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

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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

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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

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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

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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.

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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.

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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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