

https://dspace.org/

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

Stadler, Sarah Louise

2011-04-04
http://hdl.handle.net/10539/9322

Downloaded from a DSpace repository. https://dspace.org/

CHAPTER 4: Findings and Discussion

4.1. Introduction

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

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

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

WitsETD

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

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

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

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

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

WitsETD

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

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

WitsETD

4.2.1 Loss of control and impaired judgment as elements of risk

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

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



[PK, picture 1]

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

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

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

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

WitsETD

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

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

WitsETD

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

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

WitsETD

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

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

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

WitsETD

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

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



[PG, picture 2]

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

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

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

WISERD



[PI, picture 3]

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

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

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

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

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

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

WitsETD

4.2.3 Taking substances with friends: Safety or peer pressure?

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



[PH, picture 4]

> *Kind of looks (laughs) like he **may be doing something a little bit more than just smoking normal cigarettes**. […] **The hoodie**, firstly I asked him to take it off. **He had it like on completely**, and he was leaning over and he was **kind of like a loner** as well. Um, I don't think it's fair*

> *for me to say okay ya this guy goes around and sleeps with random girls, but it's also that whole thing I am connecting it with the substance abuse and how people who do abuse substances, I think are more likely to be in a, a situation, a risky situation. […] uh ya,* ***probably that people who are into drugs*** *and who do abuse substances heavily um and who can't find company and, around them, like who can't find people who want to do the same thing,* ***especially in university I should hope****, um* ***they tend to be on their own****.* [PH-Indian, female participant]

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



[PH, picture 5]

This picture shows Indian male and female students sitting on the lawns at the University of the Witwatersrand, they look relaxed and there is a hubbly bubbly from which they appear

to be smoking. Having briefly viewed this picture and picture 4, it is important to analyse the following text taken from the interview with PH. This text highlights the different social representations of the people in pictures 4 and 5.

> *For me I see this guy as being that person that would be more into using drugs and uh like taking it seriously and making it a big part of his life (picture 4) and* ***these people would be more recreational users*** *(picture 5).* ***They're using drugs with their friends*** *and things.* [PH-Indian, female participant]

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

In contrast with picture 4, in picture 5 the individuals are considered recreational drug users. Substance use is seen to be a social activity and this seems to come with an implicit assumption that the individuals using such substances are safer and are less serious substance users. In this scenario, the substance use is seen as secondary to social interactions and friendships whereas, in the previously mentioned scenario, substance use was portrayed as being the primary activity that this type of individual engages in and a factor leading to isolation. There is also a sense that when one uses substances in the

WITHDRAWN

company of others, one is less likely to use more serious drugs as there would be the risk of rejection. Overall, the discrepancy in perceptions of risk for the scenarios depicted in pictures 4 and 5 points to important stereotypes regarding substance use and highlights the stereotype that individuals who use substances alone are at greater risk. One needs to be critical of such social representations as these may create an illusion of safety when using substances in the company of friends, which may be false. But it must be remembered that this sense of safety with friends does seem to be restricted to use in the public eye. It is evident from the excerpt below that substance use with friends in more secluded places is regarded with a greater level of suspicion.



[PH, picture 6]

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

From the above it is apparent that, even when using substances in the company of friends, this may be viewed as risky when it is done out of sight. In general, it seems that judgement from others is considered an important factor influencing substance use. As such, when friends collectively use substances out of the public eye, they are thought to be using serious substances and, in this instance, the fact that substance use is taking place in the company of friends is perceived to have little impact on the type of substances used. Thus, in this case, only public places serve as a watchful and judgemental eye from which such individuals need to hide. Subsequently, in picture 6, there are male students, who are mostly Black individuals. They have gathered near the basketball courts at the University of the Witwatersrand. While there are people around, this area seems to be far more secluded than the lawns shown in picture 5 and this arouses suspicion for PH. Such people are considered to know that their substance use is risky and problematic, resulting in the need to use substances in more secluded places. Hence, the group of people in picture 6 are socially represented as individuals who are using substances that are risky and illegal, i.e. marijuana, and this shows that context can be socially represented as being an important factor regarding the perceived risk of HIV infection.

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



[PA, picture 7]

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

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

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

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

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

WiSER



[PB, picture 8]

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

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

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

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

In conclusion, it is apparent that substance and alcohol use is considered to be the most important factor influencing perceptions of risk regarding HIV infection. It is thought to be risky on the basis that such behaviour is associated with a loss of control, as well as the

WITSETD

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

4.3 Personal attributes as elements of risk

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

WitsETD

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

4.3.1 Age: Are the youth at risk?

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

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

4.3.1.1. Discourses of experimental behaviour

It is apparent that experimental behaviour is considered to be a fundamental part of being young and the high risk identified in the youth tended to be associated with the behaviour

WitsETD

that such individuals engage in. Many reasons for such behaviour were provided and these remain to be explored.

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

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



[PC, picture 9]

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

In light of the above text, it seems that youth is associated with fun, but fun is constructed in a particular way. Fun is associated with being carefree and there is a sense that one is living for the moment, with little concern being given to the consequences of one's behaviour and the impact that this can have on the future. In particular, with regard to the picture it is clear

that fun is conceived of in terms of relations between men and women. This is evident by virtue of the fact that the picture is of a Black man and woman, the woman has her arm around the man's neck and it seems that they embracing each other as if they are going to kiss. As such, it seems that the youth are experimenting in multiple ways, one of which is with relations with the opposite sex. The problem lies where the consequences for the future are ignored, and this relates to the risk mentioned by Sutton (1999), which is that individuals may not engage in protective or safe behaviours if the consequences are perceived to extend too far into the future.

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

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

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

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

WitsETD

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

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

WitsETD



[PK, picture 10]

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



[PK, picture 11]

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

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

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

WitsETD

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

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

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

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

4.3.1.3 Experimentation: path to independence from parents?

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

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

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

WitsETD

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



[PJ, picture 12]

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

> *it,* ***it puts into place a lot of those risks*** *that, that, that are* ***associated with all those wild nights*** *that you, you can call it that.* [PJ- Indian, male participant]

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

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

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

WitsETD

by parents to their children. Although Pettifor et al. (2004) argues that communication between parents and children regarding HIV and sex is beneficial, it seems that while the youth may not intentionally be trying to rebel against parents, freedom from parents to engage in the world in a less restrictive way and to act according to one's own wishes may diminish the usefulness of such information. This is further corroborated in research conducted by Zambuko & Mturi (2005), which found that parent's ability to control and influence their children as they get older is diminished. However, it is then interesting that parents are still somewhat blamed with regard to providing their children with insufficient and inadequate information, and with being too liberal.

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

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

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

WITSETD

overbearing (Wilbraham, 2004). These competing messages could be problematic and as such, one must ensure that the blame does not fall solely on parents. In fact, Alexander (1994) explains that many parents believe that they should play a role in educating their children about risks, even though this was the medium reported to be least used for gaining information in research conducted by Buseh, Glass, McElmurry, Mkhabela and Sukati (2002). This speaks to the agency that the youth have in obtaining information from other sources, regardless of the attempts of parents to educate their children.

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

4.3.2 Exploring the social representations of gender in the HIV epidemic

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

WitsETD

4.3.2.1 Gender: Differential HIV risk

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

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

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

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

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

WitsETD

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

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

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

In relation to the above, it can be said that while the risks associated with prostitution were mentioned, the risk of rape for men was generally minimised. The social representation that men are strong may explain the lack of attention to male rape and the fact that it is considered to be a rarity. In fact, in the extracts it was generally stated that while a man can

WitsETD

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

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

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

WitsETD

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

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

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

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

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

WitsETD

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

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

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

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

> ***Men can be sometimes very like overpowering.*** *And some women,* ***some women also have low self, self, self esteem****. So* ***they not really sure how to say 'no'!*** *[…] The kind of society that we live in you know, the man sometimes, the, the notion that the* ***man you know is supposed to initiate, dominate****. So a lot of women feel that way, and um um so* ***for a man it's, it's, it's easier I guess. Because I guess the woman expects it of him as well at the same time.*** [PD- Black, female participant]
>
> *Like you don't have, you, you, you* ***don't know when to use your No!*** *Like you never use your No! […] and like you know* ***guys talk****: 'I've met her, no I've went out with her once and like she was so easy, this is what to do and everything'. Then, then* ***he'll use that same thing that the guy, the, the same trick that the first guy used****, the same strategy. And like* ***you will still fall for it****, like you won't be able to say no […] Okay, like in,* ***in most of the African, or shall I say Black – you know that men are the one who wanna dominate****, they wanna be in control. And like we girls, we wanna say, okay no you have to make the first move, I am not gonna make the first move because, because you gonna think that I am so into you. […] so* ***we give them power over us.*** [PG- Black, female participant]

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

WITS

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

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

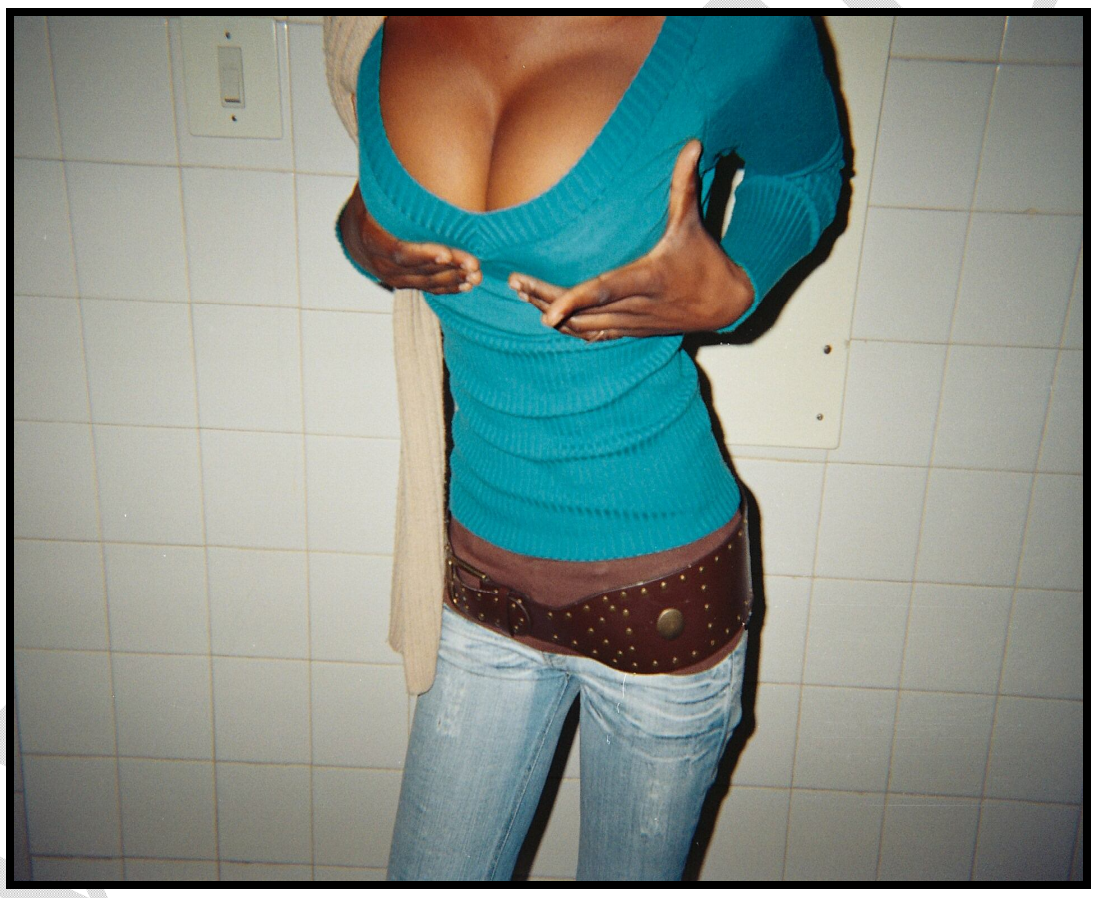
The above quote speaks to the way in which discourses reinforce themselves as well as the fact that any discourses about women being disempowered only serve to reinforce their disempowerment. However, it is recognised that the alternative of denial of the disempowerment of women is also problematic.

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

WitsETD

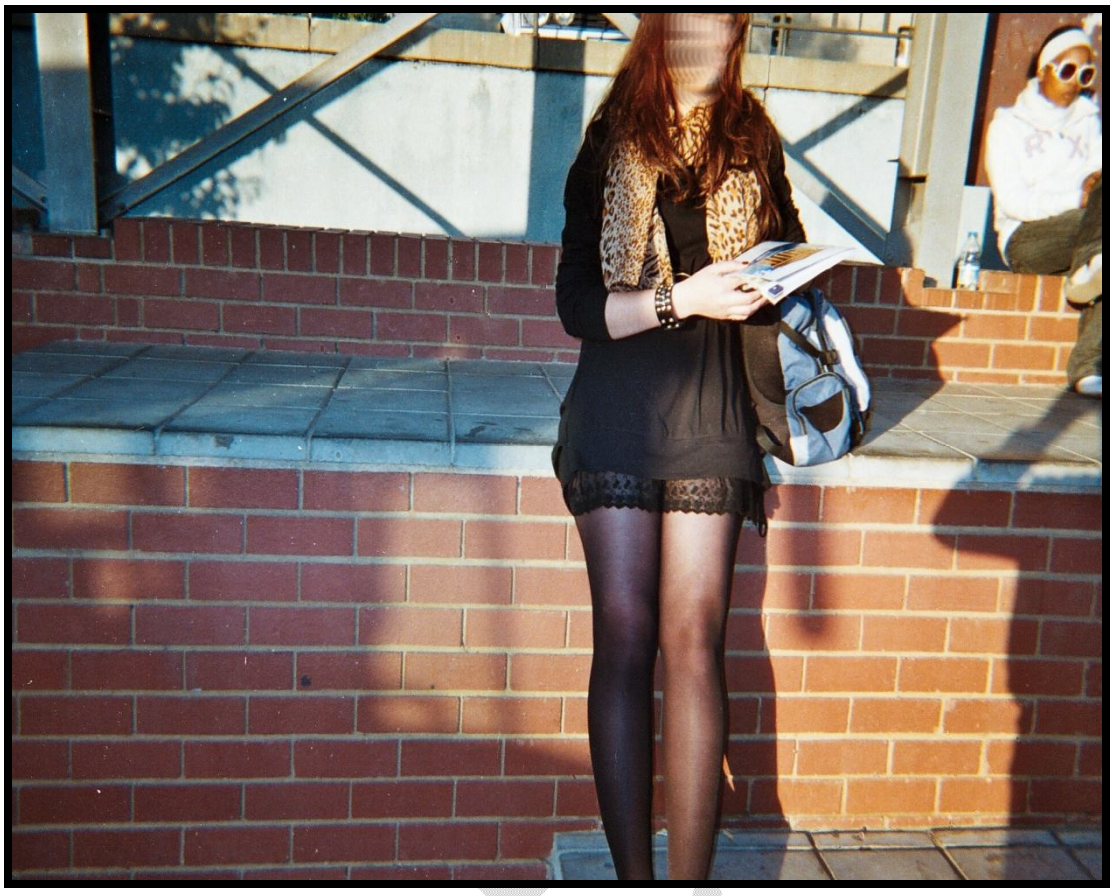
4.3.2.3 Women dressed provocatively are asking for trouble

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



[PD, picture 13]

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



[PF, picture 14]

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

WITSLA



[PJ, picture 15]

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

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

WITSL

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

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

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

WitsETD

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

4.3.2.4 Men as horny little people

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

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

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

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

WitsETD

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

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

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

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

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

WitsETD

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



[PD, picture 16]

DRAFT

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

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

4.3.2.6 Condom use

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

WitsETD

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

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

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

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

WitsETD

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

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

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

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

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

WITSETD

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

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

Having considered the perceptions of the male participants, it is important to explore the perceptions of the female participants.

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

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

WITSETD

It is evident from the above two extracts, taken from the interviews with the two White, female participants, that PI generally considers women to be less powerful than men, whereas PB holds women responsible for the risks that they are seen to put themselves at. Considering the above further, it is interesting that PI refers to herself as a progressive women- she sees this as being related to the fact that she buys the condoms in her relationship. However, it is questionable as to whether she really is progressive as she still provides an explanation and a way to rationalise such behaviour. As such, it is thought that she is able to use the excuse of her physical discomfort as a means to purchase condoms without challenging the status quo. Hence, it is apparent that even where women may feel more empowered within a relationship, men may still be holding most of the power. Moreover, the notion that White women hold more power than women of other cultures may be disempowering to women of other racial groups and it may not necessarily be true. Even if White women hold more power than women from other cultures, this social representation is problematic as it holds the potential for such women to be blamed when they are not seen to be exercising the power that they are considered to have, as seen in the excerpt from PB presented above.In order to contrast the above social representations with those of the other participants, consider the following extracts:

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

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

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

WISERD

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

> *the male, if you noticed, is usually, it's the whole fear about living in a patriarchal society where the man dominates. So with a* ***man there is no need for an explanation, it's just the way it is****.* [PD- Black, female participant]

> *okay* ***if I start talking about condoms he might think that um I am cheating*** *and everything; ya.* ***Then some, you feel comfortable to stand up for what you think is right.*** *If ever he doesn't wanna uh use a condom* ***he must just take a hike****. Ya.* [PG- Black, female participant]

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

Overall, it is clear that the social representations regarding power and the ability to negotiate condom use vary with gender and racial differences. Also, while some of the participants suggested that women should take responsibility for condom use, it is important that power

WitsETD

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

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



[PK, picture 17]

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

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



[PD, picture 18]



[PE, picture 19]

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

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

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

WitsE

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

4.3.2.7 A controversial issue: homosexuality as a risk factor

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

WitsETD



[PK, picture 20]

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

Wits



[PJ, picture 21]

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

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

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

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

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

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

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

> *you. They encourage you to go for females.* [PF- Indian, male participant]

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

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

4.3.3 HIV risk: The social representations and discourses regarding race

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

WitsETD

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

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

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



[PA, picture, 22]

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

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

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

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

WitsETD

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

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

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

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

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

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

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

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

WitsETD

4.3.3.2 Owning the 'othering'

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

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

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

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

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

WITSETD

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

WitsETD

4.3.3.3 Constructions of risk maintained by the Indian participants

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

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

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

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

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

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



[PH, picture 23]

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

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

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

WitsETD

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

4.3.3.4. Tying the social representations of race together…

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

4.4 Risky behaviours in risky environments

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

Having seen the way in which money operates as a symbol of power and opportunity with regard to race and gender, it is important to explore more closely the way in which socio-economic status is socially represented in relation to HIV risk. In general, most of the participants regarded poverty as being an important risk factor for HIV infection and a few

WitsETD

of the participants also spoke of the risks that wealthy people are perceived to be at. The discourses underlying these social representations remain to be explored.

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

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

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

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

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

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

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

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

From the above, it seems that poverty is associated with a lack of freedom, fewer opportunities and inadequate access to healthcare. Individuals with HIV who are wealthy are given far less sympathy as they are seen as having the resources to manage the diagnosis. It is thought that such individuals may also be judged more harshly for contracting HIV as they may be expected to know better. In addition, according to PL, affluence increases risk from the perspective that '*say if I'm an affluent person from an affluent part of the city, then I'll maybe I'll know what I'm getting myself into, but uh just I'm looking for fun in my life, so I'm gonna go and have a raucous party and get with*

whoever and how many ever people I can get with, you know'. Moreover, it was said that money doesn't provide for every need, and this is evident where PG stated that *'you can't have everything, you can be wealthy but you, maybe you are unable to give birth. And maybe you can be happy but you need a husband'*. Hence, money is considered to be unable to provide for every need, as well as unable to protect one from every risk. Thus, the general notion of risk seems to be summed up in the following:

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

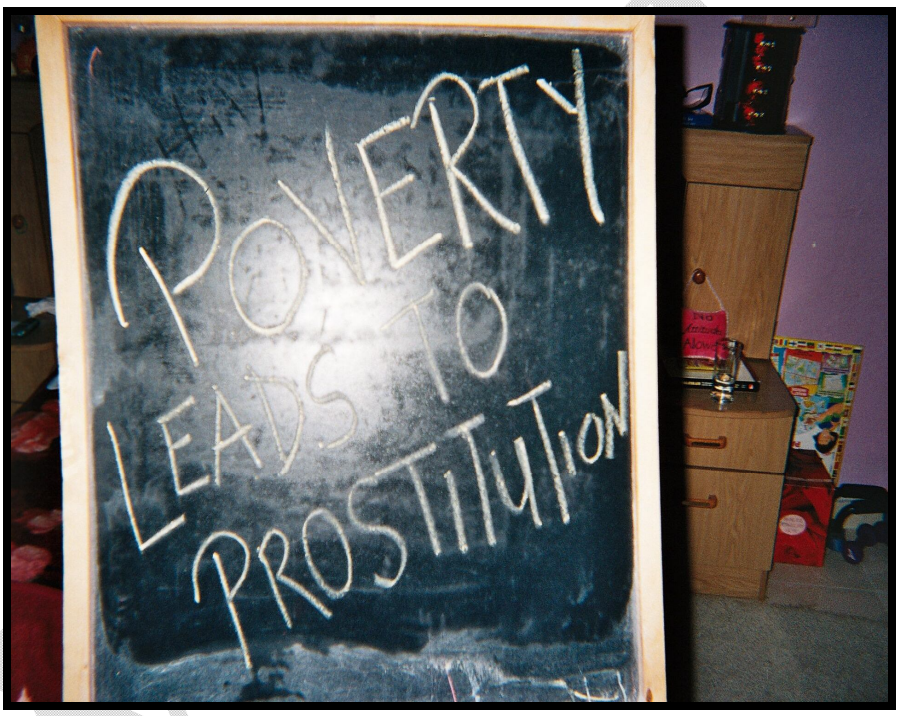
In sum, wealth is a factor perceived to influence the risk of HIV infection. It seems that individuals in poverty are not held accountable for their behaviour to the same extent that wealthy people are, and it is the representation that wealthy people are not at risk that can place them at risk. Furthermore,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

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

The above excerpt suggests that wealth may be associated with purpose and a reason to live. However, the participant appears to become embarrassed about having this social representation, and this is made clear by the fact that he says that *'that didn't really come out right'*. However, despite the attempt to back track, it seems like health, life, relationships, etc are all thought to become meaningless when one is poor, creating the perception that such individuals are more willing to take risks and live in the moment, regardless of the consequences. In contrast, wealthy people are represented as being more socially responsible as a result of the perception that they have more to lose and are socially

represented as being far removed from socially unacceptable behaviour. This could be problematic as it may feed into the social representation that the wealthy are at low-risk. These social representations are concerning as they enable inaccurate risk perceptions and power inequalities to be perpetuated. Furthermore, it is of interest that for some of the participants, risky behaviour is seen as a means of survival to protect one's children, thereby making such actions seem somewhat heroic. This is evident below:

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



[PE, picture, 24]

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

WITS

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

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

4.5 Perceptions of personal risk?

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

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

> *and you know filth and stuff you, you can't be too careful, you don't really know, you know.* [PA- White, male participant]

> *I'd say a **low risk** (laughs). Um I mean I'm in a **relationship with one girl from.** Well we, I know she doesn't have AIDS like she, we **donate blood together** and stuff. So I know she doesn't have AIDS, I don't have AIDS. So very low risk. And I'm **not doing any kind of drugs**, so I wouldn't be getting it from needles or anything, sharing needles. Um **I think if I were to get it, it would probably be from one of my friends.*** [PK- White, male participant]

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

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

> *I know **I'm at risk**. I'm **sexually active** you know that's, that's the basics of HIV/AIDS. Are you having sex? Yes or no? Then you at risk if you are. Are you engaging in intravenous drug use? Yes or no. If I am,*

WitsETD

> *I'm at risk. So logically, yes I am at risk,* ***do I think about it all the time? No, not really, I also think about not having babies****.* [PI- White, female participant]

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

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

> *I'm* ***probably very wrong*** *but I think I'm at a* ***low level of risk****. Ah I mean I haven't been tested myself cause I'm not sexually active, I'm*

WitsETD

> ***religiously involved*** *so I mean if I ya, I've had what I think is a good* ***education*** *so I'm I am taking guesses here, but you know I think I am at a low level of risk but ya.* [PL- Black, male participant]

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

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

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

According to PD, the risk for HIV infection is understood in terms of exposure to people who are exposed to HIV. For PG, her level of risk is understood as being a result of others

actions. She considers her risk to be at 25% owing to the fact that others could infect her, in spite of her attempts to protect herself. Once again, risk is mostly spoken of in terms of 'accidents'. This is similar to the perceptions maintained by PB, and it is once again thought that this serves to reduce anxiety that others purposefully intend to cause harm. But PG does recognise instances where there is intent to cause harm by briefly mentioning the risk of rape. Finally, one can consider and compare these perceptions with those of the Indian participants:

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

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

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

> *I honestly feel as, as,* ***as conscious as I am*** *and as the individual that I am um,* ***it's all around you basically****. Um* ***not by taking in drugs*** *um it, it kinda um lowers the risk cause I mean you're not sharing needles, stuff like that of the sort. Um* ***Education*** *also, you know about it. And*

WITSETD

> *also like coming from a* ***home like you know where values and stuff are instilled*** *from a young age, you um conscious and you wary about yourself and the way you carry yourself around. But at the same token I* ***could be walking from here to the shop across the road and I could get raped****.* [PE- Indian, female participant]

> *Well I am one of those people that is* ***committed to my studies****, I don't go out (laughs), I* ***don't have a boyfriend****. Um, You know it's not only about the sex thing, there's other uh ways you can contract HIV. Uh I wouldn't say I am not at risk at all, cause* ***there is always a chance that something could happen*** *but I don't think I put myself into risky situations.* [PH- Indian, female participant]

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

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

> *I mean you, you walk in a city or you read in the newspaper um this woman got raped or something of the sort. And* ***you think*** *to yourself* ***you know ag it will never happen to me****. But you don't realise that I*

WitsETD

> *mean um things like this are all over the world. And you* ***only realise your level of risk once something has happened to you, or someone very close to you.*** [PE- Indian, female participant]

The above highlights the way in which people prefer to not think of their own level of risk. It also suggests that personal risk and vulnerability is only really considered after an event that has threatened one's safety or health. As such, it seems that people prefer not to think of their level of risk until it becomes absolutely necessary, and this seems to corroborate strongly with the idea that 'othering' and distancing oneself from these risks performs an important psychological function and reduces anxiety (Joffe, 1999). While this may be the case, it is important to remember the physical dangers that may be present when considering oneself to be at low risk when this is not the case.

WitsETD