices put young people's lives in danger for sexually transmitted diseases and unwanted pregnancy. Early sexual practice plays a role in exposing young people to HIV and AIDS (Shoba, 2009). "Risky sexual behaviours, including failure to consistently sustain condom use, remain a major problem - as shown by the HIV and AIDS prevalence among young people" (Shoba, 2009:16).

Sexual initiation at a younger age is linked with risk behaviours, since these individuals cannot stop the pressure of engaging themselves sexually, to discuss about using a protection and to practice safe sex because they are still young. (MacPhail & Campbell, 2001). The study by Kodi (2009) indicates that sexual risk behaviours are influenced by various factors, ranging from intrapersonal to social normative and contextual/environmental factors. Hallman (2008) states that in sub-Saharan Africa, social problems put poor young women at sexual risk behaviours.

2.6 Peer and social norms

There is proof that vulnerability to sexual risk by young people is perpetuated by their peers. The age of 16–17 years is the time during which young girls conform to peer norms. Peer influences are very powerful. The youth do things to please their friends. Young girls engage themselves in risky behaviours for peer acceptance.

Shoba (2009) indicated that norms and behaviours of peers affect youth sexual risk behaviours. DiClemente (1990), as cited by MacPhail and Campbell (2001:1620) state that “the attitudes and beliefs of peers have on other members of the peer group”. However, Holland et al. (1990) argue that social issues motivate females not to practice sex, those who practice it, practice it out of trust. Holland *et al.* (1990) further state that social pressures on young women to guard their reputations reduces the amount of control which young women have over the practice of safer sex.

Marston and King (2006, p. 1583) assert that “social rewards and penalties influence behaviour. Complying with gender expectations can raise social status: for men by having many partners, for women by chastity or securing a stable, exclusive relationship with men”. Marston and King (2006:1584) further state that “social pressures mean that women might not wish to

mention sexual issues or acknowledge sexual desire, particularly early in a relationship”.

Norms and behaviour of peers affect young people’s sexual behaviour. “When young people believe that their peers have a permissive attitude towards premarital sex or actually engage in sex, then they themselves are more likely to engage in sex and have sex more frequently” (Shoba, 2009, p. 17). Furthermore Kodi (2009) also states that “Social norms deny women sexual health knowledge and practices that prevent them from deciding the terms on which they have sex” (p. 15).

2.7 Construction of femininity

According to my experience, girls are told how to behave themselves .These different sexual practices perpetuate sexual risk behaviours. This makes it difficult for girls to discuss their safety. Reddy and Dunne (2007) assert that females know that male partners have a control in their relationships; a few of them challenge this but others accept it as normal. The study carried out by Holland *et al.* (1990, p. 341) found that there are tensions for the young women between their sexual identity constructions and safe sex discourses. Holland *et al* (1990,p .341) added that young women who conform to traditional femininities are caught up in risking their sexual protection Holland *et al* (1990), argue that there are contradictions in young women’s accounts, between expectations and experience, intention and practice, and between different discourses of femininity. Holland *et al.* (1990, p. 347) state that where women have adopted passive feminine sexual identities which assume male superiority, men can control sexual encounters without exerting pressure.

Furthermore, Holland *et al.* (1990) state that, what the young women have experience about sex may force them to fight the use of condoms.

Marston and King (2006) found that women are afraid that their partners will beat them if they do not want to have sex with them. Violence is seen as the right thing to do. Some young women are encouraged by other people – especially the elders – to keep quiet about issues of beatings in their relationships; they believe that this will sustain the relationship and will mean that you are going to be a good wife who endures pain. This is supported by the findings of Jewkes and Morrell (2010:1) that hegermonically “masculine men are expected to be in control and violence may be used to establish this control. Instead of resisting this, the dominant ideal of femininity embraces compliance and tolerance of violent and hurtful behaviour, including infidelity”. Marston and King (2006, p. 1583) argue that “if being feminine is thought to require a stable partnership with a man, failed partnerships can damage women’s social position”.

2.8 Theoretical framework

My study aims at investigating how young African girls discuss sexual risk in the context of HIV and AIDS in a township context in Durban. The literature that assisted me is located within the sexuality, power and social constructionist theoretical framework. Social constructionist believe that anyone with aspirations to know more about young people’s sexual relationship must take into considerations the power dynamics within which beliefs, practices and sexual identities are embedded (Holland et al, 1990). According to Holland *et al.* (1990), using the power to stop sexual acts that the young females have, can be of utmost importance in reducing the transmission of sexually transmitted diseases. They added that the control which young women can exercise over the risk or safety of their sexual practices is constrained by the confusion of their notion of sexuality with their expectation of romance, love and caring. According to Holland *et al.* (1990), sexuality do not only mean sexual practices but also what people

know and believe about sex, and this is socially constructed.

In collaboration with MacPhail and Campbell (2001), Holland *et al.* (1990) state that the imbalance of power in sexual negotiations reduces the amount of control which young women have over the practice of safe sex. For example, male power impacts on young girls' ability to negotiate safe sex. Jewkes *et al.* (2009) noted that because of imbalances in power, young women are restricted to say what they want in sexual relationships. This is supported by Holland *et al.* (1990, p. 348), who argue that "if we are to understand young people's sexual relationships, we must attend to the power relations within which sexual identities, beliefs and practices are embedded".

Jewkes and Morrell (2010) state that imbalances of power put women's lives at sexual risk of getting HIV. Violent men in a relationship are thought to be HIV positive. Jewkes and Morrell (2010:1) also state that 'In South Africa, while gender identities show diversity the dominant ideal of black African manhood emphasises toughness, strength and expression of prodigious sexual success. Hegemonically masculine men are expected to be in control of women, and violence may be used to establish this control'. Jewkes and Morrell (2010, p. 4) further add that "hegemonic masculinity is a necessary and integral element of patriarchy, the social organisation that allocates, distributes and secures the power of men over women".

2.9 Conclusion

From the literature reviewed it is clear that levels of sexual risk are high among young African girls aged 16 – 17 years. The literature on young people indicates that young girls become sexually active at an early age and that pressure from their friends and the community plays a huge role in perpetuating their sexual risk behaviours. Most literature indicates that young girls aged 16 – 17 years (the age group of my study) are at high risk of HIV

infection. From the reviewed literature it is evident that because of gender power, young girls do not encourage condom use by their sexual partners.

The next chapter presents the problem statement, ethical considerations, and sample for the study, methodology and procedures used to collect data.

Chapter 3: Methodology

3.1 Introduction

The aim of this study was to explore how young African schoolgirls construct their sexual risk behaviours. The methodology employed to explore the construction of these risky sexual behaviours is presented in this chapter. Drawing from sexuality and power and a social constructionist theory, this study attempts to indicate how the construction of sexual risk shapes the behaviours of young African school girls. The research site will be described, as will the sample, method of data collection and analysis, ethical considerations, limitations, validity and reliability.

3.2 Purpose statement

The purpose of this study was to explore how young African school girls construct sexual risk in the context of HIV and AIDS in one high school in the Pinetown district of Durban.

3.3 Research design and methodology

Research design gives information and directives that can be used in dealing with research matters. Mouton (1996) stated that the research design allows the researcher to think about the research decisions to use so as to maximise the validity of the results. Lauer (2006) added that the research design is the plan for how data will be collected in a research study. To gain a better understanding of how young girls construct sexual risk and what these girls view as sexual risks, choosing an appropriate design that would capture their information was vital. The study employed a qualitative research methodology and interpretive paradigm

My interest was to investigate how young African girls construct sexual risks and how they explain their engagement in these sexual behaviours. Answering these questions would call for a qualitative design. Since the

construction of risk behaviours cannot be quantified and the study is operating within sexual, gender and social constructionist theory, qualitative research methodology was deemed suitable for the study. Qualitative research is defined by Creswell (1998) as an inquiry process of understanding that explores a social or human problem, based on building a complex, holistic process formed with words, reporting detailed views of informants and conducted in a natural setting. This concurs with Maree (2007), who states that qualitative modes of inquiry assist in understanding the school and the cultural context in different ways.

The purpose of the study was to find out how young African girls construct their sexual risk behaviours in their natural setting, which is the school, and to capture data about their lived experiences. The exploration helped me to understand the world from the participants' own views, since the natural context shapes the participants' sexual behaviours. Another aim of the study was to understand why young girls engage themselves in sexual risky behaviours despite all the information they have about the dire effects of these behaviours. Qualitative research is multifold, involving an interpretive, naturalistic approach to its subject matter (Denzin & Lincoln, 2003, p. 19). This means that researchers explore, study things in context and also try to understand and interpret phenomena according to the participant's point of view. Together with Babbie and Mouton (2001), Creswell (2005) agrees that in qualitative research, interpreting data according to your understanding is acceptable.. According to Babbie and Mouton (2001), an interpretive paradigm is primarily directed towards understanding, and gaining meaning and understanding of individuals in terms of their own interpretations. This research study is interpretive because it enabled me to capture the participants' experiences of sexual risk in their school using a qualitative method. After data collection I interpreted what the participants were saying.

3.4 Entering the research site

The principal and the school governing body gave me the permission to carry out the research in their school. An informed consent form which introduced the researcher was given to the principal of the school. I explained the aim of the study and what was going to happen with the findings of the research. The principal made a request that interviews be conducted after classes since they were busy with catching up programmes.

3.5 The research site

For the purposes of this study, sexual risk-taking behaviours among young African schoolgirls were explored in a high school. Selecting a high school in the densely populated township of KwaNdengezi in Durban was apt for my study. According to Creswell (2005), in qualitative research, the researcher decides on interviewees that will assist the researcher to have a better understanding of the research question and the problem in study. Wiersma and Jurs (2009) add that researchers must choose schools because of their distinctiveness to the phenomenon.

The school was established in 1982. It is situated close to homes, a shopping centre and a crisis centre. Most of the learners come from KwaNdengezi and the two neighbouring areas of Zwelibomvu (a semi-rural area) and Emangangeni, which is a formal settlement. Seventy per cent of the students walk to school and those who stay far from school take buses and taxis to school. The school has a population of 890, of which 380 are boys and 510 are girls. The school has 18 teachers, of which 11 are male and 7 are female educators, including a male principal and female deputy principal. The school starts from Grade 8 up to Grade 12. The total number of classes is 16. Grade 11 has three classes. The participants were chosen from these classes.

The school had a pass rate of 90% for the 2009 matric examination. This is a well developed school with many resources and good infrastructure. It has a laboratory and a computer room with 20 computers donated by Smith and Nephew Company in Pinetown. There is a netball and tennis ball field next to the administration block. The playgrounds are 2 km away from the school. There is also one big vegetable garden behind the classes. The school serves the neighbouring semi-rural areas of Zwelibomvu, Mangangeni and KwaNdengezi Township where unemployment, a high rate of pregnancy, drug abuse and sexual risk behaviours are a problem. There were a few pregnant schoolgirls moving around with others in a school uniform.

3.6 Ethical considerations

The University of KwaZulu-Natal Executive Committee of the Ethics Committee granted ethical clearance for the study. Permission to conduct research was obtained from the principal, school governing body, learners and the parents of the learners who agreed to participate in the study. The principal said I must work with Grade 11 because they were busy with the other classes. I explained the purpose of the study then invited participants to voluntarily join the study. They were all given consent forms which stated the reason of the research and what was to be achieved with the findings of the research. I gave them a week to complete the forms. Permission from the parents of the learners who volunteered to participate in my study was vital because they are under age. To protect their privacy, I assured the participants that their names and the school's name would not be mentioned. Pseudonyms were used to protect all names. Participants were informed of their right to withdraw from the study at any time should they feel they no longer wanted to be part of it. I informed them that the findings of the research will be submitted to the University of KwaZulu-Natal. I also made

them aware that sources of referral would be available should any issues requiring counselling come up. All of the participants agreed to this. On the day of collection, I checked all of the forms. Out of 10 learners who volunteered to participate, only eight were able to return the consent forms.

3.7 Sampling

The researcher chooses the number of interviewees who will give the researcher more information about the research problem. (Best & Kahn, 2003). Maree (2007) says that qualitative studies focus on small-scale studies with a small sample, but aim at in-depth understanding of a phenomenon.

Eight female participants were purposively selected from a Grade 11 class. The reason for selecting a sample is to get information related to your study. According to Wiersma and Jurs (2009), the reason behind deciding on the participants of a study is only based on getting information. It does not mean that all the participants chosen will give rich information. Cohen et al. (2000) add that researchers select a sample that will suit their requirements. while Lunenburg and Irby (2008) further state that if you conduct qualitative research, you should purposively select participants who meet criteria that will ensure that a sample is obtained that is likely to yield the type of information needed to achieve your purpose. Because of time constraints the principal decided the class from which to select the participants, giving the reason that the other grades were too busy and that he did not want to interfere with the teaching programmes of Grade 12. After explaining the purpose of the study to the participants they were given consent forms to fill in and because they were still under age, it was also important to ask for permission to do a research with them from their parents. Consent forms were issued to all participants' parents for approval.

3.8 Method of data collection

The main data collection method used for this study was individual semi-structured interviews. Before starting the interviews I sat down and talked to the participants, trying to create a happy atmosphere. We cleaned and arranged desks in a classroom that we were going to use for the interviews. I brought them fruit, biscuits and drinks which we ate before the interview, which they enjoyed. For this study it was vital that the researcher choose the appropriate method for collecting data.

The purpose of interviewing is to find out what is in or on someone else's mind. In this study the researcher collected data from the participants, which means that the information was from their own experiences.

The aim of the study and the purpose of the research was read and explained to the participants. The researcher developed 20 semi-structured questions that gave guidance in interviewing the eight female participants. The topic was discussed before the interview. Questions asked were to obtain insight into the three critical research questions:

1. What do young people regard as risky sexual behaviours?
2. Why do young people engage in risky sexual activities?
3. How is gender connected to sexual risk?

The semi-structured interview schedule that was used was first translated from English into isiZulu. This was done to ease the tension that was created by a group of boys who were discouraging the participants that they would 'fail' the interview because they could not speak English.

I conducted purposeful face-to-face semi-structured interviews. The rationale was the need to intentionally select individuals and sites to understand the central phenomenon (Creswell, 2005). Face-to-face interviews allow for observation of body language, facial expression and actions within a known environment, and can provide potentially useful information to the study (Dunne, (1995). Semi-structured interviews are helpful in producing data that help the researcher to understand how young African girls construct their sexual behaviours.

This data collection technique helped me to obtain information from individual learners, away from the influence of others (Bertrand & Hughes, 2005). The use of face-to-face interviews was vital, in that I was able to adapt the questions as necessary. This is confirmed by Willig (2001) that semi-structured interviews allow for greater clarity of the issues raised and also succeed in personalising the response. I dealt with the participants directly. Another advantage is that a researcher can provide more clarity where necessary.

The aim during these interviews was to develop trust and create an environment that would allow the participants to communicate freely about their experiences and issues related to the research topic. Cohen *et al.* (2000) assert that interviews allow the participants a chance to talk about how they understand the world they live in and express how they regard the situation from their own point of view. Cohen et al. (2000) further define interviews as a discussion by the interviewer for obtaining appropriate information about the study.

For this study I invited eight participants to share their views in greater depth

in the form of an interview. I started by thanking the participants for agreeing to take part in the research. At this point discussion of ethical considerations was vital. I assured them of confidentiality and that their names would not be used. I also told them that the interviews would be recorded. They were all hesitant, but I assured them that the information would only be kept on a CD for perusal by the University of KwaZulu-Natal; no one could get access to it.

I started by asking non-frightening questions like: How old are you? Do you have friends? Other questions asked were open-ended, which allowed participants to be open and produced more information. The same questions were asked of all participants, and in some instances I had to explain and repeat questions asked and probe for more information. The interviews were recorded with the consent of the participants. For the purposes of this study I used a cell phone to record all the interviews. I encountered problems with this: one interview was disturbed by an incoming call and I then decided to change the sim card on the cell phone as a means of reducing the chance of being disturbed by calls.

I felt that the participants were not being honest in answering some questions. When asked what they would say if their boyfriends asked to have sex with them, they all said they would say no, and then laughed after that. They all seemed aware of sexual risks and how they constructed them as young people.

3.9 Data analysis

A cell phone was used to collect data. The interviews were conducted in isiZulu because that was their home language. Transcripts were first made in isiZulu and then translated into English. This was very time-consuming because I had to listen to the cell phone several times over and be careful

that no data were distorted while trying to make sense of what the participants were trying to say. Transcripts were analysed to find out what shapes the sexual risks of young African girls. I went through all the interviews one by one, repeatedly reading and listening to the cell phone, to make sure direct quotations were made and no data were distorted.

A second reason was to organise data according to the answers given by participants, and to identify themes from the transcripts I used coloured stickers to group data with similar information under one theme. The advantage of this method is that it automatically groups data and enables themes, patterns and similarities to be seen at a glance (Cohen *et al.*, 2007). This resonates with what is said by Best and Kahn (2003), that interview data may be organised according to individual respondents by grouping answers together.

3.10 Validity

Validity is about honesty, depth of richness and scope of the data (Cohen *et al.*, 2000, p. 126). This was achieved by identifying issues that could compromise validity of the study and they were addressed. Measures that were taken to strengthen validity are discussed below.

3.10.1 Internal validity

Internal validity seeks to demonstrate that explanation of a particular event or issue can be sustained by the data (Cohen *et al.*, (2000, p. 126). This was achieved by asking participants the same questions. In order to increase validity a cell phone was used to collect data, and all collected data were stored.

3.10.2 Content validity

To achieve content validity, the instrument must show that it fairly and comprehensively covers the domain it purports to cover (Cohen *et al.*, 2000, p. 127). Only questions intended to answer the research questions were asked during the interviews.

3.11 Reliability

Reliability is about regularity and replicability (Cohen *et al.*, 2000,). This concurs with Best and Kahn (2003), who stated that, for a test to be dependable, it must measure what it is suppose to measure constantly. To enhance reliability I used a cell phone to record all the interviews. Transcribed data and a CD are available as references. To ensure reliability I read all the transcripts several times to ensure that they were correctly transcribed. When transcribing I listened to the recorded voices several times to minimise errors and make sure that the exact words were transcribed.

3.12 Trustworthiness

To maintain trust I made sure that I collected data from the setting. The transcripts were taken back to participants to check that they represented the information that they provided.

3.12.1 Transferability

For this study, a full description of the research is provided. The explanatory context enables someone reading a report of the study to identify with the setting.

3.12.2 Dependability and conformability

Researchers can contribute to trustworthiness by addressing descriptive validity, which refers to the factual accuracy of the account. This means that

the researcher must not lose any information from the participants or add information.

3.13 Limitations

As a researcher you may try to be transparent and objective, but you will also face some problems. Cohen *et al* (2000, p. 268) stated that “no matter how hard an interviewer may try to be systematic and objective, the constraints of everyday life will be part of whatever interpersonal transactions she initiates.” One of the problems that I encountered was that some students did not want to be part of the research, giving excuses such as that they do not know much about the information I was looking for. I then explained to them that I just wanted their opinions and ideas, and that no one was expecting definite answers from them.

I also had a problem in finding time for interviews, because educators were busy with their catching-up programmes. I requested permission from the principal to use the time shortly after the educators finished with their work. The use of a cell phone as an instrument of collecting data was also a problem. Interviews were sometimes disturbed by incoming calls and I had to start afresh. Even though I asked open-ended questions as a means of enabling the participants to express themselves freely, not all participants opened up. Others gave one-word answers, which meant that they did not provide enough information, and I had to redo the interviews, which created a problem in finding time to do them a second time. The researcher continues to gather data until reaching the level of data saturation, which is when they have explored each category/theme in some depth, identifying its various properties and dimensions under different conditions (Creswell, 2005).

3.14 Conclusion

This chapter discussed the research design, methodology used to collect data, research site, sample and ethical issues of the study. The procedure for collecting the data and analysing them were outlined. Validity, reliability, trustworthiness and the limitations of the research were also discussed. The next chapter analyses and discusses the data that were

Chapter 4: Discussion of results

4.1 Introduction

This chapter deals with the analysis and data collected from the study conducted on young girls.

The study intended to explore how young African schoolgirls aged 16–17 years construct sexual risk behaviours in the context of HIV/AIDS. Drawing from the social construction theory, this study also intended to explore factors that influence the construction of these sexual behaviours. The purpose of this study was achieved by interviewing eight female participants in a township school context. To gain understanding into how these girls construct their risk behaviours, I used the following research questions:

- 1 What do young people regard as risky sexual behaviours?
- 2 Why do young people engage in risky sexual behaviours?
- 3 How is gender connected to sexual risk?

In this chapter the voices of the young women are foregrounded in relation to their understanding of sexuality and sexual risk. The detailed results of data analysis from the transcribed interviews of the eight young African girls will be presented, and the factors that influence the sexual risk behaviours of these young girls will be discussed and analysed.

4.2 Themes

Similar data were grouped together under one theme. Themes that emerged from the analysed data were as follows: HIV and AIDS; sexual risks; multiple partners; early sexual practice; peer pressure; promises in relationships; Culture gender and condom use; sexual risk and alcohol; girls say no!; preserving virginity and preventing early sexual debut; caring masculinity; prevention; parent–child communication; community members; education and

HIV and AIDS; and Government.

This chapter will indicate that despite all the knowledge that these young women have about HIV and AIDS and its negative impacts, they are still at sexual risk. Although there are factors that influence their sexual risk behaviours, they also engage themselves in these sexual risk behaviours. The chapter will also indicate that alcohol is perceived as a major factor that perpetuates sexual risk behaviours. The study indicated that the knowledge the young girls have on sexual risk behaviours was socially constructed.

4.2.1 HIV and AIDS

The study by DiClemente *et al* (1988) maintains that the level of HIV infection is recognized as being very high among young people due to the shortage of knowledge about how to prevent HIV, but the young girls in my study indicated that they know about HIV and how it can be prevented. Likewise, the study by MacPhail and Campbell (2001) revealed that young people know about HIV. This is also supported by Shoba (2009), who states that young people have ample knowledge about how HIV is spread and how it can be stopped, and that girls have more information than boys. In spite of all the information and knowledge that they have, young people still put their lives at risk and become vulnerable to HIV and AIDS. When asked what they know about HIV and AIDS, the participants responded as follows:

Lilly: *It is incurable and they've not found the cure for it. You can get it by unprotected sex.*

Researcher: *Is that all?*

Lilly: *If you get into contact with the blood of a person who is positive you get it.*

Sbo: *You must not spend more time with the HIV person talking*

about AIDS because they become angry if you talk about it .They know that they don't have a chance to do as you are now saying because they are already infected.

Pam: *It kills – you get it if you have unprotected sex. People are knowledgeable about it but they are not doing anything about it.*

Sonto: *It kills.*

Pinky: *HIV and AIDS is incurable and many have people died of it.*

Researcher: *Is that all? What do they say at school?*

Pinky: *They say you get it by getting into contact with blood of a person who is positive and if you have sex with that person without using protection.*

Researcher: *Do people of your age get HIV?*

Pinky: *Yes because others have many boyfriends and they don't know what their boyfriends are doing with other girls if they are not around them.*

Zodwa: *It is incurable and there is no treatment for it. You get through using unprotected sex.*

Researcher: *Do you think that people of your age can get it?*

Zodwa: *Yes they are the ones who get it more than everyone because they like to use unprotected sex, they say it is nice.*

Bongi: *It kills. I have seen many people in my community dying of HIV and AIDS but it is preventable.*

Owami: *It is a disease that is incurable. You get it through sex. You can also get it when you are involved in an accident and when you touch blood without using gloves.*

Researcher: *Do you think that people of your age get HIV?*

Owami: *They get it a lot because they don't use condoms. If you want to use it, your partner says that you don't trust him or you think that he has the disease.*

Almost all of the participants in this study indicated that they knew about HIV and AIDS. They also indicated that they knew how it is transmitted from one person to another. One participant indicated that she had some experience of living with people who are HIV positive. She highlighted that HIV-positive people become angry if you talk about it. These girls also know that even girls of their age can have HIV and AIDS. One participant went on to say that they are the ones who mostly get infected with HIV and AIDS, pointing to vulnerability as young women. Pinky also noted that multiple partners can lead to infection, noting that boys with many girlfriends were culpable in this.

4.2.2 Sexual risks

National and international studies indicate that levels of risk-taking behaviours are rampant among young people (Shisana *et al.*, 2005; MacPhail & Campbell, 2001). The results of this study indicated that there are factors that influence the young girls' sexual behaviours.

4.2.2.1 Multiple partners

Five participants indicated that having many boyfriends is not the right thing. They revealed that having many boyfriends is the reason why they can get HIV and many other diseases, and that if a person got pregnant, they would not know who the father of the child was. Girls would not have time for all of

their boyfriends, which would make them ask their friends to cover for them when the boyfriends wanted to see them.

Lilly: *Having many boyfriends is not right because it is the reason why you can get HIV and if you are pregnant you will not know who the father of this child is.*

Zodwa: *I think it's stupid to have many boyfriends because one boyfriend can satisfy you. Let's say you are engaging yourself into a sexual relationship, you cannot stop yourself from sleeping with all of them and that can cause HIV and AIDS and many other diseases.*

Pinky: *It's not right because she can be involved in many things. There are many infections outside.*

Sbo: *Having more than one partner is not right because they can't have enough time for them and they end up asking friends to cover for them in case she is busy with the other one and the other one wants to see her.*

The response made by one participant made it clear that having multiple partners leads to violence:

Pam: *It's not right because if you get caught, they beat you.*

The data collected indicated that girls end up having multiple partners because of financial problems. This concurs with Adams and Marshall (1998), who state that poverty and lack of financial support influences young women to have multiple partners.

Pinky: *Others have money problems at home. So they know if they have boyfriends they will get help and money.*

One participant said that young girls say that you “can’t stand on one foot”, so if one boyfriend dumps you, you will continue with the other one. However, she disagreed with this, saying that she believed that people should be faithful and loyal to each other:

Bongi: *Most of them say that you can’t stand on one foot because if the other boyfriend dumps you will be hurt, but if they are many, you will continue with the other one. I don’t agree with that because I believe in having one partner, get to know each other and being loyal ad faithful.*

Most participants shared the same view, that having multiple partners is not right. They believed that having multiple partners causes problems and involves young people in sexual risk behaviours.

4.2.2.2 Early sexual practice

Two of the participants indicated that what put young girls at risk was that they had sex before time. One of these participants viewed sexual practice as something that is supposed to take place when you are married, because otherwise you might become infected with HIV or get pregnant.

Lilly: *Girls practice sex before time. You are supposed to have sex when you are married, because if you have sex before time, you can be positive and be pregnant while you are at school.*

Pinky: *its liquor and early sexual practice.*

Two participants revealed that young girls put themselves at risk because they want to experience things. Campbell *et al* (2005) agrees with this

statement, and in the current study the young people know about how people get HIV and how it can be prevented, but various factors prevented them from acting on this information. They were often driven by motivations that competed with the safe sex messages, curiosity being one. The participants also mentioned that some girls live reckless lives because they are not told how to behave themselves; they go everywhere and get raped. Responses from the participants indicated that elders play a limited role in educating young girls.

Pam: *They like to experience things*

Sonto: *They live reckless lives because they are not told how to behave. They go everywhere and get raped.*

Sonto suggests that girls are vulnerable to sexual coercion and rape, but she uses the blame discourse which blames girls for the conduct of men and boys; in so doing she is complicit with positioning girls in subordinate ways.

4.2.2.3 Peer pressure

There is evidence that young people have influences on the lives of others that makes the youth vulnerable to sexual risk. Wood and Jewkes (2001) assert that peer pressure and social norms drive young people to engage in high-risk sexual behaviour. The age 16–17 years is a time when young girls conform to peer norms. Peer influences are very powerful, with young people doing things to please their friends. Young girls engage themselves in sexual risk behaviours for peer acceptance. Shoba (2009) indicates that the norms and behaviours of peers affect youth sexual risk behaviours. Participant Owami suggests that young girls like to experience things because their friends have said they did those things. She further states that pressure has a

lot of influence when friends compete about their experiences. What Owami's response is highlighting is that young people are sometimes pressured to share and this forces them to do sexual activity so that they can share their experiences with peers.

there is also pressure that influences their behaviours:

Owami: *The things that put young women at risk are that, when they here other people saying that they have done something, they also end up doing that thing. They want to experience and peer pressure can do that – when you compete with friends, you will end up doing things before time.*

4.2.2.4 Promises in the relationships

Campbell et al (2005) maintains that in conditions of poverty, girls often depend on sexual partners for gifts such as money or clothing. Two participants indicated that young girls put themselves at risk because of promises made by their boyfriends. They revealed that their boyfriends take them out and promise them money. One revealed that these boyfriends go to the extent of promising that if they sleep with them and get a child, they will marry them. The participant added that even friends can advise them to sleep with their boyfriends because of money.

Sbo: *Their boyfriends take them out and promise to give them money. Their boyfriends promise that if they sleep with them and get a child, they will marry them. Friends can advise you to sleep with him because he has money.*

Knowledge about HIV and AIDS is important – but is not enough to prevent these young girls from engaging themselves in risky sexual behaviours. The results of this study revealed that young girls like to experience things, and these things can have a negative impact on their sexual health. The study also found that numerous factors influence sexual risk behaviours.

4.2.2.5 Culture, gender and condom use

Young people are knowledgeable about the use of condoms, but are not doing anything about it and others don't want to use them. The South African Government supplies condoms free of charge as a means of reducing risk-taking behaviours. However, a study by MacPhail and Campbell (2001) found that there is a low condom use among young people aged 13–25 years (which includes the age range of this study). Jewkes *et al.* (2009) state that gender power inequalities constrain young women's sexual choices.

Sbo reported that sometimes they don't plan when sex is going to happen, because their partners just asked them to come without using a condom and they don't tell them before. She also said that getting condoms from a clinic is a problem. This is in line with the findings of MacPhail and Campbell (2001) at Khutsong that for girls getting condoms was problematic, and that they don't plan to have sex – it just happens. Participants mentioned that boys make comments about unprotected sex, as follows:

Zodwa: *Ngeke uwudle ubhanana ongahlutshiwe.* [You can't eat an unpeeled banana]

Owami: *Ngeke uwudle uswidi uvaliwe.* [You can't eat the sweet with a wrapper]

Pam: *They say that they don't feel a person if they use protection.*

From these responses it is clear that boys do not want to use condoms and prefer flesh-to-flesh sex (Reddy & Dunne, 2007), while others say they don't like condoms because they spoil the mood and they can't feel a person if they use protection. One participant said other girls said that they are afraid to tell their boyfriends to use condoms. This response indicates that girls engage themselves in unprotected sex because of fear of their boyfriends, and fear that they are going to lose their boyfriends.

Wood and Jewkes (1997) also maintain that it is not easy to discuss condom use with women because there is a fear that it might lead to negative results with their loved ones.

Zodwa: *They say they are afraid to tell their boyfriends to use protection. They think that their boyfriend will think that they don't trust them or maybe he will think that the girl is HIV positive.*

Bongi: *They say they prefer flesh to flesh. They know that they must protect themselves but they say that condoms spoil the mood.*

Holland et al. (1990) state that many young women seem to have internalised a negative view of condoms. They argue that condom use breaks the flow, makes you lose the moment, and spoils the romance.

According to UNAIDS (2000), gender issues are very much influential on the HIV epidemic and the high rate of infections among youth in Southern Africa.

Male circumcision is one of the oldest and most common surgical procedures known, traditionally undertaken as a mark of cultural identity or religious importance. The Department of Health has also used circumcision as a means of reducing the high rate of HIV infections. Yet Zodwa raised an important issue around circumcision:

Many people think that because they are circumcised, they cannot get HIV and AIDS because of that, they have sex more often. They believe in many things like using medications that keep them stronger for longer.

With regard to culture, the study found that the young girls viewed it as influential on their risky sexual behaviours. Two participants indicated that culture has influenced their risky sexual behaviours, in that it did not allow them to use condoms – yet this can lead to infections in cases where a boyfriend lives far away and has another partner. One participant indicated that culture can force them to do the wrong thing by trying to please their parents, who want them to get married, even if they say that they are not meant for marriage.

Bongi: *Culture doesn't allow us to use condoms. It has influence in that you can be infected by a partner who lives far away from home because these partners meet with other girls. This means that if that partner is infected you will also be infected.*

Owami: *Yes because sometimes it happens, let us say in the case of marriage, if you say you were not meant for marriage, and then your parents say that you must get married, and then you end up doing wrong things trying to please them.*

Pam disagreed with the two participants, feeling that culture is right because it teaches them how to behave as women, like the culture where they are tested whether they are still virgins or not:

Pam: *No. Culture teaches us how to behave as women, like the culture where you are tested whether you are still a virgin or not.*

Two participants also revealed that the issue of trust has an influence on the use of condoms. One said that girls said they are afraid of their boyfriends, because they will think that they don't trust them if they want to use a condom. The other said that if they want to use a condom, their partners will say that they don't trust them or they think that they have the disease. Marston and King (2006, p. 1583) state "that young people worry that asking for their partner to use a condom implies they think their partner is diseased".

Bongi: *They are afraid of their boyfriends; they say that their boyfriend will think that they don't trust them.*

Owami: *They get it a lot because they don't use condoms. If you want to use it, your partner says that you don't trust him or you think that he has the disease.*

Although the literature indicates that condom use is low among young people (Marston & King, 2006), the results in this study found that others use it, and they know that it can prevent sexual risk. They say using a condom is safe and you cannot get HIV and AIDS, you cannot get pregnant and you will know that your partner won't infect you. This is what Lilly had to say:

Lilly: *They use it because it is safe and you cannot get HIV and AIDS and be pregnant before time. You will know that your partner won't infect you.*

From the responses in this study it was clear that the factor of gender inequality influenced young girls' sexual risk behaviours. The participants knew the effects of not using a condom.

It was also evident that while boys were viewed as being resistant to using condoms, some girls also didn't want to use condoms because they said it spoils the mood. This implies that some girls put themselves at sexual risk. The study revealed that gender power disparities and culture have negative

influences on young girls' risk-taking behaviours.

4.2.2.6 Sexual risk and alcohol

Jewkes and Morrell (2010) state that other risk-taking behaviours that young people engage in include too much alcohol use. Social norms indicate that South Africa has the highest level of alcohol use in the world.

Despite many problems and negative effects associated with alcohol, many participants indicated that girls use alcohol. Most of the participants viewed alcohol as the biggest issue that put young girls at sexual risk in this area. They said that the girls in this area drank a lot and walk alone late at night, and then get raped. One participant revealed that these girls like “*izinkwari*” (partying at night). They said that these girls use drugs and you find them in taverns drinking, and that they also use whoonga (drug) One participant went on to say that you will find these girls in taverns and then they end up being raped, or others have unprotected sex which leads to unplanned pregnancies, poverty, and being infected with HIV and AIDS. This participant added that these girls get children that they don't take care of and are not responsible. Another participant raised the issue that when these girls get together with other people drinking, they end up having sex without using protection and get HIV from strangers.

Pam: *Others drink a lot and walk late at night. They get raped and others love abusive boyfriends.*

Pinky: *People of KwaNdengezi like izinkwari [partying at night].*

Zodwa: *Many people use drugs, you find them in taverns drinking and they also use whoonga and something like that.*

Zodwa: *They drink alcohol, find them in taverns and then end up*

being raped. Others have unprotected sex which leads to unplanned pregnancies, poverty and being infected with HIV and AIDS. They also don't take care of their children. They are not responsible.

Bongi: *Prostitution, alcohol abuse and going out late at night all alone and also being sent to taverns or liquor shop.*

Owami: *People drink alcohol and go to parties. When they are together they meet with other people and end up having sex without using protection and they get HIV from strangers.*

Bongi: *They drink alcohol and go all alone at night.*

All the participants expressed the common view that young girls drink alcohol. It is evident that alcohol abuse is rife in this area. It leads to much risky sexual behaviour like rape, HIV and AIDS and pregnancy. Alcohol is perceived as the main factor contributing to the sexual risk behaviours of young girls.

4.3 Girls say no!

Despite the gender inequalities that prevent girls from negotiating sexual issues with their boyfriends, there are girls who indicate that they have the power to protect themselves and their health.

Holland *et al.* (1990) maintain that young women can use their power to control sexual practices to reduce the transmission or limitation of STDs. While other research indicated that some young girls are submissive to their boyfriends to prove that they love them, most of the participants in this study indicated that they have the potential to say no to their boyfriends.

When asked what they can say if their boyfriends want to have sex with them, the participants responded as follows:

Sbo: *I will tell him that I am still young to face the challenges of sleeping with him. -The boy will live you with a child. If you tell them that you are afraid to fall pregnant, they say you can't fall pregnant in one day .I will wait till I get the right job so that I will raise my child the way I like.*

Pam: *I won't allow him.*

Sonto: *I won't allow him because I'm still young and I want to wait till I'm 21 years old.*

Zodwa: *I can tell him that I am not ready to have sex, as I do tell him. If he doesn't understand I will tell him that we must break up, I don't have a problem.*

Researcher: *If you agree to have sex with him, will you be able to tell him to use protection?*

Zodwa: *Yes.*

The majority of the participants stated that they could tell their boyfriends that they didn't want to have sex with them. One made it clear that she definitely wouldn't allow him to have sex with her because he knows that she always go for virginity testing.

Pam: *I won't allow him.*

Sonto: *I won't allow him because I'm still young and I want to wait till I'm 21 years old"*

"I will tell him that I am not ready for sex. He knows that I always go for virginity testing.

Although the response by Sbo indicated that she wouldn't allow her boyfriend to sleep with her, she also showed responsibility in that she will wait until she

gets a job before falling pregnant so that she will be able to raise her child.

Participants indicated that there are various factors that put young girls at sexual risk. The participants had different opinions about the preventative strategies that should be put in place to prevent young girls from engaging in risky sexual behaviours.

The above responses indicate that some girls are able to give voice about sexual relationships, while others are afraid of their boyfriends and become submissive to everything. Another important point which emphasised the power that girls have was where one girl said she won't allow her boyfriend to have sex with her and if he insists she will tell him that they must break up. This means that they have the power and courage to resist sexual practices.

Zodwa: I can tell him that I am not ready to have sex. If he doesn't understand I will tell him that we must break up I don't have a problem.

While other research indicated that some young girls are submissive to their boyfriends in order to prove that they love them, most of the participants in this study indicated that they have the potential to say no to their boyfriends. This power to say no gives these young girls the chance to have a voice in the relationship, and it can help to reduce HIV and AIDS infections.

4.3.1 Preserving virginity and preventing early sexual debut

The results of a study by Shisana *et al.* (2005) indicated that youth of 15–24 years old (which includes the age range of this group) now engage in sexual intercourse much earlier. HIV prevention campaigns focus on delaying the age of sexual debut by encouraging primary sexual abstinence among youth (Lalbahadur, 2008). Preserving virginity is used to delay early sexual debut, and has also helped young girls who are virgins to abstain from sexual

practices. According to Pettifor et al. (2004), one of the many factors attributed to a decline of HIV, is the age of first sex

Participants in this study indicated that the Government must reward the girls who are still virgins as a means of motivating others. One indicated that she will not have sex until she gets married, because when they get married the man will pay a bigger price; keeping herself as a virgin is seen as a gift to the marriage. Most of the elders in the community motivate young girls to preserve virginity for marriage.

Sbo: *The government must give the grant to the girls who are still virgins because those who get grants always look after themselves, not their children. Maybe no one can sleep around so that she will get pregnant, and then get a social grant. Younger women can also be motivated*

Researcher: *What can you do to protect yourself?*

Pinky: *I will go to school till I finish my studies, go to tertiary and won't have sex till I get married.*

From the responses above, it is clear that virginity is important to the young girls. Together with the community, young girls perceive virginity as a means to delay the early sexual practices that will lead to HIV infections. Preserving virginity is also seen as a gift for marriage.

4.4. Caring masculinity

According to Morojele, Brook and Kachienga (2006), boys illustrate dominant values of masculinities such as assertiveness, toughness and being uncaring. However the results of this study indicated that the girls liked their

boyfriends because the boyfriends cared for them. This indicates a change of masculinities. The majority of participants indicated that they liked their boyfriends because they were caring. Two participants indicated that their boyfriends were understanding and one said that her boyfriend did not force her to do things she does not like:

Pam: *He understands me and he does not force me to do things I do not like.*

Pinky *He understands me and gives me space.*

For two participants their boyfriends were also like friends because they shared many things together; another said she could talk about everything with her boyfriend, for example problems at home.

Zodwa: *He is not just a boyfriend he is my friend because we share many things together.*

Bongi: *He is like a friend to me because I discuss about everything to him even if I got problems at home I talk to him.*

Owami: *He is right, honest in everything and he helps me and we talk to each other.*

Lilly saw her boyfriend as different from other boys in the township because of his behaviours. She said he was loyal, well behaved and did not go after other girls. Lilly has a false illusion that her boyfriend does not like girls, which could predispose her to engage in a risky sexual encounter with him.

Lilly: *I like the way he does things and his behaviour in the township. He does not behave like other boys. He does not like girls like other boys, he is loyal to me. He is a well behaved person and he is always at home.*

Sbo had the following to say about her boyfriend: “I like the way he is and that he gives me money”, which meant that her love was also based on material things.

The girls’ vision of the care and understanding that their boyfriends show could dominate their sexual relationships. Boys can take advantage of the situation. A study by Reddy and Dunne (2007) found that young girls need to be loved and young men were aware of the young women’s desire and that it was also often the reason why women engaged in risky sexual behaviours.

4.5 Prevention

Participants indicated that there were various factors that put young girls at sexual risk. Young people need support so that they can protect themselves from sexual risks. Becker et al. (1998), as cited in Campbell et al (2005) maintains that there is a recognition that the efforts to prevent HIV must go together with those to promote social environments that are supportive of safer sexual behaviours. The participants had differing opinions about preventative strategies that should be put into place to prevent young girls from engaging themselves in risky sexual behaviours. Their opinions included improved parent-child communication, education and HIV and AIDS, discussion by community members, and the role of Government.

4.5.1 Parent-child communication

Parents must communicate with their children about sexual issues first, because they are close to them. The response by one participant highlighted the importance of parent-child communication: she indicated that they do things at school that their parents don’t approve of so as to experience them, because their parents just tell them not to involve themselves with sex issues – but do not tell them why they must not do those things. She also wanted

parents to motivate them about sex because she believes that this will help them if they have problems. The participants perceive parent-child communication as the factor that can prevent young people from engaging themselves in risky sexual behaviours. This concurs with Mokobocho-Mohlakoana (2005), who states that the relationship between parents and children has been documented as one of the major contributing aspects towards young people's risk-taking behaviours.

Pam: *At school we used to do things that our parents do not approve. Our parents must understand and motivate us about sex; that will help us if we have problems.*

4.5.2 Community members

Two participants said that because parents are failing to educate young people about how they should behave, elders in the community must do so. They also came up with the idea that the community must form discussion groups. It seems that parents are not willing to educate their children about sexual issues.

Sonto: *There must be elders in the community to educate young people about the way of life and how to behave because parents are failing to do that.*

Owami: *The community must work together, form groups where they can talk and do things together as a community.*

Zodwa felt that people must not hide things from them; they must talk about sex so that young people will not be tempted to experience things.

Zodwa: *They must be taught about things. People must not hide things from them like (kept quiet) people used to say don't*

have sex but do not tell you why not. So the young people will want to experience. She will want to see what will happen.

4.5.3 Education and HIV and AIDS

School is seen as the place that has the potential to cascade important information to young people that can assist in preventing the spread of HIV and AIDS through sexual risk behaviours. One participant raised the idea that those young girls who have children must go back to school so that they will be taught about HIV and AIDS. This is supported by Mudaly (2006), who maintains that effective education is very much important in stopping the spread of HIV and AIDS and the large number of deaths that might still be prevented.

4.5.4 Government

Pinky and Bongi indicated that they were concerned about the issue of alcohol, which most participants perceived as a crucial factor putting many young people at sexual risk. They challenged the Government to pay more attention to the law guiding the selling of alcohol. Pinky stressed that they must close the taverns. They also asked the Government to make tavern owners aware about the damage they cause to future leaders:

Bongi: *Nation leaders must put more attention to the law that says alcohol is not for people under 18 and also make the owners of taverns understand what damage they cause to future leaders.*

Pinky: *They must close all taverns.*

The responses outlined above indicate that some of the parents, members of

the community and the Government do not communicate with young people about sexual issues. It is also clear that interaction with young people in the development of their sexual identities is important.

Young girls believe that intervention by parents, community members and the Government will come up with strategies that will prevent them from engaging in risky sexual behaviours. It is also clear that they are willing to communicate with their parents about sexual issues that lead them to taking sexual risks.

4.6 Summary

Responses from the participants indicated that they were dating. Most participants indicated that factors influencing young girls' sexual risk behaviours include, among others, partying at night, fear of their partners, culture, gender inequalities and, mostly, alcohol. From this study it is evident that the participants had knowledge about HIV and AIDS and were taught about it at school, but still engaged in sexual risk behaviours.

It is also clear that they know about prevention and condom use, but don't want to be responsible for their lives by using protection. They have unprotected sex, and girls comply with their boyfriends to show trust while others are afraid to tell them to use condoms.

One participant complained that parents do not talk to them about sex, but just ignore them. Young girls want their parents and the elders in the community to show and talk to them about sex and how to behave. They feel that all these things that parents and members of the community don't talk about are contributing to risky sexual behaviours.

It was evident from the data that the young African girls are at sexual risk. The study explored how young African schoolgirls construct their sexual risk

behaviours, and many factors which had an influence on their sexual risk behaviours were explored. Alcohol is perceived by many to be a problem which puts many young African girls at sexual risk. It is also evident that condom use is very low when these young girls have taken alcohol. Reducing the rate of alcohol intake by young girls should be the ultimate goal for everyone. Girls need to be empowered by both the school and the community to be responsible for the problem of alcohol, and be monitored to prevent sexual risk behaviours like virginity testing. Boys also need to be monitored as they are also implicated in the question of girls 'risky sexual behaviours.

The next chapter will present a summary of the research and the findings, limitations of the study and recommendations for future research.

Chapter 5: Summary of the results, recommendations and conclusion

5.1 Introduction

This study explored how young African schoolgirls aged 16-17 years construct their meanings around sexuality and sexual risk in the context of HIV and AIDS. In this chapter I present a summary of the research, summary of the results, limitations of the study, recommendations and the conclusion.

First I will present what each chapter entailed.

5.2 Summary of the research

Chapter 1 introduced the participants, the context from which they came, purpose of the study, key research questions, methodological process, rationale for the study, problem statement, research design and limitations of the study.

Chapter 2 presented the international and national literature regarding how young African schoolgirls aged 16-17 years construct their risky sexual behaviours in the context of HIV and AIDS. It also outlined different debates on sexual risk behaviours. The focus was on the socio-constructionist theoretical framework which guided the study.

Chapter 3 presented and discussed methodology used to conduct the research on how young girls construct their risk behaviours in their social context and the instrument utilised to collect data. It also detailed ethical issues, described the research site, sampling, limitations, trustworthiness, reliability and validity.

Chapter 4 provided a detailed analysis of the findings of the study using the semi-structured interviews. Emerging themes were also discussed.

Chapter 5 presents a conclusion based on the results of the study and limitations of the study. Recommendations are given in terms of the concerns of the young girls and intervention by parents, community and the Government to support young girls to change their sexual behaviours positively.

5.3 Summary of the results

A summary of the results is presented and discussed under the following themes: HIV and AIDS; sexual risk; girls say no; caring masculinity; and prevention.

5.3.1 HIV and AIDS

Participants displayed good knowledge about HIV and AIDS and its prevention. They knew how HIV is transmitted and its negative impact on the lives of young people. This concurred with the study by MacPhail and Campbell (2001) that found that knowledge about HIV and AIDS is high among young people.

5.3.2 Sexual risks

Levels of risk-taking behaviours are rife among young people (MacPhail & Campbell, 2001). The current study indicated that alcohol is regarded as a major factor influencing young girls' sexual risk behaviours. Research by Jewkes and Morrell (2010) states that another risk-taking behaviour that young people are engaged in is heavy alcohol consumption. All of the findings illustrated that young girls drink alcohol, and it is viewed by many as the

greatest factor putting young girls at sexual risk.

Despite the high levels of knowledge that the young girls in this study had, the findings indicated that young girls practice sex 'before time' and have multiple partners that they are involved with sexually. The findings also indicated that some of these young girls do not engage themselves in risky sexual behaviours willfully but due to peer pressure and promises made by their boyfriends. The age of 16-17 years is the time during which young girls conform to peer norms. The findings indicated that not all young girls are responsible in terms of their sexual behaviours. They involve themselves in risky behaviours because they want to experience things, and please their boyfriends, with others saying that they do not like using condoms because they spoil the mood.

However, the findings further indicated that there are young people who use condoms because they know that they can prevent sexual risks like HIV infections and unplanned pregnancies, although the literature indicates that condom use among young people is low (Marston & King, 2006).

With regard to culture, the findings indicated that participants viewed this as influential in their lives, both positively and negatively. They said it teaches them how to behave as young women, but also that it does not allow them to use condoms and forces them to do things they don't like (like parents forcing them to get married). Gender power inequalities also have an influence in these young girls' risky sexual behaviours.

5.3.3 Girls say no

Girls are usually seen as submissive in sexual relationships because of gender inequalities. However, the results indicated high levels of self-esteem, confidence and self-efficacy among young girls. They have the power to say no to protect themselves and their sexual health, and to limit transmitted diseases. This power to say no gives them a voice in their relationships. Some participants indicated that this power to say no helps them to preserve their virginity and delay early sexual debut. They believe that virginity is for marriage.

5.3.4 Caring masculinity

The findings indicated that young girls liked their boyfriends because they were caring towards them, and that they were more than just boyfriends because they could talk to them about everything, even if they had problems.

5.3.5 Prevention

Despite good knowledge about HIV and AIDS among the young girls, the findings indicated that they need support from parents, the community and the Government in order to change their risky behaviours. The results indicated that young girls were concerned about those who had children; they believed that if they could go back to school they could be educated about HIV and AIDS. The young girls clearly stated that their parents do not communicate with them about sexual issues. The findings indicated that the role played by parents, the community and the Government is limited. These young girls need their parents to communicate about sexual issues, the community to form groups where they will be taught how to behave as young women and

the government to restrict taverns on selling alcohol to young people.

5.4 Limitations

This study was carried out in only one high school, which means that the results cannot be generalised to the whole community. Time allotted for interviews was limited since the educators were busy carrying out catching-up programmes.

5.5 Recommendations

Educators can develop self-confidence in young girls. They must encourage young girls to fight for their sexual health. Young girls need to know that they have the power to say no to early sexual debut. This will reduce the risk of being infected with HIV and AIDS. They must also be given more information on the negative impact of unprotected sex and HIV and AIDS.

Schools must formulate HIV and AIDS policy in the learners' home language and make it available to all young people and to be given to parents to read to their children at home.

Pamphlets on sexual risk behaviours could be developed by teachers and then distributed among the learners to read and get to know about these kinds of behaviours and their impact on their lives. Knowing about the negative impact of these kinds of behaviours will change them.

The formation of group discussions by elders in the community would be instrumental in changing the behaviours of young girls and those who use alcohol. Discussing sexual risk behaviours will give girls a chance to talk about things that influence them, so that it would be easy for elders to offer their help.

It is also vital for community members to organise social activities. There are many social activities taking place in my community – but they do not involve young girls. Girls should also be given opportunities to involve themselves in these activities to keep up good behaviours. These activities will prevent them from going to taverns and partying.

While giving support to their children about sexual issues, parents must also stop their young offspring from going to taverns. This age range (16–17 years) is when young girls want to explore things, including tasting liquor, but alcohol can lead to unsafe sex and other unsafe situations of sexual risk.

5.6 Recommendation for further research

The outline of how I conducted my study and the findings I found should give other researchers the options of doing further research on the same issues. As mentioned in the limitations of this study, the research was only carried out in one high school in the whole of the Pinetown district in Durban. It is vital that further research be done across the whole continent to explore how young African girls of 16–17 years of age construct their sexual risk behaviours, and what factors influence these behaviours.

5.7 Conclusion

In this dissertation I have explored how young African schoolgirls aged 16–17 years construct their meanings around sexuality in the context of HIV and AIDS. I provided an outline of how young African schoolgirls are infected by HIV and AIDS, and gave reasons as to how they construct their risky sexual behaviours.

It was evident from my study that in order for learners to change their sexual behaviours, they need support from all stakeholders. Parents, community members and the Government are aware of the risky sexual behaviours that the young people are faced with, but do not have programmes in place to support them to change their behaviours.

Data collected revealed that young girls aged 16–17 years are aware of HIV and AIDS and its negative impact. They know how it is transmitted and the preventative measures. The knowledge they have did not help them to abstain from sexual practices, because others engaged them in risky sexual behaviours. It is clear that parents, the community and the Government need to play their role to help young girls develop sexual knowledge and know-how and change their sexual behaviours positively.

Limitations encountered during the study, preventative measures that young girls felt could help and recommendations of the study have been outlined.

Appendix 1



A20Thembeni Road
Kwandengezi
3607

The Principal

RE: A REQUEST FOR PERMISSION

I am a Master's education student conducting a research project titled, "Sexual risks amongst young African school girls 16-17 in the context of HIV and AIDS. I humbly request permission to undertake my research project in your school.

The title of this study was taken out of the broader topic titled, "In the context of HIV and AIDS, what puts young men/women between the age of 16 and 17 at risk?" Looking at the statistics of HIV and AIDS, the number of young people infected is alarmingly high. However, in this academic study, female learners between 16 and 17 will be interviewed in order to find out what are their perceptions about risky sexual behaviours. The interviews will be conducted in the school premises during breaks, so to avoid any kind of interruptions during class hours. Moreover, interviews will be recorded and kept confidentially and can only be accessed by the research team. Should you require more information, please contact me at, 0732217714

This study is supervised by Prof Deevia Bhana

With sincere appreciation for your co-operation.

Yours sincerely

Busisiwe Mirriam Nyawose

If you understand and grant permission please sign a declaration form

DECLARATION FORM

I (Full name of the principal) hereby confirm that I have read and understood the contents of this document and the nature of the research project, and I consent to permit the researcher to conduct his study at my school.

SIGNATURE

DATE/STAMP

.....

.....



Informed Consent Form

My name is Busisiwe Mirriam Nyawose, student at the University of KwaZulu-Natal/Edgewood campus (Student number 200400403). I am doing research on a project entitled:

“Sexual risk amongst young Africans school girls in the context of HIV and AIDS”

This project is supervised by Professor Deevia Bhana who’s a lecturer and an academic at the School of Education Studies, Edgewood Campus, University of KwaZulu-Natal in Durban/South Africa. Should you have any questions or concerns, please feel free to contact me on the following details:

Cell phone number: 0732217714

Email address: nyawoseb@yahoo.com

Would you please allow your child to participate into this project?

Please sign this form to show that you have read the contents and that you are allowing your child to participate in this project.

Thank you.

(Signed) -----(Date)

----- (Print Name & Surname



Informed Consent Form

My name is Busisiwe Mirriam Nyawose (Student Number: 200400403). I am doing research on a project entitled:

“Sexual risks among young African school girls 16-17 in the context of HIV and AIDS.”

This project is supervised by Prof Deevia Bhana at the School of Education Studies, Edgewood campus, University of KwaZulu-Natal, in Durban, South Africa. Should you have any questions or concerns, please feel free to contact me on the following details:

Cell phone number: 0732217714

Email:nyawoseb@yahoo.com

Thank you for agreeing to take part in the study. Before we start, I would like to emphasize that:

- Your participation is entirely voluntary;
- You are free to refuse to answer any question;
- You are free to withdraw from the project at any time.

All interviews will be recorded. The interview will be kept strictly confidential and will be available only to members of the research team.

Please sign this form to show that I have read the contents to you.

----- (Signed)-----

----- (date)

----- (print name)

Appendix 5

Turnitin Originality Report

Edited MEd dissertation by Busisiwe Nyawose

From Busisiwe (Busisiwe)

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Appendix-6 Semi- structured interview schedule

1. How old are you?
2. Do you have friends/
3. Do you have a boyfriend?
4. Did you introduce him to your parents What do you like about your boyfriend?
6. What are your personal views on dating at your age ?
7. Do you know of any person with many boyfriends?
8. What do you think about that?
9. What do you know about HIV AND aids?
10. What do young people say about protected/unprotected sex?
11. How do people of KwaNdengezi look at you?
12. What are sexual risk behaviours?
13. Do you think that culture and power have influence in risk taking behaviours/
14. How long have you been staying here at KwaNdengezi?
15. What can be done to protect young people from risk taking behaviours/
16. Do you spend time together with your family/
17. Why are young women at risk?
18. What can you say if your boyfriend want to have sex with you?

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