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MASTERS RESEARCH REPORT

What constitutes a 'risky' identity? : The social representation of the risk of contracting HIV among South African students

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DECLARATION

I declare that this research report is my own work. It is being submitted for the Degree of Master of Arts (Community-Based Counselling Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination at any other university.

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Sarah Stadler

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ABSTRACT

This research aimed to explore the social representation of a 'risky identity' with regard to HIV. 12 students participated in the research and these participants were required to take photographs regarding their perceptions of a 'risky identity'. Each participant also took part in a semi-structured interview that prompted discussion of the photographs and the different factors perceived to influence the risk of HIV infection. These interviews were audio-recorded and transcribed. Discourse analysis was used to analyse the data and how the participants position the 'other' as more at risk of HIV infection than the self. The analysis also revealed that the most common factor perceived to influence the risk of HIV infection is substance use. Other factors include: gender, race, age, and socio-economic status. Interestingly, the participants found it easier to attribute risk to behavioural and environmental factors, whereas they were more reluctant to associate risk with factors such as race and gender. In fact, when doing so, many of the participants emphasised the impact of environmental and behavioural factors as a means to justify their perceptions. The risk of justifying social representations in such a manner is that prejudiced attitudes remain, just in a seemingly more socially acceptable form. Subsequently, it is recommended that HIV prevention programs go beyond education to critical discussions about issues of identity and the social representations and risk perceptions influencing sexual behaviour.

Key Terms: Discourse Analysis, HIV, Risk, Perceived Risk, Power, Social Representations Theory

Contents

CHAPTER 1: Introduction

1.1 Introduction

The HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) epidemic has had a substantial global impact. Since the start of the epidemic, 25 million people have died from HIV-related causes (UNAIDS, 2008), and by the end of 2008 the total number of individuals living with HIV was estimated to be 33.4 million (UNAIDS, 2009). HIV is considered to be primarily a sexually transmitted disease (Barnett & Whiteside, 2006; Klepinger, Billy, Tanfer & Grady, 1993) and, as such, HIV infection can be prevented by encouraging safer sexual practices such as delaying first sexual intercourse, committing to one partner, and consistently using condoms (Barnett & Whiteside, 2006; Hendriksen, Pettifor, Lee, Coates & Rees, 2007).

In response to the HIV epidemic, intervention efforts have attempted to stem the tide of infection. It is interesting to note that these programmes have traditionally tended to favour individual-level conceptualisations of the causes of health behaviour (Campbell, 2003). Within this framework, many models of health behaviour have highlighted perceived risk as an important factor. The reason for this is because if one considers oneself to be at a low risk for HIV infection, one is unlikely to engage in protective behaviour (Campbell, 2004; Hendriksen et al., 2007; Sutton, 1999). This shows that individual factors have some influence over behavioural decisions. However, in addition to these individual factors, recognition has also recently been given to the role of the social context in enabling or preventing the adoption of health-enhancing behaviour (Campbell, 2003). This is evident where Campbell (2004) identifies gender, poverty and stigma as all being examples of factors that make it difficult for people to protect their sexual health as the various social representations associated with such factors can influence risk perceptions and behaviour. Consequently, it is important to investigate the social representation of factors that are perceived to play a role in the risk of HIV infection. The way in which these social representations influence perceptions of personal risk, and the risk of other people, also needs to be explored.

1.2 Research Aims

This research aims to investigate the social representation of factors perceived by students at the University of the Witwatersrand (WITS) to play a role in the risk of HIV infection, with particular attention being given to the characterisation, racialisation and gendering of HIV. In addition, the use of social representations in the estimation of risk of the 'other' and of the self will be explored.

1.3 Research Questions

What social representations, particularly regarding age, race, and gender, are held by students at the University of the Witwatersrand with respect to the perceived risk of contracting HIV?

What social representations emerge when individuals calculate their own level of risk of HIV infection, as well as the level of risk of others?

1.4 Rationale

The HIV epidemic is a global problem that has had a severe impact on society (CHGA, 2008). It is problematic that South Africa bears a disproportionate share of the global burden, with 35% of HIV infections and 37% of AIDS deaths in 2007 occurring in this region (UNAIDS, 2008). Current data does suggest that the epidemic is stabilising (Department of Health [South Africa], 2007). However, this does not mean there is room for complacency (UNAIDS, 2008). There is a need for continued research on ways to reduce the incidence of HIV infection.

In addition to the alarming statistics regarding the worldwide impact that HIV/AIDS has had, it is particularly concerning that 45% of new HIV infections occur in people aged between 15 and 24 (UNAIDS, 2008). This age group is of interest since it is known that individuals between the ages of 15 and 50 years old are the most sexually active, as well as the most economically active and productive people in society (Barnett & Whiteside,

2006; Vaas, 2003). Hence, the high rate of infection in such individuals is problematic with regard to the progression of the illness, as well as the fact that the death of such individuals has an impact at multiple levels. Firstly, it often results in higher consumption and expenditure patterns for the household (Veenstra & Whiteside, 2005); and this may be experienced in conjunction with a loss of a source of income. HIV/AIDS could also lead to children being orphaned and where mother-to-child transmission takes place, it results in increased infant mortality. Secondly, a high incidence of HIV is also seen to have an effect at an industrial level as it can lead to decreased productivity, while simultaneously increasing expenditure for the company (CHGA, 2008). For example: decreased productivity may result from absenteeism, reduced performance at work, increased staff turnover, etc, while increased expenditure may occur because of increasing numbers of benefit claims, higher costs for medical care and insurance coverage, and higher costs for capital where there is less investment in the company if the company is perceived as being high risk as a result of high employee infection rates (CHGA, 2008). Lastly, a high incidence rate of HIV also has an impact on broader economic growth as it results in greater spending on the delivery of social services in the country (Veenstra & Whiteside, 2005). It is subsequently evident that high HIV infection rates mean a greater demand for social services even while the epidemic erodes the human capital and financial resources that are necessary to meet this demand. Consequently, it can be stated that the HIV epidemic can negatively affect the functioning of a country and needs to be addressed. In order to develop intervention strategies intended to reduce the incidence of HIV, this research has employed social representations theory as a means to understand the high HIV infection rates of the youth. The nature of social representations theory remains to be discussed.

To develop an understanding of social representations theory developed by Moscovici, it is important to first consider that social representations are mental entities and that these are made up of abstract and concrete elements, i.e. concepts and images (Potter & Wetherell, 1987). Based on this theory, social representations provide a way of understanding and evaluating the world. Also, more than simply having a concrete element and an opinion about such an element, Moscovici suggests that the social representation of the element is important, and that the opinion of the element is derived from this (Potter & Wetherell, 1987). Hence, social representations theory provides a means of understanding the HIV epidemic and this theory suggests that instead of simply accepting risk perceptions, we

need to ask why individuals hold certain risk perceptions and not others. As such, it is necessary to explore the social representation of HIV and to examine how these representations influence risk perceptions.

In addition to the above, social representations theory has been used to conceptualise this research because of the fact that 'representations sustained by the social influences of communication constitute the realities of our daily lives' (Moscovici, 2000, p.2). Where these representations are said to become common sense, they enter into people's every day conversations with friends and they circulate in the media (Moscovici, 2000).Thus, given the pervasive nature of social representations, it is hoped that this research will generate further knowledge and understanding of the social representation of factors perceived to play a role in risky sexual behaviour. Moreover, any discrepancies between what is actually risky and what is socially represented to be risky for the self and others may be detected through the research, and the origins of such discrepancies explored. This will enable an understanding of how South African students construct risk, and whether or not such discrepancies have their origins in South Africa's history. This is useful as it may provide insight into how social representations evolve within a particular context. It is hoped that the generation of such knowledge regarding social representations will allow for the development of interventions that consider both the individual and environmental factors that have an impact on behaviour.

Thus, from the above, it is evident that social representations theory provides an important means to understand risk perceptions. Given that 45% of new HIV infections occur in the 15-24 year old age group (UNAIDS, 2008), this study focuses on the social representations of the youth and how these social representations influence perceptions of risk. When studying the social representations of the youth, it is important to remember that such individuals face certain unique challenges that may influence actual risk and perceptions of risk with regard to HIV. Most noticeably, at this age there is a focus on developing one's identity, and being young typically provides the opportunity for social and sexual experimentation (Walker, Reid & Cornell, 2004). Moreover, students in the university environment are not exempt from this risk. According to the Council on Higher Education (2001), a study commissioned by the government in the year 2000 found that the infection

level of undergraduate university students was estimated at about 22% and it was thought that this could increase to 33% by 2005. Additionally, the infection level for postgraduate students was estimated at 11%, and was projected to rise to 21% by 2005. These statistics show the extent of HIV infection in this population and the anticipation that rates would continue to rise as time passes is important, especially since it has been found that one's level of education may have little bearing on one's behaviour despite possible assumptions to the contrary (Seloilwe, 2005). It is therefore necessary to investigate the social representations maintained by this population and to explore how these have an impact on perceived risk and behaviour. Furthermore, in order to have a context from which to examine participant's social representations, it is important to provide an account of the historical context of university in South Africa in general and the University of the Witwatersrand (Wits) in particular. It is also necessary to consider the present face of WITS.

Wits was opened in 1922 as South Africa's fourth university and it was the first full teaching university in the interior of South Africa. It was preceded only by the University of Cape Town, the University of Stellenbosch, and the federal University of South Africa which had its headquarters in Pretoria (Murray, 1982). Given the reign of apartheid at the time of the inception of Wits, it is important to consider where Wits stood with regard to its admission policies. Interestingly, Wits and the University of Cape Town were typically known as the 'open universities' because they were open to admitting White and non-White students, but in reality 'a study of admission policies indicates that at its inception Wits very much reflected the prejudices of the society to which it belonged. Only very slowly and hesitantly was it accepted that Black students, African, Coloured, and Indian, should be admitted in any substantial numbers' (Murray, 1982, p. 298). Moreover, it is important to note that through its history race and colour are not the only issues on which the 'openness' of Wits was challenged, the place and rights of Jews, Afrikaans-speakers, and women within the University was also questioned, particularly in the 1920's and 1930's (Murray, 1982). Furthermore, by 1959 the Nationalist Government finally passed legislation that imposed apartheid on the South African university system. This bill was met with strong protests by students in 1957 and again in 1959, but these were unsuccessful and Wits strongly enforced the policies of this legislation (Murray, 1997). With regard to issues of gender, the relations between men and women typically reflected the patriarchal and sexist practices prevailing in society (Murray, 1997). According to Murray (1997), the role of a

woman was typically that of a mother and a wife, and most women enrolled for a BA degree. Moreover, after World War II women were encouraged to study towards careers in teaching and nursing, in order to help them to provide ex-servicemen with sympathy and understanding.

While Wits University initially failed to oppose the restrictions imposed by the legislation in 1959, this changed with time. In fact, Wits embarked on non-racial admission in the early 1980's and it focused on research designed to undermine the apartheid government. By 1990 it seemed like Wits was setting an example for other institutions to follow (King, 2001). However, despite a history that has largely been anti-apartheid, Wits' transformation has been tumultuous and efforts at transformation have been hindered by student and staff unrest (King, 2001). While there still seems to be a struggle to promote integration between students, it is important to recognise that the admission rates have been geared towards transformation. In 2008, 69% of students were Black and 51% of students were female (Department of Education, 2010). Thus, Wits appears to be focused on promoting transformation, and it remains to be examined how issues of race and gender are socially represented within this context with regard to HIV.

In conclusion, this research intends to critically explore the social representations held by the youth with regard to factors perceived to influence the risk of HIV infection. Wits University is the site for this research and it is hoped that this research will enable the development of new intervention strategies. In particular, the benefit of developing new interventions lies in the fact that 'many existing HIV-prevention efforts in sub-Saharan Africa have been dominated by the very biomedical and behavioural understandings of sexuality and health that allowed the epidemic to develop in the first place' (Campbell, 2003, p.7). Thus, owing to the more recent recognition of the fact that sexuality is not only part of our physical body and our instincts and emotions, but that it is also socially constructed, research needs to explore sexuality in a more comprehensive manner (Campbell, 2003).

1.5 Definition of key terms

Risk: This term is used to refer to the likelihood or probability of a person becoming infected with HIV (UNAIDS, 2008).

Perceived risk: This term refers to level of risk that people estimate themselves to be at with regard to contracting HIV. This is not a reflection of the actual risk that such individuals are at.

Vulnerability: This term refers to the external factors which reduce the likelihood of one engaging in protective behaviour with respect to the risk of HIV infection. For example, a lack of knowledge and education about HIV and the methods required to protect oneself, accessibility to health services, and societal factors such as human rights violations or social/ cultural norms are all considered factors that influence and have an influence on behaviour (UNAIDS, 2008).

'Risky identity': This term is used to capture the fact that a person's level of risk of HIV infection can be related to their identity. This is because, as previously mentioned, norms, perceptions and stereotypes associated with the context have an effect on one's ability to engage in safe sexual behaviours, and this can affect a person's risk of contracting HIV.

1.6 Structure of the research report

This chapter has provided an introduction to the aims of the research, the research questions, as well as the rationale for conducting the research. Chapter 2 provides an account of the theoretical framework used to shape this study, namely social representations theory. The notion of 'perceived invulnerability' is also discussed, along with a critical discussion of the different social representations that are thought to exist with regard to factors that can influence the risk of contracting HIV. Chapter 3 presents the research design and procedure that was employed to answer the research questions. This chapter also discusses the use of disposable cameras and semi-structured interviews as strategies for data collection, discourse analysis as a means to analyse the data, as well as ethical considerations and researcher reflexivity. The findings of the research are presented in Chapter 4 and focus on the following factors: substance use, age, gender, race, and socioeconomic status. In addition, perceptions of personal risk are also explored. Finally, Chapter 5 provides a summary of the results, the strengths and limitations of the research, as well as recommendations for future research and the conclusions of the study.

CHAPTER 2: Literature Review

2.1 Introduction

The following is a literature review providing a brief critique of some of the theories that are used to understand the decision to engage in risky sexual behaviour. This is followed by an exploration of social representations theory as a means of explaining how knowledge generated in the social context influences the way that individuals understand HIV and their perceptions regarding their level of risk. Age, gender, race, socio-economic status, and substance use are all factors that are considered in terms of the way in which they are socially represented with regard to the perceived risk of HIV infection.

2.2. A critique of some of the theories utilised to understand sexual behaviour

Numerous theories have been developed in order to understand the processes underlying the decision to change one's behaviour. However, these theories of behaviour change have tended to either focus on individual, interpersonal, or structural and environmental factors, and it is important to note that this separation is artificial as there is inevitable overlap between the categories (UNAIDS, 1999). Nevertheless, a brief account and critique of the theories within these categories is provided.

Focusing on the individual, the most common theories of behaviour change include the health belief model, social cognitive (or learning) theory, the theory of reasoned action, the stages of change model, and the AIDS risk reduction model (UNAIDS, 1999). In brief, the health belief model is one of the earliest models and it was developed in the 1950's. It maintains that behaviour is a function of one's socio-demographic characteristics, knowledge and attitudes, and that in order to change behaviour, the following factors are important to consider: perceived susceptibility, perceived seriousness of the illness, belief in the efficacy of the new behaviour, perceived benefits of new behaviour, barriers to taking action and cues to action, such as the death of a relative due to HIV. (Rosenstock, Strecher & Becker, 1994; UNAIDS, 1999). With regard to the social cognitive theory, Bandura proposes that two other important factors to consider are self-efficacy and outcome expectancies (Rosenstock, Strecher & Becker, 1988; UNAIDS, 1999). Furthermore, the theory of reasoned action, put forward in the 60's by Ajzen and Fishbein, is conceptually

similar to the health belief model, except that it also considers intention when determining whether a behaviour will occur, and intention is said to be a function of one's attitude towards the behaviour and subjective norms (UNAIDS, 1999). Then, somewhat different from the previous theories mentioned, the stages of change model was developed in the 1990's and this theory sets out a list of stages that individuals go through when considering a behaviour change. Finally, the AIDS risk reduction model was developed in 1990. It draws on the health belief model, social cognitive theory and the diffusion of innovation theory. Three stages are identified for reducing the risk of HIV in this model. As a whole, knowledge, perceived susceptibility, and aversive emotions characterise the first stage, known as behaviour labelling. The second stage, the commitment stage, examines perceptions of enjoyment, self-efficacy, social norms and aversive emotions, and the last stage, the stage of taking action, once again explores aversive emotions, as well as communication, help-seeking behaviour and social factors (Catania, 1990). Overall, according to UNAIDS (1999), these theories have been useful for identifying individual behaviours associated with high transmission rates, but these theories alone do not explain why some populations have higher infection rates than others, or the complex interaction between the individual and the context.

Given the above, it is apparent that there is a need for theories to go beyond cognitive explanations of behaviour, to examining how that which is social, cultural or economical may influence individual behaviour. Such theories include the diffusion of innovation theory, the social network theory, social influence or social inoculation model, and the theory of gender and power (UNAIDS, 1999). These theories 'see individual behaviours embedded in their social and cultural context, and instead of focusing on psychological processes as a basis for sexual behaviour, it tends to be social norms, relationships and gender imbalances that are said to influence behaviour' (UNAIDS, 1999, p. 10).

Lastly, behaviour can also be seen as a function of structural and environmental determinants, with the theory for individual and social change or empowerment model, and the social ecological model for health promotion being central, as well as the focus on socio-economic factors. These models tend to focus on linking the individual to the surrounding system and while they do consider intrapersonal factors, interventions tend to operate at the level of community, organisations and policy (UNAIDS, 1999).

Overall, the difficulty with the present means of understanding behaviour is that it tends to result in the isolation of individual, interactive and community processes in understanding behavioural change. One factor which is typically viewed from the perspective of individual processes is that of perceived risk, but more recently it has been acknowledged that individuals may not perceive themselves to be at risk because of their own behaviour, but rather because of the behaviour of their partners, thereby highlighting the importance of interpersonal and possibly environmental factors as well (UNAIDS, 1999). This once again points to the need to understand risk perceptions in a more complex, multi-faceted manner. Social representations theory enables such a process, as it can be used to understand how risk perceptions are maintained and justified. The construct of social representations is useful as these are not conceptualised as being solely intrapersonal factors influencing behaviour; rather, social representations are understood as being meanings that are shared amongst individuals and that emerge out of a particular context, thereby enabling a more comprehensive exploration of the interaction between the context, interpersonal and intrapersonal processes that can influence risk perceptions and opinions (Potter & Wetherell, 1987). Subsequently, the nature of social representations theory remains to be explored in more depth.

2.3 Social Representations Theory

Social representations theory seeks to understand people's philosophies about new societal events and processes, as well as how different groups make meaning of such events (Joffe, 1999). An epidemic is the perfect example of such an event and, as a result, this framework can be used to generate an understanding of how people understand and perceive the HIV epidemic.

In introducing social representations theory, it is important to first look at what social representations actually are, as well as how are they are generated. Social representations are mental entities and they are made up of both concrete and abstract elements, i.e. concepts and images respectively (Potter & Wetherell, 1987). They can be understood as the mediating factor influencing perceptions of a particular thing, object or person. For example, it is the meaning that is made with regard to an object which influences the perception of the object (Potter & Wetherell, 1987). Thus, according to Wagner (1995), social representations can be conceived of as social processes of communication in which

meaning and social objects are generated. However, they can also be conceptualised as individual attributes; as individual structures of knowledge, symbols and effect that can be shared with other people (Wagner, 1995). Therefore, social representations can refer both to the process of communication, as well as to the process of establishing order in the world, thereby allowing individuals to orientate themselves in the world and to master it (Moscovici, 2000). In other words, social representations can be understood to comprise 'common sense' and everyday knowledge that can be shared amongst group members (Moscovici, 2000; Wagner, 1995).

In the process of trying to understand how social representations influence perceptions, it is important to note that social representations theory adopts a social constructionist perspective, but it is unusual in that it does not subscribe to the notion of 'subjectivity'; rather, it is argued that there is a degree of coherence in the social representations held by groups (Joffe, 1999; Moscovici, 2000). This is an important aspect of the theory as it enables an understanding of how interactions with others can influence individuals, rather than only focusing on purely intrapersonal factors influencing behaviour. Furthermore, social representations theory is useful as it does not elevate textual discourses over images and rituals in order to explain how meaning is given to new events (Joffe, 1999). Thus, social representations theory provides a framework for examining the way in which groups communicate and generate social representations in terms of language, as well as symbols.

In addition to defining social representations, it is important to also consider their function in more depth. Social representations are used to familiarise the unfamiliar (Moscovici, 2000). This means that when individuals encounter new experiences, objects, people and events, new experiences can be added to a reality which has already been pre-determined owing to the representations and culture which already exists (Moscovici, 2000). Not only do representations make the unfamiliar familiar, but Moscovici (2000) argues that they also impose themselves upon us with an irresistible force. This is subsequently a result of the fact that existing representations affect the incorporation of new experiences. Hence, social representations have a powerful influence, which is why it so important to examine the way in which HIV is socially represented.

In relation to the above, exploring the way in which HIV is currently socially represented is especially important given that social representations play an important role in helping people to perceive themselves to be at low-risk while constructing others as being at high risk. This process is useful as it helps individuals to maintain a positive self-identity, but the inherent risks associated with low risk perceptions highlights the importance of exploring these perceptions in more depth (Rohleder, 2007).

2.4 Perceived Invulnerability: I am not at risk, 'others' are

Research has shown that the role of knowledge in influencing behaviour is limited, and that behaviour is largely affected by the level of risk at which one considers oneself to be (Barden O'Fallon, deGraft-Johnson, Bisika, Sulzbach, Benson, & Tsui, 2004). However, it has often been found that people have a tendency to inaccurately calculate their level of risk and to consider themselves to be at minimal risk in relation to anything negative (MacIntyre, Rutenberg, Brown & Karim, 2004). The phenomenon of considering oneself to be invulnerable to anything negative has received much attention in the literature and, as a result, there are many terms available to explain this phenomenon including optimistic bias, unrealistic optimism and perceived invulnerability (Branstrom, Kristjansson & Ullen, 2005; Dew & Henley, 1999; Johnson, McCaul & Klein, 2002; Macintyre et al., 2004, Weinstein, 1987).

'Optimistic bias' refers to the tendency to claim that one is less at risk for a negative event than one's peers (Joffe, 1999; Weinstein, 1987), and this may result in one believing that one has a low risk of contracting HIV (MacIntyre et al., 2004). When this perception is unrealistic, it is termed 'unrealistic optimism' (Johnson et al., 2002), and this places a person at risk as one may engage in unsafe behaviour thinking that one is safe, when the opposite is true (Hendriksen et al., 2007). Thus, perceived risk can play an important role in the behavioural decisions that an individual makes and people can be put at considerable risk if they deny their actual risk of contracting HIV. Consequently, perceived risk and perceptions of invulnerability need to be addressed when trying to encourage behaviour change.

From the above, it is clear that perceived risk has been highlighted as an important factor with respect to decisions regarding sexual behaviour. It also shows that inaccurately

perceiving oneself to be low risk can be risky (Hendriksen et al., 2007). However, in order to establish the best method of encouraging accurate perceptions, it is important to explore the purpose and consequences of these inaccurate perceptions. It has been suggested that the reason for considering oneself to be at low risk for anything negative, despite contradictory evidence, is a defence mechanism against anxiety created by threats to the self (Rohleder, 2007). Such a perspective draws on psychodynamic theory as well as social representations theory, and Joffe (1999) also subscribes to the notion that there is a tendency to consider oneself to be invulnerable. In fact, Joffe (1999) explains that people attempt to allay their anxiety evoked by the threat of HIV/ AIDS by portraying 'others' as more likely to be at risk, and so inaccurate risk perceptions seem to be protective from a psychological perspective.

While perceiving oneself to be at a low risk of HIV infection is a mechanism to protect oneself psychologically (Joffe, 1999), the outcomes of this behaviour need to be considered. A person who perceives they are a low-risk candidate for HIV infection may engage in risky behaviour, thus becoming high risk (Hendriksen et al., 2007). Also, in terms of the 'other', the impact of being the out-group has significant consequences (Joffe, 1999). In particular, research has shown that many individuals internalise stigmas concerning their group and identify with similarly stigmatised group members. Moreover, the stigmatised often manifest shame in relation to this identity (Joffe, 1999), although it must be said that while this is not the case with everyone, it is an important consideration. Thus, it is evident that perceiving oneself to be at low-risk, while constructing others to be risky, has been shown to have some harmful consequences for both the self and the 'other', which is why it is important for interventions to target inaccurate perceptions of risk. But this requires an understanding of how low-risk perceptions are constructed.

Some of the reasons cited for perceiving oneself to be at low-risk and for not adequately protecting oneself include: perceiving the outcome as not being serious, with distant outcomes being considered as being less serious than imminent ones; seeing the risks as outweighing the immediate benefits; considering the recommended behavioural action to be ineffective in reducing the risk and thus disregarding it; being reluctant to adhere to recommended behaviour if it is perceived to have costs or disadvantages; or the individual may feel unable to implement the recommended action (Sutton, 1999). From this, it is

evident that low-risk perceptions are related to the perceived severity of the outcome, as well as to perceptions regarding the ability to prevent the outcome.

In light of the above and the importance given to the perceptions regarding behavioural actions and associated outcomes, it is important to consider the use of condoms in the HIV epidemic. This is a significant mode of prevention (Barnett & Whiteside, 2006). However, the myths about condom use need to be explored because it is believed that the social representations around condom use may result in people believing that they are unable to prevent HIV/ AIDS, which could lead to unsafe sexual behaviour (Simbayi et al., 2005). Condoms are an effective way of preventing the transmission of sexually transmitted diseases such as HIV/AIDS, they are inexpensive and relatively easy to use (Myer, 2005). Myths and misconceptions about condoms are problematic as, if these social representations result in their decreased use, peoples' risk of contracting HIV will rise (Sutton, 1999). It is therefore important to investigate the way in which condoms are socially represented. Also, seeing as Moscovici (2000) highlights that social representations enter everyday conversations, it is very important to examine the judgments that peers make about condoms, as such representations can influence individual behaviour. In particular, it has been found that, where individuals have a negative attitude towards using condoms, they encourage their friends to not use them and, in turn, such individuals tend to internalise their friend's attitudes (MacPhail & Campbell, 2001; Zambuko & Mturi, 2005).

MacPhail & Campbell (2001) conducted research in which the following myths concerning condoms emerged: that they are generally unnecessary in 'steady' relationships and for a steady partner to insist on condom use indicates a lack of trust and respect; individuals make distinctions between partners who require the use of condoms and those that do not based on appearance and reputation; and women who keep condoms are exceptionally sexually active or promiscuous. Moreover, Myer (2005) highlights the following barriers to condom use: the fact that carrying condoms is viewed as being an indicator of a high-risk sexual partnership and that using condoms is regarded as making sexual intercourse less pleasurable. Interestingly, it is also thought that even the notion that condoms are easy to use may need to be explored further as this may generate a sense of inadequacy and reluctance to ask for help in instances where individuals are unable to properly use a condom. Hendriksen et al. (2007) found that 80% of individuals in their study reported

having been shown how to use a male condom and felt that they were responsible, wise and mature. However, 41.8% still reported feeling somewhat anxious, 16.3% felt afraid and 11.8% felt uncomfortable about using condoms (Hendriksen et al., 2007). Given the above, it is important to examine the social representations of condoms and condom use, as well as the more individual factors that may influence condom use, such as issues of self-efficacy. A multi-faceted perspective is necessary in order to enhance understanding of what it is that acts to inhibit condom use.

In conclusion, social representations theory provides a useful way of conceptualising the process of estimating one's level of risk in relation to other groups in society, as well as for understanding the characterisation of HIV, and the decision to engage in unsafe sexual behaviour. It is important that such mechanisms are well understood given that adolescents and young adults are particularly vulnerable to subscribing to the phenomenon of perceived invulnerability, and they can be easily influenced by their peers. As such, they form the focus of this research (MacIntyre et al., 2004; Zambuko & Mturi, 2005).

2.5 Developing an 'Identity': Who I am in a context of social representations

Social representations have been shown to affect the way in which people familiarise themselves with new events, and are said to impose themselves upon people with an irresistible force which exists prior to thought and decrees what one should think (Moscovici, 2000). Thus, Moscovici (2000) argues that while we may, with effort, become aware of and evade some constraints, we can never be free of all convention; hence, it is better to make explicit a single representation. This is particularly true given that social identities emerge from belonging to certain social groups or from our positioning within networks of power relationships shaped by factors such as gender, ethnicity or socioeconomic position, and that different identities are associated with different behavioural positions (Campbell, 2004). These identity-linked behaviours have a range of potential consequences for people's vulnerability to HIV infection (Govender, 2006). It is subsequently important to explore the various social representations associated with aspects of identity in order to understand how risk perceptions are justified and maintained, and to contrast this with the actual risks that identity markers may expose one to.

2.6 Youth: Young people at risk of HIV infection?

The statistics show that the highest incidence of HIV occurs in people between the ages of 15 and 24 (UNAIDS, 2008). Thus, it can be said that the HIV epidemic is taking an enormous toll on the youth, and in order to develop an understanding of the high incidence rate in this age group, it is important to explore the factors which serve either to encourage protective behaviour or to promote risky behaviour.

An important factor to consider is the developmental stage that adolescents experience in the transition to adulthood. Adolescence is said to be a unique stage of the human life cycle, a period of rapid development where individuals are faced with many new situations and acquire many new capabilities (Irwin, Scott & Cart, 2002). This developmental stage of adolescence involves physical, psychological and social development (Strunin, 1991). Such individuals are in the process of 'finding themselves' and this process needs to be explored further, with particular attention being given to the social representations that exist within this context.

2.6.1 Challenging the social representations of the youth in relation to the HIV epidemic

While it is important to consider the social representations of the youth, it is also important to not refer to all youths as one homogenous group and to recognise that there are individuals that challenge stereotypical norms in the face of social representations and restrictive contexts (MacPhail & Campbell, 2001). Nevertheless, the general social representations that exist with regard to the youth need to be carefully considered.

2.6.2 Experimental behaviour: Normalised or discouraged?

In exploring the social representations of risk with regard to the youth, it is important to reiterate that many traditional psychology textbooks speak of adolescence as a period of transition. During this time adolescents start to become sexually mature as a result of increased hormone production but they are also still portrayed as being emotionally immature, thereby providing an explanation for the difficulty that adolescents are said to experience (Wilbraham, 2004). In relation to this, it is thought that while such changes do

take place at a physical level, the subsequent social representations can have an important impact on the behaviour that individuals engage in (Campbell, 2003).

In relation to the above, it seems that on the one hand risky behaviour and experimentation is considered to be a normal part of development, but on the other hand, this process is considered problematic as it still holds the potential for risk because of the emotional immaturity of the youth. Furthermore, risky behaviour is targeted in health promotion programmes (Wilbraham, 2004), which once again implies that such behaviour should be avoided. Hence, there seem to be two competing social representations of the process of development. The discouragement of risky behaviour is based on the understanding that risky behaviour may expose adolescents to many hazards that may jeopardise their health and development (Hurrelman & Richter, 2006). However, this process plays an important role in development as it allows for coping styles to begin consolidating (Hurrelman & Richter, 2006). As such, the discouragement of experimentation is potentially problematic as such behaviour can fulfil important social functions and plays an important role in psychosocial development. Such experiences can also build character (Hurrelman & Richter, 2006). This highlights the problem regarding the presence of problematising and/or normalising social representations. These competing social representations mean that, on the one hand, sexual behaviour may be recognised but, on the other hand, it may become a problem. Hence, adolescents get competing perspectives and sexuality is treated in multiple and contradictory ways (Macleod, 2006). This is problematic where it may create difficulty for adolescents to adopt health-promoting behaviour and where it may influence their perceptions of risk.

2.6.3 Sexual behaviour as a means for the youth to gain power from custodians - the role of guardians in the HIV epidemic

It has already been shown that adolescence poses a risk from the perspective that adolescents experience a mismatch between their body and psyche. However, it is also said that this period is risky as it can serve as a means for adolescents to claim their power from their custodians (Wilbraham, 2004). It is argued that young people may experience their parents as restrictive and as fearing the body's capacity for sex and pleasure, and the youth are then 'impelled to reject such neurotic parental advice as instances of false consciousness' (Wilbraham, 2004, p.516). Adolescents subsequently gain sexual knowledge

from outside sources such as their peers and the media, which allows them to become well informed about sex (Wilbraham, 2004).

In relation to the above, parents might take a backseat to their children's knowledge and behaviour because of the social representation that parents do not have the power to inform their children of the potential risks regarding sexual behaviour (Wilbraham, 2004). But the problem is that parents may then be blamed for taking a backseat because they are expected to be primed to expect moodiness, embarrassment, hostility and resilience owing to the fact that this model sees adolescence as a time of conflict between the psyche and the body (Wilbraham, 2004). As such, parents are either faced with being considered to be overbearing or absent regarding sexual education, with both social representations minimising their power to influence children. In sum, the influence that parents have over children in the face of the HIV epidemic is complicated as the transition from adolescence to adulthood in and of itself suggests increasing independence, yet this can come with many risks in light of the decreased parental influence and increased peer and media influence.

2.7 Gender: Differential HIV risk?

Social or gendered identities are said to occur from the positioning of individuals within networks of power relationships that are historically and contextually bound (Govender, 2006). The gendered subject is said to be located within discursive power relations that result in men and women being positioned differently and unequally in relation to power and control (Govender, 2006), and it is noted that gender and identity are also inextricably intertwined with the concept of empowerment (Campbell & MacPhail, 2002). Differences in power have different implications for males and females and it is subsequently thought that this will also result in different conceptualisations of what is perceived to be risky for the different genders in terms of HIV. Consequently, it is important to investigate gender issues related to HIV and the social representations that influence the perceptions of risk and the ability to engage in safe sexual behaviour.

2.7.1 Diverse gender roles

In developing an understanding of what it means to be male or female, this study focuses on the different gender roles and expectations that are intertwined with each sex. It is important

to explore the origin and development of the present day gender roles as past representations influence present social representations (Moscovici, 2000).

Conceptualisations of masculinity and femininity have evolved over time as a result of changes in the social context. Broadly speaking, before the 19th century, men and women lived and worked on farms together. But the industrial revolution brought about significant changes whereby men had to move to the cities to earn money, and women were left at home to manage households and children (Brannon, 2008). Brannon (2008) states that this forced men and women to adapt to their new environment and roles. This resulted in the Cult of True Womanhood whereby women were promised happiness and power if they adhered to four values — piety, purity, submissiveness and domesticity. Women were expected to be refined, tender, dependent, timid, sensitive and bound to their domestic duties. Men, on the other hand, were expected to be strong, forceful and wise. It is this divide between men and women that has implications for their level of power in relationships and their behaviour. Despite fluid conceptualisations of men and women, boys and men are still characterised as aggressive, dependable and masculine in the present day (Brannon, 2008). However, having considered the broad power differences that have been constructed between men and women, it is important to consider the power inequalities between the sexes in present day South Africa.

2.7.2 Gender in the South African context

Following the shift in political power in 1994, the new democracy envisaged a society with equality between men and women, and people of all races (Albertyn, 2003). Women were granted greater representation in politics and state institutions, and there was a focus on the development of laws that accorded rights to women in the public and private spheres (Albertyn, 2003). In spite of these efforts at transformation, by 1999 there were increasing levels of poverty, gender-based violence, and increasing HIV infection rates among women, thus highlighting that the goals of social and economic equality for women remained unfulfilled (Albertyn, 2003). This is particularly important when considering the risks of HIV infection, as HIV infection rates are fuelled by gender inequalities and these infection rates compel 'us to confront the power that men have over women, and how this is differentially constructed, reinforced, and reinvented through cultural norms about gender and sexuality'(Albertyn, 2003, p.596).

From the above, it is evident that within the South African context, gender inequalities prevail and that this plays a significant role in HIV risk. In addition, Albertyn (2003) argues that while gender inequalities play a role in the level of risk of HIV infection for the different genders, women are not equally vulnerable. African women are highlighted as being particularly vulnerable and this is linked to cultural, social and economic factors. With regard to culture, it is said that traditional African cultures may place African women at greater risk as they maintain certain oppressive practices and ideologies with regard to women (Airhihenbuwa, 1995). In particular, cultural norms such as polygamy and the right of a man to demand sex whenever he likes might be influencing the safety of women (Albertyn, 2003). As such, culture may play a part in HIV risk and gender equality. In terms of inadequate access to economic resources, this is linked to apartheid and the fact that separate development and migrant labour policies damaged the social fabric of African families and communities, as well as reinforced racial poverty and inequality (Albertyn, 2003). This enhances the risk for women as the subsequent socio-economic reliance of women on men may serve to minimise the power of such women (Brannon, 2008; Eaton, Flisher & Arro, 2003), also, some women may resort to exchanging sex for material goods (Albertyn, 2003). Finally, with reference to social norms, Jewkes, Levin and Penn-Kekana (2003) state that high stakes are attached to females having a partner and that this is problematic as it may increase women's fear of abandonment, which could then compromise their power in relationships. Thus, it is apparent that the notion of gender in relation to HIV risk is complex. Social, economic and cultural factors all seem to play a part in reinforcing gender inequalities. It is important to explore the social representation of these factors in order to understand how these influence risk perceptions, and it is also necessary to examine the actual risks of HIV infection, for the different sexes, from a physiological perspective.

2.7.3 HIV: Differential gender risk

With respect to women, their physiology places them at a greater risk for HIV infection than men, owing to the nature of the disease and the fact that infection requires the transmission of bodily fluids (Van Der Walt, Bowman, Frank & Langa, 2007). Thus, men are not as easily infected with HIV. The consequences of this need to be understood in relation to the discourses and social representations associated with issues of gender.

2.7.4 Challenging the social representations of gender in the face of the HIV epidemic

2.7.4.1 Males as sex crazy: social representation of males as drivers and spreaders of HIV

The social representation of males in the HIV epidemic needs to be carefully examined in order to identify some of the social representations which place males and females at risk. So far, it has been demonstrated that masculinity is associated with being forceful, dominant, sexually active, and aggressive (Brannon, 2008). Moreover, Hollway (1984) explains that this social representation is reinforced and justified by the male sex drive discourse which proposes that men are driven by the biological necessity to seek out heterosexual sex, and that sex for a male is a natural need. Men are constructed as being sexually insatiable and male sexuality is understood as naturally being linked to an uncontrollable drive (Hollway, 1984). Thus, this discourse perpetuates the belief that there is a natural need for men to behave in a sexual manner. Such a discourse needs to be challenged as it serves only to reinforce the notion that it is considered socially acceptable for males to be sexually active, and that such behaviour is expected and considered to be part of 'what it means to be a man'. The problem with such a discourse is that women are seen as the objects of the male sex drive discourse, whereas men maintain the dominant position of being the subject (Govender, 2006; Hollway, 1984). Additionally, this discourse can be problematic as the idea that the power of the penis is incontestable allows for the reproduction of violent manifestations of patriarchy, such as rape, pornography and sexual harassment (Hollway, 1984). Thus, the notion that males have a natural need for sex is a concern, as it justifies the sexual behaviour of men. It may also absolve women from the responsibility of protecting themselves and from exerting any power they do have, as well as from reclaiming their power from men. In particular, the situation is made more complicated where the discourse that justifies the forceful and sexual behaviour of men (Brannon, 2008), simultaneously reduces the power of women to negotiate sexual interactions and the use of condoms. In relation to this, it is argued that women fail to recognise that men need relationships, and that they have power within their relationships with men (Hollway, 1984). As such, the discourse of women as being helpless victims must be challenged. Where power is resisted, this in and of itself is resistance, with women no longer being 'victims' of power (Foucalt, 1982; Hollway, 1984).

2.7.4.2 Females as subordinates, helpless victims

Just as the social representation of males needs to be considered, the social representation of females in the HIV epidemic also needs to be addressed. Femininity is typically associated with women being expected to be sensitive, submissive and timid (Brannon, 2008). It is interesting that these traits are the direct opposite of the traits expected from males, who are expected to be dominant and aggressive. This demonstrates how gender has historically been constructed as difference and it is this focus on difference which has served to legitimate ideologically the continued reproduction of inequality (Shefer, 2004).
This is evident where being the 'other' is often associated with 'being-less-than'. Where males are seen to be strong, women are seen as being weak, and it is these opposites which need to be critically evaluated. Shefer (2004) deconstructs some of the conventional views of the binarism of the male-female issue and argues for a picture of multiplicity and fluidity. This is evident where one begins to imagine multiple sexes, genders and sexualities with diverse relationships between bodies, subjectivities and sexual practices (Shefer, 2004). Thus, it is important to challenge the social representations associated with masculinity and femininity and it is necessary to critically explore the discourses underlying these social representations.

With regard to the above, it is apparent that the social status of women is typically found to be inequitable to that of men, but it is important to remember that women are regarded as being a vulnerable group primarily because of their social location and status (Swart, 2007). It is thought that the potential problem with this is that while women are seen as being vulnerable, it is the very power structures that locate women unequally that contribute to their vulnerability, and to ignore this fact while stating that women are vulnerable may serve to further negate any power they do have. Furthermore, the problem also lies in the fact that where sexual rights documents stipulate the unacceptability of violence, coercion and exploitation of women, they do not address 'the fact that masculinity requires the sexual subordination and exploitation of women as a male right and as a form of male pleasure' (Oriel, 2005, p.402). From this perspective, Oriel (2005) clearly highlights the view that men's rights to sexual pleasure demand the exploitation of women. As such, it seems that on the one hand women are regarded as vulnerable and requiring protection

whereas, on the other hand, they are regarded as objects of men's sexual desires. In both instances, it is thought that the power of women to negotiate their own safety and sexual desires is negated, and this is cause for concern.

2.7.5 Whose decision counts with regard to condom use?

It has been shown that gender roles have a substantial impact on the decision of whether or not to engage in safe sexual practices. This is particularly evident where gender power inequalities affect the ability to negotiate condom use (Raijmakers & Pretorius, 2006; Shefer & Potgieter, 2006). Eaton et al. (2003) state that such discussions are not easy and sexual negotiation of any kind is said to be lacking among South African youth. It once again appears that women are 'meant' to be submissive and passive; while men are 'meant' to be in control of relationships and sexuality (Shefer & Potgieter, 2006). Such ideas can place individuals at great risk and it is clear that one needs to be critical about social representations related to condom use and the discourses underlying them.

2.7.6 Homosexuals at increased risk for HIV infection

Having explored some of the ways in which gender roles are perceived to influence the safety of sexual interactions, another aspect of sexuality which is frequently said to increase the risk of HIV infection is homosexuality. This is of interest as, in the early stages of the HIV/AIDS epidemic, the first cases of HIV infection were found among homosexual men and as a result, the disease was called Gay-Related Immune Deficiency Syndrome (GRID) (Barnett & Whiteside, 2006). Given that social representations from the past are said to impose themselves upon us with an irresistible force in the present (Moscovici, 2000), it is subsequently important to consider the social representations of HIV infection with regard to sexual orientation. Although it is recognised that, statistically, men who have sex with men are at a disproportionately increased risk of contracting HIV/AIDS (UNAIDS, 2008).

Overall, it is clear that gender differences are associated with different forms of behaviour owing to the social representations and discourses associated with each gender. It is subsequently important to explore the social representations and discourses that arise with respect to each gender, and to investigate how these social representations affect perceptions of risk with regard to HIV.

2.8 Race

South Africa has had a turbulent history and, with the end of apartheid in 1994, the government faced many challenges with respect to removing the legal pillars that had reinforced and sustained apartheid (Duncan, Bowman, Stevens & Mdikana; 2007). While the government has managed to remove the racist legislation of the apartheid era, an assessment of the present reality of South Africa reveals that race and racism are still central to the social organisation of this country (Duncan et al., 2007). As a result, race still plays a role in the social constructionist aspect of identity formation and therefore it is important to investigate the social representation of the risk of HIV infection in terms of race. But first it is important to explore the role of apartheid in creating racial difference in more depth.

2.8.1 The emergence of diverse racial roles

When exploring the notion of 'race', it is essential to recognise that it is integrally linked to the ideology of racism that characterised the apartheid years (Duncan & de la Rey, 2000). At this time, 'race' served as a significant symbolic marker of social, political and economic entitlement and organisation, particularly until the 1990's (Duncan, 2003). Four 'race' groups were classified, namely, 'Whites', 'Indians', 'Coloureds', and 'Africans', and there was a strict hierarchy of privilege based on 'race'. Thus, apartheid brought about the segregation of racial groups and maintained this separation by allocating resources to Whites at the expense of other racial groups (Mayekiso & Tshemese, 2007). 'Race' was used as a means to divide people into social categories and to justify domination, exclusion and entitlement (Balibar, 1998), and as a result, it cannot be looked at as a factor on its own, as it is inextricably linked to other factors such as socio-economic status, power, etc. From this, it becomes clear where the origin of diverse racial roles and power inequalities emerged. Since 1994, the government has managed to remove this racial legislation but, as mentioned previously, 'race' and racism remain central to the social organisation of this country (Duncan et al., 2007). It is therefore important to investigate the racialisation of HIV.

2.8.2 HIV: Differential racial risk

Before the racialisation of HIV is explored, it is important to consider the actual risks associated with race. These statistics are not meant to stigmatise a particular racial group, but are rather intended to demonstrate the risks associated with all racial groups. This is so that, even where some groups may be socially represented as being more risky than others, it can be demonstrated that no group is immune and that everyone is at risk of contracting HIV. Hence, it was found that among the youth, the incidence rates of HIV per year were as follows: Blacks, 3.4%; Indians, 0.5%; Coloureds, 0.3% and Whites, 0.3% (Shisana et al., 2005). More recent statistics of the prevalence of HIV show that 13.6% of Africans and 1.7% of Coloureds are infected with HIV, while 0.3% of Whites and 0.3% of Indians are infected with HIV (Shisana et al., 2009). These statistics will be explored in relation to the social representation of HIV risk regarding race.

2.8.3 Challenging the racialisation of HIV: Social representation of Black people as victims of HIV

The statistics reveal that Black people are worst affected by HIV (Shisana et al., 2009), and in research conducted by Stadler (2008), it was found that Black people are considered to be at the most risk of infection. While the social representation of Black people being at high risk is true to some extent, it is thought to be problematic. It can result in risky behaviour among individuals perceived to be at a low risk, and those who are stigmatised often manifest shame in relation to being identified as high risk (Joffe, 1999). As such, these risk perceptions remain to be challenged and it is particularly important to consider the role of apartheid in relation to the risk perceptions for the different racial groups. Also, seeing as socio-economic status is closely tied to race and gender in the South African context, it is important to consider this as a factor influencing risk perceptions, as well as the actual levels of risk regarding HIV infection.

2.9 Socio-economic status

The discussion on race and gender has shown that power inequality shapes the relationships between men and women, as well as those between and within racial groups. While structural shifts have and are taking place in terms of legislation regarding the rights of

racial groups and the different genders, the impact of the past still lingers. In particular, it is known that poverty occurs differently among racial groups, and it is of interest that there is now also an intra-group divide regarding wealth among individuals within the Black population (Landman, 2003). This unequal distribution of finances is thought to be particularly problematic where socioeconomic status intersects with health. Charasse-Pouele and Fournier (2006) explain that differences in health between Whites and other racial groups are attributed not only to differences in education, income and the consequences of apartheid, but that they are also a result of persistent discrimination regarding access to healthcare facilities and the type and quality of care provided. Moreover, power inequalities may emerge in situations where women are economically dependent on men (Eaton et al., 2003). As such, it is evident that socio-economic status is an important factor to consider when exploring power inequalities, as well as the actual and perceived risk of HIV infection (Brannon, 2008; Eaton et al., 2003; Mayekiso & Tshemese, 2007). There appears to be a complex interaction between socio-economic status, health and demographic variables.

2.9.1 Money talks: Wealth as a predictor of health

It has been mentioned that low socio-economic status affects health and access to healthcare (Charasse-Pouele & Fournier, 2006), and as such, it is important to explore how socio-economic status is perceived to influence the risk of HIV infection. Interestingly, it has been found that a well-ordered environment, typically associated with higher socioeconomic strata, may result in the perception that individuals within the community are at low risk for everything negative (Macintyre et al.,2004). This highlights the perception that wealth is associated with low risk. Subsequently, the perception of risk for more impoverished communities remains to be explored.

2.9.2 The need or desire for money leads to risky behaviour

With regard to the risks that poverty may expose one to, it is known that in such situations individuals may use sexual relations for financial gain, and the power that one has to protect oneself in such situations is questionable. For example: in situations of prostitution or, in relationships with sugar daddies or sugar mummies, it is argued that the partner who provides financial rewards holds the power. The problem with this is that it can reduce the

ability for the negotiation of safe sex and this holds the potential for the transmission of HIV and other sexually transmitted diseases (Kuate-Defo, 2004; Wojcicki & Malala, 2001). As such, the need to earn money can reduce one's power, however, it must be reiterated that this notion of reduced power in such situations needs to be challenged as this can maintain power differences.

In conclusion, having considered the way in which age, race, gender and socio-economic status intersect with power, as well as both perceived and actual HIV risk, it is necessary to consider how behaviour also plays a role. In particular, attention needs to be given to substance and alcohol use, given that this has typically been associated with an increased risk of HIV infection (Shisana et al., 2005).

2.10 Substance and alcohol use

While certain demographic and environmental factors can affect one's actual risk for HIV infection, and may influence perceptions of risk as well, it is also important to investigate behaviours that are risky, as well as those which are perceived to be risky in terms of HIV infection. One such type of behaviour is substance use.

2.10.1 Substance and alcohol use among South African youth

Alcohol and substance use can play a role in the level of risk for HIV infection, as the use of these substances impairs judgements and can lead to risky behaviour (Shisana et al., 2005). According to the study done by Shisana et al. (2005), a low proportion of substance use was found among participants, but the overall prevalence of alcohol consumption was 27.9%, with 18.8% of participants being classified as low risk and 7.2% as high risk. Furthermore, it was found that a higher proportion of males than females were both low- and high-risk drinkers, and analysis by race showed that Coloureds were the most high-risk drinkers (17.8%), followed by Whites (7.2%) and Blacks (6.4%), while Indians were proportionately the least high-risk drinkers (2.5%) and an overwhelming 53% of White participants were found to be low-risk drinkers. Additionally, individuals aged between 25 and 49 were more likely to be high-risk drinkers than 15-24 year olds; while individuals aged 24 years and less were found to have the least number of low-risk drinkers, with individuals older than 50 having the most low-risk drinkers (Shisana et al., 2005).

The results of the above-mentioned study are of particular interest as it highlights that while individuals aged 15-24 are second to 25-49 year olds regarding the prevalence of high-risk drinking, they are last out of three age groups regarding low-risk drinking. This is important to consider in light of the discussion of earlier social representations of the youth being most likely to engage in risky behaviour owing to their stage of development (Wilbraham, 2004). However, it is important to note that this does not negate the level of risk of the youth but rather serves to show that relative to other age groups, alcohol and substance use do not feature as strongly. Nevertheless, this age group is still at a significant level of risk. This is particularly true given the risks associated with high-risk drinking.

Having examined the statistics, it is interesting that, statistically-speaking, females are shown to consume less alcohol than males, Coloureds are most representative of high-risk drinkers, while Whites are most representative of low-risk drinkers and second in terms of high-risk drinking (Shisana et al., 2005). Knowing the statistical risks regarding race, age and gender, it is of interest to explore the social representations of substance use maintained by students.

2.10.2 Exploring the risks of substance use

Substance and alcohol use is thought to be an important factor to consider when thinking about HIV risk as the use of substances and alcohol can impair judgment and increase risky behaviour, thereby posing a risk for HIV infection if such substances are used before sex (Shisana et al., 2005). Additionally, in certain instances, alcohol can precipitate sex by serving as a commodity that can be exchanged for sexual interaction, such as in the case of transactional sex (Norris, Kitali & Worby, 2009). Moreover, in this instance, the participants in this study thought that risk may be exacerbated owing to power differentials. In accordance with this, the risk for a sexually transmitted infection (STI) was found to increase with an increase in transactional incidences, together with an increase in alcohol use (Norris et al., 2009). Thus, it is clear that substance use can prove risky from multiple perspectives.

It is also important to note that the risks associated with substance use are enhanced by the fact that peers can play a considerable role in influencing drinking behaviour. In fact, it is known that peer influence can take place in two ways: modelling and persuasion (Graham,

Marks & Hansen, 1991). According to this understanding, friends may copy one another's behaviour or friends may influence and pressure one another to behave in particular ways (Graham et al., 1991). Thus, it is the social representations of substance use that are generated among friends, as well as the social representations of behaviour engaged in when intoxicated, which are of interest. This is because it is thought that these social representations may ultimately influence one's decision to use substances and that this may affect the sexual behaviour one engages in.

In summary, this chapter has attempted to provide the reader with a review of the literature that is relevant to the study. It has provided a discussion of the theoretical framework underlying this research and it has critically discussed the social representations that appear to exist with regard to the perceived risk of HIV infection. These relate to issues of age, gender, race, socio-economic status and substance use.

CHAPTER 3: Research Design and Methodology

This chapter introduces the research design, procedure, and the data collection methods that were employed for this study. The use of discourse analysis is also discussed, along with ethical considerations and researcher reflexivity.

3.1 Research design

This study employed a qualitative, exploratory research design. A qualitative method was chosen as this method allows researchers to study selected issues in depth, openness, and detail, as well as to 'study phenomena as they unfold in real-world situations' (Durrheim, 2006, p.47). The researcher was subsequently able to gain rich and detailed information about the social representations related to the perceived risk of HIV infection, and this method also allowed for exploration of how social representations are continuously re-presented in the form of images and in conversation. Moreover, this approach proved useful given that it allows for investigation of the motivations underlying social representations, as well as for an exploration of their emergence (Flick & Foster, 2008). In summary, a qualitative approach was deemed most suitable for the study of social representations because it involves analysing everyday knowledge and processes with respect to the social construction of reality (Flick & Foster, 2008). The data was obtained in the form of photographs, as well as through the use of semi-structured individual interviews. This data was critically explored and analysed, and this assisted the researcher in achieving the aims of the study.

3.2 Research procedure

3.2.1 Participants and sampling method

In order to meet the aims of the research, 12 students at the University of the Witwatersrand were selected to participate in the research via non-probability, purposive sampling. The sample consisted of two Black males, two Black females, two Indian males, two Indian females, two White males and two White females (see Table 1). It was thought that this sample this would allow for the exploration of the different social representations regarding the perceived risk of HIV infection among males and females, as well as the role that race

plays in social representations. Thus, this method of selection allowed for a diverse sample. However, it is acknowledged that this sample is not entirely representative of the South African population.

The reason for focusing on Black, Indian and White individuals was largely a pragmatic decision from the perspective of accessibility. According to the South African Institute of Race Relations (2009), the most graduates in 2007 were Black students (44.1%), followed by White students (40%). Indian students accounted for 8.7% of degrees awarded, and Coloured students accounted for 6.3%. Moreover, another factor that was considered is the fact that Africans and Indians were reported to have the highest incidence of HIV infection per year, 3.4% and 0.5% respectively, while Whites and Coloureds each had an incidence rate of 0.3% (Shisana et al., 2005). It is however recognised that more recent estimates of HIV prevalence show that 13.6% of Africans and 1.7% of Coloureds are infected with HIV, while 0.3% of Whites and 0.3% of Indians are infected with HIV (Shisana et al., 2009). Nevertheless, the choice of the sample from the perspective of race was mostly informed by the incidence rates as these are best for examining present underlying transmission dynamics with regard to HIV (Shisana et al., 2005).

In summary, as a result of the above-mentioned statistical findings, it was deemed necessary to explore the social representation of HIV risk within the African and Indian racial groups. Despite there being the same incidence rates for White and Coloured individuals, it was deemed useful to explore the social representations of Whites given that this racial group contrasts so strongly with all the others because of the advantages accorded to it during apartheid, and that this accessibility appears to be maintained given the high representation of this group at tertiary institutions (Mayekiso & Tshemese, 2007; SAIRR, 2009). However, it is recognised that not including Coloureds in this sample could further marginalise and restrict the voice of this racial group, and it is important to be aware of this given that it may affect the attention given to this racial group in interventions.

Table 1: Participants

Participant	Age (yrs)	Gender	Race
A	19	Male	White
B	18	Female	White
C	19	Male	Black
D	21	Female	Black
E	18	Female	Indian
F	18	Male	Indian
G	18	Female	Black
H	18	Female	Indian
I	25	Female	White
J	24	Male	Indian
K	22	Male	White
L	19	Male	Black

3.2.2 Procedure

To obtain participants, the researcher randomly approached students meeting the basic criteria regarding gender and race at the University of the Witwatersrand to tell them about the research and to invite them to participate. The researcher explained the nature of the research to the students and the requirements of participation. Where multiple individuals in a group of students volunteered to participate, participation was accepted from those who volunteered first. Once the participants had read the information sheet and signed the consent forms (Appendices A, B and C), each person was given a disposable camera and an information sheet which highlighted the nature of the photographs to be taken (Appendix D). Upon returning the camera, two copies of the photographs were processed - one copy for the researcher and one for the participant. The participants then took part in a semi-structured interview of approximately one hour with the researcher at the Emthonjeni centre at the University of the Witwatersrand (Appendix E).

It was thought that semi-structured interviews would be useful as the format would allow for the use of an interview schedule as a guide during the discussion but would also allow

flexibility to explore interesting issues as they arose (Smith & Eatough, 2007). The interviews addressed the nature of the photographs taken and probed interesting social representations that emerged.

3.2.3 Data Collection Methods

3.2.3.1 Disposable Cameras

Flick (1998) and Stanczak (2007) both highlight the relatively recent revival of second-hand observation methods for research purposes. The use of photographs in visual or image-based research is useful as images help the researcher to see the internal world of the participants, and they help the researcher to ask what it is that one knows about the world and how it comes to be known (Stanczak, 2007). However, while such photographs provide powerful records of real world actions, time and events, it is important to remember that 'when considering images, the line between subjective and objective-realist assumptions – that images capture something 'real' and that images are constructions – is continually moving. Indeed, images often ask us to hold both positions simultaneously to greater or lesser degrees' (Stanczak, 2007, p.7). Essentially, this conveys the complexity of photographs, as they are subjective images of that which is objective. Given this, photographs should not be regarded as mere appendages to research, but rather as important components of learning about our social worlds (Stanczak, 2007).

There are many ways of using photographs for research. These methods range from presenting participants with photographs, allowing participants to take their own photographs, and watching participants take photographs, etc. (Flick, 1998). For this research, the auto driven photo elicitation methodology was employed. This was based on the belief adopted by Samuels (2007) that photographs which are taken by participants in research projects are likely to reflect more accurately their world. Seeing as this research focused on social representations that are present in everyday interactions among people, this approach was deemed useful precisely because of the focus of this research on what the participants perceive to be risky in terms of HIV. As a result, using this approach the participants were able to subjectively decide what to photograph.

Additionally, there are many benefits to the auto driven photo elicitation approach, which include: greater interest in the study and greater willingness to participate; establishing rapport quickly; alleviating the awkwardness of the typical question-and-answer context; and disrupting some of the power dynamics involved in regular interviews. The taking of photographs also facilitates the process of conversation and sharing information (Clark-Ibanez, 2007; Samuels, 2007). Moreover, this form of data collection is in line with social representations theory, which states that social representations do not elevate textual discourses over images and rituals in order to explain how meaning is given to new events (Joffe, 1999). Thus, it was found that this part of the research process elicited rich data regarding social representations in the form of images, and this data was used as a tool to inform the interviews.

3.2.3.2. Individual interviews

Individual interviews are a useful means of gathering information as 'there is an exchange of ideas and meanings, in which various realities and perceptions are explored and developed' (Gaskell, 2000, p. 45). As such, the interview is a joint venture in which meaning is influenced by the presence of the 'other' (Gaskell, 2000). It is easy to then see why such a technique is beneficial. It allows the researcher to develop an understanding of the participant's life and the real ways in which that person responds to social situations, as well as the way in which opinions are expressed and exchanged (Flick, 1998).

According to Gaskell (2000), individual interviews take place one-on-one with the researcher. Such a situation may initially be awkward owing to the lack of familiarity between the interviewer and the interviewee. However, as rapport develops, the participant may begin to feel more relaxed and better able to talk more expansively about things (Gaskell, 2000), as was the case in the interviews with the participants in this study. Moreover, a one-on-one interview allowed the researcher to focus solely on the participant and to probe anything of interest mentioned by the participant (Gaskell, 2000). Thus, the individual interviews proved valuable as they allowed for rich data to be obtained and they provided an opportunity for the participants to describe and explain the photographs that were taken. The way in which the participants did this was also important and subsequently analysed.

3.3 Data Analysis

This research employed discourse analysis. 'Discourse analysis looks at how language structures peoples thought in ways that reflect a particular social system' (Collins, 2003, p. 27). As such, this form of analysis attempts to work out, from what people say, the underlying system of ideas that is structuring their thoughts, words and experiences (Collins, 2003). This is reiterated by Terre Blanche, Durrheim and Kelly (2006), who state that discourses are systems of statements that are taken up in conversations, but they are not the speeches or conversations themselves. They are the patterns of meaning that organise the various symbolic systems that humans inhabit (Parker, 1992). Hence, it can be said that discourses inform how we understand experiences and make sense of our interactions with people.

In relation to the above, Terre Blanche et al. (2006) explain that in order to conduct a discourse analysis, the data needs to be organised in a systematic way. To do this, the researcher had to become familiar with the data, as well as with identifying themes and coding the data in such a way that it could be categorised according to the different themes. In addition, the researcher explored the themes more closely in the process of elaboration, providing an opportunity for the themes to be revised and for the researcher to capture nuances of meaning. Lastly, the process involved making interpretations and providing a written account of the phenomena (Terre Blanche et al., 2006).

Given that analysts are concerned with the realities that discourses construct, (Terre Blanche, et al., 2006), the step of investigating the effects of discourses is particularly important seeing as they can reproduce power relations and occupy a political or ideological position into which the speaker is drawn (Parker, 1992). Subsequently, it was necessary for the researcher to identify the discourses underlying the social representations maintained by the participants, and it was necessary for the researcher to interrogate the effects of these constructions, as well as the meanings they conveyed.

3.4 Ethical considerations

Once the university had issued an ethical clearance certificate and a protocol number (MACC/09/002 IH), informed consent was obtained from the participants regarding their

participation in the research (Appendix B). In the process of getting such consent, the participants were informed of the exact nature and purpose of the research, both verbally and through the use of the participant information sheet (Appendix A). They were also notified, both verbally and by means of an information sheet, that the photographs, as well as all their responses in the semi-structured individual interviews, were confidential and that any information that could disclose their identities would be removed from the research report. The participants were also made aware of the fact that while confidentiality was assured, anonymity was not an option as it was necessary for the researcher to be physically present with the participants during the interviews.

In addition to the above, in order to protect the identity of individuals that would be photographed, it was requested that the participants obtained permission from people they wanted to photograph and they had to agree to avoid capturing people's faces. However, where participants were unable to avoid this, the pictures were blurred to prevent identification of the individuals. The researcher also informed each participant of their right to withdraw any photographs they had taken and that they were required to answer only those questions they felt comfortable with. Each interview was only audio-recorded once participants had given their permission and the participants were informed of their right to terminate discussion at any time during the interview. They were also informed that only the researcher and the researcher's supervisor would have access to the transcripts and recordings, and they were told that only the researcher, supervisor and the person developing the photographs would have access to the pictures. The transcripts, audio recordings and processed photographs have since been stored in a secure location and they will be destroyed at a time after which all articles (from the final report) have been published in accredited journals. Finally, it is important to note that, in addition to the above, the participants were made aware that if the interview unearthed any unpleasant or upsetting emotions and the need for counselling arose, they would be referred to the Family Life Centre. The contact details of the researcher were provided on the information sheets consent forms so that the participants could contact the researcher, should they have felt the need to.

3.5 Researcher reflexivity and the researcher's experience

The underlying motivation of this research is the researcher's interests with regard to the influence of perceived risk on behaviour. Exploration of this, in the context of HIV/AIDS,

was based on the widespread nature of the epidemic and the far-reaching effects that this epidemic has had and continues to have. The researcher subsequently conducted this research in the hope of generating knowledge that could go some way to halting the spread of this virus. However, given the above and the clear investment of the researcher in this topic, the researcher was aware that reflexivity throughout the research process was essential. It was fully recognised that the researcher influenced the conceptualisation of the research, the data collection and the data analysis, despite attempts to remain as objective as possible.

In terms of data collection, the researcher was cognisant of the fact that being a White, young, female had an impact on the interviews. As such, in order to best establish a collaborative context for the participants, the researcher adopted a similar approach to Frosh, Phoenix and Pattman (2002). This included a relatively informal style of relating to the participants and an attempt to remain open and understanding throughout the process. Nevertheless, it was recognised that it may have still been difficult for the participants to openly discuss and capture photographs relating to their perceptions regarding the risk of HIV infection. This remains to be discussed.

Throughout most of the interviews, the participants seemed genuine and spoke frankly, although there were times when the researcher got the sense that the participants were trying to give socially acceptable answers or were trying to position themselves as being unbiased. Nevertheless, it is interesting that this seemed to be less true of the male participants. They mostly spoke confidently, assertively and more comfortably than the female participants who generally seemed to be more fearful of sounding prejudiced, but it is recognised that this was not true for everyone. Additionally, it is interesting that many of the female participants seemed to experience greater discomfort than men when using sexual terminology and it is thought that this speaks to the way in which the different genders are positioned in society with regard to issues of sex. This is important because, if this difference is evident at the level of speech, it might be having a substantial impact at the level of behaviour. As such, the researcher was continuously aware of the importance of continued reflexivity in the interviews, and the importance of being receptive to any discomfort and/or defensiveness. Subsequently, it is noted that there were times when the researcher felt that the participants were trying to avoid sounding racist or sexist and this was kept in mind when interpreting the data. Furthermore, the researcher adopted the same

approach as Frosh et al. (2002) by trying to remain aware of the part played by the researcher in the process of generating social representations regarding the perceived risk of HIV infection.

Exploring the interview process more closely, the participants initially selected photographs that they thought highlighted the risk factors for HIV infection best. The photographs depicted issues related to substance use, sexual relations, etc. Some of the pictures were more symbolic than others and the participants generally found it difficult to obtain some images they would have liked to have included. This was evident where PG stated that *'I had to ask them can I take you a picture? Then they have to give their consent first before I can take the picture. So most of them said no and like most of the people who said no are the people who, like I wanted, I got ideas for those pictures and everything. Like girls who wears miniskirts. And ya kind of things like that. And like most of the people said, no; or like people like hugging, being cosy, too cosy'*. The above excerpt shows that it can be difficult to capture images of specific instances or individuals that are perceived to be risky, and it seems that there is a particular element of resistance when individuals are aware that their behaviour is deviant in some way. Furthermore, for PF '*it was difficult because (coughs) you try and look for a situation that you would think people are more at risk, but, um, it is not likely that you are going to find the situations that you are, the perceptions that you have of who are at risk, in your mind'*. This extract highlights the insidious nature of risk, in that it can be hidden and thus difficult to capture. The perception that risky behaviour is generally done privately is also apparent. As such, the above seems to provide some explanation for the way in which some of the participants represented risk symbolically.

Additionally, it is important to recognise that interpreting photographs is not simply a description of photographs. It is recognised that the participants attended to certain details, decided what to show to the viewer, and anticipated certain responses. This was apparent where PH said that she '*found it really difficult to take pictures […] and be like biased towards a certain group*'. As such, this reiterates the idea that the participants may have presented themselves in particular ways. It is also interesting that sometimes there was a discrepancy in the way the participants spoke of factors perceived to influence the risk of HIV infection and the images they captured in the photographs. This highlights the importance of using this method for the research as it allowed for constructions of risk to be

presented and compared in different ways, thereby generating some understanding of the difficulties encountered when socially representing an individual or group as being risky, and the different mediums which complicate this.

Overall, rapport generally seemed to develop quickly between the researcher and the participants and this appeared to facilitate the development of a safe environment for the participants to express their views. This was corroborated by PE who said: *'I was very open with you, and I told you exactly how I felt. Um the manner some in which we spoke as well, um never made me feel scared to tell you anything of the sort. You know I never felt undermined or that my opinion wouldn't matter which I am thankful for'.* While this was the response of only one participant, the researcher believed this was often the case, but it is recognised that the level of comfort varied from participant to participant.

Finally, in terms of the data analysis, it must be said that the process of discourse analysis required that the researcher distanced herself from the text as much as possible so that she could identify discourses (Terre Blanche et al., 2006). As such, the researcher attempted to remain as objective as possible, and she also reflected on the process of analysis, as well as the difficulties that arose in the attempt to be objective. However, it is recognised that the process of data analysis was made easier by the fact that the researcher's supervisor played an integral role in analysing the data. Overall, researcher reflexivity formed a critical part of the research process and informed its conceptualisation, the data collection and data analysis.

CHAPTER 4: Findings and Discussion

4.1. Introduction

This section was informed by the aims of the project which were to explore the way in which the risk of HIV infection is socially represented, as well as the way in which these social representations influence the calculation of risk, in relation to the self and the 'other', in the context of post-apartheid South Africa. The data consisted of photographs and text in the form of transcribed semi-structured interviews and in order to provide a rich account of the data collected, the findings and discussion section have been combined. It should be noted that due to the large amount of data collected, the researcher only selected sections of the data that were felt to be most appropriate and that contributed significantly with regard to the aims of this research. Additionally, photographs and direct quotes from the transcribed data have been presented in order to substantiate and represent the general findings that emerged from the analysis of the data.

The analysis of the photographs revealed numerous factors that were perceived to play a role in the risk of contracting HIV. The factors most commonly identified in the photographs included (presented in order of frequency): substance use, issues of gender with regard to the different expectations of males and females, the risk associated with heterosexual and homosexual relations, and the risk of women dressing provocatively or engaging in relationships with older men. The notion that everyone is at risk was also a social representation that was maintained, with photographs being taken of university students of all races, genders, etc. Additionally, when the participants were asked to personally choose a few of their photographs which they thought best represented the risks regarding HIV infection, substance use was once again the most commonly mentioned factor. Other factors emerged as well, such as age and socio-economic status. In general, the interviews complimented the photographs as they allowed for richer and more in-depth information to be obtained. The way in which factors were socially represented and justified could also be probed.

Given the above, it is important to note that representing the risk of HIV infection was a rather difficult and complex endeavour for the participants, and it is thought that the identification of substance use as the most significant risk factor eased anxiety about sounding racist, sexist, etc. Interestingly, when speaking of factors such as gender and race,

many of the participants strongly emphasised behavioural and environmental circumstances as a means to justify their risk perceptions and this seemed to allay their anxiety about being prejudiced. However, when the participants were speaking of behaviours which people were considered to have a choice over, this seemed to allow the participants to judge such behaviour more harshly, as well as the individual carrying out the behaviour. As such, it seems that in light of South Africa's history of discrimination and the present attempts to redress this (Duncan et al., 2007); the participants were careful to avoid sounding prejudiced unless individuals were perceived to have a choice over their behaviour or circumstances.

In addition to the above, it is important to note that the analysis of the transcribed interviews revealed that the opinions ascertained during the interviews were in accordance with the photographs, but the interviews appeared to allow for the social representation of 'a risky identity' to be expanded upon in more detail and, at times, social representations arose which had not yet been mentioned. Thus, the interviews allowed for discussion of factors that are not always easy to capture photographically. Moreover, speaking about risk factors in isolation seemed to enable the participants to speak more freely as no one person was described as being at risk, thereby allaying anxiety associated with stigmatising the 'other', something far more prevalent with the photographs. This reluctance to stigmatise the 'other' is interesting as Joffe (1999) states that anxiety is typically associated with personal risk, resulting in 'othering' as a means to reduce this anxiety. In this instance, it seems that stigmatising others also evokes anxiety.

Overall, the interviews allowed for greater exploration of factors perceived to influence the risk of HIV infection. These included: age, gender, race, socio-economic status, and substance use. Additionally, the level of risk that the participants perceived themselves to be at was discussed. Given the above, the social representation of what constitutes a 'risky identity' remains to be explored.

4.2. Risky behaviour: A central factor in the social representation of a 'risky identity'

Analysis of the data revealed that behaviour is the central factor perceived to play a role in the risk of HIV infection. More specifically, the use of substances was the factor most

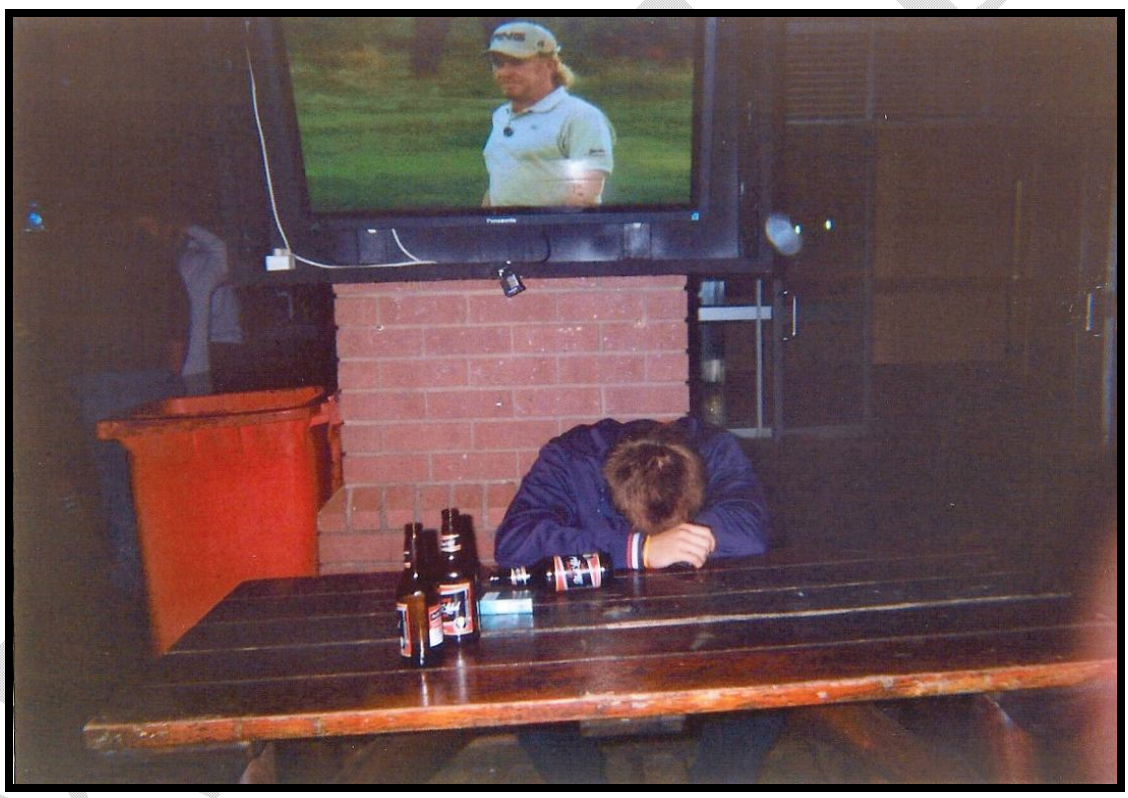
commonly referred to when the participants were presented with the task of constructing a 'risky identity' for the youth, and 18-24 year old students in particular. This is interesting given that 15-24 year olds are second to 25-49 year olds regarding the amount of high risk drinking, and they were the age group with the lowest rates of low-risk drinking (Shisana et al., 2005). This seems to suggest a slight discrepancy between the factors perceived to be risky for this age group and the actual risks. Although, it is recognised that while 15-24 year olds are second to 25-49 year olds, this doesn't negate the risk that 15-24 year old high risk drinkers and low risk drinkers are at. Subsequently, it is important to explore the social representation of substance use in greater depth in order to further understand the origin and impact of these social representations. Given that multiple substance disorders are classified in the DSM-IV-TR, an emphasis will be placed on correctly identifying the different substance use disorders that the participants refer to in order to further understanding of what the participants consider to be risky behaviour.

Having perceived substance use as being a central risk factor for HIV infection, it is important to note that numerous reasons were provided to substantiate this perception. In general, substances were considered to affect people differently but the lack of control and impaired judgment when intoxicated was highlighted as being of particular importance, especially in light of the fact that individuals may engage in risky behaviours and/or are more susceptible to being taken advantage of when in this state. It seems that when speaking about substances in this way, the participants were mainly referring to the effects of substance intoxication. According to the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (American Psychiatric Association, 2000), this is the development of a reversible substance-specific syndrome due to ingestion of a substance and it results in clinically significant maladaptive behavioural or physiological changes. It seems that it is these changes that are considered to hold considerable risk with regard to the potential for HIV infection. In addition to this, perceived risk varied based on the use of substances with one's peers or in isolation, and on whether or not substances were used in public or private places. Overall, it is clear that substance use was socially represented as being risky in multiple ways. These social representations will be explored in more depth.

4.2.1 Loss of control and impaired judgment as elements of risk

The participants tended to consider impaired judgment and a loss of control to be a consequence of intoxication, and this was thought to play a significant role in risky behaviour as well as in increasing the risk for HIV infection. This is apparent in the following extracts:

> ***If there's a guarantee that one of the two would be HIV*** *at the end of that night, would have HIV, I'd say it's gonna be the, the****, the guy who is drinking.*** *Purely based on the fact that it, it sort of* ***hinders your ability to, to, to decide for what's right or wrong.*** [PJ- Indian, Male participant]



[PK, picture 1]

> *[…] I think alcohol is definitely a contributing factor. I think as soon as your* ***judgement is impaired*** *with that then you* ***gonna do stupid things.*** *[…] it's like at the time it's, well it's fine you know, whatever, but* ***afterwards you like wow that was stupid****. I think it would be in hindsight the same thing. You know you meet a girl, you go back to her place and have unprotected sex,* ***it's fine at the time, it's fun****, but the next day you are like, 'wow I could have AIDS now'. And you would never have done that if you weren't drunk, kind of thing.* [PK- White, Male participant]

> *also drugs you know, like drugs they, because when you had* ***drugs*** *it's like you in such a,* ***you in another world*** *you know, you are not thinking, you just you know, things like that.* ***You just not thinking****.* [PC- Black, Male participant]

The picture presented above is of a White, male who has his head rested on his arms and he appears to be sitting in a bar. There are bottles of beer in front of him and one bottle is lying on its side, seemingly indicating the consumption of the alcohol in these bottles. Taking this and all of the above excerpts into consideration, it seems that alcohol and drugs are both associated with being *'in another world'*. The use of substances is associated with impaired judgment, a lack of inhibition and an inability to think rationally, and this is thought to increase risk. This is because it is thought that these substances might prompt risky behaviours and lead to individuals doing 'stupid things', with the assumption being made that risky sexual interactions can take place. This understanding of substances is an important one as it reflects the real dangers associated with substance use. This is evident in the literature where it is said 'alcohol and other substance use weakens judgment and increases risky behaviour, using mind-altering substances before sex poses an HIV risk' (Shisana et al., 2005, p. 74). As such, it is clearly apparent that substances pose a risk and are correctly socially represented in this manner, but the way in which these participants maintain this social representation is of particular interest. In addition, it may be problematic that danger is associated with complete intoxication, thereby ignoring the possible dangers associated with any level of substance use.

In relation to the above, it is important to note that PJ and PK consider behavioural decisions made when intoxicated to be risky, as one is said to have impaired ability to decide right from wrong. This seems to suggest that, when intoxicated, one may engage in behaviour which one wouldn't ordinarily engage in when one would be fit to make 'good' decisions. This then implies that when one isn't intoxicated one would be able to decide right from wrong, with an assumption being made that one would want to choose that which is safe. In saying this, it is thought that blame for risky behaviour is predominantly placed on the substance rather than the individual, as the individual is ordinarily considered to be a rationally thinking human being. This is potentially problematic where the individual is held unaccountable for his or her actions. This is explored further below.

The perception that intoxicated individuals are ordinarily rational is potentially a cause for concern as Brown and Vanable (2007) found that, in a college sample, rates for unprotected sex did not vary based on alcohol use for sexual interactions with a steady partner. But, for sexual encounters involving a non-steady partner, alcohol consumption was associated with an increased likelihood of unprotected sex. Exploring this further, it is evident that the situation is rather complex. Firstly, the assumption that individuals are ordinarily rational is called into question. If rationality is associated with protected sex, the assumption that individuals are ordinarily rational does not appear to always hold true as there may be factors other than substance use influencing the decision to engage in unprotected sex, this is particularly evident in the case of sexual relations in steady relationships. Secondly, the notion that intoxicated individuals have impaired decision-making ability and are more likely to have unprotected sex with a non-steady partner holds some weight and this seems to be what PK is referring to. In fact, this finding was also ratified by a South African study conducted by Morojele et al. (2006) which found that their participants perceived there to be high levels of alcohol consumption and unprotected sex in their communities, with this mostly being associated with casual partners. Thus, substance abuse is perceived to have a large impact on the decision to engage in safe sexual relations with a non-steady partner however, simply using this to excuse unsafe behaviour is problematic as it exempts individuals from assuming responsibility. But it is recognised that this representation is useful as it allows one to appear less judgemental.

In relation to the above, the lack of judgement of intoxicated individuals is further evident given the element of regret that PK thinks could be felt once one's judgment and decision-making capabilities return to normal, and there is a sense of pity for the consequences that such an individual will have to face. Moreover, such behaviour is also seen to be understandable as it is recognised as having an element of fun. This representation possibly serves to further justify and explain the behaviour that such individuals may engage in and, as such, it generally seems that the participants are invested in positioning the intoxicated individual as being a victim, with it being safer to allocate blame to the substance that the individual has consumed. While the distinction between the substance and the person serves to prevent criticising and stigmatising the individual, it is thought that this could also contribute to generating a lack of responsibility and a lack of recognition for the choice that the individual has regarding the decision to consume alcohol. This is cause for concern.

It is also interesting that PF states that *'it boils down to the person itself, because um their personality, because some people can control themselves when they are uh let's say intoxicated, other people cannot'*. This is once again an attempt to try to rationally explain an individual's behaviour when intoxicated by implying that the ability to control oneself is dependent on something that is characteristic of the person, thereby justifying any behaviour when intoxicated using the explanation that one has no control over one's response to alcohol. It is interesting to consider this further given that it has been found that personality primarily affects consumption, rather than directly affecting the response to alcohol (Hammersley, Finnigan & Miller, 1994). Hence, while PF is on the right track regarding the impact of personality on behaviour when intoxicated, it seems that personality has a greater effect on consumption. Nevertheless, the view maintained by PF may be enabling him to make judgements without arousing anxiety, as blame is more subtly placed on the individual. However, this perception is problematic as blame is still allocated and it seems to decrease one's power in that one is held somewhat accountable without being perceived to be able to rectify the situation. In addition, it is also important to note that while individuals aren't directly held accountable for their substance use, there appears to be an element of superiority with regard to individuals who do have a high tolerance and can regulate their substance use. This is apparent where PC states that *'other people they don't understand, they just drink to get drunk. So I, I just don't, I don't do that, I just drink to get tipsy only'*. From this, it appears that the intent to get drunk is criticised harshly and it is interesting that this judgement occurs only in the case of direct intent and active decisions to get drunk.

In sum, there are multiple discourses where, on the one hand, the individual is not directly or overtly held responsible or blamed for his or her behaviour when intoxicated but on the other hand, the individual is held accountable for consumption when there is a clear intention to get drunk. Also, the ability to control oneself, in terms of both consumption and behaviour when intoxicated, is associated with superiority. However, it is thought that this notion of superiority being associated with the ability to control one's substance use may be problematic as this could encourage substance use to prove superiority. Overall, the participants seem to avoid sounding prejudiced and judgemental, unless the intoxicated individual intended to get drunk. However, in contrast to the above, it is important to note that further complexity is generated with the notion presented by PL that *'especially us students, if we go out and party or if we drink, we're not gonna drink in moderation, we're*

gonna go full out or just don't drink at all, type of thing […] if you go to a party without getting any action then it's a failed party'. This appears to be contradicting the earlier social representation that risky behaviour when intoxicated is stupid and it also competes with the idea that drinking in moderation and controlling oneself when intoxicated highlights superiority. In this case, it seems that the notion of drinking and getting action is what 'makes a party' and is considered 'cool', where 'action' seems to allude to sexual activity. In a sense, this relates to the notion of one being able to have fun when intoxicated which was mentioned by PK. But it is potentially problematic owing to the clear representation of alcohol and sexual activity as being important components of one's experience at a party, and the problem arises where substance use increases the likelihood of risky sexual behaviour (Shisana et al., 2005, p. 74). Additionally, it is thought that the competing discourses regarding substances are worrying as substance use and resultant behaviours are met with mixed and contradictory responses, thereby possibly creating difficulty in the choices that individuals make. Also, it is important to explore where 'othering' comes into play, particularly the instances where one's own sense of risk is perceived to be low as a result of locating the risk in others.

The process of 'othering' is particularly apparent where intoxication is deemed risky and others are perceived of as being unable to control their behaviour when intoxicated, but the self is removed from this. This may serve the function of minimising anxiety associated with substance use, encouraging one to use substances with the perception that one won't behave foolishly but this may not be the case. It is also interesting that with regard to the social representation that risky behaviour is 'cool', it seems that there is no 'othering'. It is thought that this is not necessary in this instance as the representation of such behaviour being 'cool' minimises anxiety regarding the risks that might be associated with this behaviour. Thus, it seems that 'othering' is strongest when the risks are most acknowledged and generate anxiety, and this is consistent with the idea that low self-perceived risk is a mechanism to protect oneself from a psychological perspective (Joffe, 1999).

In conclusion, while the above has shown the different social representations of substance use, further exploration of the social representations of the risks that are typically associated with substance use are of interest in that they may shed light on the way in which individuals construct their perceptions of risk regarding HIV.

4.2.2 Opening yourself up to being taken advantage of: 'they've got a motive behind being nice'

It has been shown in considerable depth that the use of substances is thought to impair judgment and impede one's control over one's own behaviour. This has been taken one step further where participants not only spoke about the risky behaviours that one may engage in, but also about the risk of being taken advantage of when in such a state. This is apparent in the following excerpt:

[PG, picture 2]

> *Like I think these chicks met these guys there, then okay* ***these guys bought these chicks drinks*** *and everything, they are chilling with them. And like according to my thinking probably* ***they won't be doing this just over nothing. They've got a motive behind being nice*** *and everything. So probably* ***they need something in return, and poor ladies they don't know a thing****. And like probably they are getting them drunk, after getting them drunk they kind of lose control and everything. So they can just get off with every, anything.* [PG- Black, female participant]

This picture shows two girls sitting among three guys, there are two beer bottles on the floor and the text suggests that the guys in the picture bought drinks for the girls who are sitting next to them. The text then speaks to the socially represented risks associated with being taken advantage of when intoxicated. More specifically, it is the men in the picture who are socially represented as the one's taking advantage, whereas the girls are perceived of as being innocent victims. There is an element of suspicion regarding the motives of men buying drinks for girls and the men in the picture are socially represented as being sly and cunning regarding their ability to take advantage of girls by setting up an underlying expectation that their 'kind act' will be reciprocated, but only when the girl is drunk. It is almost as though the men are regarded as predators and the girls are viewed as unwitting victims who fall into their trap and are taken advantage of. As such, the girls are viewed as helpless, innocent and naïve regarding the implications of the actions of these men. Moreover, the act of buying drinks and 'getting them drunk' means that these girls will no longer have control over their behaviour and bodies and it is subsequently implied and reiterated that the form of repayment will be of a sexual nature. In sum, PG's view is that nothing can be for free and so the act of buying these girls drinks links to the idea of transactional sex (Norris et al., 2009).

Considering the above in light of the notion of transactional sex, the situation becomes more complex than a power imbalance regarding the decision to have sex. Power may also operate with regard to the decision to engage in safe sex. This is especially true given that the men in the picture are socially represented as sly and as individuals who consider their 'nice' acts to deserve repayment, while the women are considered to be naïve. In particular, it is interesting that PG calls these women '*poor ladies'* and it seems that, in doing so, she perceives herself to be at less risk as a result of considering herself to be 'wise' to the manipulation of men. Thus, the notion of alcohol being exchanged for sex speaks to the commoditisation of women, particularly with regard to the idea that they can be bought off and taken advantage of. Taking this one step further, the exchange of alcohol for sex seems to show that girls are cheap, easy targets and can be bought for any price. The use of alcohol to take advantage of girls is mentioned below in a different context:

[PI, picture 3]

> *[…] The **party lifestyle**, um you know it's **quite scary**. My boyfriend was telling me that when he was at university um they used to have this thing where they **get girls absolutely inebriated** that they couldn't even remember their own name, and then like they basically **gang-raped this girl**. But **she couldn't say no** but she wasn't saying no, **but she wasn't saying yes either**. She was so out of it.* [PI- White, female participant]

PI's photograph shows a billboard advertising a brand of beer and this was used to relate to the idea of the 'party lifestyle', where alcohol is seen to enable men to once again take advantage of women. It is viewed as a means by which women can be rendered powerless. They are 'out of it' and are subsequently unable to say 'no' in this situation where it seems like it is assumed that they would say 'no' if they could. Furthermore, the absence of saying 'yes' is important as it highlights that, despite a girl being unable to say 'no', not saying 'yes' not only shows her level of inebriation and powerlessness but it also shows her lack of consent, even if it is unvoiced. This is important as there has typically been a strong association between alcohol consumption and sexual assault.

While Abbey, Zawacki, Buck, Clinton and McAuslan (2004) refer to sexual assault as encompassing a full range of sexual acts including forced kissing, touching, verbally

coerced sexual intercourse and physically forced vaginal, oral or anal penetration, it is stated that alcohol consumption can play a significant role in sexual assault as alcohol consumption disrupts higher order cognitive processes. Substance use is clearly seen as a means to take advantage of the victim, and this is evidenced by the reduced ability to say 'no' and escape the situation. Furthermore, the use of the word '*inebriated'* alludes to a state of complete intoxication, highlighting the extent that perpetrators are thought to go to in order to take advantage, as well as the measures that are thought to be necessary in generating such an inability to resist.

Exploring PI's emotional engagement with the idea that alcohol can be used in the sexual assault of women, it is interesting that PI, being female herself, only seems to acknowledge the fear associated with such a situation to a limited extent, only saying that it is 'quite scary'. From this, it seems that it is really difficult for this participant to speak about this and this may be particularly so because she is a woman. Furthermore, it is interesting that this participant took a photograph of a billboard and linked this to the risks associated with drinking at a party rather than capturing a photograph of people at a real party. This seems to suggest possible pragmatic difficulties associated with photographing situations perceived to be risky, but it also suggests possible anxiety associated with taking pictures of real-life situations that are considered to be risky.

In addition to the above, it is interesting to note the differences between this theme and the previous theme. In the previous theme, the participants who spoke of risky behaviour were males, whereas the participants that spoke of being taken advantage of in this theme were females. This highlights an interesting distinction in the way in which the risk of intoxication may be perceived to be risky for males and females. Males are seen as becoming intoxicated as a result of their own actions and risk is associated with unprotected sex; whereas females are seen as being at risk as a result of being taken advantage of by others. This suggests the presence of power inequalities that are important to understand when trying to tackle the high incidence of HIV in men and women.

4.2.3 Taking substances with friends: Safety or peer pressure?

Having explored the social representations associated with impaired judgment and the vulnerability of being taken advantage of when intoxicated, it is interesting to note that the

context of substance use has also been socially represented as a factor influencing the risk of HIV infection. It was found that substance use in the company of friends and in public is socially represented as being less risky than friends using substances together out of the public eye, or even individuals using substances on their own. However, it is important to note that the representation of decreased risk in the company of friends was met with a somewhat competing social representation that highlighted peer pressure as a factor that may increase risk. This contrast is apparent in the following pictures and excerpts. These allow for further exploration and understanding to be generated regarding these competing social representations.

[PH, picture 4]

> *Kind of looks (laughs) like he **may be doing something a little bit more than just smoking normal cigarettes**. […] **The hoodie**, firstly I asked him to take it off. **He had it like on completely**, and he was leaning over and he was **kind of like a loner** as well. Um, I don't think it's fair for me to say okay ya this guy goes around and sleeps with random girls, but it's also that whole thing I am connecting it with the substance abuse and how people who do abuse substances, I think are more likely to be in a, a situation, a risky situation. […] uh ya, **probably that people who are into drugs** and who do abuse substances heavily um and who can't find company and, around them, like who can't find people who want to do the same thing, **especially in***

***university I should hope**, um **they tend to be on their own**.* [PH-Indian, female participant]

In this picture, a Black, male student is smoking while sitting on a brick wall. He is smoking on his own, bent over slightly and he is wearing a 'hoodie'. This picture and the associated text collectively point to risk being associated with this man using substances on his own and out of sight. However, it is interesting to consider the contrast in the level of risk that this individual is considered to be at with the level of risk that the people in the picture below are deemed to be at:

[PH, picture 5]

This picture shows Indian male and female students sitting on the lawns at the University of the Witwatersrand, they look relaxed and there is a hubbly bubbly from which they appear to be smoking. Having briefly viewed this picture and picture 4, it is important to analyse the following text taken from the interview with PH. This text highlights the different social representations of the people in pictures 4 and 5.

*For me I see this guy as being that person that would be more into using drugs and uh like taking it seriously and making it a big part of his life (picture 4) and **these people would be more recreational users***

(picture 5). ***They're using drugs with their friends*** *and things.* [PH-Indian, female participant]

The above extracts reveal the way in which the social representation of substance use cannot be removed from the context of such use. It is apparent that an individual using substances on his own is viewed as being a more serious user. There is the sense that this individual has something to hide as the participant had to ask him to remove his 'hoodie' and it is thought that this may link to the perception that he is using more serious substances than simply smoking. Furthermore, this scenario also arouses suspicion and judgment as the use of substances on his own is assumed to be risky based on the assumption that most university students are educated and wouldn't involve themselves with this type of individual and the risks that he is assumed to be taking. As such, this person is subsequently considered a '*loner'* and it is clear that the substance use and risk is viewed as a contributing factor to this isolation. Little sympathy is given to such an individual and any notions of understanding the substance use as a means of dealing with problems are excluded, i.e. the self-medication hypothesis (Bolton, Robinson & Sareen, 2009). In this case, substance use could be understood as a way to manage isolation and the idea that this individual is possibly depressed, but this is not the case. As such, this person is held accountable for his isolation, with the perception being held that other students are correct to avoid his company.

In contrast with picture 4, in picture 5 the individuals are considered recreational drug users. Substance use is seen to be a social activity and this seems to come with an implicit assumption that the individuals using such substances are safer and are less serious substance users. In this scenario, the substance use is seen as secondary to social interactions and friendships whereas, in the previously mentioned scenario, substance use was portrayed as being the primary activity that this type of individual engages in and a factor leading to isolation. There is also a sense that when one uses substances in the company of others, one is less likely to use more serious drugs as there would be the risk of rejection. Overall, the discrepancy in perceptions of risk for the scenarios depicted in pictures 4 and 5 points to important stereotypes regarding substance use and highlights the stereotype that individuals who use substances alone are at greater risk. One needs to be critical of such social representations as these may create an illusion of safety when using substances in the company of friends, which may be false. But it must be remembered that this sense of safety with friends does seem to be restricted to use in the public eye. It is

evident from the excerpt below that substance use with friends in more secluded places is regarded with a greater level of suspicion.

[PH, picture 6]

> *it was by the courts, and these, the people* ***here are the types of people that go down there to smoke weed and drink and things like that****. […] (laughs)* ***you are doing something risky, do you want people to see?*** *(laughs). They, they were pretty uh upset about me wanting to take a picture, and then eventually they were just like ya, cause* ***they didn't want people to know that they were, cause they were there for, to take drugs*** *and they didn't want people to know. They thought it was, I was going to take names down and ag whatever.* [PH- Indian, female participant]

From the above it is apparent that, even when using substances in the company of friends, this may be viewed as risky when it is done out of sight. In general, it seems that judgement from others is considered an important factor influencing substance use. As such, when friends collectively use substances out of the public eye, they are thought to be using serious substances and, in this instance, the fact that substance use is taking place in the company of friends is perceived to have little impact on the type of substances used. Thus, in this case, only public places serve as a watchful and judgemental eye from which such individuals need to hide. Subsequently, in picture 6, there are male students, who are

mostly Black individuals. They have gathered near the basketball courts at the University of the Witwatersrand. While there are people around, this area seems to be far more secluded than the lawns shown in picture 5 and this arouses suspicion for PH. Such people are considered to know that their substance use is risky and problematic, resulting in the need to use substances in more secluded places. Hence, the group of people in picture 6 are socially represented as individuals who are using substances that are risky and illegal, i.e. marijuana, and this shows that context can be socially represented as being an important factor regarding the perceived risk of HIV infection.

Exploring the social representation that friends influence one another's substance use further, it is clear that this seems to be a social representation which is held regardless of whether the substances are deemed serious or not. This is an important social representation to consider in more depth as Clark and Loheac (2007) found that peer group effects significantly influence consumption. Although, in this instance it is unclear as to whether peer influence is linked to modelling, persuasion, or both (Graham et al., 1991). Perhaps further research could be conducted regarding this. It is of interest that males were found to be more influential than females (Clark & Loheac, 2007) and it is subsequently thought that it would be interesting to explore this further given the increased sexual aggression of males when intoxicated (Abbey et al., 2004; Noel, Maisto, Johnson & Jackson Jr., 2009). Nevertheless, the social representation that substance use in public and with friends is safe is problematic as it may create a false sense of security when individuals use substances in public, and particularly in the company of friends. The notion of risk being isolated to a 'little Jamaica', corners and places of the university where there is restricted visibility, serves the function of placing risk in the hands of 'the other' who is part of the 'little Jamaica'. While this is psychologically useful, this social representation may hold many risks. Consider the following picture and extract:

[PA, picture 7]

> *Okay, obviously you can't get AIDS from saliva, but we just thought that you know, you're in this environment now, you trying new things uh, I mean* ***I was introduced to hubbly by my friends****. […] Ah* ***you're more willing to do, to do things. You're with your friends so you feel safe****. You know when you're with your friends you'd assume that none of them would have AIDS. So you'd feel safe, you comfortable you know, you're in an environment where you feel ya you're comfortable and you feel protected and you know you, you feel like you're in that box where nothing can happen to you.* ***But you're wrong stuff can still happen to you.*** [PA- White, male participant]

This picture shows two students smoking pipes from the same hubbly bubbly. The students appear to be comfortable with this and the associated text alludes to the idea that friends are assumed to have a small chance of having or of contracting HIV. From this, it can be said that the notion of the 'other' being at risk does not seem to apply to people one knows well. It is thought that this serves the function of maintaining the perception that one is at low risk as one is perceived to be in the company of low risk or uninfected individuals. This is cause for concern and may actually increase risk as individuals might use substances in the

company of friends, with the perception of safety and low risk, when this may not be the case (Sutton, 1999). This is similar to the previous analysis of picture 5, taken by PH, where substance use in the company of friends and in the public eye was regarded with little suspicion. Furthermore, while PA finally states that one is still at risk using substances with friends, it seems that this risk is discussed intellectually. This suggests an emotional detachment, thereby allowing for the statement to be said but simultaneously experienced in a way in which it is distanced from the self. This is problematic as it highlights that risk perceptions may not be thoroughly engaged with. This seems to result in one stating that one is at risk but not really considering this sufficiently enough to consider protective behaviours.

The risk of HIV infection also seems to be disregarded in instances where perceiving one's friends to be at low risk breaks down barriers regarding hygiene. This is evidenced by a willingness to use the same hubbly bubbly even though one is exposed to another's saliva. The assumption that one's friends do not have HIV serves to establish a sense of safety and comfort in coming into contact with one another's saliva. However, it is interesting that this comfort would decrease substantially if one knew one's friend had HIV. This has important implications as it shows that hygiene barriers are broken down in the context of a sense of safety amongst one's friends. This is an important consideration in light of the fact that there are more serious substances that do pose a risk for HIV transmission when shared. More research needs to be done regarding this. Additionally, the above sheds light on the extent of the fear associated with contracting HIV and it seems that one would become overly cautious when in the company of someone known to have HIV.

While it has repeatedly been shown that friends can play a role in introducing one another to substances, as well as in generating a sense of comfort in collectively using substances, the risk associated with this is presented more clearly in the following extracts:

[PB, picture 8]

You completely influenced by your own environment*. So if everyone's smoking, you are gonna smoke too.* ***What everyone is doing whatever, you are gonna do it too.*** *And* ***like if you don't have your own foundation, your own boundaries*** *you are gonna; and you can't like, if you don't agree with it and you can't withstand that peer pressure, then if it's in the wrong environment* ***you will fall*** *um and* ***you will be more vulnerable*** *again to whatever. Ya.* [PB- White, female participant]

maybe I didn't have that thingy of asking girls out or so um I get drunk with my friends and then ***my friends put me in a pressure****, ah* ***man just go to her****, and* ***I am gonna do it just because I am under the influence of liquor you know****.* [PC- Black, male participant]

This picture shows students using pipes from a hubbly bubbly. The associated texts show that both persuasion and modelling play a role in the way in which peers are considered to affect one another (Graham et al., 1991). In fact, according to PB it seems that, in the context of one's peers, one's own sense of agency disappears. This alerts one to the notion of being completely vulnerable in particular environments and it is thought that this social representation may serve to explain or justify one's behaviour in such an environment as it is seen as an inevitable consequence. Moreover, in a context of such great influence, it seems that only a strong sense of self is regarded as a protective factor. Following this line of thought to its conclusion, it appears as though the judgment underlying this is that individuals who are influenced by the environment are considered to have weak foundations and an inadequate sense of self. This is said in a matter-of-fact way and it almost points to the notion of 'survival of the fittest'. As such, it seems that while one is not held accountable for behaviour that is influenced by the context, one is still seen as ultimately becoming vulnerable in such a context where one has an inadequate sense of self.

Considering the above in more depth, from the perspective of PC it is clear that there is a distinct pressure from one's friends to engage in particular behaviours. While status might be associated with such behaviour, it is also thought that risk may be exacerbated by the fact that adolescents are generally experiencing a period of experimentation, especially since they are trying to individuate themselves from their parents and find themselves (Wilbraham, 2004). Furthermore, the fact that one may follow through with behaviour that one wouldn't ordinarily engage in is rationalised by the fact that one is under the influence of alcohol and alcohol is socially represented as dissipating one's fears. This highlights once again the idea that one's rationality disappears when one is under the influence of alcohol, making one vulnerable to encouragements by peers. Overall, this is consistent with the literature that states that peers have a considerable influence over one another (Zambuko & Mturi, 2005). This could be problematic where behaviours that are encouraged may be bad for sexual health. Thus, it is thought that peer influence may exacerbate risky behaviour and the perception of safety amongst friends that was previously discussed might even serve to rationalise such behaviour.

In conclusion, it is apparent that substance and alcohol use is considered to be the most important factor influencing perceptions of risk regarding HIV infection. It is thought to be

risky on the basis that such behaviour is associated with a loss of control, as well as the potential to be taken advantage of. The role of peers in enhancing risk has been made apparent, as well as the risk associated with particular contexts and environments. It is important to conduct further research on this, particularly since using substances in the context of friends generates a sense of safety. In particular, it is thought that substance use may be encouraged by peers so that a sense of safety is created by having friends to take substances with. Moreover, 'othering' appears to be more complex than simply locating risk in everyone outside oneself. It has been found that friends may be perceived to be low risk as well, and this seems to be challenging the notion that individuals tend to consider themselves to be at low risk for anything negative, while considering their friends to be at a higher level of risk, a concept commonly referred to as 'optimistic bias' (Joffe, 1999; Weinstein, 1987). As such, further research should be conducted regarding this. Lastly, having seen the way in which gender strongly intersects with social representations of risk; it is of interest that issues of race may be associated with substance use. In particular, it is evident that pictures 7, 8 and 9 all show Black students using substances together, whereas picture 5 shows Indian students. Firstly, this speaks to a seemingly persistent segregation of racial groups. Secondly, it is thought that being amongst people of one's own racial group may contribute to a sense of safety as 'threat' from the 'other' is minimised. Thus, this highlights the distinction between the in-group and out-group that seems to remain, as well as that the notion of 'in-group' and 'out-group' could still be influenced by race. As such, it seems that race is an important factor to consider regarding risk. This will be explored in more depth later on.

4.3 Personal attributes as elements of risk

While personal attributes weren't perceived to be central in influencing the risk for HIV infection, such factors were considered to play some role. But this mainly arose in the text and only came about in the photographs in certain instances. Furthermore, the social representations were constructed and maintained in particular ways, and it seemed that the participants were reluctant to identify particular individuals as being at risk solely on the basis of personal attributes, although this appeared to be easier for participants when characteristics were discussed in isolation. Additionally, the use of various justifications and explanations for such perceptions appeared to further reduce anxiety experienced as a result of attributing risk to particular individuals. Explanations tended to be based on the

context and the behaviours that certain individuals were perceived to be restricted to in these contexts. While the literature does indicate that certain characteristics and contexts can constrain individuals to certain forms of behaviour (Campbell, 2004); it is of concern that such justifications may be enabling prejudiced attitudes to remain, albeit surreptitiously. Thus, it is important to explore how the participants socially represent risk in a context that is focused on transformation. The individual characteristics that are considered are age, gender and race.

4.3.1 Age: Are the youth at risk?

The participants in the study identified age as being an important risk factor with regard to contracting HIV. All of the participants stated that young people are at the most risk for HIV infection and this is consistent with recent research which highlights that the greatest incidence of HIV is in individuals between the ages of 15 and 24 (UNAIDS, 2008). But it is important to note that there was some specification of where the risk is greatest within this group. With regard to this, it was said that individuals between the ages of 18 and 24 are at high risk for HIV infection although, 5 of the participants expressed concern that individuals below the age of 18 are at an even greater risk.

The social representation of the youth being at risk for HIV infection was generally related to the experimental behaviour that such individuals are perceived to engage in. While such behaviour can be risky, youth is considered to be the best time period for such individuals to have fun, become assertive and to gain independence, as well as to learn from their own mistakes. Broadly, this seems to be linked to discourses of normalisation regarding experimentation. However, within this, it is also important to explore the level of agency that individuals perceive themselves to have with regard to safety, as well as the relevance of 'othering' in relation to this social representation.

4.3.1.1. Discourses of experimental behaviour

It is apparent that experimental behaviour is considered to be a fundamental part of being young and the high risk identified in the youth tended to be associated with the behaviour that such individuals engage in. Many reasons for such behaviour were provided and these remain to be explored.

4.3.1.2 Experimentation in the youth: being young is the time to have fun

It has been found that late adolescence and early adulthood is typically seen as a time when individuals have few responsibilities and are meant to enjoy life, as life later on is typically associated with more responsible behaviour. In fact, almost half of the participants used this social representation as a means to explain the experimental behaviour that the youth engage in and the excerpt below highlights this:

[PC, picture 9]

> *Younger people are at risk um just because they think now um* ***life is all about having fun you know****, um they just living their life you know.*
> [PC- Black, male participant]

In light of the above text, it seems that youth is associated with fun, but fun is constructed in a particular way. Fun is associated with being carefree and there is a sense that one is living for the moment, with little concern being given to the consequences of one's behaviour and the impact that this can have on the future. In particular, with regard to the picture it is clear that fun is conceived of in terms of relations between men and women. This is evident by virtue of the fact that the picture is of a Black man and woman, the woman has her arm around the man's neck and it seems that they embracing each other as

if they are going to kiss. As such, it seems that the youth are experimenting in multiple ways, one of which is with relations with the opposite sex. The problem lies where the consequences for the future are ignored, and this relates to the risk mentioned by Sutton (1999), which is that individuals may not engage in protective or safe behaviours if the consequences are perceived to extend too far into the future.

In addition to the above, it was found that the social representation of experimentation in the youth could be contrasted with the social representation of older people who are considered to have set boundaries, having already had their fun. Thus, the perception is that there is little need to continue exploring and engaging in risky behaviour as one ages, and this is thought to place older people at less risk.

> ***As you get older**, like I don't know, I think **you've set boundaries** then **because you've had that fun already**. And like ya (laughs), so if you do contract it, it's a, there's a smaller percentage than the youth of today especially.* [PB- White, female participant]

This passage highlights the fact that adults are socially represented as being less at risk as a result of having had the opportunity to be free without boundaries. In fact, a few of the participants spoke of older people as already having had their fun, with PK stating that older people have 'settled down a lot' and have 'wisened up'. This indicates that experimentation plays an important role in this process of becoming wise but, once again, it is thought that the problem lies where the youth of today are faced with the challenge of HIV (Wilbraham, 2004). Additionally, this social representation is problematic where it may negate the risks of older people and where it may also serve to provide justification for the behaviours that the youth engage in. This justification and the potential consequences are apparent in the following excerpts:

> *It's not that you are reckless, but you, you know **you very excited**, it's a very exciting part of life. You young, I mean you know **you still wanna experiment and explore things and sometimes stupid things happen**.* [PD- Black, female participant]

> *the **notion is that if you don't live now, you gonna get, later on you are gonna get stuck in a job or get stuck in a marriage or you know have kids. So you can't have fun afterwards** when you in your 30s say and over that. So you know, **now's the time where you've got to go out and experience life, type of thing**. Uh Whatever that is. Uh So I think that you/ maybe you're prone a little bit more to take risks um when*

> *you out to, to look for those, to look for that fun pretty much.* [PL-Black, male participant]

From the above, it is once again apparent that youth is associated with fun. Exploration and experimentation are seen as being a natural part of exploring the world and being excited about life. According to PD, mistakes are also seen as inevitable learning opportunities which everyone goes through to 'become wiser'. This seems to point to a lack of agency in that 'stupid things' are seen as accidents and are closely related to the act of experimentation. This appears to serve the function of not only normalising experimental behaviour but of normalising the accidents that may happen in this process, which everyone is said to experience in order to 'become wiser'. However, from the excerpt by PL it appears that not only is experimentation normalised, there is a sense of urgency regarding this type of behaviour. The justification for this is that such behaviour will no longer be possible when one grows older and takes on more responsibility. As such, there is a sense that one needs to make mistakes during one's youth when this is still considered to be acceptable and when one can learn from one's mistakes and use them to prepare oneself for adulthood, but it must be remembered that in the context of HIV/AIDS this can be problematic. In relation to this, the way in which fun is conceptualised is of interest. While this has been somewhat mentioned, PK states that 18-24 year olds are at highest risk owing to their lifestyles of experimentation with alcohol, drugs and sex. This is highlighted in picture 10 which shows a symbolic representation of sexual intercourse and in picture 11 which speaks to the use of alcohol more directly.

[PK, picture 10]

> *We were just asking, like our friends what we thought leading cause of AIDS was […] and that* ***was my friend's way of saying sex****. Because // I mean she was a girl at Tuks university and she was like –* ***at Tuks university you know everyone is sleeping with everyone*** *and dah dah dah. She said she* ***doubts many of them use protection****.* [PK-White, male participant]

[PK, picture 11]

The above pictures are particularly interesting in terms of the way in which they give meaning. Picture 10 has a picture of two hands. One hand is making the shape of a circle while the other is pointing a finger through the circle. Connecting this with the text, this seems to once again point to the link between experimentation, fun and sexual intercourse. Sexual intercourse appears to be symbolised from the understanding that there is penetration of the penis, seemingly into the vagina. This indicates a very specific idea of sexual intercourse with other forms of sexual interaction being negated, such as homosexuality. Furthermore, this shows that experimentation seems to be associated with sexual intercourse rather than other means of sexual intimacy. Also, this representation is shown above a glass of alcohol, thereby possibly demonstrating the link that is made between alcohol and sexual behaviour, and the lack of protection around the finger seems to be alluding to the lack of use of condoms. In sum, this picture symbolises sexual interaction as a form of experimentation and fun; it also highlights the risks associated with substance use and unprotected sex. Regarding picture 11, there are young, White people sharing what appears to be an alcoholic drink, once again seemingly demonstrating a link between alcohol, safety associated with the use of alcohol in the company of friends, and fun. Both of the above pictures provide pictorial representations of the fun that PK was speaking of and this is corroborated by the intimacy shown in picture 9 taken by PC (mentioned previously). However, in relation to these pictures of the youth engaging in what is socially represented as experimental behaviour, it is interesting that PB identified the behaviours that the youth engage in as risky. This is evident in the following extract:

> *[...] and* ***it is only the one time you can't like say okay, I've only got three chances****, kind of thing. You make the one choice wrong, then I won't do the other two kind of thing. It's not, it's one time, one thing and then you have the virus forever if you do the wrong decision. So ya it's* ***very scary*** *(laughs).* [PB-White, female participant]

While this paragraph is taken from a discussion on risky behaviour with partners, it highlights the notion of only having one chance to protect oneself from HIV and the fear that this arouses is clearly evident. Considering this in relation to the previous extracts which normalised experimental behaviour, it is apparent that the youth are faced with competing discourses. On the one hand, risky and experimental behaviour seems to be normalised as a learning opportunity and an important part of transitioning to adulthood, but on the other hand there is the idea that, with HIV, people only get one chance with their

health and that experimental behaviour is risky. Hence, while youth is perceived of as a time that is important for making mistakes and learning from them, the problem of this generalist idea is that this is not necessarily the case with HIV. Subsequently, it is thought that HIV poses a unique challenge to the youth in that learning from experience is normalised but poses substantial HIV risk, with there actually being no second chance to 'wise up' in the way that older people are perceived to have had (Irwin et al., 2002). It is thought that the social representation and normalisation of the youth as risky, along with the perception that mistakes are normal, may serve to reduce the responsibility that individuals might feel they have to take if 'stupid things' happen as they are seen as unavoidable. The problem lies where this may reduce the sense of agency of being able to protect oneself and this, in combination with the fact that the youth tend do consider themselves to be invulnerable, may place the youth at further risk as one may never see the risk as being directly related to oneself, or something which one needs to take responsibility to avoid (Macintyre et al., 2004; Sutton, 1999).

Additionally, the time at which the youth are thought to take greater responsibility for their behaviour is of interest. 5 of the participants voiced that individuals below the ages of 18 are at a greater risk of infection, with PJ stating that by age 18-24 individuals are adults and should be better able to handle themselves. As such, this relates to discourses of the normal process of maturation, as well as the normalisation of experimental behaviour and such discourses are seen to strongly intersect with age. Of additional interest is that risk in young adolescents was also related to the risk of being pressured into having sex. PF stated that younger individuals are at a higher risk of being taken advantage of by partners older than them. It was said that *'teen years are more vulnerable because um ya like all the males in university […] what's stopping them from picking on teens. So they, they have like a, a variety to choose from'*. As such, it became clear that High School students were identified as being at risk owing to the fact that they can be selected by both High School and university students, whereas it is argued that female university students cannot date men younger than them. While this brings in double standards regarding gender, it still highlights the perceptions of risk regarding age. It is consequently apparent that many factors are seen to place young adolescents at risk however, overall, it seems that experimentation has been normalised to the extent that, regardless of age, adolescence is seen as an important period in one's life during which one can have fun and learn from experience prior to having greater responsibilities as one gets older. But youth is also seen

as a time of vulnerability. This relates to the idea that individuals have started to become sexually mature but may still be emotionally immature, allowing them to be vulnerable to the advances of older individuals (Wilbraham, 2004).

In sum, there are concerns regarding the notion that experimentation is important as this can then affect the ability to be safe. This is congruent with the literature where Wilbraham (2004) states that while experimentation is normalised and is an important part of development, it is important to also educate the youth regarding the health risks that they may be exposed to at this time. However, the receptiveness to such information must be explored in light of the fact that this behaviour is understood as a means for individuals to find themselves and to gain independence from structures that previously had some measure of control over their behaviour.

4.3.1.3 Experimentation: path to independence from parents?

The social representation of experimentation as a means of gaining experience and learning about the world has already been discussed. Closely related to this is the idea maintained by some of the participants that experimentation is a means for the youth to assert their independence and explore their newfound freedom from their parents' rule. This can be considered with regard to the following passage. PG was asked whether she considers 18 to 24 year olds to be at risk of HIV infection and her response is presented below:

> *I think they are at the most risk, because that's, that's when you wanna feel more independent.* ***You start feeling, uh being independent from your first teenage year.*** *Like okay now I am 13, like mama just give me a break I just wanna be, like look older – okay I am growing up now, I am a teenager. […]* ***when you're being 13 you wanna experience but like you are more under your parents' control****. Like, okay, no, no listen you're still living in my house, so you got to do everything by my word and my rule. And like* ***when you are 18 you get the chance to come to varsity*** *and everything. So you kind of like, you are out there, you alone, you meet several people, you see different people doing different things****. So you just wanna, okay let me just experiment doing that and see how it feels****.* [PG- Black, female participant]

The above seems to draw a distinction between High School students and university students. It appears that being under the age of 18 while living with one's parents is socially represented as being restrictive in that one's desire to explore the world is seen to be

secondary to the authority maintained by one's parents. In contrast, going to university is seen as an opportunity to explore and gain independence. As such, there is a sense of freedom associated with university, along with the idea of wanting to learn for oneself as opposed to being told what to do. Children are socially represented as wanting to become independent and university is seen to provide the perfect opportunity for this. Of interest is that, even where children are living with their parents while attending university, it is argued that they will behave as they wish. This speaks to the desire and ability for children to finally take control of their own lives at this age and to remove themselves from their parents' authority. This is apparent in the following comparison made between living at home and living in RES.

[PJ, picture 12]

> *Um, you know the typical student on his own,* ***whether you live at home with your family or at res, whatever the case may be; you wanna try stuff****, you wanna try new things in life, you wanna sort of experience a whole lot of stuff and have, and* ***have something to look back on to tell your kids and your grandkids****; when I was in varsity we had wild parties, and we had wild nights and you know what I mean. Now the idea of the* ***res*** *ah, I think you know, it, it, it sort of typifies and it,* ***it puts into place a lot of those risks*** *that, that, that are* ***associated***

> ***with all those wild nights*** *that you, you can call it that.* [PJ- Indian, male participant]

The above picture is taken of one of the residences at the University of the Witwatersrand. Considering this in relation to the text, it is clear that PJ draws attention to residential accommodation as being of particular risk but it is interesting that, regardless of this, simply being a student is seen to place one at risk. One can live at home or in RES and is still socially represented as engaging in risky behaviour. As such, it would seem that parents have limited control over their children's desires to try new things and to explore the world as they get older. This relates to the literature that states that as adolescents mature, parents begin to lack power to inform their children of potential risks, as well as to encourage and enforce safe behaviour (Wilbraham, 2004). It is interesting that PJ said that students want to explore and experiment so that they can tell their children of their experiences when they were young. It seems like such individuals want to sound 'cool' to their children and this may suggest a desire to relate to their children, somewhat differently to the ways in which these individuals perceive their own parents to relate to them. However, this may generate difficulty given that this would mean portraying messages whereby experimental behaviour is seen as 'cool', while simultaneously emphasising that one needs to act as safely as possible. Additionally, this negates the fact that the move away from one's parents is an important move towards independence. The acting out of this is succinctly demonstrated in the following extract. The youth are seen as being able to behave as they wish, as they no longer have to listen to their parents.

> *Uh They're going out a lot more, there is a lot more um social activities, substance abuse, substance use and* ***… just people wanting to experiment especially at this age.*** *And now it's kind of like they just got out of high school and* ***they had to listen to their parents and now they are on their own, living on their own, doing their own things.*** [PH- Indian, female participant]

Considering the above, it generally seems that the transition to independence is normalised and serves to justify the behaviour that such individuals engage in. As PA explains, when you grow older it becomes personal choice over whether or not to use the information given to you by your parents, it is the stage where you are making decisions for yourself. This is important as it highlights a process by which individuals claim their power from their parents (Wilbraham, 2004), and it also puts into question the usefulness of knowledge given by parents to their children. Although Pettifor et al. (2004) argues that communication

between parents and children regarding HIV and sex is beneficial, it seems that while the youth may not intentionally be trying to rebel against parents, freedom from parents to engage in the world in a less restrictive way and to act according to one's own wishes may diminish the usefulness of such information. This is further corroborated in research conducted by Zambuko & Mturi (2005), which found that parent's ability to control and influence their children as they get older is diminished. However, it is then interesting that parents are still somewhat blamed with regard to providing their children with insufficient and inadequate information, and with being too liberal.

> ***I think the parents today**, the new parents, so with the younger kids, were **brought up as in the old ways you know-** Not going and sleeping over at girls' houses or boys' houses. You don't do that, that's unacceptable. Uh not going clubbing until you're 18, not drinking alcohol until you're 18. So and **I think they resented that**, and they were, **they said to themselves when they were little you know oh well when I'm a mother or father I'm gonna be cool and I'm gonna let my child do that.** […] **And either they're going to end up regretting what they've done and not doing anything about it or they are gonna regret what they have done, do something** about it, as in tell their kids don't do this and these are the reasons why I'm not letting you out at this age you know.* [PA- White, male participant]

> *And I often wonder what would have happened if the parents were just more in touch with their kids and rather, you know, gave their kids a condom rather and knew about it, **which is lesser of the two evils: knowing that your 15 year old kid is having sex, or knowing that your 15 year old kid is not gonna get pregnant or have HIV/AIDS**. I know which one I would rather choose.* [PI- White female participant]

From these excerpts it seems that while parents may be socially represented as being overbearing, they are also judged quite harshly when they are seen to be inadequately educating their children. This also relates to the idea of wanting to be 'cool' as mentioned previously and, examining this more closely, there is an element of blame placed on these parents, they are held accountable for their children's actions. They are also provided with an ultimatum regarding their children's behaviour, with it being implied that the correct option is for parents to take control and to explain to their children the rules that they have. Hence, there are competing discourses regarding the social representation of parents and their involvement in their children's lives. They are seen as being irresponsible when they provide their children with freedom but when they enforce rules they are seen as being overbearing (Wilbraham, 2004). These competing messages could be problematic and as

such, one must ensure that the blame does not fall solely on parents. In fact, Alexander (1994) explains that many parents believe that they should play a role in educating their children about risks, even though this was the medium reported to be least used for gaining information in research conducted by Buseh, Glass, McElmurry, Mkhabela and Sukati (2002). This speaks to the agency that the youth have in obtaining information from other sources, regardless of the attempts of parents to educate their children.

In conclusion, it appears that the social representation of the youth as risky is justified with regard to youth being seen as a time for fun, experimentation, independence and finding oneself (Irwin et al., 2002). Experimental behaviour is normalised and risk is seen as either being a possible, unavoidable consequence or as something to try and avoid as far as possible. Such discourses are thought to be exceptionally important as the level of perceived risk, and the perception that one is able to do something to minimise the risk, influences the behaviour that individuals engage in (Sutton, 1999). This is important given that regardless of one's perception of the risk of HIV infection, HIV still poses a considerable challenge to the youth. Furthermore, it is recognised that while parents may try to protect their children, the natural transition to adulthood may interfere with this, potentially placing children at further risk.

4.3.2 Exploring the social representations of gender in the HIV epidemic

Gender was represented as being a very important risk factor regarding HIV infection. In particular, men were typically seen as the one's calling the shots in sexual interactions and they were generally considered to have more power than women with regard to the decision to use a condom. Also, notions of the male sex drive discourse arose, along with the perception that it is more acceptable for men to have multiple partners than it is for women. In contrast, with regard to women, notions of susceptibility to rape were prevalent and the issue of transactional sex as a factor influencing risk also emerged. Overall, it is apparent that multiple social representations of men and women exist with regard to power, behaviour and HIV risk. These will be explored in more depth.

4.3.2.1 Gender: Differential HIV risk

Analysis of the data revealed two main streams of thought in relation to HIV risk. While two of the participants, who were White, females, recognised the physiological risks of women, all of the participants spoke about the risk associated with the different genders in terms of behaviour. As such, it seems that there is a biological and behavioural divide, but a clear emphasis is placed on the behavioural dimension. Of additional interest is the fact that, in both the biological and behavioural explanations given, power differences were mentioned. This is demonstrated where PI said that women are at more risk physiologically because '*women are the receptacles for all kinds of bodily fluid'* and she went on to say that *'I think that's basically a metaphor for the broader social issues. I do believe that women are less empowered in society than men are unfortunately'*. From this, it is apparent that the physiological risk is not simply stated in physiological terms, but it is rather shown to operate within a much broader context where women are seen as the receptacles of the evils of society and are considered powerless to do anything about their experience of inequality. These power inequalities and the way in which they are socially represented will be explored further.

4.3.2.2. HIV susceptibility: men as dominant perpetrators and women as vulnerable victims

In terms of the risk of HIV infection, it was found that most of the participants regarded the level of risk for men and women to be more or less the same. However, it is interesting to consider the different ways in which men and women were socially represented as being at risk.

> ***I wouldn't want there to be different levels of risk***. *You know they should be treated equally but I would say that* ***girls would have a greater risk in the sense that they can be raped***. *You know a guy can be raped but you don't really hear about that. Girls are more vulnerable because you get* ***idiot men*** *out there who decide cool you know.* [PA- White, male participant]

> *Um, I'd say girls are more at risk because girls are, the, the whole issue of rape****, girls are more inclined to get raped*** *than guys you know. Guys don't really sort of, ah, aren't really at risk of being raped as such.* ***And the minute you are at risk of being raped, ah, your, your likelihood of getting AIDS is ah, much higher***. [PJ- Indian, male participant]

> *I would say women at this present day and time cause I mean* ***women are more susceptible to rape and stuff like that.*** *Although it does happen to men, I mean* ***sometimes a man might go to a prostitute*** *and she* ***might have the disease****. But I would say women are more um susceptible to it.* [PE- Indian, female participant]

The above extracts are of interest as, when the participants were asked whether there is a difference in the level of risk between men and women, only one female participant (PE) mentioned the risk of being raped, while it was mainly the male participants who spoke about the risk of rape for women. Furthermore, it is interesting that PE quickly moved on from discussing this to discussing the vulnerability of men who have sex with prostitutes. It is thought that this might be intertwined with the fear of rape, which is socially represented as being predominantly experienced by women. This fear may lead women to distance themselves from the issue of rape and this would make it understandable as to why it would be easier for women to speak of the risks of men rather than the risks facing women.

With regard to the risk of HIV infection for men, it appears that prostitutes are positioned as placing men at risk, with an association being made between prostitution and HIV. While some studies point to a high prevalence of HIV infection among sex workers and sex workers have been considered important vectors for AIDS (Talbott, 2007), it must be noted that no causal links can be drawn, only (at best) correlations. This is especially important to note as such a representation can lead to victim-blaming, which is especially problematic given that sex workers are also one of the populations most vulnerable to HIV infection (Wojcicki & Malala, 2001). However, it is interesting that PE positions prostitutes as carrying the disease as this shows that women can be considered to be the ones who infect men. Although, the agency of men in this situation is still apparent in that men actively decide to go to a prostitute, whereas the agency of women in situations of rape cannot be viewed in the same way. More specifically, it seems that men are socially represented as being more powerful and being able to force, persuade or 'buy' women to do whatever they want.

In relation to the above, it can be said that while the risks associated with prostitution were mentioned, the risk of rape for men was generally minimised. The social representation that men are strong may explain the lack of attention to male rape and the fact that it is considered to be a rarity. In fact, in the extracts it was generally stated that while a man can be raped, men are at less of a risk for rape and one would generally not hear about a man

being raped. However, according to Walker, Archer and Davies (2005), while more females are sexually victimised than males, male sexual assault is still a notable problem. But the literature regarding male sexual assault is limited and it is said that men frequently do not report these assaults (Mezey & King, 1989; Walker et al., 2005). Furthermore, it is recognised that only recently South African law has changed its definition of rape to encompass both male and female victims, and this demonstrates that male rape has traditionally been neglected, although this has recently been amended in the Criminal Law Amendment Act 32 of 2007. Nevertheless, given the problems with previous laws, it is still known that men are typically stereotyped as being strong and able to protect themselves, and research has subsequently found that they are blamed for not being able to resist or escape an attack (Perrott & Webber, 1996). This could then possibly account for the low willingness of men to report sexual assaults as such an experience may pose a threat to one's masculinity.

In sum, it seems that the way in which the participants speak of rape for males and females sheds light on issues of masculinity, femininity, as well as the actual and perceived power of males and females. Furthermore, female rape is socially represented as a more common phenomenon and there is a sense of pity associated with this as women are socially represented as being unable to protect themselves. However, it is important to remember that women are not simply victims of rape as a perpetrator enacts rape. Thus, having discussed the social representations with regard to victims of rape, it is important to explore the social representations of the perpetrators.

The participants tended to position themselves in opposition to perpetrators, specifically men who rape. Such men are judged harshly by PA and it is interesting that the social representation is that rapists are 'idiots', and this seems to be alluding to notions of rapists as being crazy, sick or out of their minds to be engaging in such behaviour. This highlights that there is no glory associated with rape and the male participants distance themselves from this act, which they so clearly disapprove of. PJ also spoke of the risk of HIV and this suggests a social representation that men who rape are HIV positive. Furthermore, it is also interesting that when a few of the female participants spoke about their own risk of contracting HIV, rape was mentioned, but this risk was generally associated with a man 'out there' being the perpetrator, rather than someone one knows. When the perpetrator was said

to be someone one knows, the perpetrator was often spoken of as being intoxicated. This is apparent below:

> ***I could be walking from here to the shop across the road and I could get raped**. And that I mean **the guy that is raping me isn't using any condom** and me contracting the disease.* [PE- Indian, female participant]

> ***I might be walking down there and like suddenly decides to grab me and like go and rape me and everything.** So I have been living a healthy life, trying to protect myself. But like still I am at risk because somebody with his own mentality just decided to do whatever he wanted to do.* [PG- Black, female participant]

> *um If ever there's a **substance abuse** along the line – like if ever maybe the guy is, the **guy is drunk**, and like he comes to you and say okay this is what I want and I've been telling you that this is what I want, and I gave you chance, **you kept on saying that you're not ready or this is something that you don't wanna do**. But like I've given you time so even today then you still say yes I am not ready, I am not ready, I'm not ready. **He is drunk, maybe he is not thinking straight by that moment so just rapes you.** Ya!* [PG- Black, female participant]

From the above, it seems that rape is socially represented as something totally under the man's control and as something that women have no power to prevent. It also appears as though rape is considered by PE and PG to be likely to be perpetrated by an unknown person. But, when the person is known, this behaviour is justified by the fact that the individual is intoxicated. This seems to be in accordance with the idea that the 'normal man' is generally not socially represented as a perpetrator of rape, rather it is someone unknown exerting his power and if it is someone who is known, he is said to be thinking irrationally at the time. While this links to the idea that consuming alcohol inhibits a man's normal inhibitions to have sex (Noel et al., 2009), the problem lies where the woman is positioned as being to blame for the rape seeing as she has been 'warned' and the man is positioned as taking something that he feels he is entitled to. These are important social representations to challenge as they allow for men to be held unaccountable. Moreover, it is known that rapists are in fact most frequently a friend, an acquaintance, a date, a father or a husband (Vogelman, 1990). Subsequently, having the perception that one is more at risk of being raped by someone one doesn't know may place one at greater risk, particularly in situations where one may be less weary with people one knows.

In exploring the social representations of rapists further, according to PK, a White, male participant, *'rapists and victims 90% percent of the time are gonna be Black. I mean and then the man's certainly not gonna use a condom, the chick doesn't get a say in the matter so I think ya that's a big AIDS cau*ser'. The above social representation is interesting as it positions the Black man as the most likely perpetrator and the Black women as the most likely victim. This seems to be alluding to a social representation of Black men as more violent and aggressive than men of other races and this violence is portrayed as being enacted on Black women. This is problematic as it may lead to a sense of decreased risk in people of other races and it also serves the role of projecting all the evils onto the other, allowing one to distance oneself and one's own racial group from such an act (Joffe, 1999). While this social representation may serve to decrease anxiety, it is problematic where it leads to denial and prejudice. Furthermore, the assumption is that the man will not use a condom and the lack of power of women is reiterated where it is said that the woman will have no say in the matter. Overall, rapists are strongly positioned as being perpetrators and women are seen as powerless in these situations. This is particularly evident in the following extract:

> *um Ya, well I* ***mean men are certainly more risky, like in spreading the disease****, certainly.* ***But then the girls are probably more at risk of getting it*** *than the men because obviously the girls; one guy can sleep with six girls, whereas those girls might just be sleeping with just that one guy. So I think girls are more at risk for that reason. But guys are certainly more at risk of giving it.* [PK- White, male participant]

This extract once again reiterates the idea that men and women are not both simply viewed as being at equal risk of contracting HIV. There seems to be particular ways in which the two genders are socially represented as being vulnerable to HIV infection. More specifically, the fact that rape is perceived to be a central factor placing women at risk, along with the notion that women are at risk because men have multiple partners, highlights the fact that women are considered to be at risk, not entirely because of their actions, but mostly because of the actions of men towards them. In contrast, where the risk of men is concerned, such risk seems to be calculated purely with regard to their own decisions concerning their behaviour. As such, inherent power inequalities are at play here as women are still constructed as being vulnerable and this is clearly in relation to the power of men. This is important as it highlights that surreptitious discourses underlie social representations that overtly seem benign. On the surface it seems as though the genders are socially

represented as having similar levels of risk, but the reasons for this risk have proven to be substantially different and intertwined with struggles of power where men are dominant and women are still seen as vulnerable (Brannon, 2008). This is problematic as it is thought that underlying power structures are maintained under the guise of equality between men and women, when power is actually acting in more subtle ways. This has important implications for the risk of HIV infection and it is important to investigate how these inequalities effect male and female constructions of the self and perceptions of power within a sexual interaction. The following passages are of interest:

> ***Men can be sometimes very like overpowering.*** *And some women,* ***some women also have low self, self, self esteem****. So* ***they not really sure how to say 'no'!*** *[…] The kind of society that we live in you know, the man sometimes, the, the notion that the* ***man you know is supposed to initiate, dominate****. So a lot of women feel that way, and um um so* ***for a man it's, it's, it's easier I guess. Because I guess the woman expects it of him as well at the same time.*** [PD- Black, female participant]

> *Like you don't have, you, you, you* ***don't know when to use your No!*** *Like you never use your No! […] and like you know* ***guys talk****: 'I've met her, no I've went out with her once and like she was so easy, this is what to do and everything'. Then, then* ***he'll use that same thing that the guy, the, the same trick that the first guy used****, the same strategy. And like* ***you will still fall for it****, like you won't be able to say no […] Okay, like in,* ***in most of the African, or shall I say Black – you know that men are the one who wanna dominate****, they wanna be in control. And like we girls, we wanna say, okay no you have to make the first move, I am not gonna make the first move because, because you gonna think that I am so into you. […] so* ***we give them power over us.*** [PG- Black, female participant]

With respect to the above, it is clear that men are socially represented as being overpowering and manipulative, whereas women are socially represented as having to be assertive so as to refuse the advances from men. In particular, there is the perception that in African culture Black men are dominant and this seems to be consistent with the notion that traditional African cultures are frequently oppressive towards women (Airhihenbuwa, 1995). Elaborating on this, it is interesting that while PD and PG, who are Black, female participants, acknowledge the power that men have and the tricks that men are said to use in manipulating women, they appear to blame women for being unable to refuse the advances from men. Women are subsequently left even more powerless in this situation and the inability to exert power possibly highlights the internalisation of subordination as well

(Joffe, 1999). This is made worse by the male sex drive discourse which sees the pursuit of women by men as a natural act (Hollway, 1984). As a result of this discourse, women are expected to be responsive to such advances and little sympathy is given where women are unable to say 'no' as they are expected to be able to. If they can't, it seems that they just have to expect the consequences of the 'natural' courting process. In sum, there seems to be a lack of pity for women and the illusion that women have power is justified with the understanding that women have power but are choosing not to exert it, rather than being unable to. However, the converse, where women are seen as being disempowered, is also problematic and this is evident in the following statement by PI:

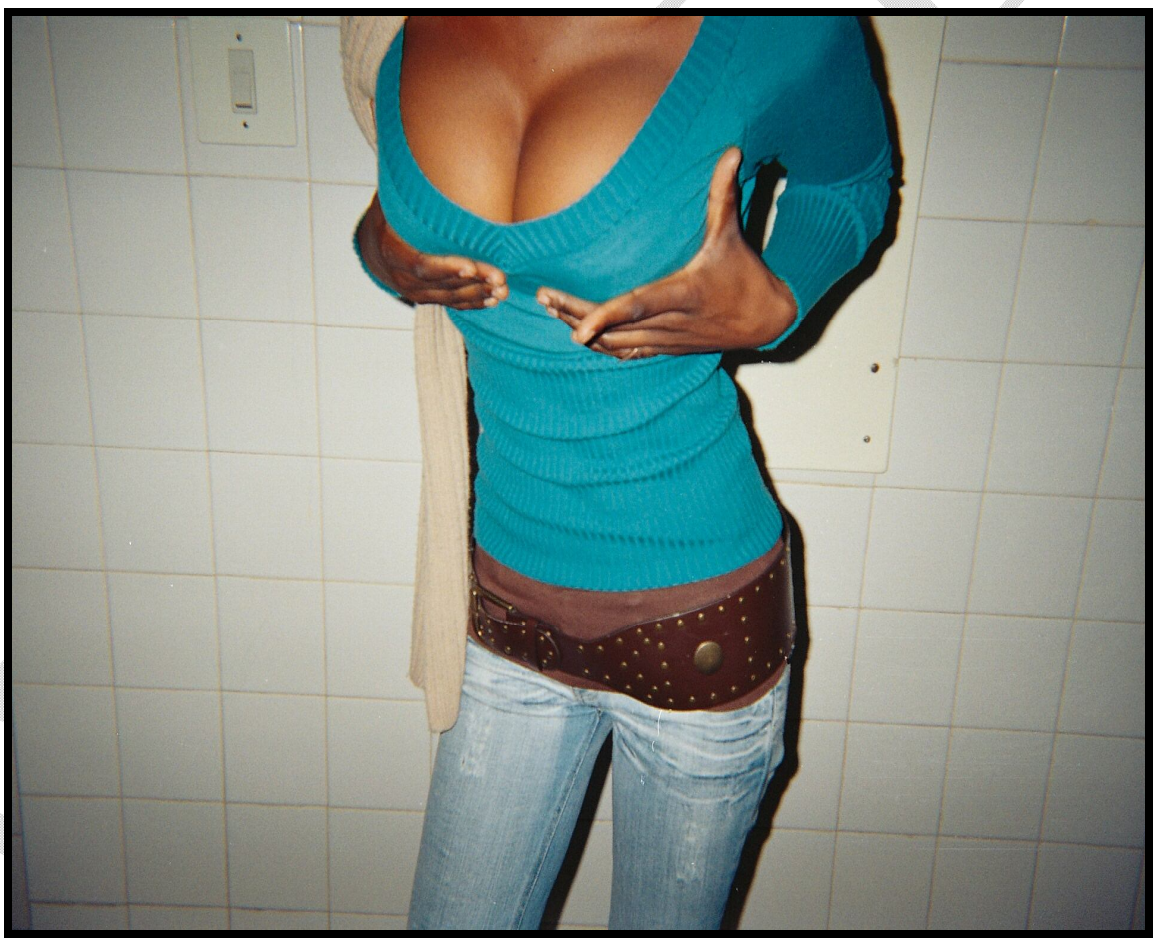
> *I think that almost this* ***discourse about women being disempowered perhaps leaves women feeling that they don't have to do anything about it.*** *And you know it is something that irritates me a little bit, that you know* ***they play the gender card as much as men do****.* [PI- White, female participant]

The above quote speaks to the way in which discourses reinforce themselves as well as the fact that any discourses about women being disempowered only serve to reinforce their disempowerment. However, it is recognised that the alternative of denial of the disempowerment of women is also problematic.

In sum, it is evident that the social representation of men and women as having equal power is not as innocuous as it seems. Examination of social representations and discourses reveals extreme power differences between men and women, with men being held only somewhat accountable as the perpetrators and women being socially represented as vulnerable to rape, as well as blamed for not saying 'no' in situations where they are perceived to be able to but may not be. Furthermore, the male participants generally seemed to position themselves in opposition to rapists, with PK considering them *'idiots'* and with their being a tendency to pity women. Finally, it is also worth noting that the perceptions discussed previously mostly emerged during the interviews and it is thought that this might be indicative of the fact that power relations are so insidious. They may be difficult to capture photographically. However, it is then interesting that photographs were captured of women who were seen to be asserting their power by dressing according to their own wishes although, in this instance, they are judged harshly for such behaviour.

4.3.2.3 Women dressed provocatively are asking for trouble

The issue of rape has already been explored. Women were typically seen as being vulnerable when rape was discussed broadly; however, it is interesting to note that when women wear 'inappropriate' clothing, the sense of pity for women and the blame allocated to rapists and dominant male behaviours seems to dissolve. As such, while the participants spoke of the fact that women may have a right to wear provocative clothing, it was expressed that women were asking for trouble when doing so. This is evident in the passages below:



[PD, picture 13]

> *You know I just wanted to kind of show um how* ***dress code*** *also - you know – it, it, it* ***does um have something to do with the high prevalence of HIV/AIDS.*** *If you look at the number of rapes there are you know. And a lot of* ***rapists will argue that you know it was the way she was dressed*** *you know and stuff. And rapists normally, you know*

there is a high prevalence of the disease amongst rapists. [PD- Black, female participant]

[PF, picture 14]

*I would say dressing like the girl in number 5 […]in certain situations it may place them more at risk, um walking alone at night. It m**ay uh invoke certain thoughts in certain guys' minds and that may just provoke them**. Not provoke them you could say, because she has um **they have a right to dress how they want, but um ya it make my, make, it may make guys' minds wonder and may end up raping them**.* [PF- Indian, male participant]

[PJ, picture 15]

> *I thought this is a, a symbol of what high risk HIV would be in the sense that, you know promotion of, of, um, ah, of symbolising,* ***objectifying women.*** *Ah* ***when women are sort of exposed to, and give off the impression to men, that you know what; this is what we all about, it sort of uh, um makes things easier or, or rather guys become more comfortable with the idea of treating women in a way that they shouldn't be.*** *[...] the whole thing of* ***dressing revealingly****, uh uh, it* ***does sort of encourage um behaviour that's untoward****. And that in itself is the* ***stepping stone to uh, the spread of the disease****.[...] I am a* ***Muslim*** *and in our culture, in our religion uh, there's a strong sort of* ***emphasis in the covering of the body of the woman. Uh, it's more of a protection, it's a shield.*** [PJ- Indian, male participant]

Considering the above pictures, it is clear that picture 13 by PD portrays a Black student with her jersey pulled low to reveal cleavage and she is also touching her breasts. In picture 14 by PF, a White women is shown wearing a short dress that reveals most of her legs and in picture 15, taken by PJ, there is a cartoon representation of a women who is dressed revealingly in tight clothing. Analysis of these pictures and the associated text indicates that

'inappropriate clothing' is considered by these participants to mostly refer to the exposure of the breasts or legs. It is also interesting to consider PJ's picture of a cartoon representation as this allows for a critique of women who dress 'inappropriately' but without judging an actual woman. Nevertheless, in general it seems that it is less anxiety provoking for the participants to consider women to be at risk when they dress provocatively, and from the extracts it is clear that this is quite an evocative issue. Many ideas have been presented and will be teased out.

Examining the texts, it is clear that PD, a female, Black participant mentioned the social representation of rapists as being likely to have HIV. This has been mentioned previously and it seems that the positioning of rapists as having HIV allows for the view to be maintained that rapists are not only harming their victims through forced sex but that this harm is enduring in that they also infect their victims with HIV. While this social representation of rapists as having HIV may be linked to the myth that sex with a virgin will cure one of HIV (Leclerc-Madlala, 2002), it is thought that more research needs to be conducted to verify this.

With respect to the idea that women are inviting men to rape them, it seems that the male sex drive discourse feeds into this where males are seen as unable to control their sexual urges and women are considered by PF to be placing thoughts in guy's minds when they dress provocatively (Hollway, 1984). In relation to this, the idea is put forward that rapists will argue that their actions are in response to the 'dress code' of women. Blame is subsequently placed on women and they are expected to take responsibility for their safety by dressing modestly or else they are expected to accept any negative consequences. Furthermore, it is interesting that the participants do not refute the argument that women's clothing may entice men to rape them, and so it seems that the rapists are positioned as having HIV but not being sufficiently educated, whereas the women seem to be expected to know better than to dress provocatively. In fact, it is almost as if women dressed provocatively are socially represented as intending to encourage sexual advances from men because it is assumed that they know what the consequences of such behaviour are. Overall, these social representations are worrisome as they allow for blame to be placed on women, without holding men accountable as well. This is reiterated with the social representation that women are stupid if they walk on their own at night.

In light of the above, the vulnerability of women is highlighted but given that they are seen to be inviting untoward behaviour, they are somewhat held accountable for any negative consequences. This blame is reiterated by PJ, a male, Indian participant, who speaks of it being easier for men to treat 'women in a way they shouldn't be' when women are giving the wrong impression by dressing revealingly. This is said to allow them to be objectified and this is interesting given that the woman then almost becomes an object to be claimed. Thus, women are blamed because they are seen to have control over the way they dress, whereas the male sex drive discourse excuses aggressive, sexual male behaviour as men are seen as being unable to have control over their sexual urges (Hollway, 1984). This will be explored further.

4.3.2.4 Men as horny little people

Having explored the social representation of women as vulnerable victims, it is thought that it is important to further explore the social representations of men that feed into the subordination of women. This is made possible by the following extracts:

> *Uh* ***Guys are probably stereotyped as in horny little people*** *that always wanna have sex* ***but it takes two to tango****, so. But ya, I think it's you know, the* ***guy should ask the girl out type thing****.* [PA- White, male participant]

> ***In most of the teenage relationships****; um most of them, like the couple, they broke up,* ***they break up because the guy wanna sleeps with the girl.*** *And ya so maybe the girl is not ready at that instant and the guy is ready at that moment. So they kinda okay let's break up because this is not what I want and this is what you want. Then* ***move onto the other girl then the same thing happens to the other girl.*** *[…] So like people keep on saying no, no, no, no, no, no, no. So you,* ***you end up taking it with force*** *and like* ***maybe I am saying no because of, I was born with HIV.*** [PG- Black, female participant]

The above extracts once again display the social representation of men as being dominant in relationships and being more likely to want sex than women. In particular, PA, a White, male participant speaks directly to a social representation of men that is strongly linked to the male sex drive discourse. Men are portrayed as the instigators of sex but there seems to be some resentment regarding this social representation, with the role that the women play being mentioned as well. However, it seems that while this role is recognised, the girl is not allowed to dominate too much given that the 'guy should ask the girl out'. Furthermore, of

interest is the idea put forward by PG, a Black, female participant, that men will come to take sexual interaction by force should women keep refusing them sexual intercourse. This explicitly demonstrates the ability of men to overpower women and what is more, this discourse that men need and are deserving of sex almost serves as a justification for such behaviour. Additionally, this situation is potentially dangerous from the perspective that, where there isn't rape, a woman may feel compelled to be sexually active with a man when she may not want to, for fear of losing him. This finding is consistent with Jewkes et al. (2003) and it is problematic that PG specifically mentioned this with regard to condom use. Also, it is notable that PG seems to mention the risk that the rapist is at for disregarding a woman's 'no', but the effect on women is not mentioned. This once again highlights the focus on men, while there is a disregard for women. As such, the statement made by Oriel (2005), that men's rights to sexual pleasure demand the exploitation of women seems to be accurate, to the extent that this exploitation is internalised, allowing for women to be blamed while men's behaviour is excused and justified (Joffe, 1999). Overall, having investigated the notion that women are vulnerable, it is important to explore the counter-argument that women are infecting men and are using men in the same way that men use them.

4.3.2.5 Transactional sex: a situation fooling women into believing they have power?

Having explored the social representations of women as vulnerable, it is important to consider social representations of women that seem to contradict this notion and to investigate the distribution of power between men and women in such contexts. Consider the following extract:

> ***Girls use guys**. Girls use guys. Because we **think that they have to buy us gift,** gifts, most of the time to show that, to show us how they love, like for them **to show us how they love us.** So to impress us they have to give out a little bit more. And like to us it's like **awkward to buy a guy a gift.*** [PG- Black, female participant]

It is apparent from the above that girls are thought to use guys for material gains. This is interesting, as it seems to show that women may also be socially represented as having ulterior motives in relationships. Additionally, buying a woman gifts is considered to be an act of love but it seems that women are not expected to reciprocate this act of love through buying gifts for guys. It is thought that this is because gifts are constructed as being for

women and that the awkwardness associated with buying a guy a gift might relate to issues of masculinity. Men have historically been portrayed as providers (Brannon, 2008), and if a woman bought a guy a gift this could be seen as a challenge to his masculinity. As such, it is then interesting that women are implicitly expected to show their love for a man differently, with it being implied that this repayment will be of a sexual nature. Thus, one can question the nature of the love shown through guys buying girls gifts, as the transactional nature of this act can be understood as a form of manipulation whereby a girl is 'bought off'. This notion of wanting something in return is explicitly stated by PG who said that '*the level of risk is high when getting gifts from guys, cause he will be buying liquor and wanting something in return'*. Hence, it seems that, in or outside the context of a relationship, the act of buying something for a girl is seen to require reciprocation. Furthermore, it is thought that this can be particularly manipulative where this gesture is seen as a representation of one's partners' love as this might trick one into a sense of safety. As such, it is thought that while this is a situation where women might feel empowered and loved, financial gifts actually can serve to disempower rather than empower (Kuate-Defo, 2004; Wojcicki & Malala, 2001). It seems that because reciprocation is implied and power differences are subtler in nature, this situation is particularly disempowering for women. However, situations where women are aware of the nature of an overtly transactional relationship and are willing to remain in such a situation must also be considered.

[PD, picture 16]

> *you find uh* ***a young woman um um getting seduced*** *or in some cases* ***also willingly dating*** *and going out and having sex with an* ***older man, because they can give them money you know****. What I was trying to show here was the fancy car, fancy cellphone, they older, you know the chick is* ***obviously very you know taken or she really, she really doesn't mind being in this kind of situation****.* [PD- Black, female participant]

This picture shows a Black man and a Black woman standing next to seemingly expensive cars. The man is dressed smartly and is holding a cellular phone, he is also touching the face of the women next to him and she appears to be smiling. Considering this photograph and the subsequent text it seems that, according to PD, men who have money can either seduce women or women might willingly and without manipulation date such men. This extract clearly highlights the distinction between transactional relationships where reciprocation for material goods is covert and where it is overt. Furthermore, it is interesting that this excerpt particularly speaks of the wealthy partner as being an older man and this alludes to the social representation that older men have money. Additionally, a woman dating such a man is socially represented as not minding the transactional nature of the relationship. But, regardless of this, it is thought that this type of relationship can be problematic as the awareness of one's lack of power may only make one even more disempowered in relation to the individual providing financially. As such, it seems that regardless of whether expectations for reciprocation are overt or covert, a woman's power is somewhat weakened, as she is required to hold up her end of the deal and the individual holding the money is socially represented as having the most power. Finally, it is interesting that both of the participants who spoke about this were Black female participants. This suggests a possible racial link with transactional sex. This may be related to the fact that this population has historically had the least resources, and still continues to be subjected to poverty (Mayekiso & Tshemese, 2007). Further research should be conducted regarding this.

4.3.2.6 Condom use

Given that power inequalities have been shown to exist between men and women, the influence of these power inequalities within the realm of condom use is of interest. Particularly since it is thought that this could play an important role in the ability to negotiate condom use, which is an important factor in the campaign to prevent the spread of

HIV. The participants had similar and different views regarding condom use. Some of these perceptions are presented in the paragraphs below:

> *I think that **the responsibility is more on the on the man**. We, I don't know I think we live in a **male-run world** and you know mainly a lot of the times the guys call the shots um but then again it should be the **responsibility should be on the woman as well**.* [PL- Black, male participant]

> *a **guy is the one who is like maybe the head** […] when the **girl asks** the, the guy, can we use a condom; **the guy maybe responds; why? Why? Are you having other partners?** You know, stuff like that. So it is **better for a guy** you know just to, just cool yourself down and **ask the chick; can we use a condom? And then yes, uh definitely, girls will just say yes**.* [PC- Black, male participant]

It is evident that the above two Black, male participants are of the perception that men hold more responsibility and power than women. However, it is interesting that on the one hand, there is willingness for men to accept responsibility for condom use (PC), but on the other hand there is frustration associated with this responsibility (PL). It is thought that this could be problematic where it is said that women should also play a role as this does not seem to be said with a view to redistribute power. Rather, it seems that this is done so that there can be sharing of the blame. As such, it appears that the Black, male participants speak of men holding most of the power and the fact that they can decide whether or not to give power to women regarding condom use itself highlights the amount of power that men actually have. Furthermore, it is interesting that where women request condom use, they may be accused of cheating which once again highlights the dominance of males and the power that they hold. Along a similar vein, the texts from the interviews with the two male, Indian participants presented below show how these participants spoke about men having more power than women. But it is interesting that PJ said that this may be changing as women are seen as being able to withhold sex if condom use is refused. As a result, it seems that men are conceding to use condoms but are positioned as doing so reluctantly, and only because they won't have sexual relations if they don't. Moreover, it is interesting that risky behaviour is socially represented as something desirable and as something that increases popularity. It seems that this willingness to take risks boosts a man's sense of masculinity. This is potentially problematic with regard to the risks that it may open one up to since the risks may be outweighed by the perceived benefits (Sutton, 1999).

> ***guys are reluctant to, to use a condom****; um,* ***girls are*** *sort of; 'now wear a condom,* ***you not gonna get some if you don't wear a condom'****. Um, but I, I think that that maybe has changed a bit. That's sort of something that is sort of in the past.* ***I think now people are sort of, you know what I will just wear the dumb condom and, and get it done with.*** [PJ- Indian, male participant]

> *If I could put it to like percentage-wise; I would say 20% of females have that power, but 80% of males have the um the power. […] Even though the,* ***the rights say that all genders are equal*** *and all that, but there is* ***still that, that in society that males are more dominant*** *than females, that they decide. […] The* ***risky behaviour is something that people desire and that's what they want****. And that* ***makes you more*** *// like you say* ***popular um between your guy friends.*** [PF- Indian, male participant]

Having already considered the above, it is interesting that PK, a White, male participant said that there is a distinction between different racial groups regarding the ability to negotiate condom use; the following is evidence to this:

> *in you know* ***our culture, women and men are a lot more even*** *you know. There is no overwhelming male dominance. So if you know the woman says she won't sleep without a condom, well you gonna have to. Whereas* ***maybe in other cultures if the woman says no; you will be like well look I am a man – so you have to listen to me****. […]Ya I think you know White women are a lot more // hold a lot more power against White men than Black women and Black men.* [PK- White, male participant]

The above extract clearly shows that the power held in relationships between men and women is socially represented as something that differs from one racial to group to the next by PK. According to PK, the White racial group has less of a divide regarding the power between men and women. White women are socially represented as being assertive and able to enforce condom use, as well as holders of a lot more power in comparison to women from other racial groups. In particular, this seems to be speaking to the social representation of Black men as holding more power than Black women (Airhihenbuwa, 1995). As such, it is apparent that power is strongly associated with gender and race, and this is seen by PK to have an impact on the ability of partners to discuss and negotiate condom use. However, in relation to power and gender, PA, the other White, male participant had a slightly different view to PK. This is evident in the following extract:

> *Mm ya, they can. I think it's* ***probably easier for, for the guy if he does it****.* ***But ya like I don't see why not*** *and I've never really thought about that. It's just you know the the woman doesn't ask the guy to marry her type thing. Um but, or maybe if, if, if you look at it like that, a woman should keep condoms for guys you know in her purse as well.* ***If she's gonna have a one-night stand well why can't she also bring condoms? Why is it up to the guy to always have condoms?*** *Um so, ya they probably could you know you could justify it as they have, by having it equally.* ***Um I don't think it works like that though.*** [PA- White, male participant]

While the above extract highlights the norm that men are the more dominant figures in relationships, it is clear that PA plays around with the idea of women taking greater responsibility for condom use. It is almost as though this notion is liberating for this participant as women are then also held responsible for safe sexual behaviour, but it is interesting that, at the end, the participant admits that while men and women should be on more equal footing regarding condom use, this is generally not the case. In sum, it seems that the White, male participants present themselves as less dominant than males of other racial groups but ultimately men are still represented as having more power than women. Having considered the perceptions of the male participants, it is important to explore the perceptions of the female participants.

> *I do believe that* ***women are not as pow, don't have as much power sexually in a relationship*** *that for instance you know um* ***what happens to a man's masculinity when a women says you will use a condom?*** *But then I think about my relationship where* ***I actually choose to purchase the condoms*** *for my partner and I, purely because they* ***affect me more on a physiological level****. So he is not really experiencing say the discomfort that I am due to different brands. And so you know* ***maybe I am a very progressive woman*** *but you know I like,* ***I hold that power in our relationship.*** [PI- White, female participant]

> *if you are a* ***weak person*** *and um you are in a relationship where like you* ***overpowered by him*** *whatever, um and like if you I don't know, almost like* ***insecure****; 'oh he is gonna leave me',* ***It's fine just do whatever.*** *And like,* ***if that is more important than you like conserving your life then ya it's fine. But then you must face the consequences.*** [PB- White, female participant]

It is evident from the above two extracts, taken from the interviews with the two White, female participants, that PI generally considers women to be less powerful than men, whereas PB holds women responsible for the risks that they are seen to put themselves at.

Considering the above further, it is interesting that PI refers to herself as a progressive women- she sees this as being related to the fact that she buys the condoms in her relationship. However, it is questionable as to whether she really is progressive as she still provides an explanation and a way to rationalise such behaviour. As such, it is thought that she is able to use the excuse of her physical discomfort as a means to purchase condoms without challenging the status quo. Hence, it is apparent that even where women may feel more empowered within a relationship, men may still be holding most of the power. Moreover, the notion that White women hold more power than women of other cultures may be disempowering to women of other racial groups and it may not necessarily be true. Even if White women hold more power than women from other cultures, this social representation is problematic as it holds the potential for such women to be blamed when they are not seen to be exercising the power that they are considered to have, as seen in the excerpt from PB presented above.

In order to contrast the above social representations with those of the other participants, consider the following extracts:

> ***Um it does fall on the woman even though it shouldn't***. *And um ya men feel that you know what if, if she okay maybe* ***some men don't want to use a condom. Others feel, okay if she tells me to use a condom I will***. *You know that kind of thing.* [PE- Indian, female participant]

> *I think it's, it* ***should be a mutual responsibility***. *If a, if two people are going to have sex and a woman notices that a guy hasn't, isn't using a condom,* ***she should take it upon herself to make sure that he is going to use a condom***. [PH- Indian, female participant]

The above two participants are both Indian, female participants, and it is interesting that these participants hold contradictory views. For PE it appears as though some men are more willing to use a condom than others, but only if the woman asks for it. As such, in this instance, the responsibility for condom use predominantly lies in the hands of women who are seen as having to ask for condoms to be used. This is potentially problematic where women may feel unable to assert themselves regarding condom use, resulting in potentially an increased risk of HIV infection (Barnett & Whiteside, 2006). Interestingly, this is in accordance with PJ who mentions that men will use a condom when women refuse to have sex without one. However, in contrast to the above perception, PH seems to think that

condom use should be a mutual responsibility. But this statement is contradictory in that men are expected to suggest condom use first and, only if this does not happen, then the woman is expected to suggest the use of a condom. This highlights that even where power is given to women, men still hold most of the power. Nevertheless, consider the perceptions of the Black female participants that are present below.

> *the male, if you noticed, is usually, it's the whole fear about living in a patriarchal society where the man dominates. So with a* ***man there is no need for an explanation, it's just the way it is****.* [PD- Black, female participant]
>
> *okay* ***if I start talking about condoms he might think that um I am cheating*** *and everything; ya.* ***Then some, you feel comfortable to stand up for what you think is right.*** *If ever he doesn't wanna uh use a condom* ***he must just take a hike****. Ya*. [PG- Black, female participant]

The above excerpts are interesting as PD mentions the presence of a patriarchal society in which men dominate and women are subordinate to men. This extract seems to indicate that men are able to act however they like without their behaviour requiring any explanation. This is problematic as women are then seen as being unable to challenge men regarding this. However, this does not seem to be the only social representation as PG presents the possibility that a woman can assert herself and tell her partner to 'take a hike' if he does not wish to use a condom. But it is clear that this may be difficult and that women are still seen as subordinate in that they are asked if they are cheating should they request condom use. In spite of this, the above still indicates that the possibility to challenge male power is present and this is interesting given the contrast of this with the perceptions of the male participants. PL appears to be holding strongly onto the power occupied by men whereas PC seems to present himself as wanting to protect women by asking them to use a condom, but in either situation the man is still given the power in that it is assumed that the women will say yes. In sum, the Black and Indian participants seemed to speak of and allude to male dominance more than the White participants. However, one must be careful that this dominance is not simply acting more subtly.

Overall, it is clear that the social representations regarding power and the ability to negotiate condom use vary with gender and racial differences. Also, while some of the participants suggested that women should take responsibility for condom use, it is important that power inequalities that make this difficult are not overlooked. If these are overlooked it

could be problematic as it may result in women being blamed and expected to take responsibility, overtly showing that they have control when this is not really the case, thereby serving to further oppress women. This also once again ignores the role that men play in maintaining these power inequalities. Nevertheless, having explored the social representations concerning condom use, it is important to note that in South Africa the proportion of adults reporting condom use during the most recent episode of sexual intercourse rose from 31.3% in 2002 to 64.8% in 2008 (Shisana et al., 2009). As such, it is clear that condom use is increasing. Furthermore, large increases in condom use have been found among males and females. In 2002, 30.3% of males and 24.7% of females older than 15 reported condom use at last sex. This increased to 64.6% and 60.4% respectively in 2008 (Shisana et al., 2009). As such, it appears that awareness is increasing and the decision to use a condom is being taken up more widely; however, further research could be conducted on whether the male or female demanded the use of a condom at last sex, as well as whether the different racial groups have different rates of condom use as this may shed further light on any power differences between males and females within the different racial groups.

Considering the above and having explored the different social representations regarding power and condom use, it is important to consider the availability of condoms. The following pictures are of interest:

[PK, picture 17]

> *I mean I do some work for the Vuvuzela and every week like they'll* ***hand these out.*** *And then a* ***week later they will recall them****, it will be like; sorry guys that was a* ***dodgy batch****. Like sorry don't use them if they have this serial number. And literally a couple times a year we have to run little things you know saying this batch is faulty, this batch is faulty- which is just unacceptable. I mean if they giving away free condoms to university students,* ***they need to be sure that they are of sufficient quality.*** [PK- White, male participant]

This picture taken by PK shows a strip of condoms that are provided for free by the government. The extract subsequently highlights the importance of government condoms but PK mentions the difficulties that arise when these condoms are recalled as a result of being unusable. This is said to be problematic and unacceptable, and it is interesting that higher structures are held accountable and are blamed for contributing to the risk that people are placed at. This is further evident in the following two pictures.

[PD, picture 18]

[PE, picture 19]

The above pictures also speak to the importance of government-distributed condoms, particularly with regard to their availability. Both PD and PE took photographs of empty condom containers and the following was said regarding this:

> ***lack of condoms sometimes may lead to people you know having unprotected sex*** *you know. […] if I was looking for condoms and I couldn't, couldn't find any, probably be tempted to just probably have sex without […] like I was just thinking of a person who did want them and didn't find them there and that was the only place they could find them.* [PD- Black, female participant]

> *That is an* ***empty condom container****. Also I feel that you know um boys and girls might be sexually active and um at times you know you're so* ***caught up in the moment*** *that you don't realise okay you know I should use a condom. Or like for example, if you don't have a condom on you,* ***you're not gonna stop what you're doing to go and get a condom*** *because that would, probably as they would say****, kill the mood*** *[…] um so because you don't have, basically you don't have access to condoms or something of the sort, even though it's free and it's all over, it might be finished or the place that you're at you might not have a condom on you,* ***you might just go and be sexually active and have sex without using a condom.*** [PE- Indian female participant]

These extracts highlight important issues in that both PD and PE speak of the risks associated with deciding to have sex without using a condom owing to a lack of availability or as a result of not having a condom and not wanting to get one, as this would *'kill the mood'*. As such, on the one hand the lack of condom use is attributed to not wanting to get a condom when engaging in sexual behaviour. On the other hand, blame is once again allocated at the level of government where individuals are seen as trying to get condoms but these may be finished and this is thought to result in unprotected sex. Of interest is that in the first instance individuals are held accountable but in the second instance blame is located higher up as individuals are seen as having made the effort to get condoms. These individuals are then not held accountable for having unprotected sex as unprotected sex is seen as the logical consequence rather than abstinence. This is problematic as it may serve to justify the behaviour that individuals engage in, despite the level of risk that individuals may be putting themselves at. Furthermore, it is interesting that the two participants who spoke about the lack of availability of condoms are female, PD is Black and PE is Indian. It is thought that this highlights the way in which women have become aware of the importance of condoms but the ability to use condoms is once again questionable. As such, it would be useful for research to be conducted on the use of condoms within the racial groups, and the types of condoms used. While PI mentioned purchasing her own condoms, it would be important to see if this is true of many White females, given that the actual risk for HIV infection in this population is lower (Shisana et al., 2005), and so it is thought that the perception of risk may be lower. This will be discussed in more depth in the section on race. Concerning issues of gender and having considered the way in which gender intersects with condom use in considerable depth, it is important to examine the issue of homosexuality as this was a theme which was mentioned by a few of the participants.

4.3.2.7 A controversial issue: homosexuality as a risk factor

Another factor that emerged in the data was that of homosexuality. With regard to the risk that is associated with homosexual relations, the participants were rather divided as to whether this was an important risk factor. Pictures and excerpts related to homosexuality as a risk factor are presented below.

[PK, picture 20]

> ***I was trying to get two gay men but I couldn't find any in Pretoria. So the best I could do were two girls kind of feeling each other up.*** *[...] I don't know if it's a perception or a stereotype but* ***you do think gay men are more likely to have AIDS****. I mean obviously* ***back in the day that was true, but I don't know nowadays if it's still the case****. But certainly this put AIDS and homosexuality together.* [PK- White, male participant]

[PJ, picture 21]

> *this picture number 11, this is a picture that I took at the movies. Um, this **guy looks gay**. So I took a picture of, of the gay guy. […] sort of the idea that, that gays and, and homosexuals are, are **more inclined or more ah, at risk to HIV/AIDS**.* [PJ- Indian, male participant]

The picture taken by PK shows two girls with their hands in front of each other's breasts. In contrast, the picture taken by PJ is of an advert in which a White man is seen to be wearing tight clothing and very revealing shorts. He has a gold glove on his left hand, his socks are pulled up and he appears to be posing as if he were dancing. Considering the text that is

associated with this picture, it seems that this picture highlights a very stereotypical social representation of individuals with a homosexual orientation. This shows that judgements are based on the way in which people dress and look, and that a gay sexual orientation is presumed to be something that is outwardly evident.

With regard to the picture of the two girls, this picture is interesting given that it highlights that homosexual relations extend beyond two males and can take place between females. However, the participant stated that he first looked for homosexual males to take a photograph of, and this seems to suggest a tendency to associate homosexuality with males. It also shows that, once again, homosexuality is considered to be something that is outwardly visible. Regardless of whether such relations take place between males or females, the social representation that homosexual relations increase HIV risk is evident. However, there is recognition that individuals don't know where this social representation of homosexuals comes from and this shows the way in which social representations impose themselves with an irresistible force (Moscovici, 2000). It is also thought that this social representation may allow heterosexual individuals to allay their own anxiety about their personal level of HIV risk. This is presented more clearly by the following participant who did not perceive homosexuality to be a significant risk factor:

> *my sense though is that it was honestly* ***placed in a segment of the population that you know a heteronormative society just didn't like*** *or accept or acknowledge and so they* ***put all the bad shit onto them*** *and left them be and you know* ***carried on in there nice little bubble****.* [PI- White, female participant]

In light of the above, it is interesting that PI, a White, female participant recognises a possible explanation for regarding homosexuals to be at risk for HIV infection. Furthermore, regarding the prevalence of homophobia, particularly with respect to males, PF said the following:

> *Um Maybe****, someone at residence who is maybe attracted to the same gender they wouldn't want the other people to find out*** *so they would just go and, like unwillingly, unwillingly go and engage with females just to like you'd say* ***'eye blind' the other people****. And because* ***at residence they, they don't want um homosexuals*** *there. They, they tell you. They encourage you to go for females.* [PF- Indian, male participant]

From the above, it is evident that homosexuality is rejected at RES and, as a result, individuals are thought to engage in sexual relations with people of the opposite sex in order to fool others and to avoid experiencing prejudice. As such, it is apparent that there is a definite stigma associated with homosexuality and it is thought that the possible behaviour that could result from this, i.e. people engaging in relations with the opposite sex, demonstrates the extent to which stigma can affect individual behaviour. This clearly highlights the problem associated with 'othering'. Furthermore, it is interesting that only some anxiety was experienced by the participants when associating HIV risk with being homosexual, as this is something which is considered to be a behavioural decision. This is consistent with the previous findings and it is subsequently clear that generally, when individuals are considered to have a choice over their behaviour, there is little anxiety associated with stating the risk that such individuals are perceived to be placing themselves at.

In conclusion, it is apparent that risk is constructed differently for the different genders. While men are considered to be at risk because of their own actions, women are considered to be at risk primarily because of the actions of men. Furthermore, it seems that sexual relations are intricately connected to issues of power and the impact of this on the ability to negotiate condom use is cause for concern. Finally, it is important to note that it is easier for the participants to identify 'at risk' individuals when such individuals are engaging in behaviour over which they are perceived to have control, i.e. dressing promiscuously, having homosexual relations. It appears to be far more difficult for the participants to speak of individuals perceived to be at risk when this risk is considered to be something out of their control, i.e. rape, environmental circumstances, etc.

4.3.3 HIV risk: The social representations and discourses regarding race

In order to explore the process of 'othering' with regard to race and HIV, the social representations held by the participants belonging to the different racial groups were investigated.

4.3.3.1 Everyone is at risk: Knowledge is now widespread… but it's generally still Black people at risk

Analysis of the interviews with the White participants revealed that these participants were generally of the perception that all people are at risk for HIV infection. However, it was mentioned that the 'African population'/ Black people are generally seen as being more at risk. This is evident in the following:

> ***You don't go at varsity 'oh, there's a Black guy he's got AIDS'. As to whereas in a township you might be more or less prone to thinking that****. You may go well* ***he might have it so let me distance myself****. But the way the* ***uprising of the government****, more and more Black people are becoming educated and they are getting jobs and are being more fairly treated. So I don't think people look at Blacks and go – you know – I think the* ***stereotype is if, may not be shifting, I think it's maybe slowly falling away.*** [PA- White, male participant]

[PA, picture, 22]

> *This picture here, there's Black and White people. […], it's not a disease that you can only get if you a specific race or gender you know; it's* ***out there for everyone****, not just an individual.* [PA- White, male participant]

In the picture above there are people of all races socialising with one another and this was used by PA to show that any person of any race could contract HIV. Thus, PA appears to be challenging the social representation that Black people are perceived to be most at risk for HIV infection. However, the fact that PA challenges the social representation that Black people are most at risk for HIV infection in itself highlights the presence and persistence of this representation and of particular interest is the way in which PA challenges this social representation. Interestingly, in an attempt to acknowledge that everyone is at risk, while still trying to distance himself from the risk of HIV infection, PA speaks of the risk of HIV infection in relation to socio-economic status and the environment. PA draws a distinction between people living in a township and people attending university, PA considers individuals living in a township to be at higher level of risk owing to the dirty environment that they are perceived to be in. While townships are associated with poorer living conditions and it is known that low socio-economic status has an impact on health (Charasse-Pouele & Fournier, 2006), it is of interest that PA sees the university environment and township environment so dichotomously. Individuals at university are automatically assumed to be separate from township environments, which may not be the case. Nevertheless, this social representation is important, as it seems to serve the purpose of allaying anxiety regarding personal risk at university. Furthermore, it is thought that perceiving the present government to be rectifying past inequities allays any guilt that the participant may be feeling for present inequalities. Of interest is that this seems to contrast with the perceptions of PK, who says that Black people are more at risk but this participant does recognise the present inequities in education. This is evident in the following:

> *I mean it's stereotypes but* ***you do think like local African population is more at risk.*** *I mean if you know you see all your White friends and then all your Black friends, you kind of do think well it's more likely them than you. Which could be down to* ***education*** *and things. Generally* ***if you White, you more educated, wealthier****, all that kind of things.* [PK- White, male participant]

The above extract once again speaks to the stereotype that Africans are considered to be more at risk for HIV infection and it appears that the term 'African' refers to the Black population. This term is interesting as it creates the perception that this population is typically African and the fact that this term is not applied to Whites, who are said to be educated and wealthy, highlights that a distinction between races is perpetuated and strongly intertwined with socioeconomic status, with that which is 'African' being

associated with high risk, thereby maintaining the subordination of Black people deemed 'African'. Hence, it is thought that while this term sounds unprejudiced, it actually just allows for the prejudice to be maintained more subtly. Risk is still associated with the 'other', regardless of whether or not the 'other' is your friend. This is interesting particularly since friends were associated with a sense of safety earlier on. As such, this points to a discrepancy in risk perceptions for different friends based on race, with socio-economic status once again being a factor that is used to justify this perception. While socio-economic status intersects with HIV risk, it is problematic that it may serve as a means for underlying stereotypes to be perpetuated. Overall, it seems that even if politically correct terms are used and socio-economic status is used to justify risk perceptions, at the heart of risk perceptions there is a link to race. In sum, the problem lies where prejudice is still evident but appears in more subtle ways, as well as where inequity remains and is explained, while little is done to change present conditions.

Given the above, the way in which the female participants socially represent the risk of HIV infection regarding race remains to be shown.

> *I think in the **past like you could say okay Black people have AIDS** cause they uneducated. But **now** we have taken that away, **everyone is educated**. […] And like there's so many factors now and because it has **become such a big thing** you can't say okay it's Black or White whatever. **It is everywhere**, it is in so many shades that you can't like pinpoint anything, you can't say this is the problem.* [PB- White, female participant]

PB presents the view that everyone is at risk of contracting HIV and she justifies this by saying that, in the past, this perception could be understood with regard to inadequate education. However, PB feels unable to justify this perception any longer as she says that '*everyone is educated'*, and so PB presents the view that everyone is at risk. It is important to note that this participant seemed very hesitant linking HIV risk with race and it is thought that this might be a reflection of a fear of retribution if she were to make a racist remark under the present day law and government promoting democracy (Duncan et al., 2007). This speaks to a general hesitation on the part of the White participants to speak of race as a factor influencing HIV infection. While this was less anxiety provoking for the participants who related this social representation to socio-economic inequalities, not all participants were able to relate to this justification as it also caused some discomfort, seemingly as a

result of an understanding that these inequalities have carried over from apartheid. As such, these participants tended to emphasise that there has been much change since apartheid and they maintained the view that everyone is at risk of contracting HIV. Interestingly, PI presents a theoretical understanding of 'othering'. This is evident below:

> *I've been reading about psychodynamics and racism and perhaps* ***putting all these nasties onto the other****. I am pretty sure that happens with sexuality and HIV/AIDS as well. […] You just gotta take America, they do the same thing. […] they put it onto their Black population, they put it onto the Mexican population, South Americans, Africa. You know all the rest of the third world countries but not on themselves. […] In my mind we all just as much a risk.* [PI- White, female participant]

Consideration of the above reveals the rejection of blaming discourses by PI. These are viewed as a means by which individuals discount their own problems by placing them on others. As such, this extract clearly speaks to the phenomenon of 'othering' and the function that this is thought to serve. However, it is clear that while this participant demonstrates understanding of the situation, she is clearly intellectualising and holding a superior position, whereby she sees herself as not placing 'nasties onto the other'. She rather sees herself as holding the social representation that everyone is at risk. The above is interesting because seeing herself as being aware of the risks of 'othering' allays her anxiety about personal risk, as well as any possible anxiety about the risk of sounding prejudiced.

In conclusion, HIV risk for some of the White participants seems to be associated with particular contexts, where a lack of education and/or poverty are factors used to justify the social representation that Black people are more at risk. While poverty does affect health, it is thought that this justification is useful psychologically as it allays anxiety associated with the fear of sounding prejudiced. However, at times, this social representation in itself was seen to cause difficulty as it resulted in some of the participants feeling guilty about persistent inequalities that have carried over from apartheid, resulting in these participants emphasising the changes that have taken place since then. Furthermore, for the participants who avoided being prejudiced altogether and who acknowledged the risk of everyone, the effects of this were evident in that it resulted in increased anxiety with regard to personal risk. In sum, the White participants were very careful about their social representations of the risk of HIV infection regarding race. This highlights the difficulties that remain regarding issues of race.

4.3.3.2 Owning the 'othering'

Having considered the perceptions of the White participants and having highlighted the presence of 'othering' in some of the excerpts, with the Black population being identified as being at the most risk, it is important to explore the social representations held by the Black participants. This will shed light on the way in which this population constructs risk. This is of particular interest seeing as this population directly experienced the laws of apartheid, a factor perceived by the White participants to influence the level of risk of this population. The following excerpts attend to the participants' social representations of risk regarding race:

> *it is **rare to find a White person you know um being infected with HIV**. It is very rare you know. cause I, I think um they, they just went there and **got the knowledge** you know. They wanna know where this, where does this HIV um comes from. So for us uh **Black people we just sit back and just you know 'agg HIV, HIV'**.* [PC- Black, male participant]

> *There's **more Black people**, one; and the, the, the largest pool of **poor** people are Black people you know. […] and obviously that **has to do with the history** and you know um all of that. But um what you find is, today, that **Black people are still poor** and still struggling.* [PD- Black, female participant]

> *there is a much higher population of Black people in South Africa […] they gonna be there's gonna be a **bigger number of Black people with AIDS** I think or with, who are at risk of getting AIDS. […] **I'm not blaming apartheid here but I think it is a result of, of um uh the education systems** in apartheid and whatever.* [PL- Black, male participant]

According to PC, White people infected with HIV is a rarity, and the most common social representation held by the participants is that of Black people being at the greatest risk for HIV infection. Reasons for this ranged from the greater number of Black people that live in South Africa to the issue of poverty and the lack of education which is perceived to be plaguing this population and which is considered to be a remnant of apartheid. There is internalisation of stigma in that these participants identify with the risk associated with being Black to some extent, but anxiety is allayed somewhat by allocating blame for risk externally, rather than by associating it with skin colour.

In relation to the above, it is interesting to consider that the Black participants located present difficulties in the experiences of the past, while the White participants tended to refute present inequality with regard to access to resources, and particularly in relation to education. It is thought that the Black participants are invested in holding the past accountable as this absolves personal responsibility for struggling to improve conditions and rectify inequalities. In contrast with the Black participants, the White participants seemed invested in presenting the inequalities as having been rectified, and it is thought that this allays feelings of guilt and responsibility for present conditions. This is further evident where the White participants viewed the present government as being successful in rectifying past inequalities. However, it is interesting that the Black participants did not mention the present government and it is thought that speaking mainly of the influence of the past allows blame to be allocated to past governments, rather than to the present government which was instrumental in the transition to democracy and which is attempting to rectify the inequalities of the past (Mayekiso & Tshemese, 2007). However, the problem then lies where the present government is not considered either in terms of its achievements or in terms of its failures, and it is not held accountable for these. But it is interesting that PL did not wish to be seen to be blaming the past and this suggests some discomfort regarding this issue and the tension between the Black and White participants regarding the positioning of blame and perceptions of change. Overall, both racial groups appear to be positioning the present government as one which is rectifying the past, but the pace at which this is perceived to be happening differs for these participants. Also, when PC speaks of the rarity of finding a White person with HIV, this seems to indicate a good/bad split between White and Black people. White people are seen as clean and not contagious, whereas for Black people this is the opposite. It appears that even though the participants locate blame externally for their present conditions, they still identify as being the racial group at most risk for HIV infection. In addition, it is thought that the social representation held by the White participants, which is that everyone is at risk of HIV infection, is problematic as there is denial of the real difficulties facing the different racial groups. In general, it is how social representations are maintained that is important, as well as the effect of these social representations on perceptions of agency in relation to protecting oneself from HIV infection.

4.3.3.3 Constructions of risk maintained by the Indian participants

The Indian participants generally maintained the social representation that the Black population is most at risk for HIV infection. Once again, using environmental circumstances to justify this social representation seemed to allay anxiety with regard to the risk of sounding prejudiced, but it is interesting that these justifications appear to enable risky behaviour to be excused. Consider the following excerpts and passages that have investigated this further:

> *you **think to yourself you know um Blacks are more at risk**, but then you **realise that um AIDS doesn't choose colour**.[…] I think that **Blacks are more open about it**. However, like in a White or Indian community, if someone contracts AIDS you'll, you'll try to hide it. […] And also that I feel, I feel that um that Black people are, were **underprivileged in the apartheid era** […] they **poverty stricken** and that **might lead them to prostitution** and therefore making them riskier in contracting the disease. […] So basically it is a thing of status that um Black people don't really care.* [PE- Indian, female participant]

According to PE, the risk of HIV infection is initially socially represented as being most likely to affect the Black population. However, this is then challenged and everyone is said to be at risk. Furthermore, the social representation that Black people are at the most risk is explained by stating that this could be because Black people are more open about their HIV status. This social representation is interesting as it seems to suggest a perception that Black people don't care about their position in society. In contrast, White and Indian people are seen as having a status to protect, thereby explaining their supposed secrecy regarding their HIV status. The problem lies where this could lead to low perceptions of risk in these two populations as a result of such secrecy. It is also thought that the idea that Black people do not have a status to protect could be disempowering. Interestingly, the blame that is placed on such individuals for the high level of risk that they are perceived to be at is minimised by attributing risky behaviour to the inequities of the past. The attempt to explain risky behaviours is elaborated upon by PF and PJ in the following extracts:

> *in poverty, poverty stricken communities as, **because mothers can't support their children**, so they go out and uh sleep, uh you know **sleep around for money** just to support their family and I think looking at that it places Blacks more at risk because the **Blacks were most previously, in the past they were the most disadvantaged.*** [PF- Indian, male participant]

> *you know ah, ah when you don't have money, um, you know, you can, you can* ***imagine what you would do to keep your family alive****. And any mother; any mother from whatever race or religion you from, if you see your child starving you will do whatever it takes to make sure that your child gets food. And that includes selling your body. So poverty is a massive, massive factor with HIV/AIDS.* [PJ-Indian, male participant]

From the above, it is apparent that the risks that individuals take to survive in conditions of poverty are not judged harshly. They are actually considered rational and somewhat heroic in that one is seen to be going to any lengths to protect one's family. This is primarily associated with the Black population and it seems that this is because of the emphasis on the inequities of the past. However, this over-representation of Black people as the most at risk for HIV infection remains to be explored further. This is made possible by the excerpt and picture presented below:

[PH, picture 23]

> *uh the Black guy and the White woman, um I think it, a lot of people were saying like okay, well this is something my friend said to me, not a lot of people; but um uh that* ***why would a White woman be with a Black guy*** *and stuff like that. It's also like I, breaking perceptions whatever, that whole um what um* ***a Black guy has to have AIDS or whatever (laughs), and the White woman's with him, she is gonna get it from him and stuff like that****. […] uh, I spoke to a lot of people about this cause I had a hard time taking pictures and thinking about what to take pictures of and a lot of people that I asked;* ***my friends (laughs) were just saying take pictures of Black people****. So um* ***even though I don't think like that I, I am surrounded by people who do*** *think like that.* [PH- Indian, female participant]

This picture shows a Black man and a White woman walking together. In the text, this is linked to the positioning of the Black man as a vector of HIV and this seems to be a common social representation. This highlights the persistent 'othering' that takes place along racial lines but it is interesting that this participant positions herself as not being racist and it is thought that she may fear sounding prejudiced. Expanding on the above, of particular interest is the notion of interracial relationships as this highlights the inequalities between the different racial groups rather clearly. The White woman is positioned as placing herself at risk for dating a Black man and she is also presented in a way in which she is seen to be of too high a calibre for it to be acceptable for her to date a Black man. This is interesting because even though men have typically been shown to hold more power, this does not seem to hold true when speaking of the above interracial relationship. As such, the inequity between racial groups is particularly evident in this context. It seems that while individuals may not want to sound prejudiced, this prejudice arises more strongly when the 'other' is seen to be invading one's group.

In addition to the above, it is also interesting that Black people are perceived of as being suspicious of White people. In particular, PF mentions the idea that HIV is just something that '*the Whites made up'*. Alternatively, the role of ancestors is spoken of and HIV seems to be regarded as *'a punishment from the ancestors'* by Black people. Based on these ideas, PF subsequently says that such individuals are not educated enough and this serves to maintain the representation that Black people are most at risk for HIV infection. However, it is important to note that conspiracy theories are one of the ways in which populations are able to disavow risk, thereby preserving their psychological integrity (Joffe, 1999). As such, it seems that even though the Black population is socially represented as being at greater risk, conspiracy theories provide a way for this risk to be disavowed and refuted.

However, the problem arises where the disapproval of such beliefs serves to further disempower the people that maintain these beliefs (Mkhize, 2004). Hence, it seems that not only is risk projected onto the Black population, but the rejection of means to disavow this risk serves to further disempower, even though the refutation of these myths is important for overall safety. Moreover, it appears that in the case of interracial relationships, there is less of an attempt to justify social representations, perhaps because the 'threat' of invasion of one's own group arises.

4.3.3.4. Tying the social representations of race together…

Exploring the social representations of all of the participants reveals a general sense that Black people are socially represented as being at the greatest risk for HIV infection. This is justified by many of the participants as being closely tied to poverty and the environmental contexts that such circumstances create. This has also been understood by most of the participants as being closely related to South Africa's history of apartheid. However, some of the White participants appeared to negate the way in which apartheid continues to affect the present, and it is thought that this may be because of the guilt experienced in relation to the fact that apartheid continues to have an impact. Subsequently, the White participants tended to perceive the present government to be addressing issues of inequality, whereas the Black and Indian participants failed to mention anything regarding this. It is thought that all parties have vested interests in maintaining their respective positions. Overall, the close association between race, poverty and the social representation of HIV risk is evident and needs to be explored more closely.

4.4 Risky behaviours in risky environments

4.4.1 The role of socio-economic status in the HIV epidemic

Having seen the way in which money operates as a symbol of power and opportunity with regard to race and gender, it is important to explore more closely the way in which socio-economic status is socially represented in relation to HIV risk. In general, most of the participants regarded poverty as being an important risk factor for HIV infection and a few of the participants also spoke of the risks that wealthy people are perceived to be at. The discourses underlying these social representations remain to be explored.

4.4.2 Money talks: Wealth as a predictor of health and a symbol of one's value

Being wealthy and financially secure was generally socially represented as being a protective factor in the HIV epidemic. PD states that '*it's a whole lot safer when you have a bit more money and you have a, you know a comfortable home, a comfortable family, a comfortable life you know. You are more at risk out there in the streets I think'*. However, PA highlights the fact that even if '*you do come from a, you know rich environment or a more well brought up environment, it doesn't necessarily mean you not gonna have it. Um ah, in my opinion it means you have less of a chance, because you educated and that'*. As such, it seems that financial security is socially represented as being a factor which reduces the risk of HIV infection. Financial security seems to be associated with the environment that one lives in; wealth appears to be associated with a well-ordered environment, as well as with a greater opportunity to be educated. This is consistent with the literature that highlights that well-ordered environments are typically represented as being safer (MacIntyre, 2004).

In relation to the above, a more detailed analysis of the data revealed that many of the participants held the perception that wealthy people were somewhat protected as a result of having a well-ordered environment, but it appears that there are inherent contradictions as it is precisely because of these perceptions of safety that wealthy people are perceived to be at risk. This is evident where wealthy people were regarded by two of the participants as being arrogant, as well as having perceptions of being superior, elite and invulnerable to anything negative. It is these perceptions that are perceived to place such individuals at risk. This is apparent in the following excerpts:

> *Um especially the more **arrogant people** that go, you know I am rich, I've got all the money in the world, um I live in a mansion where nobody has it, **I can't get it you know**. I don't have to worry. Um I, I think that not everybody but I'm sure there are a number of people out there that you know do think that. **It's dumb**! dumb way to think. But I definitely do think people think like think that and stuff so ya.* [PA-White, male participant]

From the above, it is clear that wealth is associated with a perception of invulnerability. When this participant was asked to explain in more detail how this perception influences risk, the following explanation was given:

> *if **you knew that you were bullet-proof** you know you wouldn't be scared to go into the army type thing. you know, so you'd be **more willing to do it** – as to – **if you know you know that you're not bullet-proof, you know well I could get shot and die mm you're not so keen anymore.** […]Ah just because you're in a really well brought up environment it doesn't necessarily mean that you're not gonna be able to get it. **You're not bulletproof just because you have a suit in front of you.*** [PA- White, male participant]

In light of the above, it is clear that wealth is considered a protective factor but that it is simultaneously also socially represented as a risk factor. This is because wealth may pose a risk where individuals perceive themselves to be invulnerable and 'bullet-proof' when this is not the case. This low self-perceived risk subsequently places people at risk. While this perceived risk of the wealthy is discussed in some depth, it is interesting that one of the participants said that his sympathy lies with poor people. Consider the following:

> *wealthy and poor ah, there's a, there is a risk. But I do believe that the **poor are obviously more at risk than the rich**. Cause even if the **rich** person does contract the disease the **medical care** and the sort of; uh, uh **psychological sort of treatment** that he'll get for him and his family is so much more easily accessible. Whereas with somebody who is poor, somebody in the family gets HIV, the effect that it has on that family, there's not gonna be somebody right there to sort of help and deal with it or get them through that whole thing. So, so I think, I, I think that **my sympathy would lie more with somebody who is poor** and has HIV much rather than somebody who is wealthy and has HIV.* [PJ- Indian, male participant]

From the above, it seems that poverty is associated with a lack of freedom, fewer opportunities and inadequate access to healthcare. Individuals with HIV who are wealthy are given far less sympathy as they are seen as having the resources to manage the diagnosis. It is thought that such individuals may also be judged more harshly for contracting HIV as they may be expected to know better. In addition, according to PL, affluence increases risk from the perspective that '*say if I'm an affluent person from an affluent part of the city, then I'll maybe I'll know what I'm getting myself into, but uh just I'm looking for fun in my life, so I'm gonna go and have a raucous party and get with whoever and how many ever people I can get with, you know'*. Moreover, it was said that money doesn't provide for every need, and this is evident where PG stated that '*you can't have everything, you can be wealthy but you, maybe you are unable to give birth. And maybe you can be happy but you need a husband'*. Hence, money is considered to be unable

to provide for every need, as well as unable to protect one from every risk. Thus, the general notion of risk seems to be summed up in the following:

> *I think that **wealth is another thing that it makes people feel safe** from everything. But you know I think what about drug abuse, that's just as rife with very wealthy kids as it is with very poor kids. […] So you know um ya and **the arrogance I think around it; that it's not gonna happen to me because I've got money**.* [PI- White, female participant]

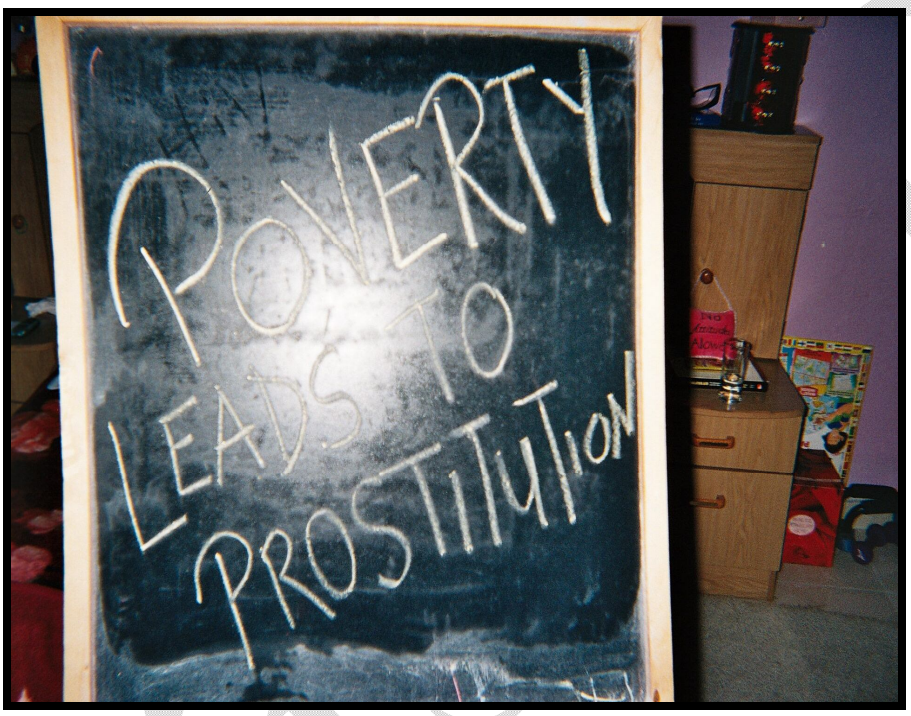
In sum, wealth is a factor perceived to influence the risk of HIV infection. It seems that individuals in poverty are not held accountable for their behaviour to the same extent that wealthy people are, and it is the representation that wealthy people are not at risk that can place them at risk. Furthermore, it is of concern that the following excerpt suggests that socio-economic status can be related to one's value and the value of one's life.

> ***when you poor I think you have less to lose** so you know you'd be more inclined to just sleep around cause you figure well I am poor, I have no job, you know I really do have nothing to lose. Whereas if you are wealthy you have so much to lose if you caught AIDS. You know you realise you have your job, your relationship, all that. So I think ya despondency. You know **when you poor you become despondent** and you really, **there is nothing to live for you know!** That **didn't really come out right (laughs)** I mean you do have something to live for, but you know when your life sucks and you have nowhere to live and no car and no job, you really not gonna be worrying about; oh well I might catch AIDS, **you just think hey I could have sex tonight, awesome!*** [PK- White, male participant]

The above excerpt suggests that wealth may be associated with purpose and a reason to live. However, the participant appears to become embarrassed about having this social representation, and this is made clear by the fact that he says that *'that didn't really come out right'*. However, despite the attempt to back track, it seems like health, life, relationships, etc are all thought to become meaningless when one is poor, creating the perception that such individuals are more willing to take risks and live in the moment, regardless of the consequences. In contrast, wealthy people are represented as being more socially responsible as a result of the perception that they have more to lose and are socially represented as being far removed from socially unacceptable behaviour. This could be problematic as it may feed into the social representation that the wealthy are at low-risk. These social representations are concerning as they enable inaccurate risk perceptions and power inequalities to be perpetuated. Furthermore, it is of interest that for some of the

participants, risky behaviour is seen as a means of survival to protect one's children, thereby making such actions seem somewhat heroic. This is evident below:

> *any mother; any mother from whatever race or religion you from, if **you see your child starving you will do whatever it takes to make sure that your child gets food.** And that **includes selling your body**. So poverty is a massive, massive factor with HIV/AIDS.* [PJ- Indian, male participant]



[PE, picture, 24]

> *And um also I think that like poverty; like this thing says that **poverty leads to prostitution.** If someone is poverty stricken they don't and if you have a child you will probably **go to any extent to make sure that you will be able to look after that child**. And you don't know whether the man you're busy with or whoever is coming to you for prostitution he has the disease cause it is not like you're gonna stop them and say will you please go for an HIV test. And you can contract it in that way as well.* [PE- Indian, female participant]

From the above, it is apparent that poor people are socially represented as engaging in multiple risky behaviours, but these risks are understood by PE. More specifically, PH suggests that poverty leads to prostitution. As such, there is a direct link placed between poverty and prostitution, with there being little judgement of prostitution in such instances as this is seen as unavoidable.

In conclusion, the social representation of socio-economic status in relation to the risk for HIV infection has been highlighted, with there being different norms and standards of acceptable behaviour for wealthy and poor individuals. While the poor are generally depicted as having little to live for, it seems that they are regarded with sympathy. Moreover, they may even be commended for risky behaviour owing to the fact that such behaviour is understood from the perspective that it is a means to provide for one's family. In contrast, wealthy individuals are held more accountable regarding their HIV status as they are portrayed as being better educated and more socially responsible. However, it is recognised that a low risk perception of wealthy individuals serves to place such individuals at risk.

4.5 Perceptions of personal risk?

Having explored the many perceptions regarding risk in others and what is thought to place someone at risk, it is important to investigate how the participants construct their own sense of personal risk. The responses varied amongst the participants, with responses ranging from low self-perceived risk to high self-perceived risk. Risk appeared to be calculated on the basis of personal behaviour, as well as on the basis of environmental factors. It is interesting to explore this according to race and gender and upon doing this, it was found that the two White, male participants and one female participant considered themselves to be at low risk, while one White female participant acknowledged her risk associated with being sexually active.

> *I would consider myself to be **at less risk at home** because of my environment. But I would in general consider myself to be at less risk cause I'm of my **education and my knowledge** of it. […] cause at at home I know I won't get it you know. **If my mom has a cut or whatever, I know I won't get it. If one of my friends has a cut I know I won't get it.** Whereas if you in a, in a in an environment that's not clean and the people there don't really care about how they live life, and you know filth and stuff you, you can't be too careful, you don't really know, you know.* [PA- White, male participant]

> *I'd say a **low risk** (laughs). Um I mean I'm in a **relationship with one girl from.** Well we, I know she doesn't have AIDS like she, we **donate blood together** and stuff. So I know she doesn't have AIDS, I don't have AIDS. So very low risk. And I'm **not doing any kind of drugs**, so I wouldn't be getting it from needles or anything, sharing needles. Um **I***

> ***think if I were to get it, it would probably be from one of my friends.*** [PK- White, male participant]

The above excerpts from the two White, male participants speak to the judgment of low risk on the basis of being educated, on the perception of being in a safe environment, and on the value attached to having one partner. However, there is a contrast in the amount safety felt among friends for PK and PA. Overall, PA seems to position himself as being in a clean and non-contagious environment, and this perception of cleanliness and health extends to those people that are close to him. It is thought that this reduces anxiety regarding personal risk, as one is then only most vigilant in unclean environments (Joffe, 1999). But it is interesting that this participant regards his friends as being safe whereas PK limits this safety to his partner, and the act of donating blood is regarded to be sufficient evidence that he and his girlfriend are HIV negative. It seems like there is a willingness to trust his girlfriend and he maintains a perception of safety as a result of only having one partner, but this doesn't speak to the risks that might be present if one has consecutive relationships, even if it is with only one partner at a time. As such, this perception of PK's contributes to a sense of invulnerability to HIV infection that may serve to increase risk. Furthermore, the absence of behaviour that is perceived to be risky, i.e. drug use, is used to further justify his perception of low risk. While a perception of low risk could allay anxiety, the potential problems associated with low risk perceptions have already been mentioned and must be kept in mind. In contrast to the male participants, the female participants said the following:

> *Personally I **don't think I am at great risk**, because I **don't do drugs,** I **don't sleep around** (laughs), all the things that do lead to you getting AIDS, like the basic things. But I mean something could happen whereby, by like **error** you are in the hospital and things get mixed or anything like that. Or like an actual accident happens. But otherwise no I don't think I am at risk.* [PB- White, female participant]

> *I know **I'm at risk**. I'm **sexually active** you know that's, that's the basics of HIV/AIDS. Are you having sex? Yes or no? Then you at risk if you are. Are you engaging in intravenous drug use? Yes or no. If I am, I'm at risk. So logically, yes I am at risk, **do I think about it all the time? No, not really, I also think about not having babies**.* [PI- White, female participant]

With regard to the above excerpts, it is noticeable that in contrast to the male participants, PB mentioned the possibility of external events influencing her level of risk. This is interesting as it points to the inequalities between males and females spoken about earlier.

This female sees herself as being at risk not solely as a result of her own behaviour, but as a result of the fact that the actions of others can affect her. There is a sense of helplessness in that she can do all she likes to try and protect herself, but at the end of day she feels that this may not be sufficient. Although, it is interesting that she regards such an incident as being an accident and it is thought that this helps her to maintain the perception of safety in that people are not portrayed as intentionally wanting to harm her. Additionally, the extract from PB is interesting in that there appeared to be some discomfort for this participant to discuss the risks associated with engaging in sexual behaviour. This seems to alert one to the social representation of men being more sexual beings than females. She generally presents herself as being low risk as a result of the absence of drug-related behaviour and the fact that she doesn't sleep around. PB emphasises that if she were to get HIV it could happen because of an error that could occur in hospital, i.e. not from sleeping around. Overall, there might be a sense of shame associated with contracting HIV from engaging in sexual behaviour. It is thought that this could be related to the blame that is put onto individuals who take sexual risks. Previously, this participant mentioned that where people don't use condoms, they *'must face the consequences'* and as such, contracting HIV from a sexual interaction could cause much conflict for this participant. In contrast, PI is more willing to speak openly about the risks associated with sexual behaviour however, the fact that she does not think about this risk often, alerts one to the anxiety associated with admitting one's risk (Joffe, 1999). Having explored the perceptions of the White participants, these can be compared to the following remarks made by the Black participants:

> *Hmm **high risk**, um, cause um (laughs) I haven't found a partner yet you know, so like I can say I am **sexually active**. So it does (sighs) put me in such a risk you know. But I just um help myself in such a way that every day you know or every time you know just, I get into like a situation where you know I just need to have sex, **I just use a condom every time**.* [PC- Black, male participant]

> *I'm **probably very wrong** but I think I'm at a **low level of risk**. Ah I mean I haven't been tested myself cause I'm not sexually active, I'm **religiously involved** so I mean if I ya, I've had what I think is a good **education** so I'm I am taking guesses here, but you know I think I am at a low level of risk but ya.* [PL- Black, male participant]

Unlike the White, male participants, one of the Black, male participants considered himself to be at high risk, whereas the other participant considered himself to be at low risk. The judgement of high risk maintained by PC was associated with engagement in sexual

behaviour, but it is interesting that the participant mentioned the use of a condom every time he engages in sexual behaviour. It is thought that this serves to allay his anxiety regarding the level of risk that he perceives himself to be at. With regard to PL, he considers his behaviour to place him at low risk and the excerpt from this participant once again highlights that men generally perceive their risk in terms of their own behaviour. Of interest is the fact that PL was concerned that his low self-risk perception was wrong and this indicates that he almost felt expected to state that his risk was higher. This shows that people may feel expected to consider themselves to have a high self-perceived risk, but that this may not be congruent with actual perceptions. This might have important effects on behaviour as self-perceived risk with regard to how one actually feels is important. It is also interesting that this participant considers himself to be educated and that religion is considered to be a protective factor for this participant. In contrast, it once again seems that women consider their vulnerability in relation to the actions of others. This is evident in the following:

> *The **risk is high because you get a lot of people around you that are probably HIV positive** as well because you, you, not because you choose to surround yourself with a lot of people like that, but because the disease, the disease is there, and the people that I am exposed to are exposed. You know, so we all kind of exposed you know.* [PD-Black, male participant]

> *I think the lifestyle that I portray I can say I am **25% at risk**. Because 25% meaning I **don't know what might happen** when I leave this room. Okay I might fall and like somebody who is positive might wanna come and help me. You know! Or I might get raped. Or Ya something might, I might get into a bus, then there goes an **accident**, and like we just fall on top of each other and there is blood all over. So I might say I am 25% at risk.* [PG- Black, female participant]

According to PD, the risk for HIV infection is understood in terms of exposure to people who are exposed to HIV. For PG, her level of risk is understood as being a result of others actions. She considers her risk to be at 25% owing to the fact that others could infect her, in spite of her attempts to protect herself. Once again, risk is mostly spoken of in terms of 'accidents'. This is similar to the perceptions maintained by PB, and it is once again thought that this serves to reduce anxiety that others purposefully intend to cause harm. But PG does recognise instances where there is intent to cause harm by briefly mentioning the risk of

rape. Finally, one can consider and compare these perceptions with those of the Indian participants:

> ***I am at risk. Not at high risk, I would say moderate***. *Hmm, because I think that I am* ***aware*** *of the, the risks involved, what goes on uh ya what goes on in the community so I would say that I'm, I am at risk hey. Like I said I think everyone is at risk. So I would say I am also at a moderate risk*. [PF- Indian, male participant]

> *as things stand, I've, I've got* ***pretty good health***. *So I* ***don't see myself sort of finding myself in a hospital*** *where I'm exposed to sort of open needles, in that unlikely event, or I don't see myself ah, sort of getting any, any sort of blood, ah, ah, mixing of blood, bodily fluids. Uh, so I think in that regard I'm, I'm relatively safe. I, I* ***am faithful*** *so I don't see myself in that regard as a, a, a risk. Uh, so I think I would consider myself to be* ***very low risk****, relative to other people. But again it doesn't exclude me from any form of risk. We always* ***gonna have that, that sort of possibility***. *That door is, that door is always open you will never know what could happen*. [PJ- Indian, male participant]

When comparing the extracts from the male, Indian participants to the White and Black participants, it is interesting that PJ regards risk as being something incidental and as something which can result from the environment. This is a representation that was typically held by the female participants and points to a sense of feeling vulnerable to the environment. Also, while PJ does discuss his risk associated with sexual behaviour, this is limited as he sees himself as being faithful. With regard to PF, awareness of his risk seems to be regarded as a protective factor and he seems willing to consider himself to be at some risk. However, specific avenues for risk are not mentioned and it is thought that this serves to reduce his anxiety as risk is understood more broadly, thereby reducing the proximity of risk to himself. Finally, a comparison with the perceptions of the female participants can be made.

> *I honestly feel as, as,* ***as conscious as I am*** *and as the individual that I am um,* ***it's all around you basically***. *Um* ***not by taking in drugs*** *um it, it kinda um lowers the risk cause I mean you're not sharing needles, stuff like that of the sort. Um* ***Education*** *also, you know about it. And also like coming from a* ***home like you know where values and stuff are instilled*** *from a young age, you um conscious and you wary about yourself and the way you carry yourself around. But at the same token I* ***could be walking from here to the shop across the road and I could get raped***. [PE- Indian, female participant]

> *Well I am one of those people that is* ***committed to my studies****, I don't go out (laughs), I* ***don't have a boyfriend***. *Um, You know it's not only*

> *about the sex thing, there's other uh ways you can contract HIV. Uh I wouldn't say I am not at risk at all, cause* ***there is always a chance that something could happen*** *but I don't think I put myself into risky situations*. [PH- Indian, female participant]

These participants seemed to explore both personal behaviour and environmental threats in evaluating risk. In general, both PE and PH acknowledged some level of risk, but this was not found to be considerable. PE considers herself to be educated, to come from a good home, and the absence of drug-related behaviour adds to her low risk perception. However, the risk of rape was mentioned and it is interesting that environmental risk was solely understood as being in relation to this and not in relation to accidents. In contrast, PH considers risk much more broadly. It is thought that this is because of the anxiety that may be aroused by thoughts of specific incidences of risk.

Overall, there seems to be a sense of helplessness in relation to external events, and the fear associated with this is experienced and dealt with in different ways. Regarding all of the participants, it is interesting that many consider the absence of drug-related behaviour when calculating risk and this highlights the strong association that is made between drugs and risk. It would be interesting to assess whether this includes alcohol as well, and this could be explored in future research. Additionally, it is interesting that predominantly female participants spoke of the risks associated with the environment. In contrast, men mostly spoke of their own behaviour when considering their risk. Overall, while some of the participants acknowledged perceptions of high levels of risk, all of the participants, regardless of whether risk perceptions were low or high, tried to allay their anxiety associated with this, irrespective of the method used to do so. Lastly, it is important to consider this in relation to the dislike of talking and thinking about one's level of risk. As said by PE:

> *I mean you, you walk in a city or you read in the newspaper um this woman got raped or something of the sort. And* ***you think*** *to yourself* ***you know ag it will never happen to me****. But you don't realise that I mean um things like this are all over the world. And you* ***only realise your level of risk once something has happened to you, or someone very close to you.*** [PE- Indian, female participant]

The above highlights the way in which people prefer to not think of their own level of risk. It also suggests that personal risk and vulnerability is only really considered after an event that has threatened one's safety or health. As such, it seems that people prefer not to think

of their level of risk until it becomes absolutely necessary, and this seems to corroborate strongly with the idea that 'othering' and distancing oneself from these risks performs an important psychological function and reduces anxiety (Joffe, 1999). While this may be the case, it is important to remember the physical dangers that may be present when considering oneself to be at low risk when this is not the case.

CHAPTER 5: Conclusions

The following chapter discusses and summarises the most pertinent findings of the research and it addresses the strengths and limitations of the research. It also discusses some recommendations for future research, as well as the conclusions of the research.

5.1 Summary of findings

Analysis of the data revealed that the participants perceived the following factors to be central with regard to the risk of HIV infection: substance use, age, gender, race, and socio-economic status. Perceptions of personal risk also formed an important part of the research.

Substance use was considered to be the most important factor influencing the risk of HIV infection. An individual is considered to be irrational when intoxicated and the social representation that such an individual is ordinarily rational allows for less judgement to be placed on the individual, thereby seemingly allaying anxiety associated with the risk of sounding prejudiced or of blaming the individual. Expanding on this further, it is interesting that if individuals are seen to have the intention to get drunk, this is met with harsher judgement and the ability to control one's substance intake is met with a sense of superiority. However, it is important to note that despite the disapproval of foolish behaviour when intoxicated, a contradictory social representation emerged which represented getting intoxicated as being 'cool' and fun, and sexual behaviour was also considered to be a part of this experience. It is thought that this is an important social representation to recognise and challenge given the risks associated with risky behaviour when intoxicated (Shisana et al., 2005). Additionally, it is important to note that the risks associated with intoxication differ for men and women. While intoxication is associated with impaired judgement, men are considered to have a greater sense of agency over their own decisions to engage in risky behaviour. In contrast, women are seen as the victims of men who take advantage of them. Furthermore, the use of substances on one's own was deemed risky, while use with one's friends was generally associated with a sense of safety as friends were generally considered to be at a low risk of HIV infection, although later on it emerged that some friends are considered to be more risky than others and this appeared to be related to race. Furthermore, it is also interesting that peer pressure was identified as a

risk factor and it is thought that this provides justification for any risky behaviour that takes place in the company of friends, thereby placing less blame on the individual once again. Lastly, the context of substance use was associated with risk, and using substances in private is met with much suspicion. Overall, it is apparent that substance use is socially represented as a factor influencing the risk for HIV infection in multiple ways and it is subsequently thought that this is an important factor that may be influencing the behaviour of individuals. Having explored the social representation of substance use as a risk factor, the findings regarding the other factors remain to be discussed.

Youth was regarded as being a particularly risky time given the desire to explore and experiment, along with the fact that experimentation is typically associated with alcohol, drugs and sex. A sense of urgency is associated with experimentation owing to the increased responsibility that one acquires as one matures and there is also a sense that one needs to make mistakes to become wiser. These social representations seem to normalise experimentation which is an important part of development (Wilbraham, 2004), but it is thought that the problem lies where unfortunate consequences of experimentation are seen as being out of one's control and this may then reduce a sense of agency in taking responsibility to protect oneself (Sutton, 1999). Furthermore, in the context of HIV, there is no second chance enabling one to rectify and learn from one's mistakes (Irwin et al., 2002). As such, the difficulties facing the youth are apparent. It is also interesting that experimentation is viewed as an opportunity for children to gain independence from their parents, with university being seen as the perfect place for this, regardless of whether or not children are living in RES or at home. However, this could be problematic given that there is decreased willingness to listen to one's parents as one matures, as well as the fact that parents are blamed for either being too involved or too uninvolved in educating their children in sexual matters. This subsequently highlights the importance of the youth assuming responsibility and using the information that they are provided with from multiple sources in order to protect themselves.

In exploring the social representation of gender, it was found that men and women were both considered to be at risk but in very different ways. Men were considered to be at risk because of their own actions, whereas women were seen as being vulnerable to the actions of men, with there being a particular focus on the risk of rape for women. The male participants positioned themselves in opposition to such actions from men and the female

participants often considered rapists to be men unknown to them or, if the men were known, then it was assumed that the perpetrator was intoxicated. This allows such individuals to be held unaccountable for their actions and it shows the powerlessness and level of internalisation of oppression of women in that they are seen to be justifying the behaviour of men they know. The male sex drive is also used to excuse the advances of men and it seems that women are expected to say 'no' when these are unwanted, resulting in blame when they don't. Additionally, where women are seen to be overtly exercising their rights by dressing how they wish, they are blamed for provoking men to rape them. It is also interesting that transactional sex was discussed as a situation possibly giving women power, but this revealed underlying power struggles where men are thought to ultimately dominate. Men are also attributed power regarding condom use, although this isn't something global and the different races and genders perceive the power of women differently regarding this issue. Lastly, it seems that homosexuality is still considered to be a risk factor and much stigma seems to be associated with being homosexual. Thus, issues of gender, sex, masculinity and femininity appear to be complex, with power imbalances being both overt and covert.

Given the complex nature of the factors discussed previously, race is a factor that was rather evocative as well. It seemed that there was a discrepancy in the justifications of the social representations held by the White, Indian and Black participants, but the general social representation was that Black people are at the most risk of HIV infection. However, it is interesting, given the history of apartheid, that the White and Indian participants positioned themselves as not wanting to sound prejudiced, while the Black participants struggled to accept blame based on race and as a result, various explanations for the perception that Black people are at a greater level of risk were provided. For the White participants, apartheid was mentioned as a factor influencing risk but the present government was viewed as increasingly taking more and more action to address this. This is thought to be a means by which the participants can feel less guilt regarding the past. However, this social representation is interesting given that the Black participants focused on the inequities of the past, failing to mention much about the present government and it is thought that this allows these participants to assume less responsibility for present conditions. Then, with respect to the Indian participants, the high risk perception of the Black population was attributed to the fact that Black people are considered to be more open about their HIV status. This may be disempowering as it perpetuates the idea that Black people lack status,

with only White and Indian people being seen as having a status to protect. Moreover, it is interesting that for these participants the behavioural risks, i.e. prostitution, taken by the Black population were considered heroic in terms of being viewed as means by which individuals care for their families. Additionally, the notion of interracial relationships also arose, and it seems that prejudice arises more strongly when the 'other' is seen to be invading one's group. Finally, conspiracy theories were discussed and it was mentioned that these are one of the ways in which populations are able to disavow risk, thereby preserving their psychological sense of self (Joffe, 1999). In general, it is apparent that much sensitivity remains with regard to issues of race and socially representing the risk of HIV infection in relation to race caused the participants much difficulty. However, beneath the justifications, the underlying stereotype that Black people are most at risk for HIV remains, highlighting that prejudice still seems to operate, but in a subtle manner.

Socio-economic status proved to be an interesting factor given that it highlighted a distinction between the social representation of wealthy and poor people in the HIV epidemic. The perception that wealthy people consider themselves to be low risk but that this low risk perception is itself risky is an important one. Moreover, it is interesting that sympathy is given to the poor, as well as that poverty is seen as a reasonable justification for risky behaviour, whereas wealthy people are held more accountable for risky behaviour.

Finally, regarding the participants' perceptions of their own level of risk, it was found that risk perceptions varied from low risk to high risk. However, the factors that were perceived to place one at risk are of interest. It seems that the participants were generally reluctant to identify their risk in relation to sexual behaviour. Rather, the participants assessed their risk in relation to the potential for an 'accident', where blood could be mixed in a hospital or in a collision. It subsequently seems that the reluctance to speak of, or consider one's sexual behaviour to be a risk factor shows the stigma associated with HIV being primarily a sexually transmitted disease. As such, it seems that locating risk externally to oneself alleviates anxiety. But this is problematic, as one may not correctly conceptualise the risks associated with one's own behaviour, as one is preoccupied with external risk factors. Nevertheless, this shows that 'othering' does indeed perform important psychological functions, but the risks that take place as a result of this are cause for concern.

5.2 Strengths and limitations of the research

While the use of photographs and interviews has been critical to the findings of this research and provided rich data, a limitation of the methodological approach utilised is the generalisability of the findings. It is recognised that the findings are to some extent generalisable given the internal consistency amongst the participants and the corroboration of certain findings with extant literature. However, it is acknowledged that the findings cannot be fully representative of all students, and the exclusion of Coloured students from this study is also a limitation. Subsequently, care should be taken if the findings of this research are used to inform the design of interventions as further research should be conducted to corroborate whether the social representations presented by the participants are representative of students more broadly.

Another limitation of this research is the subjectivity of the researcher. While the researcher tried to be as reflexive as possible throughout the research process, it is recognised that the researcher played an active role in the conceptualisation of the research, as well as in the data collection and data analysis. Moreover, it is acknowledged that being a White, female may have made it difficult and uncomfortable for the respondents to honestly answer the interview questions and it was recognised that the respondents may have been invested in presenting themselves in particular ways. However, the researcher tried to remain fully aware of this at all times and the researcher attempted to make the participants feel as comfortable as possible. Also, the researcher conducted and checked the transcriptions of all of the interviews, thereby ensuring consistency. Additionally, the researcher's supervisor facilitated the process of analysing the data. Thus, the active involvement of an experienced supervisor is likely to indicate enhanced accuracy of the research. Finally, follow-up interviews with the participants may have proved useful in unpacking the accounts of the participants further and in exploring the way in which individual risk factors are used to construct a more comprehensive 'risky identity'. However, given the context in which this research was conducted, this was not possible practically.

5.3 Recommendations for future research

Several areas of possible future research emerged from the research study. In particular, it would be useful to conduct a follow-up study to interrogate the overall construction of a 'risky identity' with as many of the original participants as possible. With regard to future research, further attention could also be given to the perception of safety that is associated with friends and partners, particularly in relation to race. Additionally, gender inequality and condom use among the different racial groups could also be explored further, examining the effects of socio-economic status and age more closely. Lastly, future research should also address means by which social representations can be challenged, thereby creating additional research on which interventions can be based.

5.4 Conclusion

It is apparent that the construction of a 'risky identity' is imbued with issues of power, inequality, and prejudice. The past continues to have an effect on the present, and prejudice still seems to exist, albeit surreptitiously. As such, the findings of this research seem to suggest that the implementation of policies and laws aimed at rectifying the inequalities of the past is insufficient. It is argued that there needs to be critical discussion with regard to issues of equality and diversity. Thus, intervention strategies need to go beyond education. They need to interrogate and challenge the way in which cultural and social norms perpetuate power inequalities. Moreover, interventions need to encourage critical thought with regard to risk perceptions and the social representations informing them.

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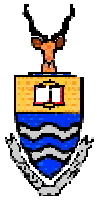
APPENDICES

Appendix A: Student Information Sheet



UNIVERSITY
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JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Good day,

My name is Sarah Stadler and I am conducting research as part of the requirements for my Masters in Community-Based Counselling Psychology degree at the University of the Witwatersrand. My research is looking at individual characteristics which are perceived to place one at risk of contracting HIV. The purpose of this study is to gain a more thorough understanding of what is considered to be risky, and how decisions are made regarding sexual behaviour for the benefit of future interventions. I would like to invite you to participate in this study.

Should you choose to participate in this study, you will receive a disposable camera and you will be asked to take pictures pertaining to the topic "HIV: What constitutes a 'risky' identity?" You will be given one week to take the photographs, and it will be requested that you obtain consent from the people that you photograph, as well as that you avoid taking photographs of people's faces. Then, upon return of the cameras, the researcher will print two copies of these photographs, one to be kept by the researcher, and one copy will be given to you. Participation will then require that you take part in a one hour interview with the researcher. There are no risks or benefits involved and your participation is entirely voluntary, you will not be advantaged or disadvantaged in any way by choosing to participate in this study. Additionally, participation will not affect your performance in class in any way. Also, you are free to withdraw any photographs that you wish, and you do not have to answer any questions that make you feel uncomfortable. You are also free to withdraw from the study at any time.

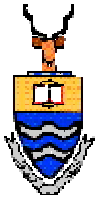
Confidentiality of your responses is guaranteed but please be aware that if you would like to take part in this research, because I am going to interview you, anonymity cannot be assured as I will see who you are. However, no one else will know who you are as no identifying information will be requested. Please also note that direct quotes may be used in the research report but once again there will be no identifying information associated with these responses. The interviews will also be audio recorded only if you grant permission for me to do so. My supervisor and I are the only people that will listen to the audio recordings and these recordings will be stored in a secure location until such time that they are destroyed after I have finished my research report and all possible articles from the final report have been published in accredited journals. Also note that the supervisor, researcher and the person developing the photographs will have access to the photographs. Once again, when in the researcher's possession, they will be stored securely and destroyed once all possible articles have been published.

Please be aware that if participation in this study evoke any distress, you can consult a counselor at Lifeline (Tel: 011 788 4784/5) for free. Also, the results of the research will be presented in the form of a research report. If you would like to access this report, feel free to contact me. This research is important as it will contribute to knowledge within the field of psychology in terms of understanding how HIV is socially represented in terms of perceived risk. If you have any more questions about the research, you are welcome to contact me.

Please complete the attached consent form if you wish to take part in this study.

Ms. Sarah Stadler
Tel: 072 636 9118
E-mail: sarahs@tiscali.co.za

Appendix B: Student Consent Form



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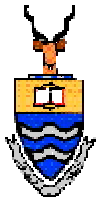
I ……. have read the attached letter and understand the nature, purpose and procedure of this study, and recognise that participation in the study will not advantage or disadvantage me in any way. I also acknowledge that there are no risks or benefits associated with participation. I understand that confidentiality is guaranteed and I have a right to not answer any questions that I feel uncomfortable with, and to withdraw from the study at any time. I also understand that the researcher can make use of direct quotes. I would like to participate in this study and I understand that I will be required to take photographs, as well as participate in a one hour interview with the researcher.

Signed: ……

Date: ……

Appendix C: Recording consent form



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I ……..grant permission for this interview to be audio recorded. I understand that the contents of the digital recording will be transcribed for the purpose of further analysis and that my identity will be protected, access to the recording will be restricted to the researcher and supervisor, and that the recording will be stored in a secure location. Also, I understand that the recording will be destroyed once all articles from the final report have been published in accredited journals.

Signed: ……

Date: ……..

Appendix D: Participant letter concerning the nature of the photographs to be taken

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Hello,

Thank you for participating in my research. I am going to provide you with a disposable camera and I would like to ask you to please obtain consent from individuals that you photograph and to please try to avoid photographing people's faces. Then, I would like you to take pictures relating to the theme: "HIV: What constitutes a 'risky' identity?" As such, you are encouraged to think about and take photographs relating to the following questions:

What do you think places one at risk of contracting HIV?
What makes some people more/ less at risk than others?
What level of risk do you consider yourself to be at?
What level of risk do you consider other people to be at?
What is it about yourself and other people that inform these perceptions of risk?
Does gender influence HIV risk? How?
Are boys or girls more at risk?
Does race influence HIV risk? How?
Which racial group is most risky? Why?
What is it about other racial groups that place them at a lower risk?
What are the stereotypes regarding the risk of HIV infection?

Hence, it is clear that many areas of exploration were highlighted but these are intended to merely serve as a starting point. You are encouraged to think about the risk of HIV infection from the perspective of your world and your understanding of the disease. I would also like to request that you take all of the photographs within one week. Thank you once again for your participation.

Regards,
Sarah

Appendix E: Individual interview schedule

Demographic information:

Age (years):
Gender: Male/ Female
Race: Black/ White

Questions:

Which photographs do you like the best?
What is it about these photographs that make them stand out for you as being the best?
Which photograph do you think reflects the factor which for you is the biggest risk factor for HIV infection?
Can you explain exactly what it is that this photograph is depicting?
Which photographs best depict the risks frequently associated with being of a certain gender?
Which photographs best depict the risks frequently associated with being a certain race?
Which photographs highlight stereotypes of what is generally considered to be risky?
Are these representations true reflections of one's level of risk?