

THE GOVERNMENT OF ADOLESCENT BOYS’ HEALTH-RISK BEHAVIOUR

*A CASE STUDY OF A PRIVATE BOYS’ COLLEGE IN
THE NORTHERN SUBURBS OF JOHANNESBURG*



**A research report submitted in partial fulfilment of the requirements of the Degree
MA (Health Sociology)**

By

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DECLARATION

I, Sarah Jane Mitchell, hereby declare that:

1. This research report is my own work
2. I have properly acknowledged all sources
3. This report has not previously been submitted for degree or publication purposes

Signed_____ Date_____

ABSTRACT

This study takes an exploratory approach to understanding the government of health-risk behaviour (HRB) among adolescent boys at Galbraith College – an affluent high school situated in the Northern suburbs of Johannesburg. Data were collected from parents, College representatives and the boys themselves using semi-structured interviews and a focus group. The study borrows theoretically from Foucault, with a focus upon the techniques that parents and the College use in order to ‘govern’ the HRB of adolescent boys. Overall, the study finds that parents and the College promote the use of traditional ‘disciplinary’ techniques when governing the HRB of the boys, for example rules, monitoring, surveillance and punishment for breaking rules. Indeed, the parents and College have created what Foucault would call a ‘network of gazes’ to allow for constant surveillance of the boys. However, they also engage ‘alternative’ strategies, such as educating boys on the dangers of HRB, promoting boys’ self-esteem and providing ‘safer’ alternatives to HRB. The boys interviewed displayed an ability to exercise agency in assessing and minimising the risks they faced. Based on this finding, the report recommends that parents and the College shift focus to these ‘alternative’ government strategies (which rely on boys’ agency) rather than relying on more traditional, ‘disciplinary’ approaches (which tend to undermine their agency).

Keywords: adolescence; risk; affluence; discipline; Foucault; governmentality

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In a world in which self-containment and self-regulation are highly valued and encouraged, participation in activities that are culturally coded as 'risky' allows the contemporary self/body to revel, at least for a time, in the pleasures of the 'grotesque' or 'uncivilised' body.

Lupton (1999: 171)



... But *Big Brother* is **always** watching!

CHAPTER 1: INTRODUCTION

1.1 Introduction

According to the WHO (2007: 5), one fifth of the world's population are adolescents, and 85% of them live in developing countries. In South Africa, adolescents make up approximately 20% of the population (UNICEF, 2010). In addition to being a large group, they are also considered a 'vulnerable' group. As the WHO (2007: 5) notes, adolescents are often exposed to "serious risks before they have adequate information, skills and experience to avoid or counteract them". Indeed, adolescence involves a higher degree of exploration, experimentation and rebellion than any other age group (Flisher et al., 1993). Many health risk behaviours begun in adolescence continue into adulthood where they may be associated with illness and even premature death (WHO/PAHO, 1998 cited in Leon, Carmona and Garcia, 2010: 663). Indeed, much adolescent morbidity and mortality is preventable (Thomas, 2009; WHO, 2007). Thus, it is of vital importance to understand how these risks are managed. However, most South African research on adolescence and risk has focused exclusively on HIV and the impoverished context, to the neglect of other health-risk behaviours (HRB) and the affluent context. In this study, I attempted to address this research gap.

1.2 Research Topic and its Evolution

This study was an exploration of the government of health-risk behaviour in the context of affluent adolescent boys. Originally, the key focus of the study was to understand the strategies that parents employed in the government of their teenage son's HRB. However, the field-work quickly revealed that the range of social actors who influence and govern this behaviour includes and yet extends beyond the family. Thus the research topic was broadened to look at the strategies employed in the government of adolescent boys' HRB more generally. I recognized that while a boy's upbringing played a fundamental role in his socialization, I could not ignore the influence of the school in governing the boys' behaviour. Thus, I broadened the study to include the strategies employed by the College itself.

1.3 Thesis statement

Based on the data that I collected, I argue that parents and the College promote the use of traditional 'disciplinary' techniques when governing the HRB of the boys, for example rules,

monitoring, surveillance and punishment for breaking rules. However, they also engage ‘alternative’ strategies, such as educating boys on the dangers of HRB, promoting boys’ self-esteem and providing ‘safer’ alternatives to HRB. I argue that these ‘alternative’ strategies should be favoured over ‘traditional’ disciplinary approaches.

1.4 Background Information on the Study

a. Private schools in South Africa

In South Africa, learners may either attend *government schools* – which are effectively *public schools* or *independents schools* – which are effectively *private schools*. Independent schools are generally referred to as “colleges” as opposed to “schools”, as is the case with Galbraith College (which I referred to as ‘the College’). As Pattman (n.d.: 10) put it “In South Africa, there has been a long tradition of single sex schooling for white children, and in spite of the state’s commitment to mixed schooling, single sex, state subsidised and private schools are the norm for white and relatively affluent children of other races who now attend formerly white schools”. While learners attending independent, private schools are undoubtedly in the minority, the number of learners at these Colleges are steadily increasing in the face of the ailing public schooling system in South Africa. In Gauteng, the number of learners in independent schools increased steadily from 9.1% in 2007 to 9.9% in 2010 (Department of Basic Education, 2011: 14). The number of independent schools has also increased from 365 in 2000 to 472 in 2010 – an increase of nearly 30% (Snyman, 2012: 478). In Gauteng in 2008, 179 571 learners attended independent schools – an increase of nearly 48% from the number of learners enrolled in 2003 (Snyman, 2012: 479). Of this total, 56% were African, 3.4% were Coloured, 7.3% were Indian/Asian and 32% were White (Snyman, 2012: 479).

b. Galbraith College

Galbraith College (referred to as ‘the College’) is an independent, private school situated in the Northern suburbs of Johannesburg. It is an Anglican school, which boasts and range of state-of-the-art facilities. In 2012, the College had a total of 728 learners, of which 129 were in Grade 11 (known as “Lower V” in the independent Schools System, but referred to as “Grade 11” for the purposes of this report). The College has learners from a range of racial and religious backgrounds. However, the majority of boys were White, coming from some form of Christian background. Galbraith College offers a Boarding House facility to its learners on either a weekly or termly basis. With annual fees of over R90 000 (excluding boarding fees), the College is out of reach of the average South African. Indeed, many of the

boys who attend the College are sons of some of South Africa's top businessmen and women. However, scholarships are offered to disadvantaged boys based on academic merit.

1.5 Rationale for the Study

a. Why Research Adolescent Health Risk Behaviour?

Adolescence is a time where young people experiment with risky behaviours such as substance abuse and 'delinquency' (Niffuttman, 1993 cited in Dumas et al., 2012: 917). As Dumas et al. (2012: 917) note, substance abuse and 'delinquency' can have serious negative implications for adolescents, for example poor physical and psychological adjustment (with reference to Willoughby et al., 2007), academic failure, trouble with the law and even death (with reference to Irwin et al., 2002).

b. The Research Gap

While much research has been conducted on adolescent HRB, many gaps remain. For example, risky behaviour has been studied in impoverished communities, where youth are considered to be 'at risk'. As Blum et al. (2002: 28) note, in our society, 'at-risk' adolescents is often "code for demographic 'disadvantage' (for example minority status, poverty, and single-parent families)". This assumption about who is 'at risk' has resulted in affluent adolescents being overlooked in studies on HRB. South African research on adolescent health-risk behaviour also focuses almost exclusively upon HIV/AIDS. While this focus is understandable given the severity of the epidemic in the country, other HRB should not be overlooked – especially because behaviours such as drinking can influence HIV by increasing the likelihood of an individual engaging in unsafe sex.

Research on adolescent HRB has also tended to fall under the discipline of psychology, where the over-whelming majority of studies take a quantitative approach in order to identify 'at-risk' groups based on 'risk profiles'. While such studies do make a valuable contribution to the field, they fail to locate risk in its social context. As Onya and Flisher (2004: abstract) note, "Little adolescent health research in South Africa has been based upon methods that can capture the complexity of the role of significant others in adolescent health and development..." As Mitchell et al. (2001: 217) note, young people's risk should be situated in the social, ideological and economic milieu within which they live. Thus, the current study seeks to contribute to the literature on adolescent HRB by providing a sociological perspective on adolescent HRB, which considers how social actors and institutions (as

opposed to individual ‘risk profiles’) help to govern adolescent HRB.

c. Why an all-boys’ college?

As the statistics presented in the literature review will show, male adolescents in South Africa are more likely to engage in HRB than their female counterparts (Reddy et al, 2010). This is not a uniquely South-African phenomenon, but is common in most adolescent populations. This introduces a gendered dimension to this study, with an interest in understanding how notions of masculinity and manhood may influence teenage boys’ risk-taking, as well as its government.

d. Why Galbraith College?

There were several reasons for choosing Galbraith College as my research site. Firstly, little research has been done on risk-behaviour in the affluent context. As such, I decided to focus upon an ‘elite’ school. An all-boys’ school was a natural choice due to the fact that boys engage in higher levels of HRB than their female counterparts. Although an all-girls’ school would have allowed for interesting comparisons to be made, the limited time-frame meant that the scope of the study had to be restricted to a single case-study school. Galbraith College was also selected for convenience purposes, in that it is geographically accessible. This allowed me to have the greatest access to participants, without causing undue inconvenience to them and their families. Another key factor was that I had a personal connection with one of the educators at the school. She played an important role in helping to negotiate my access to the College by introducing me and recommending me to a key gate-keeper, i.e. Mrs Cox who is the Deputy Head-Mistress of the College.

e. Why a Foucauldian theoretical framework?

The nature of this research project lent itself to a Foucauldian theoretical framework. While the study does not take a *wholesale* Foucauldian approach, it does borrow heavily from him theoretically. Foucault is a leading social theorist of our time, and his theoretical insights have proved useful in many studies in the field of the *Sociology of Health and Illness*. His work on the nature of power in modern, disciplinary society is particularly useful for the purposes of the current study.

1.6 Aims and Objectives

Adolescent HRB can be viewed as a threat to social order, and thus, social institutions (such

as parents and schools) attempt to manage adolescents' HRB using disciplinary techniques. As Foucault (1995) highlights, people are punished when they fail to conform to social norms – thus, punishment is understood as a mechanism of social control. The main objective of this study was to make visible the invisible power relations which operate by trying to understand the strategies that parents and the College employ in trying to regulate adolescent boys' HRB. Rather than trying to develop profiles of 'at-risk' boys, the current study aims to develop a nuanced understanding of the types of risks boys may be exposed to, as well how boys exercise their agency in managing and negotiating these risks.

1.7 Methods

In attempting to achieve the above aims, this study draws upon qualitative research methods. A total of seven families were included in the study, with these families acting as case studies for the analysis. I conducted interviews with the seven Gr. 11 boys and interviewed 10 parents (including 7 mothers and 3 fathers). I also interviewed the Deputy Head-mistress of the school, as well as the College psychologist and one of the Gr. 11 educators. The interviews were semi-structured in nature, lasting an average of one hour each. I also conducted a focus-group with 5 boys from the boarding house. Thus, I was able to gather a range of perspectives on boys' HRB from the parents' and College's perspective – as well as from the boys themselves. These methods yielded a wealth of rich, qualitative data.

1.8 Conclusion

The current study is exploratory research on the topic of health-risk behaviour among affluent, adolescent boys. The study draws on multiple perspectives to elucidate this subject, including parents, College representatives and the boys themselves. Based on semi-structured interviews with these participants, the study aims to address the gaps in the research in order to make a meaningful contribution to the study of adolescent HRB. In what follows, I shall present a review of the literature on topics relevant to the current study. I shall also outline the theoretical framework of the study, which draws strongly on the work of Foucault. In the subsequent chapters, I shall provide further details on the methods used in collecting the data, followed by a chapter in which the findings are presented and discussed. Finally, I shall conclude the study, reinforcing the key findings and highlighting their implications. Recommendations for future research will also be made.

CHAPTER 2: LITERATURE REVIEW & THEORETICAL FRAMEWORK

2.1 Introduction

While there is a large body of research which deals with the subject of adolescent health-risk behaviour, many research gaps exist. In what follows, I will outline the existing research in order to highlight the research gaps which the current study seeks to address. I will begin by situating the study within the discipline. From there, I shall outline research which deals with the topic of risk in relation to class, adolescence and gender. I will then highlight the adolescent HRBs which are most common in South Africa. Thereafter, I will discuss the ways in which adolescent HRBs have been researched thus far. Finally, I will point to the social factors which influence adolescent HRB, followed by a presentation of the theoretical framework of the study. This theoretical framework draws strongly on the writings of Foucault on the subjects of governmentality, discipline, punishment and power.

2.2 Situating the study within the discipline

Broadly speaking, the study falls between the *Sociology of Health and Illness* and the *Sociology of Youth* or *Youth Studies*. Some further discussion of the *Sociology of Youth* is required in terms of its relation to class. Havinghurst and Dryer (1975) argue that there could be “no sociology of youth, since differences of class, race and sex mean that young people experience very different types of youth in their trajectories to adulthood” (cited in Jones, 2009: 21). The current study is based on the view that “youth” or “young people” are by no means a homogenous group. This is most true in the context of South Africa where the extraordinarily high levels of social inequality mean that young people who have differing levels of wealth and social status may have fundamentally different experiences. Furthermore, it is not a matter of simply “substituting class for age at the centre of analysis, but of examining the relations between class and age, and more particularly the way age acts as a mediator of class” (Murdock and McCron, 1976, as cited in Jones, 2009: 22). The current study attempts to do just that by trying to understand adolescent health-risk behaviour in an affluent context.

In line with research on the *New Sociology of Childhood* (Corsaro, 2005 and Hutchby & Moran-Ellis, 1998), the current study advocates the recognition of young people as actors in their societies – as people who have strengths and assets. As is called for by the *New Sociology of Childhood*, this study draws on an approach to research with young people that

creates space to listen to them and recognizing the importance of their voices. This approach involves doing research ‘with’ young people rather than objectifying them by doing research ‘on’ them.

2.3 Identifying the research gap

Most South African studies of HRB have focused on behaviour in public schools (Reddy et al, 2010; Flisher et al, 2003; Morojele et al., 2002; Flisher et al, 1993). However, little is known about the extent to which risk behaviour exists and is governed in private schools. Adolescent health risk research has also tended to focus on how peers influence health risk behaviours (Selikow et al, 2009, Maxwell, 2002, Morrison, 2011, La Greca et al, 2001, Prinstein, 2001) to the neglect of other factors such as the family and school environment. Indeed, studies have suggested that adolescent HRB is affected by many factors, including family, peers, schooling and individual characteristics (Elkington, 2011; Nash et al, 2005; Dorius, 2004). However, to my knowledge, there have been no Sociological studies that consider this range of social factors simultaneously using social theory. As Adler et al. (1992: 250) note, “The models which have been developed to understand health-risking behaviours focus, by and large, on individual risk behaviours. They identify factors which increase or decrease the likelihood that an individual will engage in specific behavior [sic]... [However] at this time, there are no good theoretical models of a broader orientation towards health risk”. Indeed, research on adolescent HRB has tended to take a strongly quantitative approach, focusing on ‘official accounts’ (such as statistics) rather than more qualitative, lay accounts. However, as Mitchell et al. (2001: 219) note, “These everyday [sic] or lay accounts of risk as opposed to official accounts are extremely important as they help to give meaning to risk taking and risk rationalisation in young people’s lives”. Finally, research on adolescent HRB in the affluent context is extremely rare in South Africa. Therefore, this exploratory study will attempt to investigate the factors that influence adolescent boys’ HRB at a private school.

2.4 Class and risk: who is ‘at risk’?

Blum et al. (2002: 28) note that “we refer to the ‘at-risk’ adolescent, which in our society too often is code for demographic ‘disadvantage’ (for example minority status, poverty, and single-parent families)”. Blum is making a key point here – that we assume that only those on the margins of society will be “at risk” or even engage in HRB. However, as the current study explores, risk-taking is a natural part of adolescence – even in the affluent context. Delor and

Hubert (2000: 1565) emphasize the relational, contextual and process aspects of risk, avoiding the pitfall of viewing vulnerability as something stable. Rather, they view “the potentially changeable nature of vulnerability, whether over time, relational areas, or networks, or even according to the social context in the broad sense” (Delor and Hubert, 2000: 1565). Delor and Hubert (2000: 1565) highlight the ‘risk group’ versus the ‘risk behaviour’ debate, focusing on vulnerability. For the purposes of this research, I focus on ‘risk-behaviours’ rather than ‘risk-groups’. Indeed, it is precisely this kind of classification that has resulted in the exclusion of the affluent from studies on risk behaviour. While the participants of the study may not constitute a typical ‘risk group’ in the conventional sense, they may nevertheless find themselves in situations where they may be inclined to engage in health-risk behaviours. Rather than trying to develop profiles of ‘at-risk’ boys, the current study aims to develop a nuanced understanding of the types of risks boys may be exposed to, as well as the strategies that their parents and school employ in trying to prevent them from engaging in HRB.

2.5 Adolescence and Risk: a ‘period of storm and stress’?

Baumrind (1987: 97) defines adolescence as “...an age span roughly between ten and twenty-five that is heralded by the accelerating physical changes accompanying puberty; results in sexual maturity and identity formation; and eventuates in emancipation from childhood dependency... Adolescence is a psychosocial stage in the lifespan and therefore specific to class and culture” (as cited in Plant and Plant, 1992: 2). G. Stanley Hall, famously described adolescence as a “period of storm and stress” (Hall, 1904: xvii, cited in Jones, 2009) – a perilous stage of life. It is a period of life that is characterized by sensation-seeking, egocentrism and aggressiveness (Arnett, 1995). Because of their heightened desire for sensations, adolescents often engage in risky behaviours such as reckless driving and experimentation with substances such as alcohol and other drugs in order “to see what it feels like” (Arnett, 1995: 67). Adolescents also tend to be egocentric, having a sense of being invulnerable to risks and injuries and having limited concern for the long-term consequences of their actions. As Arnett (1995: 67) notes, adolescents have a lower tendency to estimate that engaging in reckless behaviour may have negative future outcomes. Adolescent hormones can also contribute to increased aggressiveness during adolescence (Arnett, 1995: 68). It is for these reasons that society has a strong desire to govern the HRB of adolescents in general and adolescent boys in particular.

2.6 Gendered Identity and Risk: ‘boys will be boys’?

According to Mitchell et al. (2001), sociological analyses have shown that ‘risk’ is frequently a gendered experience. Davies and Eagle (2007: 56) highlight that it is well recognized within the literature that boys position themselves relative to normative forms of masculinity (with reference to Mac An Ghaill, 1994; Edley and Wetherell, 1997; Frost et al, 2002, Blackbeard and Lindegger, 2007). Social and institutional structures often create norms that help to maintain and reproduce men’s health risks (Courtenay, 2000). According to Courtenay (2000: 1385), “social practices that undermine men’s health are often signifiers of masculinity and instruments that men use in the negotiation of social power and status”. Indeed, engaging in HRB can be understood as a means of “performing” masculinity. Davies and Eagle (2007: 56) speak of the “enactment of masculinity” in the South African context, whereby young men may be seen to engage in risky behaviours such as substance abuse, reckless driving and male on male violence as a performance of their masculinity. However, masculinity should not be understood through homogenous notions of “hegemonic masculinity” (Carrigan et al., 1993), but should rather be viewed as a fluid concept, allowing for multiple possible masculinities. The danger is that men become “stereotyped within ‘youth as trouble’ discourses, whilst young women are passively represented as ‘youth in trouble’ or ‘at risk’” (Mitchell et al., 2001: 217, with reference to Green et al., 2000 and Griffin, 1997). Without wishing to further reinforce the discourse around young men as ‘risky’, the current study does aim to explore the gendered dimension of adolescent boys’ risk-taking behaviours.

2.7 Adolescent HRB in South Africa

a. Defining ‘health-risk behaviours’

In this study, I draw on the World Health Organization (WHO: 1984) definition of health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (as cited in Blaxter, 2010:19). For the purposes of the study, I define ‘health-risk behaviours’ broadly as activities which adolescent boys might engage in which could directly or indirectly compromise their health. I have drawn particularly on the *National Youth Risk Behaviour Survey, 2008* (Reddy et al., 2010) and the key ‘risk behaviours’ that they identify. Although alternative surveys do exist which focus on youth and risk, the NYRBS was found to be most appropriate. For example, the National Youth Lifestyle Study (2008) tends to focus on youth risk in relation to crime and violence (which is not the focus of the current study). The Cape Area Panel Study was also found to be

unsuitable, as it focuses specifically on risks in the Cape while the current study is based on data from Johannesburg.

While the risks of interest were not strictly limited to the risks highlighted in the NYRBS (described below), the interviews did tend to focus upon these more ‘traditional’ risks. It is important to recognize that not all of the behaviours described below would necessarily constitute a direct “health-risk” to a teenage boy. Indeed, to criminalise all conceivable risk-behaviours would serve only to reinforce the current discourse that presents teenage boys as ‘dangerous’ and ‘risky’. Rather, these risks were used as a starting point for understanding levels and distributions of ‘traditional’ adolescent HRB in the South African context. I shall now present statistics that the NYRBS provided.

b. Substance Abuse

Substance abuse among adolescents is a significant health problem in all parts of the world – and South Africa is no exception (Brook et al. 2006). Compared to girls, boys were more likely to have ever smoked (37% versus 22%); were more likely to be current smokers (26% versus 16%) and were also more likely to be frequent smokers (9% versus 3% of the percentage who were current smokers). Boys tended to have much higher levels of cannabis use than girls, with 18% of boys having ever used it compared to just 8% of girls. According Reddy et al. (2010), South African boys were more likely than girls to have ever drunk alcohol (54% versus 45%); to have used alcohol in the past month (41% versus 30%) and to have engaged in binge drinking in the past month (34% versus 24%). Thus, male adolescents are of particular interest when considering HRB related to substance abuse such as alcohol, tobacco and other drugs.

c. Risky Sexual Behaviour

Risky sexual behaviour is a particularly serious health concern in South Africa. According to an HSRC report (Shisana et al., 2010: xx), the HIV prevalence among adolescents aged 15-18 was 4.5%. The report notes that HIV infection at this age is predominantly due to having unprotected, heterosexual sex. Thus, for the purposes of this study, risky sexual behaviour is defined as having unprotected sex (i.e. sex without a condom). According to Reddy et al. (2010), only 29% of sexually active South African adolescents practiced consistent condom use. There is also a relationship between substance abuse and sexual behaviour. A recent study by Morojele et al. (2006) explored South African adolescents’ beliefs and attitudes

regarding the relationship between drug use and sexual risk behaviour. The study revealed that drug use “was considered to exacerbate underlying vulnerabilities to risky sexual behaviour mainly due to drugs' effects on adolescents' inhibitions, rational thinking, and safer sex negotiation skills”. The relationship between substance abuse and sexual behaviour is also highlighted in the statistics. Nationally, 20% of boys and 12% of girls used alcohol before having sex while 16% of boys and 12% of girls used drugs before having sex. Thus, while substance abuse and unsafe sex are both risky behaviours in themselves, they also make a dangerous combination.

d. Other Risk Behaviours

The risk behaviours discussed above are considered ‘traditional’ risks in the sense that they are the kind of risks that are usually considered in adolescent studies. However, it is important to acknowledge that the range of potential health risk behaviours is far broader. In their study on “Risky Teens” in South Africa, Sharp and Dellis (2010: 2) highlight that new domains should be considered, including “cutting, binge-eating, self-induced vomiting, unhealthy dietary habits, inadequate physical activity, firearm related injuries, aggression and violence”. Factors such as violent behaviour are of particular interest in the context of an all-boys’ school. A study by Liang et al. (2007) found that male learners in South Africa were more at risk of experiencing bullying than females. Similarly, Reddy et al. (2010) found that 38% of boys had been involved in physical fights compared to 25% of girls. Thus, boys appear to be particularly vulnerable to engaging in or being the victim of violent behaviour.

2.8 Researching adolescent HRB

It is generally well acknowledged that adolescence is a stage of life where individuals are particularly prone to risky behaviour (Steinberg, 2008). However, different disciplines understand the causes of adolescent health-risk behaviour differently. For example, Social Neuroscience views adolescent health risk behaviour as being primarily associated with changes occurring in the brain (Steinberg, 2008) while Behavioural Psychology tends to focus on the implications of different parenting styles (Piko and Balazs, 2012). However, as Casey et al. (2008) note, adolescence encompasses physical, psychological *and* social changes. Indeed, viewing risk as a purely individual phenomenon results in an “‘epistemological fallacy’: risks are experienced and addressed individually rather than collectively even though they may result from wider socio-economic pressures beyond the individual” (Furlong and Cartmel, 1997 cited in Mitchell et al., 2001: 219). The current

study seeks to understand adolescence from a Sociological perspective, by focusing on how social factors interact with individual agency to influence adolescent HRB. According to Jones (2009: 9), “Reuter (1937) defined the basis of ‘adolescent disorder’ as cultural rather than biological, and identified the need for sociological research on adolescence”.

2.9 Factors influencing HRB

a. Social Norms

Perkins (2002) conducted a review of studies that looked at the role of social norms in alcohol use among College students. With reference to Durkheim (1951), Perkins notes:

Norms are fundamental to understanding social order as well as variations in human behaviour (Campbell, 1964; Durkheim, 1951). Group norms reflected in the dominant or most typical attitudes, expectations and behaviours not only characterize these groups but also regulate group members’ actions to perpetuate the collective norm. Indeed, norms can be powerful agents of control as ‘choices’ of behaviour are framed by these norms and as the course of behaviour are framed by these norms and as the course of behaviour most commonly taken is typically in accordance with normative directives of ‘reference groups’ that are most important to the individual (Perkins, 2002: 164)

The particular ‘reference groups’ of interest of interest in the current study are the family and the school, but the influence of friends and peers is also acknowledged.

b. The family

As Heaven (1994: 50) notes, “The family is an important arena in which much learning about the world and general socialisation occurs.” According to Heaven (1994), the family plays a pivotal role in shaping adolescent behaviour (with reference to Jaccard and Dittu: 1991 and Bahr: 1991). Heaven (1994) highlights four keys ways in which parents may influence their adolescents. Firstly, they serve as role models to their children who often observe and imitate their behaviour. Secondly, parenting styles and child-rearing patterns influence adolescents’ social and emotional development. Thirdly, parents transmit their values and morals to their children and convey notions of what constitutes acceptable behaviour. Finally, parents provide adolescents with important information.

Parsons (1956) argued that parents teach their children to conform to social norms through a process of 'primary socialization'. However, in industrialized society, home and work become increasingly separate and primary socialization may not adequately prepare young people for their future social roles. Thus, secondary socialization outside the family comes to play an important role (Jones, 2009). Because of this, young people may be exposed to a tension between the competing value systems of the family and modern society (Jones, 2009). This secondary socialization includes the influence of factors such as peers and the school.

c. The school

The school itself may also have an influence on adolescent HRB through educating students on the dangers of engaging in such behaviours, such as drinking. However, Perkins (2002: 165) notes that making students more aware of the risks of using alcohol rarely produces noticeable results in terms of reductions in problem drinking (with reference to Duitsman and Cychosz, 1997 and Robinson et al, 1993). Although HRB studies often make reference to the school environment, I was unable to locate literature which focuses specifically upon the ways in which schools attempt to govern and control HRB. This is another important literature gap which the current study highlights, and attempts to address (although it is not the main focus of the study). In spite of the lack of literature on the subject, it seems reasonable to assume that educators serve as an important reference group for students due to their regular, close contact with them.

d. Peers and friends

Most research has found that by late adolescence, peers typically have the strongest influence on individual behaviour – particularly when it comes to alcohol and substance use (Kandel, 1980, 1985). Empirical research suggest that adolescents whose friends engage in substance abuse and violent behaviour are more likely to engage in these behaviours themselves (Prinstein, Boergers and Spirito: 2001). A study by De Looze et al. (2012) found that adolescents who spent more time with their peers were more likely to engage in health risk behaviours. Research by Michael and Ben-Zur (2007) found an interesting gender distinction in Israeli adolescents, with males' behaviour being mainly orientated towards the peer group while females' behaviour was strongly influenced by their relationship with their parents. Similarly, Lo (1995) found peer influence to be particularly strong in the case of men. Local research suggests that young people in South Africa typically report using drugs

and alcohol with friends for recreational purposes (Morojele et al., 2009). One theory is that peer pressure leads to experimentation with drugs. Another approach suggests that peers are selected based on existing commonalities, for example choosing to be friends with other people who engage in similar risk behaviours (such as drinking, smoking, taking drugs etc).

e. Sports Participation

The literature also reveals that there appears to be some relationship between boys' engagement with sport and the likelihood of their engagement or avoidance of HRB. For example, in their study of "Alcohol Use and Participation in Organized Recreational Sports Among University Undergraduates", Ward and Gryczynski (2007) found that students who participated in recreational sports used alcohol more frequently and more intensely than students who did not participate in sport. However, sports participation does not necessarily imply a greater likelihood of participating in all risk behaviour. In fact, some studies have found precisely the opposite to be true. For example, Baumert et al. (1998) found that athletes were less likely than non-athletes to have smoked cigarettes (10% compared to 15%). Thus the literature reveals that there is a complex relationship between sports participation and the likelihood of a boy engaging in HRB.

f. Identity-commitment and self-esteem

While research has shown that peer groups are powerful socializing agents of risk behaviours in adolescents, adolescents are not all equally susceptible to peer influence (Dumas et al., 2012: 917). Dumas et al. (2012) found that identity commitment was a buffer against substance use – where identity commitment is defined as "the degree to which [adolescents] have secured a personal identity" (Ibid, 917). They also found that identity exploration was a buffer of general deviancy in more pressurising peer groups – where identity exploration is defined as "the degree to which [adolescents] have explored a variety of self-relevant values, beliefs and goals" (Ibid, 917). Indeed, the self-esteem of an adolescent appears to have strong influence on their ability to manage risks and behave in socially-desirable ways. Blum et al. (2002: 29) note that positive self-esteem is linked with resilience, pro-social behaviour and avoidance of anti-social behaviour (with reference to Grotberg, 1994).

2.10 Adolescent HRB and social control

As Jones (2009) notes, the term 'youth' is often imbued with negative connotations – particularly with reference to young men. Jones (2009) speaks of "moral panics" and "adult

paranoia” when it comes to youth. Adults are often concerned that normative values and practices may be under threat, often blaming young people for social ills such as crime (Jones, 2009: 31). As Jones (2009: 32) notes, “we must understand agency in youth within a wider context of power relationships, including age-generational power structures. Youth as a concept exists because adulthood exists – adults determine the ‘consensus’, create youth institutions and organizations (schools, leisure institutions), propagate moral panics and enforce social control” (Ibid, 32). The current study is based upon the recognition that young people exercise agency in their decision-making around HRB. However, it is also an exploration of the attempts by structural forces (including efforts by parents and schools) to regulate, monitor and constrain adolescents’ HRB.

2.11 Sociological Approaches to Risk

Today, risk has become “something of a central cultural construct” (Mitchell et al., 2001: 218) or what Beck (1992) and Giddens (1991) have called “a key organizing principle in current industrial society” (Mitchell et al., 2001: 218-219). Zinn (2004) provides an overview of recent sociological literature which has looked at risk. Zinn (2004) identified three main sociological approaches to risk. The first is the notion of the “Risk Society” (Beck, 1986, 1992) which views risk as “a strategy referring to instrumental rationality”... whereby attempts are made “to transform uncertainty regarding future expectations to a (rational) manageable entity” (Zinn, 2004: 3). The second approach refers to ideas of Cultural Theory as introduced by Mary Douglas, which later lead to notions of “risk culture” (Lash, 2000) and the “socio-cultural approach” (Tulloch and Lupton, 2003) to risk. The third approach is the “Governmentality” approach to risk which refers to Foucault (1991) and questions of “how institutions and organizations organize power and govern populations” (Zinn, 2004: 4). While this approach does suffer from limitations (see Lupton, 1999 for a critique of the concept of a “generalized subject”), I have chosen to focus on this sociological approach to risk as it provides valuable insight into the construction of subjectivity. I shall now provide an overview of key Governmentality Theorists before outlining Foucault’s theory of modern, disciplinary power.

2.12 Governmentality Theorists

Zinn (2004) provides an overview of key theorists who deal with governmentality and risk. According to Zinn (2004: 12), governmentality is characterized by the “ensemble formed by institutions, procedures, analyses and reflections, the calculations and tactics that allow the

exercise of this very specific albeit complex form of power” (citing Foucault, 1991: 102). Zinn (2004) notes that governmentality studies are not homogenous and that five loose categories can be identified. The first type of governmentality study focuses upon how organizations govern risk-problems (e.g. Joyce, 2001) and how governance strategies change over time. The second type of study looks at the discourses which are used to define certain groups as ‘at risk’, for example youth (Kelly, 2001) or children (Brownie, 2001). The third type of study looks at different groups’ responses and rejection of being labelled as risky (Hier, 2002). The fourth type of study views governmentality as a better means of understanding risk than the “risk society” approach which focuses mainly on statistical and insurance-risk calculation strategies (Dean, 1999). The fifth and final type of governmentality study interprets “risk as a new meta-narrative strongly linked to the (neo)liberal projects of government (Kelly, 2001)...” whereby “...risk becomes something that is individually to be answered” (Zinn, 2004: 13). The current study would fall into the first type of governmentality study since its primary objective is to understand the ways in which various social institutions (specifically parents and College representatives) attempt to govern health-risk behaviour in adolescent boys. The study views these social institutions as exercising what Foucault (1995 [1977]) has called “modern, disciplinary power”.

2.13 Foucault and Modern Disciplinary Power

Foucault theorized that in the modern system, disciplinary power operates through three key mechanisms in order to motivate people to conform to social norms. The first process is “hierarchical observation” whereby individuals are constantly being observed by a “network of gazes” (1995 [1977], p. 171). This feeling of “being watched” leads individuals to internalize social norms and to self-regulate. The second process is “normalizing judgement” whereby individuals are either rewarded for conforming to the norms or punished for their transgressions (1995 [1977], p. 177-184). Here, the objective is to encourage conformity and to discourage deviance. The third process is “the examination”, which combines the techniques of hierarchical observation and normalizing judgement (1995 [1977], p. 184). Thus, the examination combines the processes of surveillance and judgment in order to ensure that individuals conform to the social norms. According to Foucault (1984), the success of disciplinary power derives from the use of these three ‘simple’ instruments.

Today, the state’s scrutiny and control increasingly spread into everyday life – leaving less space for individuals to occupy (Aries, 1978, cited in Bonner, 1998: 16). In contemporary

society, we are required to follow the rules: “society expects from each of its members a certain kind of behaviour, imposing innumerable rules, all of which tend to ‘normalize’ its members, to make them behave, to exclude spontaneous action or outstanding achievement” (Arendt, 1958, cited in Bonner, 1998: 17).

2.14 Conclusion

This literature review has provided background information on the nature of adolescent boys’ HRB in South Africa – showing that boys are more likely to engage in HRB than their female counterparts. Previous studies of HRB have focused on HRB from a quantitative perspective, attempting to develop ‘risk profiles’ of ‘at-risk’ groups. This has resulted in a large research gap in the South African context, with a focus on risk-behaviours (particularly relating to HIV) in impoverished contexts. Thus, little or no research has been conducted on of adolescent boys’ HRB in the affluent context. Recognizing these important research gaps, the current study seeks to explore the sociological implications of the government of adolescent boys’ HRB by parents and the College. The analysis will be conducted from a Foucauldian perspective which seeks to understand the government of HRB as a form of social control which uses modern, disciplinary techniques. In the following chapter, I shall discuss the methods which were used in order to collect the data for this study.

3.1 Introduction

This chapter deals with the methods I used to obtain data to answer the research question: “How is adolescent boys’ health-risk behaviour governed in the affluent context?” The chapter describes the research approach, the methods used as well as the reasons for choosing these methods. The research site is described and the sampling procedures are outlined. The data collection process is then presented, followed by the data analysis methods. Methodological considerations are highlighted in terms of how the choice of research method and data collection process may have impacted upon the findings of the study. Ethical issues are raised, and the challenges and limitations of the study are addressed. While brief reflections on the fieldwork are provided in this chapter, further details are available in *Appendix 1* (p. 85).

3.2 Research Approach

The approach used in this research draws strongly on the work of Rob Pattman (University of Kwazulu-Natal) which emphasizes the importance of conducting research with young people that allows them to speak for themselves. With reference to Davies (1999), Pattman notes that young people’s voices have often been surprisingly mute when it comes to social scientific research on young people themselves. Furthermore, Pattman highlights the tendency of research on young men to reinforce stereotypes of boys as “anti-intellectual, emotionally illiterate, uncommunicative, antisocial and delinquent...” (Pattman: unpublished manuscript). In an effort to avoid casting boys in this negative light, the current research aimed to give boys, as young men, a voice to *speak for themselves* rather than simply being *spoken about* by others. Thus, while the research is based on data from parents, boys and College representatives, the accounts given by the boys are taken seriously and are interpreted in their context.

3.3 Description of research site: Galbraith College

Founded in 1898, Galbraith College is an independent school situated in the Northern suburbs of Johannesburg. It is an Anglican Church School which encourages its learners to engage in outreach and community service. While learners come from a range of religious backgrounds, the majority came from some form of Christian background. The school boasts a range of state-of-the-art facilities, including a science centre with nine laboratories, three fully

networked computer centres and an auditorium. It has a fully stocked media centre and library, world-class turf wickets, synthetic hockey field, heated water polo pool, gymnasium, rowing club house and tennis courts.

The learners at the school tend to come from wealthy family backgrounds, as the fees to attend the College are very high. In 2012, the tuition fees for Grade 11 were R92 790 per annum. Galbraith College offers a Boarding House facility to its learners. Some boarders are ‘termly’ boarders, meaning that they only go home during school holidays. Other boarders are ‘weekly’ boarders, meaning that they go home every weekend. Non-boarders are often referred to as ‘dailies’. The weekly boarding fee is R52 080 per annum, while the termly boarding fee is R63 840. While these fees put the College beyond the reach of most families, the College does offer a scholarship to previously disadvantaged students of outstanding academic ability.

3.4 Sampling and Sampling Bias

The initial sample was drawn by Mrs Cox, the deputy headmistress of the College. She emailed fifteen parents, inviting them to participate in the study and requesting that they contact me should they be interested. These parents were selected in order to allow for a range of ‘good’ and ‘naughty’ boys to be included in the sample. There was also a convenience aspect to this sampling, as Mrs Cox selected parents whom she believed would be willing to participate in the study. Out of the fifteen parents contacted, seven responded to the email – just under a 50% response rate. We then set up appointments to meet. I had planned to conduct the parents’ interviews first, followed by interviews with the boys. However, ultimately the interviews were scheduled according to what was most convenient for the boys and the parents. Some parents were willing to have joint interviews with both husband and wife present. However, mostly I had been in email contact with the mothers, so my interviews were often with mothers only. As the research progressed, I realized how important the father’s perspective was and I endeavoured to include fathers in the interviews. While some fathers were keen to participate, others were simply too busy at work and were thus not available. This also suggested that perhaps mothers were generally more available to their sons than fathers, who were often quite career-orientated.

The parents whom I interviewed generally came across as ‘good’ parents with ‘good’ children. While this may have been a result of the deputy headmistress selecting only ‘good’

parents in the original sample, it is possible that the participants' self-selection added a further sampling bias. For example, parents who feel that they have a good, open relationship with their children and who believe that their children do not engage in much health-risk behaviour would probably have been more likely to agree to participate than parents who do not feel that they have a good relationship with their child, or who suspect or know that their child engages in health risk behaviour. Thus, there was a strong element of self-selection which undoubtedly influenced the findings.

The participants for the focus group were selected based on convenience and purposive sampling. As Morgan (1998: 30) highlights, focus groups use purposive sampling in order to ensure that the participants are suitable for the particular project. The focus group drew specifically on Gr. 11 boys from the boarding house. The boys were selected based on their availability and willingness to participate. At the time of the first focus group, only five boys were available and they all agreed to participate. The educator who had helped to set up the group (Mr Cresswell) noted that it contained a nice range of boys, from the studious and conservative to the sporty and party-going types. However, again the possibility of sampling bias arises due to the educator's selection of participants and the possible factors influencing which boys were available to participate in the focus group.

3.5 Triangulation of data

In this study, the main participants were Gr. 11 boys at Galbraith College and their parents. A study by Bogenschneider and Pallock (2008) highlights that "using a single reporter to describe a relationship is incomplete" (Bogenschneider and Pallock, 2008: 1015). For these reasons, the current study made use of triangulation in order to gain a better understanding of the boys' HRB. I included parents in the study, as the research attempted to understand their role in governing their son's HRB behaviour. Reports given by parents and their adolescent children were obtained separately and then compared in order to highlight concordance and discrepancies in their accounts and perspectives. I also included representatives of the College so that their perspective could be obtained.

3.6 Case study families

Seven case study families were included in this study. All participants were White, except for two Black boys who participated in the Focus Group. They were also all Christian, including Anglican, Methodist and Presbyterian denominations. For ethical reasons, only pseudonyms

are used in this report. For easy reference, the case study families have been presented on the final page of this report (see Appendix 11, p. 101). Although a description of the participants would have been useful in elucidating the findings, I have decided not to include such information on ethical grounds as it could potentially reveal the participants' identities. In addition to the seven case study families, three College representatives were interviewed. These representatives include Mrs Julia Cox (Deputy Headmistress of Galbraith College), Mr Rick Cresswell (Maths teacher and "stooge" at the Galbraith Boarding House) and Dr William Peters (Galbraith's College psychologist). I shall now discuss the research methods used in more detail.

3.7 Research Methods

a. Semi-structured interviews

I made use of face-to-face, semi-structured interviews as my primary data-collection method. As Weiss (1995: 1) notes, "Interviewing gives us access to the observations of others" and can "inform us about the nature of social life". This method was selected as it allowed me to have personal, descriptive and contextual interactions with participants – often in the privacy of their homes. By allowing me to enter their physical 'private space', they were also more willing to grant me access to their symbolic 'private space', i.e. to invite me into some of the most personal arenas of their lives. For the boys, this often involved sharing private information regarding their attitudes and engagement with HRB. With the parents, this often involved intimate details of the challenges of parenthood in an affluent context. I was touched by the candidness with which my participants spoke, and their generosity in sharing such private information with me.

Webb and Webb (1932, cited in Legard et al, 2003: 138) describe the interview method as being a "conversation with a purpose". Indeed, a good interview should feel and resemble a natural conversation. Through the course of conducting this research, I noted that I became increasingly comfortable and familiar with the interview guide and this allowed the interviews to flow more naturally and comfortably. The interviews were conducted using an interview-guide, which I piloted with a former learner from Galbraith College. However, this guide was constantly updated and revised based on what emerged from the actual interviews. All interviews were audio-recorded for accuracy and later transcribed.

Kvale (1996, cited in Legard, 2003: 139) note that interviews can be viewed from different perspectives. Firstly, the modern social science approach which views interviews as a means of ‘mining’ data from participants. Secondly, there is the constructivist model which views knowledge as being created and negotiated. In the case of the current research, both models seemed to apply. On the one hand, I needed to probe certain topics in order to access buried information. On the other hand, I was aware that the participants and I were ‘co-constructing’ the account. For example, I influenced the account by asking certain questions, and by asking them in a certain order or tone of voice. Through reacting to each other, the participants and I co-constructed the data. However, I tried to avoid asking leading questions, and would rather let participants follow their own train of thought – only interrupting and re-directing when the conversation went off topic.

b. Focus Group

According to Stewart and Shamdasani (1998: 505), “A focus group involves a group discussion of a topic that is the ‘focus’ of the conversation.” Stewart and Shamdasani (1998: 508-510) highlight the advantages and disadvantages of the focus group method. The main advantages are that they allow for a large amount of data to be collected from many people in a relatively short space of time. It also allows the researcher to interact directly with the participants, allowing for probing and clarification as well as further exploration of key themes and events. Participants are also able to interact with each other, and to build on each other’s responses (or even to offer alternative accounts).

Although focus groups were not my primary data-collection method, I decided to conduct one focus group with the boys from the boarding house. This method was selected for several reasons. Firstly, earlier interviews with boys and parents indicated that the boarding-house boys would be an interesting and important group to include in my interviews on HRB. I agreed with this, particularly since I was interested in the influence of peers and parents on HRB and the former was likely to be exaggerated in the boarding house while the latter was likely to be less powerful. The focus group I conducted allowed me to explore this hypothesis, as well as to observe the interactions between boys who had lived together for years and felt comfortable in each other’s presence. Indeed, it was this ‘interactional’ element that provided me with different data from what the interviews could yield. In interviews, participants could *describe* their interactions with peers and how they influenced their behaviour. However, only in the focus group could I actually *observe* this for myself. The

location of the focus group was also significant, as it was conducted in a classroom on the school premises - not far from the boarding-house itself. The boys were still in their school uniforms and were sitting at desks. At first the encounter felt quite rigid as if I were their teacher, but by the end of the focus group, the boys had visibly relaxed and had begun to speak much more informally.

A major limitation of focus groups is that they are subject to vast amounts of error (Shuman, 2002: 41). For example, group members may influence each other and dominant members may have undue influence. As Morgan (1998: 52) notes, researchers should not naively accept what participants say during focus groups and should remember that people often say one thing and do another (which is also true of interviews). I tried to reduce the limitations of this method by encouraging all participants to speak and express their views freely and by bearing in mind how the group context could influence the data when conducting analysis. I also endeavoured to compare focus group data with data from interviews in order to get a sense of how participants responded to questions under different circumstances.

3.8 Data collection

Seven families made up the key case-studies for this research (see *Appendix 11* for case-study families, p. 107). Where possible, both the mother and father were interviewed, although only three fathers were able to participate. The majority of the interviews were conducted at the home of the participants. In some cases, both boys and parents were interviewed on the same day, while in other cases they were conducted on different days. In both cases, boys and parents were interviewed separately in order to allow both parties to speak openly and frankly. I interviewed the deputy headmistress of the College in her office, and the College psychologist in his office. I was also able to interview a Gr. 11 educator from the College (who is involved in the boarding house and is also the water-polo coach).

Most participants had already received the participant information sheet (*Appendix 3*, p. 93) by email prior to the interview. However, I also provided them with information sheets on the day of the interview to ensure informed consent. I re-iterated the purpose of the study and why they had been invited to participate. I also emphasized the ethical implications of the study and participants were asked to sign consent forms before they were interviewed (*Appendix 4-6*, pp.96-98). If participants agreed to have the interview recorded (as they all did), they were asked to sign the audio-recording consent form (*Appendix 7*, p. 99). Interview

guides are provided in *Appendices 8, 9 and 10* (See pp. 100-104). However, these interview guides were continuously adapted and revised based on the fieldwork experience.

The data were collected over a three-month period, beginning in July and finishing in September 2012. This timing was to ensure that the fieldwork did not interfere with the boys' mid-year exams. The fieldwork also overlapped with the boys' August holidays – a period during which they had more time available for being interviewed. All interviews were audio-recorded and transcribed. All key interviews were transcribed verbatim, with less rich interviews being transcribed from detailed notes made during the interview.

3.9 Data analysis

While I do draw on Foucault's 'toolbox' of theoretical concepts in this study, I do not adopt a *wholesale* Foucauldian approach. That is to say, while I do borrow from Foucault theoretically, I have not drawn on his famous 'genealogy' method of analysis. Rather I have made use of Thematic Content Analysis (TCA) of my data in order to highlight the key themes that emerged. According to Anderson (2007: 1) Thematic Content Analysis (TCA) aims to portray the content of interview transcripts by identifying common themes in the texts provided. Anderson (2007) describes a method whereby the researcher distils a list of common themes from the texts and then groups them in order to express common elements emerging through participants' voices. At this stage, interpretation is kept to a minimum and only once quotes have been organized thematically does the actual interpretation process begin.

In line with this approach, I went through a lengthy period of data processing. This was necessary, as the interview transcripts spanned over 500 pages. Through engaging in data processing, I was able to reduce the "bulk" of the raw data. I organized key quotes according to theme using TCA. I then began to see the patterns in the data, and started to develop the key sections. I went through several stages of reducing and refining the data until I was able to develop the risk-management strategies of the boys, parents and the College. I was also able to extract quotes which helped to elucidate the types of risks that the boys are exposed to. While many other interesting themes also emerged, I restricted myself to the data that would answer the research question at hand.

3.10 Ethical considerations

Ethical clearance for this study was granted by the Wits Research Ethics Committee (non-medical) based on the proposal submitted to them in June 2012 (See *Appendix 2* for Ethics Clearance Certificate, p. 92). The study involved Gr. 11 learners, all of whom were under 18. It also dealt with sensitive subjects, such as sexual activity and alcohol and drug use. These points posed some ethical challenges. However, measures were put in place in order to protect the participants. The research was only conducted with the written consent of the boys and their parents. Participants were not obliged to answer any questions that they did not want to. Participants were informed that they were free to withdraw from the study at any time, should they feel uncomfortable. In addition to these protective measures, the school psychologist was also available to consult with boys or their parents, and his contact details were provided in the information sheet. While conducting the interviews, I aimed to be as sensitive as possible when posing questions that were of a personal nature. In terms of confidentiality and anonymity, these could be guaranteed during individual interviews, but not during the focus group (due to the presence of other participants). However, the boys from the boarding house all knew each other well and emphasized that they had no secrets from each other and were comfortable talking openly.

3.11 Authenticity, trustworthiness and credibility

The usefulness of qualitative data depends upon its levels of authenticity, trustworthiness and credibility (Lincoln and Guba: 1985, 2003; Schwandt, Lincoln and Guba: 2007). In the context of the current research, there is reason to believe that the data was of good quality – bearing signs of both trustworthiness and authenticity. . Naturally, a major limitation when conducting research on HRB would be the tendency of participants to present themselves as ‘good’ or ‘innocent’ for fear of being judged by the interviewer as ‘deviant’ or ‘risky’. However, participants appeared to speak openly and honestly about their experiences. One way of judging their openness was by assessing how comfortable they appeared to be when speaking to me. This was particularly obvious through their use of language and choice of words. For example, some participants felt comfortable enough to swear in front of me, for example Malcolm saying “And I just thought, oh fuck it! If these guys want to behave like barbarians, then let them” (P8MS, p. 4). The boys were similarly comfortable. For example, Paul and Leon describe their parents’ hypocritical rules about not swearing:

Paul: [The rule is] No swearing, but they swear continuously in front of us [laughing]

Leon: Ja like everything is “Oh shit, oh shit, oh shit!” [laughing] and then you go “Oh

damn!” and it’s ‘Don’t you say that word’ [said in a high squeaky voice]

The willingness of participants to swear when they felt it necessary or appropriate indicated that they were not simply presenting the ‘good’ or ‘acceptable’ side to the interviewer. However, there were times when the ‘mask slipped’ (as Goffman, 1959 would put it). For example, during the focus group, there was a point where I asked the boys to describe the “riskiest” thing they had ever done. This marked a change in the tone of the discussion from quite formal to much more natural and relaxed. Suddenly the boys were chatting away as if with friends, rather than school boys being ‘interrogated’ by an interviewer. At one point, Thabo got so involved with his story that he used a swear-word. Suddenly he realized that he had sworn in front of me and he was quite embarrassed and apologetic, saying “Sorry Ma’am”. The boys all laughed at their friend. Suddenly they were all aware of my presence as an outsider, a researcher and a semi-authority figure. However, I was not shocked and indicated to the boys that it was not a problem. I told them that I had a brother and that I was used to it. This allowed the boys to return to their comfortable state and to continue relating their stories. In this way, I was able to gauge how reliable the data was based on how comfortable the boys were when speaking to me.

It is also notable in the data that both parents and boys would often make use of reported or direct speech in answering my questions. Thus, the interviews took on an unintentional ‘role-play’ dimension whereby the boys would ‘play’ the part of their parents and the parents would ‘play’ the part of their sons. In other words, the boys would tell me what their parents *would* say (often even imitating their mother or father’s voice) and parents would likewise imitate the bravado or whining that they picked up when their sons said something. Parents would even include their own “lines” in these enacted conversations for example saying “I’d tell him...” In this way, I was granted access to the types of conversations and interactions that would actually take place between these two parties. This provided extremely rich data that appeared to be of a reliable nature.

3.12 Conclusion

This chapter has identified the data collection methods that were employed in order to answer the research question. The study made use of a qualitative approach, using in-depth interviews with seven Gr. 11 boys and their parents. A focus group was also conducted with 5 boys from the boarding house. Several school representatives were interviewed, including the

deputy headmistress, the school psychologist and an educator in order to provide additional perspective for the study. The data were collected over a three month period and most participants were interviewed at their homes or offices. All interviews were audio-recorded and transcribed and were analysed using thematic content analysis. This chapter reflected on the advantages and disadvantages of these different methods. While acknowledging the limitations of the data collection methods (especially in relation to sampling), some useful data was obtained. In the following chapter, I shall outline and discuss the findings that the data yielded.

4.1 Introduction

In this chapter, I shall highlight the findings of the study, as well as present a discussion of the findings drawing from on Foucault's theoretical 'toolbox'. . I shall begin by highlighting the 'types' of risks that emerged during the interviews. I shall then describe the key health-risk behaviours which were common at the College. From there I shall outline the rules that parents and the College have regarding HRB, as well as how they monitor whether boys are breaking these rules. Finally, I shall discuss the use of punishment and reward as a means of discouraging adolescent HRB.

4.2 Risks and types of risks

a. What is a health-risk behaviour?

For the purposes of this study, I have defined a 'health-risk behaviour' as an activity that an adolescent boy might engage in which may have the potential to damage his health (either directly or because of its association with other risk-behaviours). I also drew on *The South African Youth Risk Behaviour Survey 2008* (Reddy et al., 2010), and used the typical 'behaviours' that they saw fit to include in the report (as outlined in the literature review). However, it is important to note that it is not my intention to criminalize or pass judgment upon boys who engage in these behaviours. Indeed, not all of these behaviours will necessarily damage an adolescent boy's health. For example, Paul made reference to 'medical marijuana', noting its medicinal properties. Similarly, Brendan pointed out that: "[S]ome of it is actually not that terribly bad. For a sixteen year old to have a shandy once in a blue moon is not a problem" (BRENDAN KAHN, p. 2).

b. Good risks, bad risks and the risk continuum

When I asked participants whether risks were always negative, some were able to see the positive side. For example, Chase said: "Risk is a good thing if playing sport, or being adventurous or being entrepreneurial" (FOCUS GROUP, p. 2). However, most participants immediately focused on the negative side of risk. A comment from Gareth helped to explain this bias when I asked him if risk is always a bad thing: "Well it depends on the context. I mean, if I'm reading it in *Time Magazine* then risk can mean one thing, but in a study on health risks then I would say risk does have a negative connotation... Like 'risk' in economics doesn't necessarily mean bad" (GARETH STONE, p. 1). Notice how the framing

of the research project immediately presented risk as ‘bad’.

Boys also distinguished between risks that were ‘tame’ and risks which weren’t – indicating a continuum of risk:

Sarah: So what would be something that’s tame, like that you would not think is a big deal?

Leon: Well like ... like not a big deal is going to an over eighteen’s club I guess. And just going for a night and having a couple of drinks and going back.

Sarah: And something that’s not tame?

Leon: Um stealing a car under the influence with drugs

Paul: Ja, drugs is quite a serious thing...

(PAUL AND LEON DE WET, p. 4)

c. Calculated risks

I asked Gareth what came to mind when I said the word “risk”:

Any outreach is a risk, but it’s a calculated risk... I think every risk you take is calculated. It’s about the thought process before you go into a situation – I have to think “what’s my plan for tonight?” “How am I going to get away with this in front of my parents?” “Where am I sleeping?” “Who’s picking me up afterwards?” You have to make sure you’re going to wake up in a place where you know you’re going to wake up.

(GARETH STONE, p. 1)

Gareth notes that “risk” in the context of health-risk behaviour does carry negative connotations. His description of ‘calculate risks’ is interesting as it implies an ability to distinguish between acceptable and unacceptable risks. Gareth describes the thought-process he goes through before going out. He makes sure that he knows how he will get to and from the venue, as well as where he will be sleeping. This forethought and planning indicates a keen awareness of the potential dangers involved in this risk. The danger would be “not waking up” in a safe place (and potentially not waking up at all if one were in a particularly dangerous situation). In order to combat this danger, Gareth takes a ‘calculated’ risk by ensuring that he has planned safe transport and accommodation *before* going out.

d. Clustered risks and gateway risks

Some risks appeared to be likely to occur in groups or clusters. For example, drinking was commonly associated with other risk behaviours, such as fighting, drunk-driving and risky

sexual behaviour. For example, during the focus group I asked whether alcohol could influence other risk behaviours.

Chase: Definitely... You take more risks.

Thabo: Like fighting.

Chase: Ja, you tend to provoke people.

(FOCUS GROUP, p. 18)

Similarly, Gareth was telling me about drinking at clubs, and I asked him if he thought drinking was the only HRB that happened at clubs: “No it’s linked with other stuff... sexual behaviour and other stuff” (GARETH STONE, pp. 1-2).

Some risks were also seen to “lead” to other risks, thus acting as ‘gateway’ risks. For example, Laura described what she saw as ‘gateway drugs’: “Well, I think hubbly is a gateway to smoking [cigarettes], and weed is a gateway to drugs... to dope. I think that’s half the problem. All these kids have been smoking hubbly since they were fifteen” (LAURA BROWN, p. 11).

e. Masculinity-based risks

Some risks appear to be related to masculinity in the sense that by taking the risk, one is able to prove or demonstrate one’s manhood. This finding is in line with research by Davies and Eagle (2007). An example of the link between risk and performing masculinity is initiation, an activity which most schools have banned. . However, boys at Galbraith College seem to feel a deep desire to be initiated, as Andy’s story below illustrates [Andy is not only a father of two boys who attend the College, but he also works at the College and thus has an added ‘insider’ viewpoint]:

We had a very strange incident last year. Because we’ve largely phased out initiation of new boys into the school. There can be an induction, and it’s a bit of a fine line. But a whole lot of Grade 8 boys felt hard done-by because they hadn’t been initiated. They thought, ‘Well the matrices aren’t going to do it’ so they took it upon themselves to initiate each other. And some stuff got out of hand, so we had to punish them for that... But some of them pushed it too far and there was a complaint and that’s how it came to light. [The abuse was] physical and emotional... They would scream abuse at each other.

(ANDY DE WET, p. 22)

Malcolm similarly associated risk and masculinity, noting the importance of risk and fear for

initiation into manhood: “If you don’t feel fear, you never know what manhood is. If you don’t take risks, if you don’t have conflict and change... where suddenly there’s no solution but to work something out yourself...” (MALCOLM STONE, p. 11). Thus, both parents and boys seemed to view risk as being an essential experience in the journey towards manhood. Again, this finding corresponds with existing literature on the topic of masculinity and risk (Courtenay, 2000).

f. Boys’ vs. Girls’ risks

I wanted to know if parents believed that boys and girls are exposed to different kinds of risks. I asked Frances if she had had a daughter, if she would have had different concerns about their HRB compared to with her sons. She answered “Yes, boys I’m more worried about drinking and driving, with girls its relationships and sex (FRANCES PETERSEN, p. 14-15).

Laura expressed similar concern about her daughter’s ability to defend herself, telling me that she worries about her daughter “because she’s a girl”. Here’s what she said:

[If] she does drink and lose control, anything could happen to her. I used to worry about Dave, but his size and his strength... I know he could probably defend himself better than his sister could. So I am less concerned about him going out because the chances of him being raped are a hell of a lot less than my daughter - realistically. It’s not necessarily correct. He plays water polo and he’s got friends from every school in this country. And they all know each other. My son can go to a tournament in Clifton and he’ll know ¾ of the boys there. So when they go out, they do watch each other’s backs. So he’s always got that backup. Whereas my daughter doesn’t have that. When five little girls go clubbing, who’s going to watch your back?

(LAURA BROWN, p. 3)

Notice how Laura describes her son’s “size and strength”, while describing her daughter and her friends as “little girls” (even though her daughter is older than her son). Many parents felt that girls were more physically vulnerable to attack. Laura covers herself, saying “It’s not necessarily correct” – indirectly acknowledging that boys can also get raped and potentially be vulnerable. However, a grand narrative emerged around the notions of girls being vulnerable to abuse, particularly if they had been drinking. As Lizzy put it: “I know parents who are definitely letting their girls drink, which is irresponsible because girls will be

vulnerable if they have been drinking” (LIZZY TAYLOR, p. 8). Similarly, Sophie and Brendan position girls as being vulnerable to “abuse” and “physical harm” (BRENDAN AND SOPHIE KAHN, p. 7) – carefully avoiding using the word “rape”.

I asked the focus group if they believed that sexual risks would be more likely if a boy had been drinking. Chase informed me that: “Actually, guys don’t have to be drinking to do that. I think it’s more the females. Guys would do the same stuff regardless. Guys probably want it [sex] more than girls do, because of testosterone. Girls are innocent, so they need alcohol to get that confidence or to take that risk” (FOCUS GROUP, p. 18). Notice how Chase positions girls as innocent, requiring external influence in or order to take risks. In contrast to this, boys are positioned as being innately risk-prone – particularly due to the influence of testosterone.

Once again, these findings are in line with the literature on the topic. For example, Mitchell et al. (2001) point to the notion of men being stereotyped as ‘youth as trouble’ while girls are often passively represented as ‘youth in trouble’ or ‘at risk’ (with reference to Green et al., 2001 and Griffin, 1997).

g. Technology-based risks

The connection between risk and technology is well established by Beck (1992) in his work on the “Risk Society”. Interviews with parents indicated that they do tend to associate technology with greater risk. For example, I asked Andy about bullying at the school, and he raised the issue of ‘cyber bullying’ which is a technology-based risk:

We’ve just disciplined two boys who published a list of 20 girls who are not welcome at the Matric dance. And a whole lot of girls got offended. But that was a response to a list that came of King’s College, a list of 20 “doff” boys. And they were doing this in response to a list of 20 girls – the “slut list” which was published at St. Bernard’s College. So that’s where it started. So that kind of things happens. We took very harsh action. They said it was a harmless prank, but you actually cannot trash people’s reputations like that. I mean, you hear stories of kids committing suicide because of things like this... And imagine if one of those girls had done that. I have no doubt that it’s a very real problem.

(ANDY DE WET, p 24)

Lizzy’s rules for her kids highlight her concerns around dangers to do with technology: “No phones in their rooms. They can’t take their phones to bed – otherwise they stay up all night

chatting. And they also get exposed to dangers. They're also not allowed laptops in their rooms" (LIZZY TAYLOR, p. 6). She also noted, "My youngest daughter, Simone, is on everything – Facebook, Twitter, YouTube... The rule is that they have to be 13 before they're allowed to join these social networks" (LIZZY TAYLOR, p. 5).

4.3 Health-risk Behaviours at Galbraith College

a. Drinking

Drinking was by far the most commonly reported HRB, and participants described it as the most common HRB occurring at the College (for example DAVE BROWN, p.1). This finding is in line with research by Parry et al. (2004) which found that an increasing proportion of South African adolescents are using alcohol and other drugs, and that alcohol was the most common substance being abused by high school students. Drinking seemed to be quite common and was seen as being fairly acceptable (even though the boys were technically under the legal drinking age-limit of 18): "Ja, it would be unusual to see a friend **not** drinking when we go out. We would think maybe he has given up drinking or maybe his parents were not OK with it" (ALEX HUNT, p.2).

b. Drinking, driving and "cabbing"

Drinking and driving was mentioned as a potential HRB by both boys and parents – although all of the boys were under 18 (i.e. not legally allowed to drive by themselves). Paul describes that he knew of people who would drink and drive on their way back from clubs: "I mean I knew sixteen, seventeen year olds that are drinking and driving their friends to clubs and that... driving them back after one tequila, two tequila, three tequila... floor!" (PAUL DE WET, p. 3).

Note how Paul playfully replaces the expected word "four" with the word "floor" in order to emphasize the danger of drinking, i.e. you're going to end up on the "floor" and will obviously be in an unfit state to drive.

Paul and Leon later reveal that it is not so much drinking and driving which is common, but rather under-age driving (This may also reflect their age group of seventeen-year olds). The boys link this underage-driving with wealth and privilege which allows some boys to access cars at a young age. They also link wealthy parents' travelling abroad and leaving their son's to their own devices with underage driving:

Paul: Well you will find that the parents have gone away for the weekend to Mauritius or

*something and he has the keys to the Audi S4 for himself or the Porsche or the...
 Leon: Or the Lamborghini! [laughing].
 Paul: I know a girl that got an Audi S4 for her 17th birthday.
 (PAUL AND LEON DE WET, p. 36)*

Here, Paul and Leon are critical of parents who leave their children unsupervised, or who give them access to expensive, fast cars before they are even legally allowed to drive.

In cases where parents were often away, it was also common for boys to go “cabbing”, i.e. taking taxi cabs to get to wherever they wanted to go:

Sarah: And I’ve heard that some boys go “cabbing”.

Alex: Ja, especially my friend whose parents go away a lot. Sometimes we’ll go to gym or to the mall. But his maid is annoying.

Sarah: So otherwise your friend would be home alone?

Alex: Ja, and he doesn’t like it. His parents are both away working.

(ALEX HUNT, p. 8)

This is an obvious case of “absent parents”. Interestingly, it is the “annoying maid” who is left to keep an eye on the boy – much to Alex’s frustration. Again, this behaviour is related to wealth and privilege, as most adolescents would not be able to afford a practice like “cabbing”.

c. Smoking: Cigarettes and Hubbly

While there was relatively little mention of smoking cigarettes during the interviews, hubbly-bubbly smoking was described by several participants. Paul described how common hubbly smoking was at the College. He noted that “almost every second person has one” and their parents don’t know because “it’s so easy to hide!” (PAUL AND LEON DE WET, p. 27). Laura described her son as being part of a “generation of hubbly”, noting how easily available it is: “Restaurants have hubblies. Garages sell tabacco for hubblies everywhere today” (LAURA BROWN, p. 11). She also noted that parents tend to be tolerant of their sons smoking hubblies because “it tastes of berries” and is thus assumed to be harmless (LAURA BROWN, p. 11).

d. Drugs: Weed and “Cheese”

I asked Dave what the most common drug at Galbraith College was: “Mostly weed, but

lately there's also been cheese. Cheese is marijuana laced with heroin – boys have been selling it at school (via a KES boy). The drug “cheese” was only mentioned in one other interview – the interview with Laura (Dave's mother). She told me that she had Googled “cheese” to find out what it was, but was unable to give me a clear explanation (LAURA BROWN, p. 16). Aside from these two references to “cheese”, no other mention was made of the drug. However, marijuana was mentioned in several other interviews. According to Dave, “Weed is easily accessible – you can get it from other boys, shopping centres, clubs, taxi drivers etc. I don't smoke weed – when my friends smoke, they go somewhere else [away from me]” (DAVE BROWN, p. 3). This finding is in line with research conducted on adolescent HRB, which found that cannabis was the most frequently-reported illicit drug used by adolescents (Parry et al., 2004). Parry et al. (2004) also noted that in 2001, 62% of adolescents in Gauteng treatment centres were receiving treatment for cannabis use. Paul and Leon confirmed Dave's statement that weed is common among students at the College. Paul describes how drugs are coming to be increasingly socially-acceptable, with weed being ambiguously labelled a ‘drug’: “Um, ja drugs is quite a serious thing... but it's actually coming to be accepted...Like not really drug-abuse but more like weed and... I suppose weed's a drug. But ja, distribution and use within the school, ja” (PAUL DE WET, p. 4).

e. Unsafe sex: HIV as a “distant” and “invisible” threat

I asked Gareth about sexual behaviour of boys at his school:

I don't think sexual behaviour is very common at my school. But I think that if guys do get into a situation they would be careful about health risks – like they would use protection and stuff. I haven't heard of any boys being involved in pregnancy. They're more careful to use protection than not to get drunk.

Sarah: And the need to use protection is more to prevent pregnancy?

Gareth: People are far more scared about pregnancy than about contracting HIV. I mean, pregnancy is obvious – you can't hide it. You don't see other people in your age group getting HIV. But the fact that they're protecting themselves from pregnancy means they're also getting protected against HIV.

Sarah: So HIV doesn't feel like a direct threat – it's not visible?

Gareth: Well not in our age group... Well, in the national age group I'm sure it is visible. But in the affluent, Joburg Northern Suburbs kind of people, it doesn't seem very much at all.

(GARETH STONE, pp. 1-2)

Gareth is particularly self-reflexive and is aware of his social class. He recognizes that there is a class dimension to HIV/AIDS. Also note the distinction between “visible” and “invisible” risks. Gareth’s comments indicate that unsafe sex is perceived by the boys as being more risky than drinking alcohol and getting drunk. However, he himself notes that drinking in itself can lead to risky sexual behaviour.

I asked the Focus Group participants whether they thought HIV was a real or distant threat in their lives and Chase answered on their behalf¹: We all know about it, but because of the community we hang out in – people don’t worry about it as much. I don’t think any of us could say we know anyone who is associated with the same kind of schools or social backgrounds who actually have HIV. If it happened to someone in our community, then everyone would know [about it]” (FOCUS GROUP, p. 18-19). The boys made several references to their “community” and note that their community is distanced from the type of communities that may be associated with HIV. These sentiments were echoed by Alex in a separate interview, where he said: “We don’t think the people we would hang out with would have STDs” (ALEX HUNT, p.7).

Laura presented a contrasting view to the general consensus that HIV was the ‘distant’ threat and pregnancy was the ‘real’ threat. I asked whether she was worried about pregnancies with her kids: “No, it’s AIDS. I can deal with a baby, but I can’t deal with death. I’d prefer not to have to deal with a baby. If my daughter came home pregnant, I think I would beat her with a baseball bat... Because it would mean she had had unprotected sex. It’s not about the baby. It means you could have risked your life” (LAURA BROWN, p. 9). Thus, Laura indicated that she worried more about her kids contracting HIV because AIDS can be fatal, while pregnancy is far less ‘dangerous’ (apart from the implication that if a girl falls pregnant, it means she has had unprotected sex and exposed herself to the risk of contracting HIV).

f. Steroids

According to Gareth, “Steroids are a huge problem. Some guys use them to enhance their

¹ Chase was undeniably the most dominant speaker in the focus group. There were times when he spoke for the group (the boys gave their implicit support to what he was saying by not contradicting his statements). This was confirmed by the fact that there were times when other boys did contradict what Chase said, by offering alternative accounts or experiences. While it must be acknowledged that Chase was highly dominant and outspoken in the group, he did not protest when alternative accounts were offered and would often adapt his own statements to be more reflective of the group sentiments.

sporting performance, but others don't even do sport and they just want to look big. They're usually into gym – it's all about body image" (GARETH STONE, p. 6). Andy described the steroid problem at the College as follows: "There are two problems, one is with the sportsmen, but it's also the beach bodies... You take steroids so that you've got the body for Margate or whatever. So even if you're a nerd, you want the body... And a lot of it was about rugby. And they said, 'You guys put us on the firing line against Pretoria boys, where these Afrikaaner boys are twice our size. And you expect us to go into battle against [them]' It was about playing first team, playing provincial [level rugby]" (ANDY DE WET, p 22). When I asked Andy whether he thought parents knew that their sons were taking steroids, he admitted that some even encourage their sons to take them: "The parents are pushing them, saying 'My boy, you better bulk up'. The steroid thing – the parents are buying it [for them] in the gyms" (ANDY DE WET, p 22). Notice that in this case, the parents were advocating HRB rather than policing it.

g. Fighting

The focus Group noted that there have been few fights at the College due to the harsh punishment for fighting (FOCUS GROUP, p. 15) However, they note that fighting outside of school is a problem and can become more dangerous due to friends joining in, weapons etc. Dave noted that boys were more likely to get in a fight out of school than in school – i.e. when going out with friends. He noted that "Galbraith College boys stick together and protect each other – it's a community" (DAVE BROWN, p. 2). He also alluded to the link between masculinity and fighting. When I asked him if fighting was common at the school, he said: "It's an all boys' school, so it rubs off" (DAVE BROWN, p. 2).

Laura described her very tangible sense that her son was keen to get into a fight soon:

My son's desperate to taste first blood. He's got bigger... He won't start the fight, but he always says, "I know if I go out, that people have got my back". And I know that if anybody touches his friends, he'll be first to step in.

Sarah: So he's told you this?

Laura: Ja, he hasn't said "I'm keen for a fight". But when you've got a baseball bat, a flick-out baton and two tazers in your car "In case I need it, Mom". That is someone who is prepared to take on the challenge. He bought a baseball bat for me and my husband. He gave it to us, and he said, "If you ever need it". Because we don't have guns. I think he's scared as well.

(LAURA BROWN, pp. 12-13)

One cannot help but locate this violence within the context of a violent and scarred, post-Apartheid society. Violence is seen as a means of defending one's self in a threatening and hostile environment.

h. Bullying

Dave made some interesting comments on bullying, noting "There is some bullying towards the younger boys. The younger boys can get arrogant, so they put them in their place. But sometimes it can go too far. But there is a pecking order" (DAVE BROWN, p. 2). His references to the 'pecking order' and the need to 'put boys in their place' implies that he indirectly condones such bullying and that the cycle of dominance and control is passed on from educators to boys and from older boys to younger boys. Frances describes how her son Cliff was bullied by older boys: "Cliff was very small and... a Matric was bullying him. At 3am in the morning they came out and he had to recite all the Matrics' names, he had to drop down and do push-ups, and a boy beat him with a ruler... he had bruises all over his backside" (FRANCES PETERSEN, p. 14).

Paul and Leon noted that bullying at Galbraith is more likely to be verbal than physical: "We're an emotional school, so it's more verbal abuse that gets chucked around... There is very, very little physical... [abuse]" (PAUL AND LEON DE WET, p. 20). Interestingly, Paul highlights that even verbal abuse can cause serious damage. Also, Paul's description of the College as an "emotional school" is an attempt to move it away from the traditional stereotype of the macho, all-boys' school image. By describing the school as "emotional", he is aligning it more with something that is traditionally seen as being a feminine trait. This implies that at times the College encourages an alternative form of masculinity to the hegemonic masculinity generally associated with all-boy's schools.

4.4 Rules and Regulations

a. Parents setting limits: implicit/explicit rules

Interviews with the boys and parents highlighted that parents set limits through both implicit and explicit rules. For example, Dave was able to describe his mothers' rules for him without hesitation: "When I go out, I'm not allowed more than 2 drinks. Also, I can't sleep out. I also can't play on my phone before bed – I have to leave it outside my room during exams" (DAVE BROWN, p. 3). It is interesting to note that the parents' own limits with regard to

alcohol are more permissive than the legal limits – i.e. two drinks as opposed to zero drinks for underage drinkers. This is in line with earlier comments made regarding hubbly (see section 4.3 c) Smoking: cigarettes and hubbly) which indicate that parental attitudes appear to be influenced by wider cultural acceptance of HRB. When I asked Dave’s mother what rules she had for her son, she was equally clear and yet focused on different rules: “He’s allowed out one night a week. We take and we fetch – it’s usually until about 11. Either at a friend’s house (the same one) or the mall” (LAURA BROWN, p. 5).

Along with these explicit rules were many implicit rules, which both boys and parents felt went without saying. These implicit rules often related to HRB. As Laura put it: “It’s never been, ‘You will not smoke! You will not drink!’ I never said that. It was like an unspoken rule. It was just like, ‘Don’t think it’s OK for me to fetch you from a club and to have to carry you to the car’” (LAURA BROWN, p. 12). Laura’s son, Dave was similarly clear about these implicit rules. When I asked him if his parents had rules about him smoking, he answered: “Not exactly, but I know I’m not allowed to – it goes without saying” (DAVE BROWN, p. 6).

b. College rules and promotion of conformity

The College also has a clear system of rules, although theirs is codified in the form of a *Disciplinary Code* (available on the website). During the focus group, Chase confirmed that “We have very clear rules about this stuff [HRB] in our diaries” (FOCUS GROUP, p.13). Sam supported this statement, noting that “When you come into Gr. 8, you sign the form saying you won’t do it [break the rules]” (FOCUS GROUP, 13). Here the boys were referring to a standard procedure practiced by the College whereby each new student enrolling at the school attends an interview with the Headmaster where they are presented with the rules of the College. Both boys and parents are required to sign to indicate that they agree to these rules. As Chase noted, these rules are also printed in their diaries as a constant reminder. The *Disciplinary Code* clearly outlines the general code of conduct, disciplinary measures as well as the disciplinary process and procedures for collective disciplinary action. Using classic Foucauldian language of the disciplinary society, the College notes:

[Galbraith College] encourages a responsible and self-disciplined approach, rather than a punitive one based on fear. Should expected norms of conduct not be met by any pupil, corrective action will be initiated by the School’s management (*Disciplinary Code*, p.1).

Note that the College encourages a “self-disciplined approach” whereby boys are expected to ‘internalize’ the rules and self-regulate. Also note that the College promotes “corrective action” as opposed to a “punitive” approach. The use of the word “corrective” is also indicative of the use of disciplinary power. These words are reminiscent of Foucault’s reference to a comment made by a judge:

... [D]o not imagine that the sentences that we judges pass are activated by a desire to punish; they are intended to correct, reclaim, ‘cure’; a technique of improvement represses, in the penalty, the strict expiation of evil-doing, and relieves the magistrates of the demeaning task of punishing (Foucault, 1995: 10)

Just before my interview with Alex during the school holiday, his mother mentioned that he had been growing his hair during the holidays. I decided to ask him about this and whether he would have to cut his hair before going back to school: “Ja, we’re not allowed long hair or gel. They have hair inspections and if you won’t cut it then they call the barber in to do it... We’re not allowed highlights either” (ALEX HUNT, p.1). Here, we see evidence of what Foucault has called “the examination” whereby the processes of surveillance and normalization are combined to ensure compliance with the rules. While this kind of monitoring and regulation does not relate directly to health-risk behaviour, it does illustrate the kind of control the College has over the boys and how keenly they enforce their rules.

c. College creating ‘docile bodies’ through sports and camps

Another means that the College used to discourage HRB was to insist on compulsory sport participation (i.e. a minimum of one sport per term). With reference to Griffin (1998), Pattman (n.d) notes that sport has been used as a means for boys who are problematized to ‘burn-off’ and ‘rechannel’ their ‘masculine energies’. Pattman (n.d.: page 1) notes that in South Africa, the emphasis on ‘hard’ sports has been “framed in terms of the benefits of recreation in combatting juvenile delinquency, and as a method of social control in densely populated areas” (with reference to Nauright, 1998). At Galbraith College, sport is used to similar ends. This can be understood as a means of producing ‘docile bodies’ whereby boys are given an opportunity to let off steam on the sports’ field so that they will be more docile at school. According to Foucault (1984: 180), “A body is docile that may be subjected, used, transformed, and improved”. In discussing the ‘political economy’ of the body, Foucault

(1995: 25) notes: "...the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies and to emit signs". However, sports participation did not guarantee compliance with rules and avoidance of HRB. According to Mr Cresswell (who is also the Waterpolo coach), "Drinking is a big thing in all the sports. There are always fines meetings. If we won a game... 'We have to go get pissed'. We're going on a tour... 'We have to have a last night party'. I've been on tours where the guys come home pissed at 10 'o clock at night. They say it's traditional" (LAURA BROWN and MR CRESSWELL p.25). This finding is confirmed in the literature. For example, Ward and Gryczynski (2007) found that students who participated in recreational sports used alcohol more frequently and more intensely than students who did not participate in sport.

However, paradoxically it seemed that 'serious' sportsmen were likely to avoid some risk behaviours. This was confirmed by Paul when I asked who the smokers at the school were: "Not the sportsman, generally...Because it's something that they are aware of and they are trying to protect their health" (PAUL DE WET, p.39). Dave – a current 'serious' sportsman – presented a similar view: "I don't like smoking. I play water polo, so if I smoked, my chest would be finished. I take care of my body, but some sportsmen don't. If you take your sport seriously then you can't smoke – especially if you want to go overseas or play for a club" (DAVE BROWN, p. 3). Again, this finding is confirmed by the literature with Baumert et al. (1998) finding that athletes were less likely than non-athletes to have smoked cigarettes (10% compared to 15%). Serious sportsmen may even avoid alcohol. For example, Chase suggested that when he was in Gr. 9, he didn't drink alcohol "[B]ecause I enjoyed my sport and I took it seriously... [C]oaches and parents said that alcohol causes serious problems for sportsmen..." (FOCUS GROUP, p. 16).

Another means of producing 'docile bodies' was through school camps. Gareth described one such camp to me:

The school also sent us on a hike where we had to carry food and tents for 12 days. They're tensioning us up to be like an austere, respectable man. I think it's partially effective – you get a sense of your own power, potential and resilience. It's different from machismo – it's a moralized perception of masculinity. It's a moral kind of masculine toughness. They're grooming you to be a good patriarch. I guess it's necessary – I'd rather have it than not. We

do 'risky' things like abseiling where you have to conquer your fear, and face your fear of heights. It's a calculated risk. Facing adversity is an important life skill – and it's ten times more effective than LO (life orientation). It actually has an impact on how people conduct themselves... The hike was a kind of initiation – an initiation into manhood (GARETH STONE, p. 8).

Note Gareth's ability to be reflexive about the school's actions and their intended purpose, i.e. sending boys on camps to produce "a moral kind of masculine toughness" whereby boys are groomed "to be a good patriarch". Gareth then introduces the element of 'risk' into the conversation, noting that the school is encouraging a kind of risk-taking in a safe space (such as abseiling on a school camp) in order to promote this "moral" yet "masculine toughness". Gareth distinguishes between this "moral" masculinity and the usual "machismo". Here, he is distinguishing the masculinity that the school promotes from the kind of 'hegemonic masculinity' that is commonly found in South Africa. While "machismo" is a masculinity based on the pursuit of risk, this "moral masculinity" is based on a kind of "toughness" which can endure risk and danger, yet does not actively seek it out. Interestingly, Gareth describes these camps as a kind of "initiation into manhood". However, it is not an initiation into manhood in general, but initiation into the kind of manhood that the school promotes, i.e. a moral masculinity involves being an "austere, respectable man". Once again, participants' reflections point to the notion of 'hegemonic masculinity' (Carrigan et al., 1993) and yet illustrate the potential for alternative or multiple masculinities to exist. As Pattman (n.d: p. 4) puts it, "There are no essences of masculinity which determine the views, feelings and behaviours of boys, rather *versions* of masculinity are always performed and negotiated by boys..." [Emphasis added].

4.5 Monitoring and Surveillance

a. The Parental Gaze

Parents had various strategies they would employ in order to monitor their children's behaviour and safety. Wendy described the monitoring system that she used to check if her sons had been smoking or drinking: "I ask them... I'm also watchful. If they've gone out I check if they smell of anything and check to see if they're behaving differently. They're quite conservative. They go to parties, but I check if they smell of alcohol or smoke" (WENDY STONE, p. 2). Note that her first step is to give the boy a chance to 'confess' which is then followed up with her own 'investigation'. In a less serious tone, Laura said she would notice

if her son was too chatty or giggly on the way home from a party and that this would give away that he had been drinking:

My daughter wasn't officially allowed to drink [when she was underage], but my son's got away with a lot more. Because his sister says, 'Come on, let him have one Spin²'. So he does get in the car and giggle and he gets verbal diarrhoea – he does chat a lot. But he's not slurring... We just ask what he had, and he says 'One Spin'. So I tell him next time he'd better have a half because it obviously hits you [jokingly]. So then he tells me, "No, I had two". So I'm not oblivious to the fact that kids do this.

(LAURA BROWN, p. 6)

Notice how the mother passes the 'blame' onto her daughter as the influence that persuaded her to let her son have "one Spin". This protects the mother from any potential embarrassment that may arise from the interviewer judging her for allowing her 'underage' son to drink.

On a more serious note, Laura had a strict rule about not allowing her son to sleep out, and I asked her why this was: "Because then I know how you behave when you come home. And the way to make sure that your kids obey your rules is to make sure they come home to your house. A lot of them only did it [smoking and drinking] when they slept at someone else's house. And that's the game. Everyone says they'll sleep at someone's house and they get smashed. It's easy to creep into someone else's house when you're smashed" (LAURA BROWN, p. 6). However, she did allow her kids to have friends sleep over at her house, and told me that the following morning she would know exactly who drank the night before. When I asked how she knew this, she said: "[Because] They'll come and say 'Can I have something for my head, please? I've got a headache.' There you go! And my daughter tells me – I know everything. I know everything!" (LAURA BROWN, p. 6). Note how emphatic Laura is that she "knows everything". Her ability to monitor her children is a key part of her risk-management strategy as it allows her to tell if her children are breaking her rules.

Laura would also monitor her son's spending as a means of 'controlling' what he gets up to: "Now to make sure that my son does not take steroids, besides the fact that he doesn't have money... Well it's not that he doesn't have money, but it's just that I know how much he's

² Spin: an alcoholic beverage popular among adolescents that is about the strength of a beer.

got, which is also a good way of controlling what your children get up to” (LAURA BROWN, pp. 14-15).

b. Technology and Control

Several parents described using technology as a means of monitoring their sons. For example, Laura would insist on her children smsing her to let her know they were OK if they went out (LAURA BROWN, p. 4). However, it went further than that. Laura informed me that minors have ‘no right to privacy’ and that this entitles parents to monitor their children’s phones etc. I asked her if her daughter knew that she monitored her phone:

Laura: Ja, I told her “As someone under 18 at home, you have no right to privacy”. Did you know that? [To the interviewer]

Sarah: As in legally?

Laura: Legally. You have the right to a warm home, to safety, to parents who care for you. So those are your rights. But you have no right to privacy as a minor.

(LAURA BROWN, p. 17-18)

Sophie admitted that she and her husband did keep an eye on their son’s BBM status³, confessing slightly shamefully but adding, “I know it’s an invasion of privacy – I don’t deny that. But they just have to live with it” (SOPHIE KAHN, p. 10-11). I asked Lizzy whether she kept an eye on her children’s phones and she answered in a matter-of-fact fashion (she was not at all defensive or ashamed): “Yes, I look through the children’s phones – I know their passwords. Hugh and BBM – he will delete a friend if I tell him too. Usually I would tell them to delete a friend if it’s someone they don’t know” (LIZZY TAYLOR, p. 3). Not only did she monitor her children’s phones, but would also monitor who they were friends with and would get them to delete friends that she did not approve of.

Parents also admitted to monitoring their sons’ Facebook account. I asked Andy whether he was friends with his sons on Facebook: “Ja, I’m friends with both of my boys... And in fact, with Paul we’ve had an issue twice where he’s posted stuff that’s been inappropriate and we’ve had to address that and talk to him” (ANDY DE WET, p. 23). It was interesting that when I asked his sons the same question, they said that they were “forced” to be friends with their Dad (PAUL AND LEON DE WET). Notice the different way that they father frames

³ BBM stands for Blackberry Messenger – most boys had a Blackberry smartphone

this compared to how his sons perceive the situation.

c. College monitoring and surveillance

When one arrives as a visitor at Galbraith College, one is greeted by security guards who insist that you “sign-in” and a large sign indicating that the campus premises are under 24 hour CCTV (closed-circuit television) surveillance. For me, this set a clear tone of ‘monitoring and surveillance’ from the moment I set foot on the College campus. One explicit form of monitoring and surveillance that was used by the College was random drug-testing. Andy (a parent who also works for the school) explained the procedure to me: “Every boy and parent signs consent [for random drug-testing] when they apply for the College. Once someone has caught you, you can move from ‘random’ to doing a ‘follow-up’ in six weeks” (ANDY DE WET, p. 22). I spoke to his sons, Paul and Leon about testing, and asked whether it was really ‘random’: “Well for marijuana their target is random, but with steroids they look for guys with stretch marks [implying a rapid change in size]. But then they also know... like they know who would and who wouldn’t. Like a person who gyms stands more chance than a person who studies [of being involved with steroids]” (PAUL AND LEON DE WET, p. 7). I asked the boys if they had ever been tested and what the experience was like:

Paul: You feel violated [jokingly]

Sarah: You feel violated? Oh no! [laugh] No really... I’m curious.

Paul: Well like it’s um, it was quite cool in the moment [Leon laughs]

Sarah: What was cool about it? [Laughing from the boys]

Paul: I felt like a rebel!

Sarah: Oh ok... Like a bit of a bad ass! [laughing from everyone] Like ‘Oh ja, I’ve just been tested for drugs’!

Paul: Um, ja it was fine. Like I had nothing to hide so I had no reason to fear it.

Leon: Unless you ate a poppy seed bagel [Laughter from everyone]

(PAUL AND LEON DE WET, p. 8)

Paul’s joke that he “felt violated” is an allusion to a comment people often make after experiencing some form of physical (usually sexual) abuse. Paul is making a joke about the use of random drug tests, implying that it’s a violation of privacy. However, he later admits (again, in a playful manner) that he had actually enjoyed the drug-test because it made him feel like a rebel. A third joke is then made, this time by Leon, as he mentions the “poppy-seed bagel”. Here he is alluding to the drug opium, which is made from poppies. This is obviously

nothing more than a playful remark. However, the use of humour in this context could indicate one of two things; either the boys feel uncomfortable talking about the topic or they simply feel so distanced from the risk of being caught using drugs that they just do not take it seriously (the latter seems more likely). These random drug tests can be viewed as what Foucault (1995) calls, ‘the examination’, whereby the processes of surveillance and monitoring are combined.

d. A “network of gazes”

The College’s ability to monitor the boys’ HRB extended beyond the school property. If one of the educators sees a boy outside of school drinking alcohol, then that boy can be punished (even if he’s not wearing his school uniform). As Chase informed me: “You’re not allowed to drink even if you’re 18 if you are a Galbraith boy. So if a educator sees you out drinking or if there are photos on Facebook... Like Prefectship has been taken away” (FOCUS GROUP, p.3). Note the removal of privilege as a form of punishment for deviance. As Paul put it, you have to keep looking over your shoulder: “But like I’ve been out to [the mall] and you have to find yourself a corner so that Mr Stevenson and his family don’t walk past and see you and go into the Ocean Basket and are like, ‘Hang on why’s he holding a beer’? [laughing]” (PAUL DE WET, p. 29). The small size of the school allows for most educators to recognize most boys who attend the College. While this creates a positive, personal atmosphere, it also allows for educators to ‘monitor’ the boys outside of the College grounds. Even parents have been known to report boys if they see them out drinking. I asked Gareth how the College would find out if a boy had been drinking outside of school property: “May be from a parent seeing boys drunk. If the parents don’t know each other then they may resort to contacting the College” (GARETH STONE, p. 5). Note that if the parents knew each other, they would contact the parents rather than the school.

These techniques of monitoring and surveillance are clear examples of what Foucault would call the ‘microphysics of power’ whereby the bodies of the boys become objects of knowledge, invested with power relations:

One is concerned with the ‘body politic’, as a set of material elements and techniques that serve as weapons, relays, communication routes and supports for the power and knowledge relations that invest human bodies and subjugate them by turning them into objects of knowledge (Foucault, 1995, 8)

Indeed, this “network of gazes” (Foucault, 1995: 171) that is created by the parents and the College turns the boys’ bodies into objects of knowledge which can be observed, monitored and punished at any place and at any time.

This notion of a “network of gazes” was further elaborated on by Andy, as he described the College’s desire to expand their surveillance network to include parents from other schools in the area:

We were trying to get parents to sign a pledge to say we will not host these parties... We will not allow our kids to go to these parties. There’s a hope that this would just stop this [drinking] happening. So those kind of things do happen, but it hasn’t been sustained. And it was then syndicated to all the schools around to run it. It’s all very well if Galbraith does it but then you have kids from other schools, so... (ANDY DE WET, p. 23)

Andy is referring to an idea that was developed whereby parents at the College would be encouraged to boycott the kind of house-parties where boys would be likely to engage in drinking. Andy expresses support for this idea, noting only that it would require collaboration with other schools in order for it to be effective in reducing alcohol consumption. Note the desire to create an inescapable “network of gazes” to allow for constant surveillance and monitoring of boys, no matter where they are.

e. Parents’ interrogation: telling ‘truth’ from ‘lies’

Most parents would make a point of asking their boys lots of questions about where they were going out and what they would be doing before allowing them to go out: “[If the boys wanted to go to a sleepover] I would just make sure I know, ‘Are the parents there? Have you met them? Where are you going to be?’”(ANDY DE WET, p. 20). I was able to witness such an ‘interrogation’ live during an interview with Sophie and Brendan when their son Phillip knocked on the door. He came in and spoke to his parents as if unaware of my presence. This allowed me a fascinating glimpse into their interactions:

Sophie: Are you going?

Phillip: Yes, but it’s only going to end at like 11.30pm.

Sophie: That’s OK, I don’t mind coming at 11.30pm.

Brendan: Where are you going?

Phillip: We’re going to watch a movie.

Sophie: So where are you going to be?

Phillip: At [the Mall]. I need your credit card.

Sophie: [To the interviewer, as she takes out her credit card] He's actually going out tonight because his two friends are here from overseas and he doesn't have exams for the next two days. So that's why he's going out on a school night.

Brendan: Ja, that's normally not allowed.

(SOPHIE AND BRENDAN KAHN, p. 5-6)

This conversation illustrated the ease of the parent-child relationship in the house. The mother was clearly aware that her son had plans to go out that night, while this was the first that the father was hearing about it. This was likely due to the fact that Sophie is a stay-at-home mom, while Brendan is a busy working Dad. It was also interesting to note the parents' awareness of my presence during the interaction, as they hurried to re-assure me that going out on a school night was usually "not allowed", except under such special circumstances. Interestingly, Sophie did not feel the need to explain the fact that she willingly gave her son her credit card –implying that this may be a regular and accepted occurrence.

Parents also indicated that they would be able to tell if their son was lying to them. Both Malcolm and his wife, Wendy, are involved in the television industry. They told me how their keen awareness of story helped them to pick-up that their son's story wasn't adding up. For example, Malcolm described how he had caught his youngest son out when he lied to him about where he had been: "I worked out the illogic of their story of where they were. So I interrogated their movements. 'Where have you come from? Where did you go before that? And then? I thought you were sleeping at his house...'" (MALCOLM STONE, p.6). This appeared to be a useful monitoring-strategy when parents could not directly observe what their sons had been doing.

f. College finding the 'truth': religious confession

Being an Anglican College, religion was also used as a means of controlling boys' HRB. Gareth made the link between the decrease in the power of the clergy and an increase in HRB at the College: "The clergy used to have puritanical, old-fashioned views. It's Anglo-Catholic guilt – confession – but people wouldn't admit [to engaging in HRB]. The clergy has become spineless – they don't deal with sin in any way. So I think this is where risk-taking becomes more prevalent. The changes in the school lead to changes in behaviour. The old priests used to make people feel guilty. I think with the current Matrics, things are getting bad"

(GARETH STONE, p. 5-6). Although Gareth says that he himself is not religious, he does believe that it is the church's responsibility to "deal with sin". Interestingly, Gareth is now portraying HRB as a form of sin. This connection between risk-behaviour and sin can be understood with reference to the work of anthropologist Mary Douglas. Douglas (1992) found that:

A traditional community aspiring to cultural homogeneity uses sin or taboo to enforce this cultural integration. Those who are 'in sin' or 'under taboo' have violated the codes of the collective. The sense of community is thus reinforced and reproduced through a collective awareness of the dangers of sinning or breaking a taboo (cited in Arnoldi, 2009: 39).

Although Galbraith College is not a 'traditional' community in the conventional sense, it is still a close-knit community with clear norms and codes of acceptable behaviour which are policed and reinforced by its (particularly adult) members.

The notion of religious confession also played an important role in the school's regulation of steroids. Several boys and school representatives reported on a period where the school realized that many boys were using steroids. They then gave them a period of time in which to 'confess' without punishment. This is how Andy described the situation (and his report corresponded with that given by the boys): "[W]e did a big moratorium thing when we found out [steroid use] was quite wide-spread. So you come forward and declare what you've been using, how long, where you got it... Like the TRC. And as long as you come clean, no penalty within a two week periods. If you don't come forward and you get caught, then we throw the book at you. A huge number of boys came forward. It was a big counselling process. They all had to submit to regular tests" (ANDY DE WET, p 22). Note the use of the "counselling process" implying the intervention of the College psychologist [Discussed further in section 4.6 e) College correction: College psychologist].

4.6 Punishment, correction and reward

a. Parents' punishment and correction of 'bad' behaviour

A common discipline strategy that parents would employ would be to withdraw (or threaten to withdraw) privileges. For example, when Sophie found out that her eldest son smoked, she threatened to cancel his gym contract: "I'd say to him, 'We do know that you smoke and that's absolutely fine because it's your choice. And I can't say anything because I did smoke

too. But then you can't expect us to pay your gym bill. Because if you're going to ruin your health...' Well, it never actually got to that. The other day he told me that he hadn't smoked for a year" (SOPHIE KAHN, p. 1). In this case, the threat of the punishment was sufficient to bring about the desired change in behaviour.

Malcolm described his fury when he discovered that his youngest son had been going "cabbings" without either of his parents' permission. He describes how the conversation with his son played out when he threatened to tell the other boy's father and get his friend in trouble. As Malcolm put it: "There are key things to use as a weapon of control. And it is war talk, because to breed common sense in a boy requires an effort of war in some regard. You have to say, 'Well what's your ammo?' (MALCOLM STONE, p. 6). Note how Malcolm himself recognizes his references to "weapons of control" and "ammo" as being a kind of "war-talk". He also notes that such an approach is necessary "to breed common sense in a boy". This indicates an aspect of gendered parenting requiring military-like toughness.

In line with this 'tough-love' approach to parenting boys, Malcolm's approach to punishing his son would involve what he called a "humiliating reprimand". He describes how he responded when he found out that his sons had had a beer with some friends they had met while on a fishing trip with their dad. I interpreted Malcolm's response as teasing his boys, however, he informed me that this was not the case:

No, it wasn't just a tease. It's a humiliating reprimand that questions their manhood and sense of self and points out that it's different before and after. In other words, belittling them but in a constructive way – if there is such a thing. I think one problem is that we must understand that... And we can't be too reductionist about these things, but I made a comment the other day that men, us men... We really learn through punishment, threat, ridicule and exclusion (MALCOLM STONE, p. 2).

Note how Malcolm is adamant that this was not a playful approach to disciplining his sons, but a very conscious effort to humiliate them in order to teach them a lesson. He affirms that "men" (later changed to "us men") learn through "punishment, threat, ridicule and exclusion". In spite of this harsh approach to parenting boys, Malcolm's son Gareth came across as mature, reflexive and unlikely to take foolish risks. Gareth made no reference to his father's use of "humiliating reprimands" as a means of discipline.

b. Parents punishing boys' bodies: 'sovereign' discipline

In line with this 'tough' approach to disciplining boys, two parents described using corporal punishment on their sons. Laura freely admitted to using corporal punishment to discipline her son – noting only that it had become more difficult as he grew older and stronger:

Yes, I'm not afraid to give him a slap. It's more difficult now because he's bigger and older and he's a hell of a lot stronger ... [But] he knows, if he dares [do anything to challenge me] ... I'll kill him. That day, on the couch, I said to him: 'I gave birth to you, I'll kill you!' [said in a hushed, threatening voice, but she laughs afterwards]. You can't challenge your parent... There's a boundary... there's a line.

(LAURA BROWN, p. 12)

Dave was also quite open about his mother (Laura's) use of corporal punishment to discipline him when he broke her rules. I asked him how his parents would punish him if he did something serious wrong:

Dave: I would get beaten and grounded.

Sarah: When you say beaten...?

Dave: I would literally get a hiding from my mom.

Sarah: When was the last time you got a hiding?

Dave: About three months ago, for back chatting. But it was my first offence in a while.

(DAVE BROWN, p. 4)

In line with his mom's story, Dave confirms that his mother does hit him and has done so as recently as a few months ago. Dave's use of the word "offense" is also interesting. The boys often adopt 'criminalistic' language with references to "crimes" and "offenses" in relation to HRB.

Frances describes how she used to hit her sons when they were younger, but now resorts to "preaching" (i.e. telling them what not to do and why etc.). Below, she describes how she responded when one of her sons threw a stone at the other:

Frances: I smacked him up all the stairs - I believe in a good wallop.

Sarah: Until what age you smack them?

Frances: They out grew it, but [when they were small] I had dial sticks called "whack" and when I told them to do something then by the 3rd time whack would speak. I would hit them on the bum. I never threatened – I just did it and it [what they had done wrong] didn't happen again... [B]y late primary school, no hitting [was needed]. But by high school, I started

preaching.

(FRANCES PETERSEN, p. 8-9)

According to Foucault (1995), the body as the major target of punishment has largely disappeared in modern, disciplinary society. However, he concedes that traces of sovereign power still remain. As Foucault (1995: 16) puts it, “The remains... a trace of ‘torture’ in the modern mechanisms of criminal justice”. Indeed, the quotes from parents presented above are clear evidence that elements of ‘sovereign power’ remain, even in a largely ‘disciplinary society’.

c. Parents rewarding ‘good’ behaviour

According to Foucault (1995: 24), “punitive measures are not simply ‘negative’ mechanisms that make it possible to repress, to prevent, to exclude, to eliminate; but that they are linked to a whole series of positive and useful effects which it is their task to support...” Andy is a good example of the use of such ‘positive’ aspects of power: “I’m very much an affirmative parent... Catch the kids doing things right, praise, encouragement. So it was always a lot of praise and encouragement, hoping that that would show them the right way, rather than a “correct – punish – consequence” type thing” (ANDY DE WET, p. 7-8). Notice how he is not out to ‘catch’ his sons doing things wrong, but rather is out to ‘catch’ them doing things right so that he can encourage that good behaviour. I asked him how he would react if he did catch them doing something wrong: “I would rather have a good heart-to-heart chat, and talk it out, and appeal to the responsible person within the adolescent” (ANDY DE WET, p. 7-8). Notice how Andy would rather attempt to appeal to the ‘adult’ within the adolescent rather than reprimanding and punishing the ‘child’ within the adolescent.

d. College punishment: Disciplinary Committees (DCs)

For any serious violations of College rules, boys get sent to Disciplinary Council meetings (referred to as “DC’s”). The boys were all familiar with the existence of DCs and most were able to describe how they worked (even if they hadn’t had personal experience with them) for example Gareth (GARETH STONE, p. 3). I asked Paul how DC’s work: “Um, there’s Mr Stevenson and he’s ja... He’s Head of Discipline and he’s a very efficient guy... He’s very... he takes a very non-emotional approach. He’s the rules-dictator [snaps fingers] and it’s good... we need someone like that” (PAUL DE WET, p. 5). Here, Paul portrays a favourable view of DCs, as well as the Head of Discipline. The style of punishment can be understood

using Foucault's notions of 'sovereign' and 'disciplinary' power. In contrast to the less rational and calculated sovereign power, disciplinary power is seen as being 'efficient' and 'non-emotional'. Mr Stevenson could potentially be seen as being the 'Sovereign' in this context, as Paul describes him as the "rules dictator". However, he is not really exercising sovereign power because it is not he who makes the rules, nor he who has the final say on punishment. Rather, there is an entire council responsible for such decisions, with no single person being seen as holding all the power. Again, we see a combination of sovereign and disciplinary power being exercised.

According to the boys interviewed, DCs appeared to serve as a strong deterrent against engaging in HRB. This was particularly true in terms of discouraging fighting, with two boys independently saying that there was little fighting at the school due to the high risk of getting caught and punished. As Gareth put it, "The threat of being sent to DC for punching someone is too great for 30 seconds of fame. So in that sense, the structure works. But for more serious things like drugs, they're facing criminal charges and facing legal structures" (GARETH STONE, p. 3). Gareth is distinguishing between the "internal" system (i.e. the College rules and disciplinary mechanisms) and the "external" system (i.e. the laws of the country and legal disciplinary mechanisms). Gareth is highlighting that while internal mechanisms are able to deal with HRB such as fighting, external mechanisms may come in to play with more serious HRB relating to drugs.

e. College 'correction': College psychologist

The College has its own, in-house psychologist who is available for consultation with boys and parents. Dr Peters performs the classical role of "normalization" as understood by Foucault, functioning as an "expert". I asked Dr Peters how boys ended up seeing him for individual therapy: "Boys come for counselling or as a result of a disciplinary hearing. Sometimes the boys refer themselves, otherwise an educator may refer them to me. Unfortunately, 90% of the cases are curative rather than preventative" (, p. 3). Notice that some boys "refer themselves" in a kind of self-regulation, whereas other boys are referred by educators. Also notice the use of the word "curative". Indeed, "Disciplinary punishment has the function of reducing gaps. It must therefore be essentially *corrective* (Foucault, 1995: 179) [original emphasis].

As Foucault (1995) emphasizes, modern punishment focuses on rehabilitating the soul rather

than disciplining the body. Judgement is not only passed on the “crime”, but on the “drives and desires” that led to the crime (Foucault, 1995: 17). This kind of punishment “intended not to punish the offense, but to supervise the individual, to neutralize his dangerous state of mind, to alter his criminal tendencies, and to continue even when this change has been achieved” (Foucault, 1995: 18). Indeed, punishment “functions as a way of treating a criminal. We punish, but this is a way of saying that we wish to obtain a cure” (Foucault, 1995: 22). Thus, there is a strong sense of trying to “normalize” the drives and desires of ‘criminal’ boys (criminal in the sense of having broken a College rule or ‘law’) through psychological ‘rehabilitation’. Indeed, such kind of punishment bears with it “an assessment of normality and a technical prescription for possible normalization” (Foucault, 1995: 21).

During the interview with Dr Peters, there was also clear evidence of what Foucault would call ‘scientific discourse’: “Some children are just spoiled – financially and emotionally. And these children can tend to have sociopathic tendencies” (DR PETERS, p. 6). This label of ‘sociopathic tendencies’ is just the kind of scientific discourse that one would expect from an ‘expert’. As Foucault (1995: 23) puts it: “A corpus of knowledge, techniques, ‘scientific’ discourse is formed and becomes entangled with the practice of the power to punish”. As Foucault (1995: 24) notes, such a process gives “birth to man as an object of knowledge for a discourse with ‘scientific’ status”.

4.7 ‘Alternative’ approaches

a. Parents discussing dangers of HRB

One strategy parents would use to discourage HRB in their sons would be to emphasize their dangers and potential harmful effects. These dangers included the risk of both social and physical harm. I asked Dave what his parents had told him about alcohol: “They say that alcohol damages your liver and your brain. Your body is still developing, so it won’t have an effect now but in the future. It crosses your mind [before you drink]” (DAVE BROWN, p. 2-3). I asked Dave’s mother, Laura, what she had told her son about smoking. She described how her father had suffered with emphysema as a result of smoking: “With smoking, why would you [do it]? It’s expensive way to kill yourself... And it’s ugly [she whispers theatrically]” (LAURA BROWN, p. 11-12).

When I asked her what she had told her son about taking steroids, she referred to her experience with an ex-boyfriend who had serious side-effects as a result of taking steroids:

Well besides infertility, besides that you're going to end up with a tumour somewhere... These boys are 15 taking steroids. I know a boy who was 25 when he first took steroids. He's now 50, he never had a baby, he has epilepsy and he's an exceptionally sick man. And I'm telling you he's going to have a tumour somewhere. He told me then what the consequences were... then. But his body was more developed at 25. These boys are 15 taking steroids – their own bodies haven't even developed yet (LAURA BROWN, p. 14-15). Thus, Laura made use of people she knew who had bad experiences with HRB in order to inform her son about the dangers of HRB.

However, parents also warned their sons about the 'social' risks of engaging in HRB. For example, before allowing his boys to go to the Matric dance after-party, Andy emphasized to his son how drinking could lead one to have a 'reputation': "And for the matric dance after party, I'd just have a chat to them and say, "Look, you probably are going to drink but just be sensible... You don't want to get a reputation. Just think about it" (ANDY DE WET p. 19). Earlier, Andy had said he had said to his sons: "Why go drinking? You just feel horrible and you... there's really nothing particularly attractive about getting smashed" (ANDY DE WET p. 18). Again, he was focusing on how alcohol makes one appear unattractive to others by affecting one's ability to 'perform' in socially appropriate ways. In this way, the boys were advised against drinking because of the way in which it could compromise their social status. Interestingly, this approach fails to recognize that among teenage boys, drinking alcohol could potentially increase one's social status among peers for example being seen as being 'cool'. For example, research among Danish adolescents found that high alcohol consumption went together with popularity in the peer group (Balvig et al., 2005, cited in Demant and Jarvinen, 2006: 589). Generally, adolescents who reported the highest levels of alcohol consumption were regarded by their peers as the most prestigious ones to hang out with. However, this is likely precisely the type of social pressure that the parents are trying to counteract.

b. College 'educating' boys and parents on the danger of HRB

Similarly, the College also went to great lengths to 'educate' the boys on the dangers of engaging in HRB. For example, Paul and Leon were well-versed in the harmful effects of smoking, thanks to the Biology lessons they received at the College:

Leon: I just really don't want to smoke because I don't think it's good for you.

Paul: Ja, and you do Bio' so you know all about it.

Leon: Ja, there are so many bad things about it.

Sarah: Like what?

Paul: The tar in your lungs, the colour of your teeth...

(PAUL AND LEON DE WET, p. 40-41)

Similarly, when I asked Alex if he had ever tried smoking, he immediately responded:

Alex: No, it's bad for your lungs

Sarah: Would you ever try?

Alex: Maybe when I'm out of school. My parents wouldn't like it if I smoked.

(ALEX HUNT, p. 5)

Alex's immediate response indicates an internalization of the messaging surrounding the dangers of smoking (which may have come from various sources). Interestingly, he would only consider smoking once he was "out of school". Since he was already legally allowed to buy cigarettes (above age 16), "school" was clearly not a proxy for being too young. Rather, he was implying that the risk of being caught smoking while still in school was too great. This language also designates the College as a space of conformity where Alex would avoid HRB, while "out of school" implies a less-regulated space where experimentation would become a possibility.

While the boys were often able to 'recite' the dangers of engaging in HRB, this knowledge would not necessarily influence their behaviour in practice. In contrast to the assumptions of the *Health Beliefs Model*, Harrison et al. (2011: 482) note the limitations of governmental attempts to 'structure the possible fields of action' by attempting to educate young people about the risks associated with drinking. Even though the College and parents are separate from the government, they still function as a 'higher authority' trying to preserve social order, and may thus be similarly limited in their ability to convince adolescent boys of the dangers of engaging in HRB. Thus, even though the boys may be well-informed regarding the danger associated with engaging in HRB, they may still choose to do so because their health is not the only consideration in the decision.

The College also made a point of educating parents about HRB in a bid to discourage boys from engaging in HRB: *Our Parents' Association is very good. There's a lot that happens for the boys in Life Orientation and in assemblies. But our PA [Parents' Association] do a great*

job... They get people to come and talk about nutrition and about drug abuse. So the school will handle the boys and the PA deals with the parent-side. The PA does a lot of parent-education (ANDY DE WET, p. 23). Notice how the role of ‘educating’ the boys is assigned to the school, while the role of ‘educating’ the parents is given to other parents. This is also a strategic move by the school, whereby they can increase their network of surveillance over the boys by including parents in the process.

c. Parents providing ‘safer’ alternatives

Several parents took a “forbidden fruit” approach to alcohol. By this they meant that they believed that refusing to allow their sons any contact with alcohol would simply create an air of mystery around it and increase the temptation to experiment with it in an unsafe way. In order to avoid this, some parents would try to expose their sons to alcohol in a responsible way in a safe, home environment. For example, Gareth noted that his parents would allow him to have a glass of wine with dinner. Interestingly, he interpreted this as being because “parents want you to associate alcohol with eating” (GARETH STONE p. 6).

Andy described his approach to alcohol:

My approach has been to say, only quite recently, “You can have a beer at lunch. You can have it here with us”. It’s not a kind of, ‘round the back”, that you’ve sneaked one. So if you take away the elicit nature, I just think they’ll think “Well what’s the big deal?” Why go and get drunk with your mates when I can have a drink at home any time? I don’t know that for sure, but I think when it’s not that “Forbidden fruit” kind of thing... [it’s less appealing]. (ANDY DE WET p. 18)

Here Andy is providing a ‘safer’ alternative to his sons experimenting with alcohol in an unsafe fashion by introducing them to alcohol in a safe, controlled environment.

Two other Dads, Malcolm and Brendan, similarly endorsed this approach, with Brendan even using the same ‘forbidden fruit’ reference that Andy used. Such a religious reference is perhaps unsurprising given the context of Galbraith as an Anglican College. Importantly, parents distinguished between drinking at home (drinking in moderation was tolerated in private) and drinking in public (which was illegal and thus forbidden by law). For example, Brendan noted: “If we go to a restaurant and Phillip asks for a beer, I’ll say no, because it’s illegal. It’s fine if you’re on holiday or you’re at home” (BRENDAN KAHN, p. 2-3).

Similarly, Laura recognized her son's desire to use steroids and encouraged him to make use of safer alternatives:

Now to make sure that my son does not take steroids... I've shown him the natural route to this. [The mother's tone changes, as if she is imparting secret knowledge] There's a book called 'The Amino Revolution'... [which talks about] amino [acids] which your body automatically gets from fruits and vegetables. But it's hard to get that amount just by eating. So if you want to grow big or do whatever, it's all available naturally. So I've gone so far as to get him the book and to go and buy him the supplements that are completely natural. And he's seen results... So to steer him away from steroids, I've taken him on a different route. I said, 'You're never going to get as big as the boys on steroids, but there is an alternative and let's try'. So I've spent the money, I've done what it takes to keep him satisfied. And that little book – he's never read a book in his life but he could tell you everything about "The Amino Revolution".

(LAURA BROWN, p. 14-15)

d. College providing 'safer' alternatives

Similar to the strategy employed by parents, College coaches also promoted the use of safer alternative to steroids, for example supplements and protein shakes. I asked Dave if he'd ever been tested for steroids: "Ja, I got tested. But I only use supplements. I've played water polo since standard 4. The coaches tell you not to drink because it ruins your game. They promote Milo over protein shakes" (DAVE BROWN, p. 3). Having the coaches promote Milo over protein shakes is a means of encouraging them to avoid using banned supplements (such as steroids).

e. Parents promoting boys' self-esteem

Another important alternative was promoting boys' self-esteem. As the literature has highlighted, boys who have strong identity commitment and self-esteem are better equipped to face risks and are less likely to engage in risky or anti-social behaviour (Dumas et al., 2012; Blum et al., 2002). In line with this understanding, Lizzy noted that one of the strategies she uses to protect her son against drug use is by helping build his self-confidence:

I smoked marijuana when I was in my early 20s. I know that they will try, so I just want to make sure they will do it when they are older and more in control. I try to help them have self-assurance, so I give them acceptance and encouragement. Like for example, encouraging Jake to go to India – I think it gave him more self-confidence.

(LIZZY TAYLOR, p. 2)

Andy and Mary similarly believed in the importance of a boy's self-esteem in relation to his ability to manage risks effectively:

Mary: Ja, and you [as a parent can] do a lot to boost the boys' self-image.

Andy: Ja, you don't have to do this or that to be "cool".

Sarah: So more trying to develop their ability to deal with those situations?

Andy: Ja, how to deal with peer pressure.

Mary: It's so much about IQ these kids... They've got to know everything. But to me, life is about handling situations... It's within yourself, in how strong your personality is.

(ANDY AND MARY DE WET, p.15)

4.8 Self-regulation and peer-regulation

Thus far, I have focused upon the 'external' forces which seek to constrain adolescent boys' HRB. However, evidence from the boys' interviews and focus group indicated that boys engage in strategies of self-regulation whereby they assess and manage their own risk-behaviours, as well as monitoring the perceived risk-behaviours of their peers.

a. Self-regulation: risk-assessment, risk-minimisation and risk-avoidance

During the Focus Group, the boys' narratives indicated a keen awareness of risk and danger. The boys described various strategies they employed to minimise the risk or danger they were exposed to. For example, Chase noted that they would avoid going to house parties of people they didn't know well "Because of the crime... Everything is so insecure. It's not like you can just go to some stranger's house because it's not really that safe" (FOCUS GROUP, p. 7). However, Chase later noted that it is safe to go to a house party of someone that you do know – in fact it's safer than going out to a club: "The thing is with a party at someone's house, it means you're relatively safe because you're in a secure environment. So people can go tilt and not really care what happens to them. Because they're just going to pass out and wake up at the guy's house. As opposed to if they did that when they were out, you don't really know where you're going to end up" (FOCUS GROUP, p. 8). Thabo also commented on the importance of going out when you're with friends, because if you get out of control then "your friends will have to be more responsible for you..." (FOCUS GROUP, p. 8). This also highlights an often unacknowledged view of peers as 'risk protectors' as opposed to the usual notion of 'peer pressure' or peers as 'risk promoters'.

The boys' ability to assess risk also came across when I brought up the topic of condoms. I asked the boys what they thought about the fact that condoms are so freely available in South Africa, and Sam and Thabo answered:

Sam: It might be concerning that they might not be good quality if they're so freely available.

Thabo: Choice? [laughter] If it's free it might be poor quality. The more expensive then probably the better!

(FOCUS GROUP, p. 19)

The boys believed that government-issued "Choice" condoms would likely be of inferior quality because they are distributed freely. They saw these condoms as being "risky" in this sense, and would sooner opt for more expensive condoms which they believed would be less risky. Interestingly, they misinterpreted my use of the words "freely available", choosing to focus on the fact that the condoms were available for "free" rather than the fact that they were easily accessible.

b. Peer Regulation

There was also evidence to suggest that boys monitored each-others' HRB to some extent. For example, Paul and Leon described how they could tell if boys at the College were using drugs. After they had made mention of boys with 'needle marks' on their arms. I asked if they had literally seen boys come to school with needle marks. Paul answered:

Ja, obviously they would wear a jersey and stuff, but like when it came to inter-house athletics and we would have to wear a vest then you can generally pick them out...

Like if

they are sick and you can be like, he's got problems, he's got problems, and he's got problems [pointing to imaginary boys] or they would hide it as best they can and would be like "No, they're freckles" or something (PAUL DE WET, p. 23-24).

Later the boys made a comment about 'burn marks' and I asked what they thought the burn marks were from. Paul answered: "From smoking, ja like from rolling it and it's not circular so the stuff falls out, ja I've seen it happen... Cause if you roll a crap joint then it all falls out the other side [laughing]. A guy came to College once with burn marks on his shirt and I was like, 'Dude, are you serious?'" (PAUL DE WET, p. 39).

4.9 Conclusion

The data revealed that both parents and Galbraith College engage in strategies to reduce the

likelihood of boys engaging in HRB. These strategies included the traditional, 'disciplinary' approach of having rules, monitoring, surveillance and punishment for breaking these rules. However, there was also evidence of the use of strategies which aimed to empower boys to avoid HRB, for example educating boys on the dangers of HRB, promoting boys' self-esteem and providing 'safer' alternatives. There was evidence that the boys engage in processes of self-regulation as well as peer regulation when it came to HRB. Rather than simply viewing this as the boys' internalizing social norms regarding HRB, I believe that it illustrates that the boys may require less monitoring and surveillance than the College and parents may believe. From these findings, it would appear that rather than emphasizing rules, surveillance, punishment and discipline, the parents and College should rather emphasize strategies that inform and educate the boys on the dangers of HRB, promoting boys' self-esteem as well as providing 'safer' alternatives to HRB. In this way, boys will be equipped to make responsible decisions in potentially 'risky' situations.

In the following chapter, I shall draw conclusions based on these findings, as well as highlighting their implications and making recommendations for future research.

CHAPTER 5: CONCLUSION & RECOMMENDATIONS

5.1 Introduction

This study aimed to explore adolescent boys' health-risk behaviour in the context of an affluent, private boys' school in the Northern suburbs of Johannesburg. Specifically, the focus was upon the strategies which parents and the College employ in order to monitor and prevent boys from engaging in HRB. In this chapter, I shall provide a summary of the key findings and results of the study. I shall also highlight the implications of these findings in relation to the study of HRB in general and in the study of young men's HRB in the South African context. Finally, I shall make recommendations for future research before drawing the overall conclusion of the study.

5.2 Summary of findings and results

a. Risk and types of risk

The data indicated that there is a continuum of risks, ranging from 'tame' to 'serious' risks. Boys referred to 'calculated risks', implying that they would gauge the seriousness of a risk before engaging in it. Some risks appeared to be 'clustered' or 'gateway' risks, for example consuming alcohol could lead to engaging in other HRB such as unsafe sex or fighting. There was also a relationship between masculinity and risk, with some participants believing that an ability to face and overcome risks is a key aspect of becoming a man or 'enacting' masculinity. This 'gendered' dimension of risk was further elaborated, with both boys and parents believing that boys and girls face different kinds of risks. There was also reference to technology-based risks, which are typical of the 'risk society' (Beck, 1992).

b. Health-risk behaviours

The most common health-risk behaviour at the College was drinking, while the most commonly-reported drug used was marijuana. Smoking hubbly-bubbly appeared to be common, although little reference was made to smoking cigarettes. In most cases, HIV appeared to be a 'distant' threat, and boys and parents were generally more worried about boys getting a girl pregnant than them contracting HIV. Steroids appeared to be used either to enhance a boy's sporting performance or to help him get a 'beach body' as part of a macho, masculine image. Fighting was quite uncommon – an absence which was participants attributed to the harsh punishment given by the College for such behaviour. While bullying is

forbidden at the College, some references were made to the bullying of younger boys as part of initiation.

c. Rules, and regulations

Both parents and the College ensured that the boys were well-versed in the dangers of engaging in HRB, from the physical health-implications to the social implications of having a ‘reputation’. Similarly, both parents and the College made sure to set clear rules regarding HRB (although in the case of parents, these were often implicit limits rather than explicit rules). There was also evidence to suggest that the College attempted to ‘mould’ the boys into responsible young men by encouraging sports participation and school camps.

d. Monitoring and surveillance

Parents would monitor their sons’ HRB using a range of strategies, for example monitoring their Facebook accounts, BBM status and going through their cell phones. However, they would also employ strategies such as checking the boys when they fetched them from a party to see if they smelled of alcohol or cigarettes or if they were unusually “chatty”. The College would also employ monitoring and surveillance strategies, including the use of 24 hour CCTV surveillance and random drug tests. Parents and the College would often even combine forces, creating an impenetrable “network of gazes” to ensure constant surveillance of the boys. Parents and the College would employ various strategies in order to learn the ‘truth’ about boys’ HRB. For parents, this would involve interrogating boys about their activities and checking for inconsistencies in their stories. For the College, this would involve a process of religious-style ‘confessions’ of behaviours such as steroid use.

e. Providing ‘safer’ alternatives

Parents would attempt to discourage their sons from engaging in HRB by providing ‘safer’ alternatives. For example, parents would use the ‘forbidden fruit’ approach to alcohol by allowing boys to have a drink at dinner – thus leading to a reduction of the mystery surrounding alcohol and the creation of an association between the acts of drinking and eating. Both parents and the College promoted ‘safer’ alternatives to steroid use, with a focus on legal supplements and good nutrition.

f. Punishment, reward and ‘correction’

Parents would punish boys for engaging in HRB by withdrawing privileges or giving them a verbal reprimand. Some parents even admitted to using corporal punishment to discipline their sons. However, other parents focused on the ‘positive’ dimension of power by promoting ‘good’ behaviour over punishing ‘bad’ behaviour. The College made use of a formal disciplinary mechanism whereby boys would go to a Disciplinary Committee if they engaged in HRB. Boys would also be sent to the College psychologist for counselling as a form of ‘rehabilitation’.

g. Self-regulation and peer-regulation

Although much of the report focused upon the strategies that the parents and College employed in order to ‘govern’ the HRB of the boys, these ‘structural’ factors were viewed based on the assumption that the boys were also able to exercise agency. The data revealed that the boys were able to assess risks and that they too engaged in risk-management strategies in their daily lives. Not only were the boys capable of self-regulation, but they also engaged in peer-regulation.

5.3 Implications of findings

The findings of this study have important implications for the way we understand the government of adolescent boys’ health-risk behaviour. As the results have shown, boys at Galbraith College are the subject of constant monitoring and surveillance by both their parents and the College. Although preventing adolescent HRB is undeniably viewed as a ‘social good’, the implications of this constant surveillance and monitoring should also be taken into consideration. The findings of this study have the potential to help to inform teaching and parenting practices regarding the management of adolescent boys’ HRB in the affluent context. The findings may also have some relevance to adolescent HRB in other affluent contexts.

In particular, the report implies the importance of acknowledging boys as social actors who are in the process of developing risk-management skills. Indeed, agency is not only displayed in the boys’ ability to successfully avoid engaging in risks but also their successful navigation of participation in risk. Short-circuiting this process through excessive rules, surveillance and punishment serves only to undermine the boys’ sense of self-confidence in their ability to manage these risks and in fact creates increased allure for them to engage in such behaviours

(as the ‘forbidden fruits’ theory suggests). Trying to protect boys from risk-exposure altogether does them a further injustice by limiting their experience in risk-management. Risks are an inevitable part of life and the only way we truly develop confidence in our ability to manage them is through natural exposure to them.

This is not to say that parents and schools should sit blithely by while boys engage in reckless and dangerous behaviour. Rather, these parties should strive to encourage a supportive and open environment where boys feel able to discuss their fears and anxieties as well as their excitement and even joy as they are naturally exposed to the potential risks that adolescence involves. In this way, boys will be able to draw on both practical, informational and emotional support as they navigate their way through life’s many challenges and experiences.

The current study also has important implications for the study of HRB in general and the study of such behaviour in an affluent context in particular. In South Africa, a country with massive levels of income inequality, it is frequently assumed that it is only the poor and marginalized members of society who are exposed to risks. We imagine that behind the high walls of homes in the leafy suburbs live perfect, balanced, happy families. While this may be true in some cases, it is by no means a given that these families are always happy or balanced. We assume that ‘absent fathers’ are a phenomenon unique to the impoverished, township setting and yet we forget that while a wealthy CEO may be a physically ‘present’ father, he may be emotionally absent (or perhaps even both physically and emotionally absent, as is the case with fathers who travel frequently for work). While many mothers in such cases tend to over-compensate for the absence of the father, this too can become problematic resulting in over-bearing mothers who are involved in their sons’ lives to the point of becoming intrusive.

While boys in such families may not be faced with the challenges that *poverty* brings, they are still faced with the challenges that *wealth* brings. While such ‘challenges’ may seem small when compared with those faced by millions of impoverished South Africans every day, they should not be dismissed as trivial but should be recognized as significant in the context in which they occur. These young men find themselves in the midst of an intensely competitive environment, where boys of successful parents are expected to become successful themselves. While the College and parental narratives tend to focus on support, development and potential, the implicit message is that success is imperative while failure is unacceptable. While boys in an elite environment like Galbraith College may face different

kinds of challenges from the average South African boy, it should still be recognized that they live in a highly controlled and stressful environment that presents its own unique challenges and risks.

Along with these differences, some commonalities should also be noted. Whether an adolescent boy lives in Sandton or Soweto, he will likely experience the same kind of thrill at the thought of his first kiss, his first beer or the first time he tried smoking. And such behaviours will likely be frowned upon by older generations as scandalous, dangerous and delinquent activities, whether the parents themselves are rich or poor, educated or uneducated. In any case, it becomes difficult to distinguish activities which are genuinely risky, i.e. likely to lead to serious health consequences in the future, and those which are simply part of the exciting voyage of experimentation, self-discovery and bonding peer-experiences which distinguish adolescence from other phases of life.

5.4 Limitations of research

The key limitations of the research relates to the notion of self-selection in the sampling whereby parents who viewed their sons as unlikely to engage in HRB would be most likely to agree to participate in the study. The sampling was also strongly influenced by gate-keepers (e.g. Mrs Cox and Mr Cresswell) who provided me with access to participants. With the exception of two Black boys who participated in the Focus Group, all remaining participants were White. While the majority of students at Galbraith are also White, the sample did not capture or represent the many other racial groups who attend the school. Another important limitation of the findings of this study is that the data were based on self-report. There was an incentive for both boys, parents and the College itself to portray themselves in a favourable light and this undeniably compromises the quality of the data. However, the use of triangulation helped to mitigate this danger by allowing the comparison of reports from different reporters. Thus in spite of the limitations presented here, I believe that the research has some important implications for the field of HRB research (as discussed above).

5.5 Recommendations for future research

Due to the time restrictions on this study, the scope of the research was necessarily limited. However, future researchers could make a valuable contribution by building on the current study. For example, it would be interesting to interview boys across several grades, from Gr. 8 to Matric, in order to understand more clearly if certain HRB tend to vary by age. It would

also be valuable to follow a cohort of boys from Gr. 8 to Matric in order to see how their attitudes and engagement in HRB may vary over time. Such a longitudinal study would also allow for the researcher to build up greater trust with participants which would allow for more reliable data to be obtained. It would also be worthwhile to do comparative studies between private schools and public schools on the topic of HRB. It may also be useful to further explore the gendered dimension of HRB by doing a comparison with a private, all-girls' school. Similarly, these results could be compared with co-education schools.

Another important group worthy of further study is the scholarship boys at Galbraith College. These boys come from disadvantaged backgrounds, but are given access to the school based on their academic merit. These boys were described by participants as being a "risk group" in the sense that they tend to lack the social, cultural and financial capital necessary for fitting in at the College. This results in situations where wealthy boys would "pay" these boys to do their homework and run errands for them. These boys also have a reputation for stealing so that they can have access to the kinds of resources the other boys have. Unfortunately time constraints meant that I was not able to interview any of the scholarship boys. However, this would likely be a fruitful area for further research, as it captures and reflects the income inequality that characterizes South Africa and which is the basis of a great deal of risky behaviour in our society.

5.6 Overall Conclusion

The data revealed that both parents and Galbraith College engage in strategies to reduce the likelihood of boys engaging in HRB. These strategies included the traditional, 'disciplinary' approach of having rules, monitoring, surveillance and punishment for breaking these rules. However, there was also evidence of the use of strategies which aimed to empower boys to avoid HRB, for example educating boys on the dangers of HRB and providing 'safer' alternatives. The data revealed that the boys engage in processes of self-regulation as well as peer regulation when it came to HRB. Rather than simply viewing this as the boys' internalizing social norms regarding HRB, I believe that it illustrates that the boys may require less monitoring and surveillance than the College and parents may believe. From these findings, it would appear that rather than emphasizing rules, surveillance, punishment and discipline, the parents and College should rather emphasize strategies that inform and educate the boys on the dangers of HRB, as well as providing 'safer' alternatives to HRB. This will equip boys to make responsible decisions in navigating 'risky' situations.

BIBLIOGRAPHY

- Adler, N, Kegeles, S.M. and Genevro, J.L. (1992) "Risk taking and health" in *Risk-taking Behaviour*. J. Frank Yates (ed.) John Wiley and Sons: West Sussex
- Anderson, R. (2007) Thematic Content Analysis (TCA): Descriptive Presentation of Qualitative Data. Accessed 10.06.2013
<http://www.wellknowingconsulting.org/publications/pdfs/ThematicContentAnalysis.pdf>
- Arnett, J. (1995) "The Young and the Reckless: Adolescent Reckless Behaviour". Cambridge University Press
- Arnoldi, J. (2009) *Risk: An Introduction*. Polity Press: Cambridge
- Baumert, P., Henderson, J.M. and Thompson, N.J. (1996) "Health Risk Behaviors of Adolescent Participants in Organized Sports". *Journal of Adolescent Health*, 22 (6): 460-465
- Beck, U. (1992) *Risk Society: Towards a New Modernity*. Sage: London
- Blaxter, M. (2010) "How is Health Defined?" and "How is Health Constructed?" in *Health*. Polity: Cambridge
- Blum, R.W., McNeely, C. and Nonnemaker, J. (2002) "Vulnerability, Risk and Protection". *Journal of Adolescent Health*, 31S: 28-39
- Bogensneider and Pallock (2008) "Responsiveness in Parent-Adolescent Relationships: Are Influences Conditional? Does the Reporter Matter?" *Journal of Marriage and Family*, 70: 1015-1029
- Bonner, K. (1998) *Power and Parenting: A Hermeneutic of The Human Condition*. Macmillan Press Ltd., London
- Brook, J.S., Morojele, N.K., Kerstin, P. And Brook, D.W. (2006) "Predictors of drug use among South African Adolescents". *Journal of Adolescent Health*, 38 (1): 26-34

- Brook, D.W., Rubenstone, E., Zhang, C., Morojele, N.K. and Brook, J.S. (2011) "Environmental Stressors, low well-being, smoking and alcohol use among South African Adolescents." *Social Science and Medicine*, 72: 1447-1453
- Carrigan, T., Connell, R. and Lee, J. (1993) "Towards a new sociology of masculinity". *Theory and Society*, 14: 551-604
- Casey, B.J., Jones, R.M. and Hare, T.A. (2008) "The Adolescent Brain". *Ann N Y Acad Sci*. 1124: 111-126
- Courtenay, W.H. (2000) "Constructions of masculinity and their influence on men's well-being: a theory of gender and health". *Social Science and Medicine*, 50: 1385-1401
- Cosaro, W. A. (2005) *The Sociology of Childhood*. Thousand Oaks: Pine Forge Press
- Davies, N. and Eagle, G. (2007) "'Nowadays they say....': Adolescent peer counsellors' appreciation of changes in the construction of masculinity". *Psychology in Society*, 35: 53-72
- Delor, F. and Hubert, M. (2000) "Revisiting the concept of 'vulnerability'". *Social Science and Medicine*, 50 (11): 1557-1570
- De Looze, M., Pickett, W., Raaijmakers, Q., Hublet, A., Gabhainn, S., Bjarnason, T., Molcho, M., Vollenbergh, W. and Ter Bogt, T. (2012) "Early Risk Behaviors and Adolescent Injury in 25 European and North American Countries: A Cross-National Consistent Relationship". *The Journal of Early Adolescence*, 32 (1): 104-125
- Demant, J. And Jarvinen, M. (2006) "Constructing maturity through alcohol experience – Focus group interviews with adolescents". *Addiction Research and Theory*, 14 (6): 589-602
- Department of Basic Education (2011) "Education Statistics in South Africa 2010"
<http://www.education.gov.za/EMISSTATISTICS/StatisticalPublications/tabid/462/Default.aspx> Accessed 28.08.2012
- Dorius, C.J., Bahr, S.J, Hoffman, J.P. and Harmon, E.L. (2004) "Parenting Practices as

Moderators of the Relationship Between Peers and Adolescent Marijuana Use”. *Journal of Marriage and Family*, 66: 163-178

Dumas, T.M., Ellis, W.E. and Wolfe, D.A. (2012) “Identity development as a buffer of adolescent risk behaviors in the context of peer group pressure and control”. *Journal of adolescence*, 35: 917-927

Ekberg, M. (2007) “The Parameters of the Risk Society: A Review and Exploration”. *Current Sociology*, 55 (3): 343-366

Elkington, K.S., Bauermeister, J.A. and Zimmerman, M.A. (2011) “Do parents and peers matter? A prospective socio-ecological examination of substance use and sexual risk among African American youth”. *Journal of Adolescence*, 34: 1035-1047

Flisher, A.J., Ziervogel, C.F., Chalton, D.O. and Robertson, B.A. (1993) “Risk-taking behaviour of Cape Peninsula high-school students”. *South African Medical Journal*, 83: 469-473

Flisher, A.J., Parry, C.D.H., Evans, J., Muller, J. and Lombard, C. (2003) “Substance Use by Adolescents in Cape Town: Prevalence and Correlates”. *Journal of Adolescent Health*, 32: 58-65

Foucault, M. (1984) “Discipline and Sciences of the Individual” in *The Foucault Reader*, Paul Rabinow (ed.). Penguin Books: London

Foucault, M. (1995) [1977] *Discipline and Punish: the Birth of the Prison*. Vintage Books: New York

Fouten, E.S. (2006) “Exploring how adolescent boys negotiate regulatory conceptions of masculinity”. Submitted in partial fulfillment of the requirements of the degree of Magister Artium Psychologiae in the Department of Psychology, University of the Western Cape

Gill, R, Henwood, K. and McLean, C. (2005) “Body Projects and the Regulation of Normative Masculinity”. London: LSE Research Articles Online. Available at:

Goffman, E. (1959) *The Presentation of Self in Everyday Life*. Doubleday Anchor Books. New York: Doubleday and Company Inc.

Greenstein, R. (2003) *Introduction to Qualitative Methods*. Pp. 1-39

Hall, G.S. (1904) *Adolescence*. Appleton: New York

Harrison, L., Kelly, P., Lindsay, J., Advocat, J. and Hickey, C. (2011) “‘I don’t know anyone who has two drinks a day’: Young people, alcohol and the government of pleasure”. *Health, Risk and Society*, 13 (5): 469-486

Heaven, P. C.L. (1994) *Contemporary Adolescence: A Social Psychological Approach*. Macmillan Education Australia Pty. Ltd: Melbourne

Helpenny, Nixon and Watson (2010). *Parents’ Perspectives on Parenting Styles and Disciplining Children*. Office of the Minister for Children and Youth Affairs: Ireland

Kandel, D.B. (1980) “Drug and drinking behavior among youth”. *Annual Rev. Sociology*, 6: 235-285

Kandel, D.B. (1985) “On processes of peer influences in adolescent drug use: A developmental perspective”. *Adv. Alcohol Subst. Abuse*, 4 (3-4): 139-163

La Greca, A.M., Prinstein, M.J, Fetter, M.D. (2001) “Adolescent Peer Crowd Affiliation: Linkages with Health-Risk Behaviours and Close Friendships”. *Journal of Pediatric Psychology*, 26 (3): 131-143

Legard, R., Keegan, J. and Ward, K. (2003) “In-depth Interviews” in Lewis, L. and Ritchie, J. (eds). *Qualitative research practice: A guide for social science students and researchers*. SAGE Publications: London

Leon, J.C., Carmona, J. and Garcia, P. (2010) “Health-risk behaviors in adolescents as

indicators of unconventional lifestyles”. *Journal of Adolescence*, 33: 663-671

Leoschut, L. and Burton, P. (2009) *Building Resilience to Crime and Violence in Young South Africans*. Centre for Justice and Crime Prevention: Research Bulletin No. 4, September, 2009

Li, X., Stanton, B. and Feigelman, S. (2000) “Impact of Perceived Parental Monitoring on Adolescent Risk Behaviour Over 4 Years”. *Journal of Adolescent Health*, 27: 49-56

Liang, H., Flisher, A.J. and Lombard, C.J. (2007) “Bullying, violence and risk behaviour in South African school students”. *Child Abuse and Neglect*, 31: 161-171

Lo, C.C. (1995) “Gender differences in collegiate alcohol abuse”. *J. Drug Issues*, 25: 817-836

Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. SAGE Publications: California

Lincoln, Y.S. and Guba, E.G. (2003) “Pragmatic controversies, contradictions, and emerging confluences. In N.K. Denzin and Y.S. Lincoln (eds.) *The Landscape of qualitative research* (2nd ed.) SAGE Publications: Thousand Oaks

Maxwell, K.A. (2002) “Friends: The Role of Peer Influence Across Adolescent Risk Behaviours”. *Journal of Youth and Adolescence*, 31 (4): 267-277

Michael, K. and Ben-Zur, H. (2007) “Risk taking among adolescents: Associations with social and affective factors. *Journal of Adolescence*, 30 (1): 17-31

Mitchell, W.A., Crawshaw, P., Bunton, R. and Green, E.E. (2001) “Situating young people’s experiences of risk and identity”. *Health, Risk and Society*, 3 (2): 217-233

Morgan, D.L. (1998) *The Focus Group Guidebook*. Sage Publications: London

Morrison, R.A. “Parental, Peer, and Tobacco Marketing Influences on Adolescent Smoking in South Africa” (2011). *Public Health Theses*. Paper 200

Available online: http://digitalarchive.gsu.edu/iph_theses/200 accessed 16.03.2012

Morojele, N.K., Flisher, A.J., Muller, M., Ziervogel, C.F., Reddy, P. and Lombard, C.J. (2002) "Measurement of Risk and Protective Factors for drug use and antisocial behaviour among high school students in South Africa". *Journal of Drug Education*, 32 (1): 25-39

Morojele, N.K., Brook, J.S. and Kachieng'a, M.A. (2006) "Perceptions of sexual risk behaviours and substance abuse among adolescents in South Africa: a qualitative investigation. *AIDS Care*, 18 (3): 215-219

Morojele, N.K., Parry, C.D.H and Brook, J.S. (2009) "Substance Abuse and the Young: Taking Action". *Medical Research Council Research Brief*

Nash, S.G., McQueen, A. and Bray, J.H. (2005) "Pathways to adolescent alcohol use: family environment, peer influence, and parental expectations". *Journal of Adolescent Health*, 37: 19-28

Nauright, J. (1997) *Sports, Cultures and Identities in South Africa*. Leicester University Press: London

O'Farrell, C. (2007) *Michel Foucault*. Sage: London

Orcutt, J.D. (1991) "The social integration of beers and peers: Situational contingencies in drinking and intoxication". In: PITTMAN, D.J. AND WHITE, H.R. (Eds.) *Society, Culture, and Drinking Patterns Reexamined*, New Brunswick, NJ: Rutgers Center of Alcohol Studies, pp. 198-215

Onya, H. and Flisher, A.J. (2004) "Qualitative adolescent health research: A rural South African example". *Journal of Child and Adolescent Mental Health*, 16: 117-125

Owino, K. (2010) "Masculinities, HIV and AIDS in South Africa – evaluating the present, mapping the future: Towards a transformative missiological Paradigm through Hopeful theologising". Available online at:

<http://www.tf.uio.no/english/research/projects/bw/events/Kenny%20Owino.pdf> accessed 18

May 2012

Palen, L., Smith, E.A., Caldwell, L.L., Mathews, C. and Vergnani, T. (2009) "Substance Use and Sexual Intercourse Among South African High School Students". *Substance Use and Misuse*, 44: 1872-1887

Parry, C.D.H., Myers, B., Morojele, N.K. and Flisher, A. (2004) "Trends in adolescent alcohol and other drug use: findings from three sentinel sites in South Africa (1997-2001) *Journal of Adolescence*, 27 (4): 429-440

Parsons, T. and Bales, R.F. (1956) *Family: Socialization and Interaction Process*. London: Routledge and Kegan Paul

Pattman, R. (unpublished manuscript) *Researching and working with boys in Southern Africa in the context of HIV/AIDS – a radical approach*. University of Kwazulu Natal, South Africa

Perkins, H.W. (2002) "Social Norms and the Prevention of Alcohol Misuse in College Contexts". *J. Stud. Alcohol*, Supplement No. 14: 164-172

Piko, B.F. and Balazs, M.A. (2012) "Authoritative parenting style and adolescent smoking and drinking". *Addictive Behaviour*, 37 (3): 353-356

Plant, M. and Plant, M. (1992) *Risk-Takers: Alcohol, drugs, sex and youth*. Travistock/Routledge: New York

Prinstein, M., Boergers, J. and Spirito, A. (2001) "Adolescents' and their Friends' Health Risk Behavior: Factors that Alter or Add to Peer Influence". *Journal of Pediatric Psychology*, 26 (5): 287-298

Reddy SP, James S, Sewpaul R, Koopman F, Funani NI, Sifunda S, Josie J, Masuka P, Kambaran NS, Omdien RG. (2010) *Umthente Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2008*. Cape Town: South African Medical Research Council

Schwandt, T.A., Lincoln, Y.S., Guba, E.G. (2007) "Judging interpretations: But is it

rigorous? Trustworthiness and authenticity in naturalistic evaluation”. *New Directions for Evaluation*, 2007 (114): 11-25

Selikow, T.A., Ahmed, N., Flisher, A.J., Mathews, C. and Mukoma, W. (2009) “I am not ‘umquaito’: a qualitative study of peer pressure and sexual risk behaviour among young adolescents in Cape Town, South Africa”. *Scandinavian Journal of Public Health*, 37: 107-112

Sharp, C. and Dellis, A. (2010) “Risky Teens: Intervention Science and its Application to the South African Context”. Report Commissioned by the South African Responsible Gambling Foundation

Shisana, O., Simbayi, L.C., Rehle, T., Zungu, N.P., Zuma, K., Ngogo, N., Jooste, S., Pillay-van Wky, V., Parker, W., Pezi, S., Davids, A., Nwanyanwu, O., Dinh, T.H. and SABSSM III Implementation Team (2010) “South Africa National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: The health of our children”. Cape Town: HSRC Press

Shuman, H. (2002) *Learning from Strangers: the Art and Method of Qualitative Interview Studies*. New York: Free Press

Sneidman, S. (2004) [1994] *Contested Knowledge: Social Theory Today, Third Edition*. Blackwell Publishing: Oxford

Snyman, J. (2012) “South Africa Survey 2010/2011”. South African Institute of Race Relations: Johannesburg. Available online: <http://www.sairr.org.za/services/publications/south-africa-survey/south-africa-survey-online-2010-2011/downloads/2010-2011%20Survey%20-%20Education%20-WEB.pdf> Accessed 28.08.2012

Soudien, C. (2009) *Youth Identity in Contemporary South Africa: Race, Culture and Schooling*. New Africa Books Pty. Ltd: Cape Town

Steinberg, L. (2007) “A Social Neuroscience Perspective on Adolescent Risk-Taking”. *Development Review*, 28 (1): 78-106

- Stewart, D.W. and Shamdasani, P.N. (1998) "Focus Group Research: Exploration and Discovery" in Bickman, L. and Rog, D.J. (eds) *Handbook of Applied Social Research Methods*. Thousand Oaks: SAGE Publications.
- Thomas, C. (2009) "Health Risk Behaviours of High School Learners and their perceptions of preventative services offered by general practitioners". *South African Journal of Family Practice*, 51 (3): 216
- Turner, B.S. (2008) *The Body and Society: Explorations in Social Theory (third edition)*. London: Sage Publications
- Ward, B.W. and Gryczynski, J. (2007) "Alcohol Use and Participation in Organized Recreational Sports Among University Undergraduates". *Journal of American College Health*, 56 (3): 273
- Wassenaar, D.R. (2006) "Ethical Issues in Social Science Research" in *Research in Practice: applied methods for the social sciences*; Martin Terre Blanche, Kevin Durrheim, and Desmond Painter (eds.); UCT Press
- Weiss, R. (1995) *Learning from Strangers: the Art and Method of Qualitative Interview Studies*. Free Press: New York
- World Health Organization (2007) "Helping Parents in Developing Countries Improve Adolescents' Health" Available online:
http://whqlibdoc.who.int/publications/2007/9789241595841_eng.pdf Accessed 02.04.2012
- Zinn, J.O. (2004) "Literature Review: Sociology and Risk: Working Paper 2004/1". Available online:
<http://www.kent.ac.uk/scarr/papers/Sociology%20Literature%20Review%20WP1.04%20Zinn.pdf> Accessed 05.08.2012

APPENDICES

Appendix 1: Reflections on fieldwork

Appendix 2: Ethics clearance certificate

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Appendix 4: Parent consent form

Appendix 5: Learner consent form (individual interview)

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Appendix 10: Discussion group interview guide and hand-out

Appendix 11: Case-study families

APPENDIX 1: REFLECTIONS ON FIELDWORK

a. Reflections on Interviews

When interviewing parents, I noticed that when I gave them consent forms to sign, they often became slightly more guarded and formal than before. Whereas they had previously been quite relaxed and chatty, offering me tea etc., the consent form seemed to change the tone of the interaction. This is possibly because the form indicated the initial title of the study, i.e. “Parental Regulation and Reinforcement of Adolescent Health Risk Behaviour” printed at the top. This may have made parents feel defensive. When I began the interviews, I also noticed that parents often went straight into discussing smoking, drinking etc. even without me raising these subjects. This was possibly because of the information I had provided them with when I invited them to participate in the study. I told them that the interviews would include discussions of themes related to risk behaviours such as smoking, drinking etc. This meant that the areas of discussion had already been quite narrowly defined in their minds, which possibly prevented them from raising other topics. In future, I would provide slightly less information about specific topics to be covered, so as to allow participants greater freedom in raising topics that they felt were relevant.

Rubin and Rubin (1995, cited in Legard et al., 2003: 159) emphasize that qualitative researchers should aim to achieve empathy without becoming over-involved. I found it particularly challenging to manage my facial expressions. For example, if a participant made a shocking disclosure, I needed to recognize the significance of this disclosure without conveying any form of moral judgement. I tried to investigate what significance the event held for the participant rather than imposing my own judgements upon it. When listening to the recordings of interviews, I became aware that my tone of voice changed quite noticeably when a participant raised a point that was in line with my expectations or previous findings. Thus, I became aware that I may have subtly been leading participants. However, I tried to learn from these experiences and to be more neutral in subsequent interviews.

b. Reflections on Focus Group

In the first focus group I conducted, the boys all knew each other well as they had been living together in the boarding house for many years. While there was no official ‘leader’ of the group, one of the boys was clearly dominant and tended to speak the most. Interestingly, he seemed to be the ‘naughtiest’ boy in the group and he openly described the risk behaviours he

engaged in. However, the second most dominant boy in the group hardly engaged in any risk behaviour. Neither the 'good' boy nor the 'naughty' boy seemed to be embarrassed; however, the 'nerdy' boy in the group was playfully teased. In order to allow different group members to speak (rather than just the dominant members) I would occasionally ask a question and go around the circle, allowing each boy the opportunity to answer. While this was useful in that it allowed everyone to participate, it lost the momentum of the group discussion and became more like simultaneous, one-on-one interviews.

One of the members of the group was particularly reluctant to talk and seemed to be suspicious about my interest in the topic and what may happen with the data. However, overall there was a good atmosphere of trust and openness. This atmosphere was likely a result of two things. Firstly, the boys all knew each other and noted verbally that they didn't have any secrets from each other. As Morgan (1998: 49) notes, it is a myth that focus groups need to be made up of strangers, and it may be desirable for participants to be acquaintances. Secondly, the group was relatively homogenous as the boys were all in Gr. 11 and were all living in the boarding house. As Morgan (1998: 59) notes, when a focus group is homogenous, participants are more likely to feel comfortably speaking with similar others. Thirdly, the group had been set up by a young male teacher who lived with the boarders as a 'stooge'. Judging by his interactions with the boys, it was clear that they had a good relationship. The fact that he had set up the focus group indicated to the boys that I was trustworthy. Together, these factors created a good environment for discussion.

Another interesting dynamic within the group was that occasionally, the boys would talk to each other rather than to me. When this happened, they spoke quietly and fast so it was difficult to hear what they were saying. However, these asides almost always ended in laughter and seemed to reflect some of the tension that the focus group was generating. There were several reasons for a degree of tension. Firstly, the subject matter of the research can be a difficult one to talk about. So initially there was a degree of uncertainty about how much the boys should reveal. The second tension arose out of the 'insider-outsider' divide. As a researcher – whom the boys had never met before – I was clearly an outsider in this group of boys who all knew each other well. Furthermore, my positionality as a female researcher who is several years older than they may have created tension. When I entered the room for the discussion, the boys were all seated and waiting for me. As I entered, the boys all stood up out of respect for me. I was surprised by this and found it slightly disconcerting. I was

immediately aware of the power dynamics this act implied, positioning me as an authority figure.

The timing of the focus group may also have had an influence. The focus group was conducted on the last day of term, the night before the boarders were due to go home for the holidays. The teacher had indicated to me that he was happy for them to participate in the focus group, partly because it would give the boys something to do. I had thought that the timing would have made the boys reluctant to participate, however they all seemed quite happy to be there. On the other hand, the boys were quite tired as it was the end of term. Towards the end of the focus group, I asked them if they would like to write down the 'riskiest' thing they had done in high school. I made this offer to allow the boys to make a more personal disclosure in a confidential manner. However, to my surprise, the boys told me that they were sick of writing as they had just finished their exams. They said that they would prefer to discuss it verbally, again emphasizing that they had nothing to hide from each other. Morgan (1998: 49) notes that is a common myth that focus groups are not suitable for dealing with sensitive topics. He highlights that they are often used to deal successfully with issues relating to sexual behaviour and substance abuse.

This marked an important turning point in the focus group as the boys began to share much more personal narratives. While I had thought they would be reluctant to make disclosures, they told their stories with a degree of relish and a cheeky smile – clearly sharing their stories with each other as much as with me. Their manner and tone of speaking also changed dramatically and became much less formal. Suddenly they were chatting away as if with friends, rather than school boys being 'interrogated'. It was particularly interesting when one boy got so involved with his story that he used a swear-word. Suddenly he realized that he had sworn in front of me and he was quite embarrassed and apologetic, saying "Sorry Ma'am". The boys all laughed at their friend; suddenly they were aware of my presence as an outsider, a researcher and a semi-authority figure. However, I was not shocked and indicated to the boys that it was not a problem. I told them that I had a brother and that I was used to it. This allowed the boys to return to their comfortable state and to continue relating their stories. This exercise was also an important learning for me as a researcher. Previously, I had been reluctant to ask the boys directly about their risky behaviours as I had thought they may become defensive or uncomfortable. However, the group environment created a comfortable, safe space and also allowed the boys to volunteer or withhold information more easily than if

it had been a one-on-one interview. I simply asked generally if anyone wanted to share a story and then they volunteered when they felt comfortable. Only one boy chose not to share a story (the one who had been suspicious from the beginning) and I did not push him to do so.

The focus group with the boarders allowed me to explore the experience of being a boarder and of having different levels of contact with one's parents. For example, some of the boys were 'weekly' boarders while others were 'termly' boarders. Some of the boys had regular physical or telephonic contact with their parents while other did not. Their reasons for being boarders also varied, although most emphasized that they were in boarding because they lived far from the school and it saved them and their parents time in traffic. The context also allowed the boys to contrast and compare their own accounts. It also provided insight into the particular context of the experience of being a boarder, which I could then compare to the experiences described by boys who are not boarders. The focus group also provided an important space for boys to share their interpretations of their experiences and for me as a researcher to interpret their accounts.

The focus group with the boarders allowed the boys to highlight and explore relevant subjects that were of interest to them, and it also allowed them to be heard. As the discussion developed, I got the impression that the boys enjoyed being asked what they thought about these issues, rather than simply having adults tell them what to think. The boys' sense of agency came out particularly clearly on the topic of bullying where the boys emphasized that they did not think that this was an issue that should be handled by the school authorities. Rather they felt that it should be handled amongst the boys themselves. They noted that matric boys who serve as mentors to younger boys should be responsible for dealing with bullying among their mentees. The boys felt strongly that this was something that boys needed to learn to deal with themselves, as part of growing up. This is an example of an unexpected topic we were able to explore, that would not have emerged in a survey.

c. Focus Group Analysis

"At the beginning of the interviews, one of the participants takes the lead and this participant is, almost without exception, the one with the most extensive alcohol experience. Throughout the interview, this boy or girl... 'defines the situation' (cf. Goffman later) and dominates the interaction whilst most of the other participants allow him/her to do this or actively support him/her in the 'leading role'. With this pattern, the focus groups consolidate what seems to be

a culturally preferable performance of social age, with the most alcohol-experienced teenagers as idealised forerunners, and girls at the lead in the (verbalised) games of social recognition” (Demant and Jarvinen, 2006: 590).

The focus group with the boarders revealed a similar pattern, with Chase (the most experienced participant in terms of risk behaviours) dominating and defining the conversation from beginning to end. Unfortunately, no mixed-gender focus groups were held, as it would have been interesting to see if the girls dominated (in spite of boys having higher health risk behaviours on average).

As Demant and Jarvinen (2006: 591) note, a focus group is an example of what Goffman would call a ‘face-to-face’ interaction, in which “actors struggle for social recognition, and this recognition is partly achieved by influencing the definition of the situation in a direction favourable to the individual actor”. As Demant and Jarvinen (2006: 591) note, “Goffman regards actors in face-to-face encounters as *performers* striving to control the actions and perceptions of other participants, and especially the others’ perceptions of and actions towards the performer”.

As Demant and Jarvinen (2006: 591) note, from a symbolic interactionist perspective, the definition of self and others does not arise in a vacuum but “incorporates and exemplify the officially accredited values” of the group (Goffman, 1971: 11). As Demant and Jarvinen (2006: 591) note, this can be applied in the context of a focus group where meanings and status positions are negotiated and reflect the negotiated, ‘collective truth’ of the group. Although participants in a focus group may have differing opinions and conflicting interests, they generally work out a single, over-all definition of the situation (Demant and Jarvinen, 2012: 591). While this does not necessarily reflect a genuine consensus, it is a means of showing “whose claims concerning what issues will be temporarily honoured” (Goffman, 1971: 9).

d. Reflections on time and place of data collection

Previous research has highlighted the importance of where interviews are conducted and that the location can have a strong influence on the data obtained (Harris and Sim, 2002). Originally, I had planned to interview the parents at home and the boys at school. However, several parents indicated that it would be easier for me to interview their son at home, often

following their own interview. It was particularly challenging interviewing boys when their parents were in the next room, and interviewing parents when their children were in the next room. At times, participants would look anxious about answering questions or would answer in hushed voices. At this point, I would let them know that they did not have to answer the question and would propose that we move to a more private location. There was a case where I suspected that the parents were staying within earshot in the hopes of hearing what their sons said although I cannot be certain of this. Generally, the interviews were conducted in the lounge or dining room of the participant's house. One participant had her own business and had requested we conduct the interview in a quiet office on the premises. When scheduling the interviews, I ensured that the interviews did not interfere with the boys' exams and also bore in mind that they were on holiday for the month of August. Most interviews took place between July and September. Parents generally preferred to be interviewed in the evenings after work. However, some mothers were 'stay at home moms' and were thus available to meet during the day. The focus group was conducted in a classroom on school premises. While this was a familiar environment to the boys, it would also have made them strongly aware that they were still at school (they were also wearing their school uniforms).

e. Fieldwork Challenges: disclosure

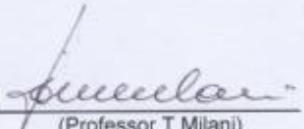
One challenge I faced during the fieldwork was the issue of personal disclosure. Legard et al. (2003: 160) raise the debate surrounding researcher disclosure of personal information. For example, Oakley (1981) believed that there is 'no intimacy without reciprocity' (cited in Legard et al., 2003: 160). On the other hand, the researcher should try to avoid influencing participants by sharing their views with them. I found this a difficult issue to balance. My supervisor had encouraged me to talk about my teenage brother during interviews. For example, I am aware that my brother drinks, smokes and occasionally gets into fights; and telling parents this helped to put them at ease. It seemed to take the pressure off them so they didn't feel the need to appear to be 'perfect' parents with 'perfect' sons and allowed them to speak more openly and honestly. However, I would usually only share this kind of personal information if the parents had disclosed something about their son and needed reassurance that their son was not uniquely 'deviant' or if I found that the boys were reluctant to speak openly.

Parents would often try to engage me in conversation either before or after the interview. They were usually curious about which high school I had gone to and whether the risk

behaviours had been similar to what I was finding at Galbraith. Although these conversations were likely just pleasantries, I had to ensure that the participant did not reverse the roles by turning me into the interviewee. I would generally answer their questions and link my answer back to the research. This allowed for the conversation to return to the research topic in a natural fashion.

At times, I also made unintentional disclosures. For example, when interviewing a mother and father, both of them were drinking alcoholic beverages as it was a warm day. When they offered me a Brutal Fruit, I felt that it was only polite to accept. However, I was interviewing their sons directly after them. So when I began the interview with the sons, I was drinking an alcoholic beverage. I noted verbally that it was ironic that I was interviewing them about risk behaviours and yet I was drinking alcohol. We laughed about this and it did not appear to be an issue. However, I had indirectly disclosed to them that I drink alcohol.

APPENDIX 2: ETHICS CLEARANCE CERTIFICATE

 Research Office	
HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL) H120720 Mitchell	
<u>CLEARANCE CERTIFICATE</u>	<u>PROTOCOL NUMBER H120720</u>
<u>PROJECT TITLE</u>	Title: Parental regulation and reinforcement of adolescent health-risk behaviour Sub-title: A case study of Gr. 11 Boys at [redacted]
<u>INVESTIGATOR(S)</u>	Ms S Mitchell
<u>SCHOOL/DEPARTMENT</u>	Sociology
<u>DATE CONSIDERED</u>	20 July 2012
<u>DECISION OF THE COMMITTEE</u>	Approved Unconditionally
<u>EXPIRY DATE</u>	31 July 2014
<u>DATE</u> 24 July 2012	<u>CHAIRPERSON</u>  (Professor T Milani)
<u>DECLARATION OF INVESTIGATOR(S)</u>	
To be completed in duplicate and ONE COPY returned to the Secretary at Room 10005, 10th Floor, Senate House, University.	
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. <u>I agree to completion of a yearly progress report.</u>	
 _____ Signature	<u>24 / 10 / 12</u> _____ Date

APPENDIX 3: PARTICIPANT INFORMATION SHEET

Title of Study: “Parental regulation and reinforcement of adolescent health risk behaviour”

Invitation to Participate

My name is Sarah Mitchell and I am a Masters student at the University of the Witwatersrand. I would like to invite you to participate in a research study. But before you decide whether to participate, it is important for you to understand why this research is being done and exactly what it will involve. Please take time to read the following information sheet carefully and discuss it with others if you wish. Also, feel free to ask if there is anything that is unclear or if you would like further information.

What is the purpose of the study?

The purpose of this study is to obtain a better understanding of how a teenager’s relationship with their parents may affect their health. In particular, the study will focus on the relationship between teenage boys and their parents. In terms of health, I am interested in health-risk behaviours such as smoking, drinking and substance abuse. However, I am also interested in how the parent-child relationship may influence a teenager’s sense of well-being more generally.

What will the research involve?

The research will involve me conducting interviews with parents and sons separately. The interviews are expected to last approximately 1 hour each. Subsequent to the interviews, I will conduct a discussion group with the boys in order to create a more relaxed environment for them to discuss their views. The discussion group is expected to last approximately an hour and a half. The interviews and discussion groups with the boys will take place in a safe environment on the school property while parents will be interviewed at their homes at a time that is convenient to them. All that is asked of you as a participant is that you try to be as open and honest as possible during the interviews and discussion groups.

Why have I been chosen?

You have been chosen as a potential participant for this study because you are a Gr. 11 learner at Galbraith College or because you are the parent of such a learner.

Do I have to take part?

Taking part in this study is completely voluntary. If you do decide to participate, then you will be given this information sheet to keep and I will ask you to sign a consent form. By signing a consent form, you are agreeing to participate in this study. However, if at any point you change your mind, you are free to withdraw from the study and you will not be required to provide a reason for doing so. Should you decide from the beginning that you do not wish to participate in the study, I will respect your decision and there will not be any negative consequences to your decision.

Will the interviews be recorded?

With your permission, an audio-recording device will be used to record all interviews and discussion groups. The purpose of this is so that I am able to quote what you say as accurately as possible. However, if you do not wish to be recorded, note-taking will be used as a means of reinforcing the recording of the information that you give.

What are the possible risks or disadvantages of taking part?

Given the nature of this research, it is possible that some participants will make disclosures regarding their (or others') use of illegal substances. Even though this is a concern, all of the data collected from this study will be kept in the strictest of confidence. No personal information you provide will be shared with other participants. It is essential to guarantee this so that all participants can feel at ease to discuss these topics without fear of negative repercussions.

This research also deals with subject matter that can be quite personal in nature, and it is possible that participants may have emotional reactions to the subjects being discussed. It is not the intention of this study to cause any form of harm or distress, and I will make every effort to deal with subjects sensitively and tactfully. However, should any of the participants experience distress as a result of the interviews or discussions, the following support is available:

Galbraith College College psychologist: Dr Peters: (011) 645-3079

Lifeline: 0861 322 322 or (011) 728-1347

FAMSA: 082 231 0381 or (011) 975-7107

What are the possible benefits of taking part?

It is hoped that this study will facilitate a greater level of understanding between parents and their adolescent children, and that this in turn will contribute to better adolescent health.

Will my taking part in this study be confidential?

All information collected for this study will be kept in the strictest confidence. The information you provide during the interview will be completely anonymous. However, during the discussion group, anonymity and confidentiality cannot be guaranteed due to the presence of other participants. Because of this, the discussion group will focus on general themes around adolescence, parents, health etc. rather than on personal narratives.

What will happen to the results of this study?

The data collected from this study will be used in a research report towards a Master's Degree and for possible scientific journal publications. In this report, you will not be identified by name, but you may be quoted under a pseudonym. The school and participants will also receive general feedback on the study in terms of how parents and boys perceive health-risk behaviour at the school. Any information that could be used to reveal your true identity will not be used. Every effort will be made throughout the research process to ensure that your identity remains anonymous

Who has reviewed this study?

This study will be reviewed and approved by the Human Research Ethics Committee (HREC) of the University of the Witwatersrand.

Should you have any questions or concerns, feel free to contact me or my supervisor:

Sarah Mitchell: sarah.360@gmail.com

Dr. Terry-Ann Selikow: Terry-Ann.Selikow@wits.ac.za

APPENDIX 4: PARENT CONSENT FORM

I AGREE to participate in an Interview as part of the study on “Parental Regulation and Reinforcement and Adolescent Health Risk Behaviours” that is being conducted by Sarah Mitchell.

I confirm that I understand:

(Please put a tick if you agree or a cross if you disagree)

What participation in this research project means	
That my participation is voluntary	
That I have the right not to answer any questions I don't feel comfortable with	
That I have the right to withdraw from the study at any time	
That the information I share with the researcher will be kept in strictest confidence	
That every effort will be made to ensure my identity remains anonymous	
That my son will be participating in a one-on-one interview	
That my son will be participating in a discussion group*	
That no information I give during my interview will be shared with my son	
That no information my son gives during his interview/discussion will be shared with me	

Date

Participant Name

Participant Signature

*The discussion group will be based on *general* themes rather than *personal* information. Other participants will be present during the discussion, meaning that I cannot guarantee your son's anonymity or confidentiality in this instance. However, every effort will be made to encourage confidentiality within the group context and outside of it.

APPENDIX 5: LEARNER INTERVIEW CONSENT FORM

I AGREE to participate in an Interview as part of the study on “Parental Regulation and Reinforcement and Adolescent Health Risk Behaviours” that is being conducted by Sarah Mitchell.

I confirm that I understand:

(Please put tick if you agree or a cross if you disagree)

What participation in this research project means	
That my participation is voluntary	
That I have the right not to answer any questions I don't feel comfortable with	
That I have the right to withdraw from the study at any time	
That the information I share with the researcher will be kept in strictest confidence	
That every effort will be made to ensure my identity remains anonymous	
That my parents will be interviewed as part of this study	
That no information I give during the interview will be shared with my parents	
That no information my parents give during their interview will be shared with me	

Date

Participant Name

Participant Signature

APPENDIX 6: LEARNER DISCUSSION GROUP CONSENT FORM

I AGREE to participate in a Discussion Group as part of the study on “Parental Regulation and Reinforcement and Adolescent Health Risk Behaviour” that is being conducted by Sarah Mitchell.

I confirm that I understand:

(Please put a tick if you agree or a cross if you disagree)

What participation in this research project means	
That my participation is voluntary	
That I have the right not to answer any questions I don't feel comfortable with	
That I have the right to withdraw from the study at any time	
That the information I share with the researcher will be kept in strictest confidence	
That every effort will be made to ensure my identity remains anonymous	
That my parents will be interviewed as part of this study	
That no information I give during the discussion group will be shared with my parents	

I understand that I will be participating in a group discussion on general themes where other participants will be present and therefore, anonymity and confidentiality cannot be guaranteed. I also understand that all other data given will be kept in the strictest of confidence and that every effort will be made to ensure that my identity remains anonymous.

Date

Participant Name

Participant Signature

APPENDIX 7: AUDIO-RECORDING CONSENT FORM

Learner Consent:

I AGREE to allow all of my participation in the group discussion and the interview to be recorded using an audio recording device.

I understand that this device is being used to accurately record what I say during my participation in this study and will later be transcribed and possibly used in the final research report.

Date

Participant Name

Participant Signature

Adult Consent:

I AGREE to allow all of my participation in the interview to be recorded using an audio recording device.

I understand that this device is being used to accurately record what I say during my participation in this study and will later be transcribed and possibly used in the final research report.

Date

Participant Name

Participant Signature

APPENDIX 8: PARENT INTERVIEW GUIDE

My name is Sarah and I am a Sociology Masters student at Wits. I am interested in adolescent health and I am conducting a study that focuses on the relationship between parents and their teenage sons. You were invited to participate in the study based on the recommendations of the Deputy Head-mistress who has put me in contact with a range of different kinds of parents and learners. I would like to remind you that your participation in this study is voluntary, and that you can withdraw from the study at any time. You do not have to answer any of the questions I ask you – you can just ask me to move on to the next question if you feel uncomfortable at any time. Any information you provide shall be treated as confidential.

Now, I would like to ask you some questions so that I can get a better understanding of the relationship between you and your son and how this may influence his health. Please bear in mind that there are no right or wrong answers so feel free to express your opinions.

Parents

- Can you tell me a bit about yourself (background, work, profession, hobbies)
- Can you tell me about your family (married, no. children, ages of children etc.)
- How would you describe your parenting style? (give example)
- What do you see as being the role a parent should play in their teenager's life?
- What roles should mothers and fathers play in a teenager's life?
- Is your family religious? What influence has this had on your son?
- Do either of you ever smoke or drink alcohol?

Son

- Tell me a bit about your son. How would you describe his personality?
- What kind of activities is your son involved in? (hobbies, school, weekends etc.)
- How would you describe your son's health?
- Are there any major health concerns? Has he been to the doctor recently?
- In what ways do you try to encourage your son to be healthy?
- Does he sleep well? Does he exercise regularly? How is his diet?
- What are your son's emotional moods like? (sad/anxious/stressed/angry)
- Is your son on any form of medication? If so, what for?

Parent-child relationship

- What is your relationship with your son like? Do you communicate openly?
- What are the challenges of raising a teenage son? Is it different raising a daughter?
- Do you spend time together (for example family dinners etc.)
- Do you generally get along? Are there any things you disagree on?
- In what ways do you try to support your son? (emotional support, financial etc.)
- What are your expectations of your son? Is he able to meet these expectations?

- What values have you tried to instil in your son? Has he adopted these values?

Boundaries

- Do you think it's important for parents to set boundaries for their children? How have you tried to do this with your son? Is he respectful of those boundaries?
- How do you respond when he breaks the rules? Is he punished? (provide examples)
- Do you think it's important for parents to monitor their teenagers' behaviour? To what extent do you do this? What impact does this have on his behaviour?
- How much independence do you give your son? How much do you trust him?
- How do you balance his desire for independence with your concern for his safety?

Health Risk Behaviours

- What kind of health risks do you think teenage boys are faced with today?
- Are there any particular areas of concern with your own son?
- Does your son ever drink alcohol/smoke/experiment with drugs/use steroids?
- Has your son ever been involved in a fight? What were the circumstances?
- How do you know or suspect these things about your son? Source of information?
- Are you able to talk to your son about smoking/drinking/fighting/ sex? What have you advised him? How did he respond to this advice?
- Is your son in a relationship or has he previously been in a relationship?
- What do you think about teenage sexuality in general?

Factors Influencing Health Risk Behaviours

- What kind of friends does your son have? Do you know them? How do they influence him (examples of positive and negative influence)
- Does your son have his friends over to the house?
- Do you think the school environment has any influence on his behaviour (positive or negative?) What influenced you to send him to Galbraith College?
- Do you think your relationship with your son has had an influence on his decisions to try or not to try smoking/drinking/drugs/sex etc?
- What type of "when I was at school..." stories do you tell your son?

Closing

- Is there anything that I've forgotten to ask about? Anything you would like to add?
- Thank you for taking the time to participate in this study.

APPENDIX 9: LEARNER INTERVIEW GUIDE

My name is Sarah and I am a Sociology Masters student at Wits. I am interested in adolescent health and I am conducting a study that focuses on the relationship between parents and their teenage sons. I am particularly interested in health risk behaviours. I would like to remind you that your participation in this study is voluntary, and that you can withdraw from the study at any time. You do not have to answer any of the questions I ask you, and you can simply say “no comment” if you do not wish to answer.

I have already interviewed your parents, but as a researcher, I am bound by confidentiality. This means that I will not share information that you tell me with them– nor will I share the information that they tell me with you. The school has asked me to provide a report on my findings, however this report will be based on general findings and I will ensure that I protect your identity in this report. If I do reveal any confidential information, I will not be able to obtain my degree. So I hope you will trust that everything you say will be kept confidential.

Now I would like to ask you some questions so that I can get a better understanding of the relationship between you and your parents and how this may influence your health.

Family

- Just so that I can get a sense of you, could you tell me a bit about yourself?
- Who do you live with?
- Can you tell me about your family? (parents, siblings, married, divorced etc.)
- What kind of work do your parents do?
- Is your family religious? How has this influenced you?
- What kind of values do you think your parents have tried to instil in you?
- In what ways are you similar to your parents? In what ways are you different?
- What’s your relationship with your Mom/Dad like?
- What things do you and your parents agree/ disagree on?
- Do you spend time with your parents for example family dinners? What do you talk about?
- What kind of “when I was at school” stories does your Dad tell?
- In what ways do your parents try to support you? Is this support helpful?
- Do your parents give you pocket money? What do you spend it on?
- What kinds of expectations do your parents have of you? (school achievement, social behaviour, playing sport etc.) Do you feel like they put pressure on you to achieve?
- How much freedom and independence do your parents give you? Do they trust you?
- Do you feel like your parents try to monitor your behaviour? In what way?
- Do your parents set clear rules and boundaries for you? (give examples)
- Do your parents usually agree on these rules or do they have different views?
- If you have a sister, do the same rules apply to her?
- How do they respond if you break the rules? Would you get punished?

- How would this punishment influence your future behaviour?

Health

- How would you describe your physical health? Are there any health concerns?
- Do you sleep well/exercise/healthy diet?
- What are your emotional moods like?
- Are you on any form of medication?
- Do you experience a lot of stress? What are the major sources of stress in your life?
- How do you cope with stress? Would you discuss your stress with your Mom/Dad?
- Do your parents smoke or drink? Does this have any influence on you?
- How might your lifestyle be different if you weren't living with your parents?
- What kind of health risks do you think teenage boys are exposed to?
- What are your views on teenage smoking/drinking/ drug taking? Why does it happen?
- Do you ever smoke/drink/take drugs? How often? What circumstances?
- What sports do you play? Have you or your friends ever used steroids?
- Have you ever been in a fight? What were the circumstances?
- Do your parents know these things? How did they/would they react?
- Are you currently in a relationship? What have your previous relationships been like?
- Would you feel comfortable talking to your parents about sex? Who else might you talk to? What are your views on teenage sexuality?
- Do you think condom use is common at your school?

Friends

- How would you describe your school friends? Do your parents know them/approve?
- Do you think your parents have an influence on who you're friends with?
- Can you tell me about your three closest friends. What influence do they have on you?
- Can you describe the last time you went out with your friends? What did you do?
- Do you ever have house parties? What do you do? Do your parents know?
- Is there anything your friends do that makes you feel uncomfortable.
- Do any of your close friends ever smoke/drink/take drugs? What do you think of this?

School

- What has your experience at Galbraith College been like? Was it your choice to go there?
- Why do you think your parents chose to send you to Galbraith College?
- What is the school culture like at Galbraith College?
- What are the advantages/disadvantages of going to a private school?
- Does the school put pressure on you to behave in a certain way?
- Is there such thing as a typical "Galbraith College boy"? What would he be like?
- What are your plans for the future? (studies/travel/career etc.)

APPENDIX 10: LEARNER DISCUSSION GROUP GUIDE

I would just like to remind you of a few things before we start the discussion. Please remember that your participation in this study is completely voluntary and that you are free to withdraw from the study at any time. Also, you are not obliged to answer any of the questions I ask you, and you can simply say “No comment” if you do not want to answer. Please note that the purpose of this discussion group is to obtain a general understanding what kind of risk behaviour boys your age tend to engage in and why you think they do so. Thus, you do not need to provide any personal information about yourself. If you would like to give information about a person you know, you should avoid using their name and rather say “I have a friend who does x...” or “I know someone who does x...”

Because there are many participants present in this discussion, I cannot guarantee confidentiality or anonymity. However, I encourage all of you to treat the information you learn in this discussion as private and confidential and that it is not to be discussed outside of this group.

Discussion

- To begin with, perhaps you can give me a sense of what behaviours you would consider to be “risky”.
- What do you associate with risk? Is it always a bad thing?

Please have a look at the hand-out I have given you.

- What do you think of these statistics? Do any of them surprise you? Which ones?
- The statistics showed that boys were much more likely to engage in risky behaviours than girls were. Do you think this is true? Why or why not?
- Why do you think teenage boys have a tendency to engage in risky behaviour?
- Are some risky behaviours associated with being manly or macho? Which ones?
- Are there any risky behaviours that have a stigma attached to them?
- What is the most common risky behaviour at your school?
- Why do you think this behaviour is so common?
- Do you think parents can influence whether boys engage in risky behaviours or not? In what ways?
- Do you think most parents are aware that their sons are engaging in risky behaviours for example smoking/drinking/taking drugs?
- Do you think parental monitoring helps to reduce risky behaviour in teenage boys?
- Do you think some parents put too much pressure on their children to achieve? How do boys deal with this pressure?
- I believe that it’s compulsory to play a sport at Galbraith College. Do parents generally support their sons in their sporting activities?
- Do you think Galbraith College boys ever use steroids?

- Are fighting and bullying a problem at Galbraith College? How do parents respond?
- What role do you think parents could play in reducing risky behaviour at your school?

Please look at the hand-out again

- What role do you think peers play in influencing risky behaviours?
- Do you recognize these categories at your school?
- Do different peer groups engage in different types of risky behaviours?
- Which peer groups would you associated with which behaviours?

Closing:

- Is there anything else you would like to discuss on the topic of adolescent health risk behaviours?
- Thank you for participating in this study

HAND-OUT: ADOLESCENT RISK BEHAVIOUR IN SOUTH AFRICA

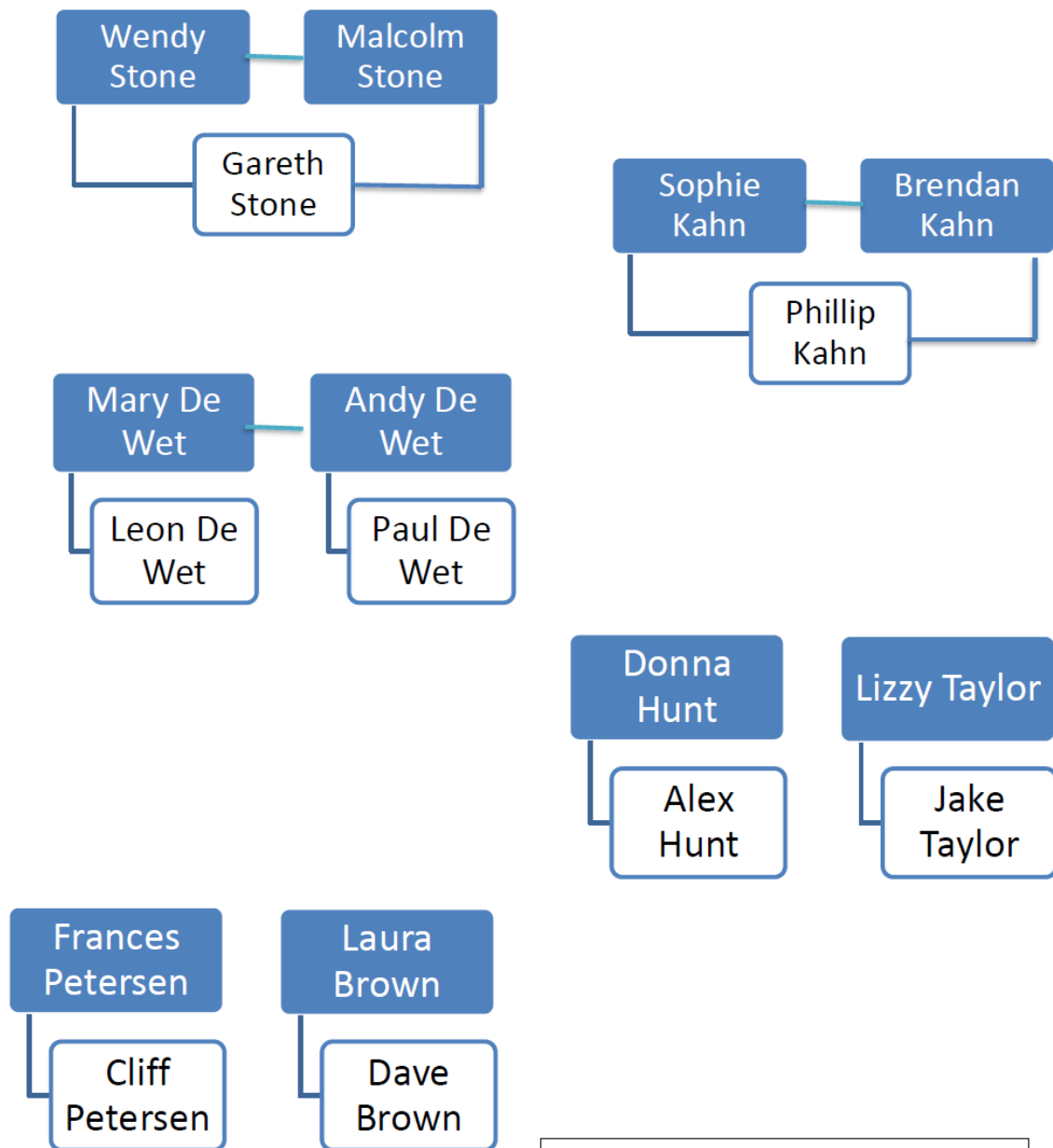
In 2008, the Medical Research Council (MRC) was commissioned by the National Department of Health of South Africa to conduct “The 2nd South African National Youth Risk Behaviour Survey”. This survey sampled 13 379 learners who came from 23 schools in each of the nine provinces. The sample comprised learners from Government Schools who were in grade 8, 9, 10 and 11. Some findings from the survey are presented in the table below.

Behaviour	Males	< = >	Females
Ever smoked	37%	>	22%
Current smokers	26%	>	16%
Frequent smokers	9%	>	3%
Inhalants	15%	>	9%
Mandrax	9%	>	6%
Cocaine	9%	>	5%
Ever drank alcohol	54%	>	45%
Drank alcohol in past month	41%	>	30%
Engaged in binge drinking in past month	34%	>	24%
Used alcohol before having sex	20%	>	12%
Used drugs before having sex	16%	>	12%
Involved in physical fight	38%	>	25%

Peer Crowd Affiliation (La Greca et al, 2001)

- *Popular:* are social and involved with school activities
- *Jocks:* are athletic and participate in sports
- *Brains:* do well in school and enjoy academics
- *Burnouts/freaks:* get in trouble and skip school
- *Non-conformists/alternatives:* rebel against the norm in clothing and ideas
- *Average/other:* don't fit into the above categories

APPENDIX 11: CASE-STUDY FAMILIES



Please Note: Parents' names are shown in the coloured blocks and sons' names in the clear blocks. Lines indicated a direct, familial tie between participants.