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Female agency in action: an examination of interactions in an online 'love and relationships' discussion forum

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Female Agency in Action

An examination of interactions in an online 'Love and Relationships' discussion forum

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November 2014

Declaration

I declare that this is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university. It is submitted in partial fulfilment of the requirements for Masters in Clinical Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 2014.

Signed,

_____

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Abstract

This project examined the discursive and interactional processes by which female participants present and discuss their romantic relationships in the 'Love and Relationships' MXit forum on the South African Non-Governmental Organisation, HIVSA's, hi4LIFE mobile phone-based project. In doing so, it was possible to explore some of the norms and 'taken-for-granted' practices of romantic relationships that the participants describe, which offer insight into present research into adolescent experiences of gender and romantic relationships, as well as some new subjects for consideration during intervention or analysis. In particular, the participants discussed a commitment-based conception of love, and linked it to partner-fidelity, but also to his commitment of time and attention. A feelings-based conception of love was mobilised to suggest why a participant may deviate from the norm of breaking up with a partner who has been unfaithful. The question of children was contested in terms of whether they should be part of a committed relationship, or a decision that a woman should make separately from her romantic relationships. Taken together, it is suggested that because conceptions of love and having children appear not to be foreclosed normative practices as these participants debate and contest them, these could prove fertile points of intervention with young women's choices, agency, and ultimately, empowerment. Thus this study recommends disseminating and increasing the scope of hi4LIFE and similar projects that provide platforms for the production of female agency.

Keywords: mHealth; Conversation Analysis; female agency; adolescent relationships; South Africa

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Introduction and Rationale

Adolescent health is an area of concern worldwide, not just because of its implications for future populations' chronic disease load, but also because of the paucity of reliable and comparable data from most countries – including those of 'first world' status (Patton et al., 2012; Catalano et al., 2012). This population also experiences poor medication adherence and clinic attendance for chronic diseases as well a number of risk factors and behaviours for future ill-health (Coovadia, Jewkes, Barron, Sanders, & MacIntyre, 2009). This stands in contrast to the relatively uniform and co-ordinated responses to the health risks of young child and adult populations, which have had success in reducing mortality and publishing health indicators that can be used to inform countries' policy and prevention efforts (Patton et al., 2012).

In spite of (and perhaps as a result of) the lack of co-ordinated responses to adolescent health and wellbeing, there exists a substantial discourse about this population being 'at risk' – such as linking substance use to criminal activity, and criminal activity (for example) being seen not as a structural concern, but as a product of the 'delinquent' individual (male) adolescent (Vasudevan & Campano, 2009). Just as the male adolescent is thus feared and criminalised by popular media and social science research, so is the South African impoverished, usually African, female adolescent berated for such behaviours as falling pregnant and entertaining 'sugar daddies' (older, materially-generous boyfriends) who may place them at risk of HIV contraction (Breheny & Stephens, 2007). Furthermore, such men and women are associated in the literature with all manner of social ills, such as failing to complete their education; becoming burdens on the social welfare system through subsequent unemployment; neglecting or abusing their children, and becoming addicted to illegal substances (Macleod & Tracey, 2010). This discourse that locates the problem in the individual not only allows for the contributing social structures and environments to go relatively unquestioned, but also for individual agency and resilience to be seen as the exception rather than being possible for most; and thus enables it to be systemically ignored. This perpetuates the vicious cycle in which individual adolescents may be disempowered, and blamed for subsequent 'deviant' behaviours, which 'confirm' the points of view (labels of 'at risk' and 'deviant') that disempower them in the first place (Fine, 1995; Frost & Hoggett, 2008).

Nevertheless, there is an increasing effort to move away from this discourse of risk towards one of resilience. What this emphasises is the potential of those living in adverse

circumstances to thrive, rather than focusing on their perceived 'threat' to society (Williams & Merten, 2014). Without seeking to diminish the very real suffering that can come from living in oppressive circumstances, (Frost & Hoggett, 2008), the use and sense of individual agency – though not necessarily easy to mobilise in such circumstances – is an important precursor to empowerment (Alsop, Bertelsen, & Holland, 2006). Agency is defined as 'the ability to make purposeful choices', which means that the person or group is able to imagine what different choices may entail, and to choose between those imagined options (Alsop, Bertelsen, & Holland, 2006, p. 11).

In terms of adolescent health, then, building empowerment must contain not only the essential structural increase of resources that make different choices possible, but also the encouragement of adolescents to take ownership of their lives as far as making 'purposeful choices' is possible. Again, this is not to deny the internalised shame that racial and class inequalities may inflict on the individual, which in turn may lower his/her sense of having choices, which can look to the more privileged as 'not even trying', resulting in the victim-blaming so ubiquitous in popular discourse (Frost & Hoggett, 2008). Rather, it is to locate this research in literature that recognises the importance of encouraging and promoting individual (adolescent) agency, and of recognising the places and ways in which it happens, so that hoped-for structural changes in impoverished adolescents' circumstances may have the positive impact which policy-makers hope for when they implement poverty-alleviation interventions.

One such point of agency especially relevant for adolescents is their mobile phone use, which has become increasingly common-place, and a means by which they maintain interpersonal connections and gain information (Blair & Fletcher, 2011; Lenhart, Ling, Campbell, & Purcell, 2010). Thus reaching them on their phones could be one of the ways to achieve the aims of a particular intervention, whether for medication adherence, behavioural change encouragement, health information or psychosocial support, all of which can form part of access to choice, ultimately encouraging agency (Dean, Walters, & Hall, 2010).

The idea of mobile-phone based health intervention (known as mHealth) is not novel: a number of Non-Governmental Organisations in Sub-Saharan Africa have deployed pilot mHealth programmes with enthusiasm, but with little reliable evidence of success (Tomlinson, Rotheram-Borus, Swartz, & Tsai, 2013). These have also been largely in the areas of medication adherence in adult populations, rather than specifically focusing on

younger age-groups. In the case of the project used for data in this research, it shows the potential of such peer-to-peer platforms as an opportunity for adolescents and young adults to construct their own choices and perspectives, thus activating their agency – in this case, particularly with respect to romantic relationships.

Specifically, this study will examine one online, mobile phone-based forum that is a part of an mHealth project, hi4LIFE, promoted for use by adolescents and young adults in relatively low-income areas of Johannesburg, South Africa. The analysis will examine the interactions between the participants to explore how such a space is used and understood by the participants themselves, and what they choose to discuss with respect to the forum topic: Love and Relationships. This particular forum was chosen because of the importance, as will be discussed in the literature review that follows, of female sexuality to female agency and ultimately empowerment; in spite of the historic policing and silencing of women's sexuality (Steyn & van Zyl, 2009).

Literature Review

This review will outline first the literature that speaks to the state of conventional understandings of adolescents as a population group and the health-based interventions that target them. Next, it will examine mobile-phone based interventions worldwide, and consider the possibilities they present for increasing the reach of healthcare into diverse communities, as well as how they could be an opportunity to scrutinise the ways in which interventions are taken up by participants. From there, the review will discuss the South African health context in which hi4LIFE is located, before looking specifically at the challenges young adolescent women face in this area. 'hi4LIFE' is one of the projects run by the South African Non-Governmental Organisation, HIVSA. It is an online health-information and discussion platform hosted on the free messaging service, MXit. MXit uses a form of data that can be accessed through non-Smart Phones as well as Smart Phones, ensuring that any kind of mobile phone can use the service. The hi4LIFE project contains ten discussion or 'chat rooms' for different topics, ranging from HIV/AIDS, to Pregnancy and Childcare, to Love and Relationships. It was aimed at adolescent and young adult women, who appear to be the majority of its users, but has expanded to include young men. It is on these discussion forums, which are peer-to-peer platforms, that the potential exists for constructing normative practices, choices, and ultimately agency. Thus the importance of such sites for individual agency will be discussed, along with the ways in which interventions which allow for this kind of purposeful engagement, in particular hi4LIFE, could have positive impacts on the South African health context, specifically with regards to women's agency and empowerment.

Adolescent Health and Interventions

When considering ill-health prevention, the period after childhood increases the potential for exposure to such health risk factors as smoking and drug abuse (Ozer & Irwin Jr., 2009). Interventions are therefore particularly relevant to this population, because many of these risk behaviours (such as early sexual debut, drug use, and multiple sexual partners) can manifest in chronic diseases much later in life (Catalano et al., 2012). Many interventions have been implemented (especially in the USA) in the name of youth development, but programmes have been hindered both by lack of funding, as well as lack of evaluation skills that could lead to the greater dissemination of successful projects and the curtailing of unsuccessful ones (Roth, Brooks-Gunn, Murray, & Foster, 1998). More recently, the British Medical Research Council published guidelines on how to implement and evaluate more complex

(and thus potentially more effective) interventions, which were updated in 2008 to include greater understanding of the difficulties of conducting studies that would yield useful data (Craig et al., 2008).

In spite of these efforts, adolescent health interventions still face major challenges, which may be related to their programmes' foci and processes of implementation. The evaluators may not be focusing sufficiently on the ways in which the interventions are being taken up and the mechanisms by which change is or is not occurring. For example, Catalano et al., (2012) describe many such interventions as focused largely on physical well-being and treatment of problems – such as preventing teenage pregnancy, or encouraging medication adherence. Efficacy is thus hampered by these programmes doing 'too little, too late'. If, instead, programmes were re-thought and expanded to include the psychosocial and environmental context of adolescents, they may have more success (Catalano et al., 2012). Thus, in order to develop effective programmes, it is necessary to understand fully, and in sufficient depth, the context in which adolescents are operating.

In Sub-Saharan Africa, any programme intervention is made more difficult by adolescents' greater exposure to the societal challenges of poor education, gender inequality, wide-spread unemployment and pervasive violence (Hervish & Clifton, 2012). New research is highlighting the need for interventions to focus on the 'social determinants of health' – which the World Health Organisation defines as 'the conditions in which people are born, grow, live, work and age' (Viner et al., 2012, p. 1641). Such efforts would address the ways in which contextual factors become health risks, and what protective patterns or behaviours exist within populations that can be encouraged or amplified to reach more people.

An important caveat in this area is to displace the notion that 'social determinants' necessarily mean race, socio-economic status and sex/gender. As Shim (2002) discusses, these three markers are part of the ongoing construction of power relations with regards to health: much of the research detailing, for example, the racial differences in disease risk, has not scrutinized why race should be isolated in this fashion. Rather, she argues, uncritical use of the multifactorial model of health has led to these concepts becoming part of the common-sense knowledge of epidemiological methods, and as such, should be publically discussed and subjected to critical research. This would begin by examining the precise mechanisms by which gender, for example, becomes a risk-factor for disease: previously, these 'markers' have been inputted into a 'black box' – a term used to describe the ways in which researchers

would choose particular ‘markers’ and examine their correlations with disease outcomes, without looking at the processes by which they may become so (Latour & Woolgar, 1986, p. 242).

This is obviously much more easily theorised than put into practice, but one of the entry points may be the concept of context. Rather than viewing context as the aforementioned list of factors, including gender, socio-economic status and race; or else as a kind of container in which life happens; context can be understood as a dynamic system of interactions with the physical, social and political environment. Context, therefore, changes and is constructed all the time, moment-by-moment (Goodwin & Goodwin, 1992). In this light, many health interventions can appear over-simplified as well as under-analysed, as they fail to examine the processes by which their project influences or changes participants’ outcomes (such as how they interact with and take up the activities or behaviours involved in the project); focusing instead on whether or not they changed what they wished to (Harachi, Abbot, Catalano, Haggerty, & Fleming, 1999).

Mobile-phone-based Health Interventions

mHealth offers hope for interventions to be critically examined in this way: the data of how the interventions are used and who uses them are relatively easy to collect and process and can subsequently be subjected to close scrutiny. Also, these projects can reach large numbers of people regardless of their context – in that factors of race, socio-economic status and gender need not be foregrounded as markers of whom to target. In addition, issues of access, location and funding for healthcare interventions can be overcome by the relatively low-cost and broad reach of many mobile-phone projects (Klasnja & Pratt, 2012).

In summarising the current state of mobile phone health interventions, Klasnja & Pratt (2012) describe the ways in which mobile phones – particularly smart phones with their third-party application and internet functionality – are uniquely positioned to intervene in people’s lives without becoming overly-intrusive or threatening. This is partly because of the way in which people tend to form ‘relationships’ with their phones: keeping them close by and trusting them for all their daily technological needs – including schedules, games, and all electronic communication over Short Messaging Service (SMS), email and data applications such as ‘WhatsApp’ or BBM (Vincent, 2005). This may lower the barriers to adoption that other interventions may experience; as well as potentially increasing efficiency by being better tailored to the individual’s lifestyle and daily activities through access to people’s calendars

and location. This has been shown through behavioural programmes, such as smoking cessation or medication adherences, that interact with users through SMS, but require no effort on the users' part to receive the reminders or instructions (Cole-Lewis & Kershaw, 2010).

Programmes that have required more active engagement on users' part have also had success. For the ever-increasing proportion of the population that have smart phones, interventions have been developed that require users to enter tracking information that will trigger reminders if they fail to do so in a certain time period – such as blood glucose level for diabetics, or peak flow for those with hypertension (Klasnja & Pratt, 2012). Such two-way interactions have allowed for greater monitoring of adherence and evaluation of the success of such programmes than before mobile phones were used, which has led to much faster improvement and development of these applications. Nevertheless, these (mainly USA-based) interventions are concentrated in the fields of behaviour change, disease management and symptom monitoring: aspects of health such as social support and emotional well-being are yet to be explored (Klasnja & Pratt, 2012).

In developing countries, the potential for positive change by using mobile phones for interventions is even greater. This is not only because of the many economic barriers to healthcare that so many experience, but also for the ever-increasing burden of chronic and non-communicable diseases that such countries are facing alongside their already-high communicable disease burden compared to developed countries (Kahn, Yang, & Kahn, 2010). In these countries, the design of interventions has mostly had a different focus to those in developed countries. Where in the UK and USA, the patients are the focus – receiving check-up reminders and other information – developing countries have more often focused on extending the reach of their healthcare services through mobile phone technology (Iluyemi, 2009). This has consisted of equipping community-based healthcare workers with the skills and technology to, in South Africa, receive patients' HIV treatment information on mobile phones; in Peru, receive consults and information for clients via mobile phones, rather than having to travel to and from major hospitals or clinics; and in India, ;collect household statistics, including immunisation and pre- and postnatal information for later analysis by the healthcare system (Iluyemi, 2009). These examples are by no means an exhaustive list of the mobile interventions conducted over the last 10-15 years, but they do show the ways in which developing countries tend to use this technology, though there have also been many examples

of using it in similar ways to developed countries – such as sending out informative SMSes, or reminding people of the need to test for HIV and AIDS (Pop-Eleches et al., 2011).

However, monitoring and evaluating these programmes' effectiveness has proved difficult, because many implementers have not had the equipment, training or funds to record reliable data that could show such results – rather, they have tended to provide only anecdotal or descriptive data (Blaya, Fraser, & Holt, 2010). Nevertheless, the picture from this anecdotal evidence appears hopeful: the interventions do appear to be having a positive impact where they have been implemented in the countries in which Blaya, Fraser and Holt (2010) conducted interviews and focus groups in lieu of good quantitative data.

The South African Health Context

With this potential for positive impact in mind, the case for mobile phone-based interventions in South Africa is a strong one. The public health system, though guided by good policies, is hampered by poor implementation, radical differences in morbidity and mortality along race and gender lines (such as white women living, on average, 50% longer than black women, but women of all races living 1.8 times longer than male counterparts) and vast inequalities of access and quality throughout the country, mostly stratified by income bracket (Coovadia et al., 2009). According to the comprehensive overview of South Africa's health system by Coovadia et al., (2009), these inequalities are rooted in Apartheid's systematic racial discrimination that prevented the majority of South Africans from being catered for with clinics, hospitals and health workers in their areas. Twenty years on, the vestiges of unequal access and inequality remain, largely because of the above-mentioned mismanagement and the slow implementation of primary health care resources in areas of need – not just because of bad leadership, but also because of an enormous lack of human resources in the public health sector.

Primary health care facilities are important because they can provide not just basic medical care before a condition becomes too far advanced, but also because they can be the source of health information for those living nearby, thereby empowering people to manage their own lifestyles and potentially preventing costly clinical care further down the line (Starfield, Shi, & Macinko, 2005). South Africa's high mortality is due in part to its high levels of violence, drug- and alcohol abuse; but also to its increasing burden of chronic diseases of lifestyle alongside that of communicable diseases (Levitt, Steyn, Dave, & Bradshaw, 2011). Thus any improvement of the primary health system would have the potential to reduce the overall

morbidity and mortality of the country. This is particularly relevant to the adolescent population, who experience some of the highest levels of STI contraction (especially HIV); are most likely to engage in high-risk behaviours such as gang-membership and early sexual debut; both of which are exacerbated by drug and alcohol abuse and gender inequality (Coovadia, Jewkes, Barron, Sanders, & MacIntyre, 2009).

Female adolescents' health challenges in South Africa: the intersection of gendered power dynamics with HIV and early pregnancy

The last of these examples, gender inequality, may be one of the most potent areas for positive change. Varga (2003) describes the roles that young men and women can play in relationships as not only being the context in which they operate, but also as becoming the risk factors for future difficulties such as teenage pregnancy and STI contraction. Perhaps the most important finding for this research was Varga's (2003) description of the opposing roles that (urban and rural isiZulu) women were expected to negotiate in their relationships, according to the cultural ideal of *ukuhlonipha*, which roughly translates as 'respect' or to 'behave properly'. Social acceptance was gained from respect from the community and from one's peers, which was interlinked both with material success, as well as 'self-respect' and 'dignity' (p. 163). Social rejection, however, could result from not behaving 'properly' in a given situation – particularly with regards to the opposite sex. This becomes a minefield for girls, because on the one hand, 'a girl's respect is gained from being sexually available to her partner [and] allowing him sexual decision-making authority', but on the other, 'exhibiting coyness and resistance to his sexual advances', as well as 'being sexually faithful, and avoiding pregnancy' (Varga, 2003, p. 163). This expectation of women's resistance to sex – regardless of whether she would actually like to have it – establishes coercion by the man as integral to sexual relationships, thereby constructing a power dynamic in which a woman saying 'no' bears little or no weight in the decision to have sex or not. This does not mean that women are continually forced into having sex; rather, in order to maintain 'dignity', they must not be seen to want it.

This complex power dynamic means that contraception, too, is difficult to negotiate. Varga (2003) found that females using or suggesting contraceptive measures were partially supported by groups of Kwa-Zulu Natal-based isiZulu adolescents, though it bore the negative connotations of promiscuity; whereas allowing a male to suggest condom-use (one of the favoured strategies of avoiding pregnancy) did not. A woman requesting male condom-

use, however, was severely frowned upon by both male and female participants as it was perceived to reflect the poor or loose morals of the woman in question. This double-bind for women – on the one hand being expected to avoid pregnancy, but on the other being condemned in their efforts to do so – increases their chances not just of becoming pregnant before they may wish to, but also of contracting STIs. In a broader sense, this has implications for their future physical and emotional well-being, as well as their economic stability (Viner et al., 2012).

These findings were published at the same time as the South African national health agenda focused heavily on reducing teenage pregnancy and HIV infection rates. Ten years later, the agenda is more geared towards encouraging healthy lifestyles so as to reduce the burden of chronic disease among an aging or Anti-Retroviral Treatment (ART)-dependant population (Levitt, Steyn, Dave, & Bradshaw, 2011). This is partially in light of the decrease of HIV contraction among all populations in South Africa between the 2003-2008 time period, coupled with the availability of ART, which has transformed HIV and AIDS into a chronic disease that can be managed in a similar manner to, for example, diabetes and hypertension (Levitt, Steyn, Dave, & Bradshaw, 2011).

Nevertheless, the prevalence of HIV and AIDS remains a challenge, particularly in the 15-24 year-old population, for which the prevalence was 13.6% in 2009. Of the Sub-Saharan region, South Africa was second only to Swaziland; whose prevalence was 22.7% in this regard (Hervish & Clifton, 2012). In terms of unwanted pregnancies, South Africa now has a relatively low rate compared to other African countries, which is also encouraging (Hervish & Clifton, 2012). However, gender-based inequality and violence remains high, particularly among adolescents; and it is possible that this may be driving some of the ongoing lack of condom-use (and other risk behaviours) among some sexually-active teenagers. Jewkes and Morrell (2012) describe the nuances of agency among adolescent girls in their relationships. They show that many of Varga's (2003) findings about the underlying expectations of behaviour are still being played out in surrendering power to one or many partners, but that the girls wield the power over whom they choose to date. What appears either to have changed or at least be different from Varga's (2003) findings is the reality of sex in the relationship: that though girls may talk about it frequently, and allow it to be the 'right' of the man to fulfil his 'needs', they may not actually be engaging in it very frequently (Jewkes & Morrell, 2012). Nonetheless, by virtue of surrendering power to a partner once he has been

chosen, condom negotiation remains the problem it was when Varga published her findings in 2003.

The discourse of risk: how to acknowledge challenges while encouraging empowerment

What the above research presents is a difficult picture of adolescents as a population group that experiences structural inequalities that 'put them in danger' of, for example, joining gangs or having sex. While it was necessary to give an accurate picture of the types of health challenges that those living in poverty in South Africa face, it does appear to contradict the introductory statement about the importance of talking about potential, resilience and empowerment rather than 'risk' and 'danger'.

However, the reason that such research was included was to indicate not only the contextual realities that many adolescents face in South Africa, but also to illustrate the existing difficulty of navigating between a discourse of victimhood and empowerment for the impoverished in this country. This is partly a function of what such 'victimhood' research is designed to do: offer policy-makers ways of improving resources for the populations that have been described. Unfortunately, this can result in some over-simplification of the dynamics at work in the face of such structural inequality, but does have the trade-off of potential resource-provision for these communities.

Nevertheless, what lies at the heart of agency is the interplay between the 'psychological assets' that an individual has or can access in order to make choices, and the context which either broadens or limits the choices available for her, in turn influencing the possibility of their realisation (Alsop, Bertelsen, & Holland, 2006). For example, for a woman to be able to choose not to have a baby while she is in a sexual relationship, her own psychological structure must make that an acceptable choice, which involves her envisioning that sex need not make her pregnant, and then feeling that she will be able to choose to act in such a way that prevents or ends a pregnancy. Externally, her partner must recognise her right either to use contraception or to terminate the pregnancy in order for her to exercise her choice. This in turn means that she must have access to resources that can make her wish for contraception or termination a reality. Thus the individual must be able to choose, and, having made a choice, that must be an effective (as opposed to a fantasy) one for her to be recognised as having agency (Samman & Santos, 2009).

What this means for South African adolescents is two-fold. Structurally, they should be provided with resources that give them choices for their futures, beyond just choices around the battle to survive: including and especially such crucial aspects of empowerment such as education and sexual decision-making (Alsop, Bertelsen, & Holland, 2006). Psychologically, the cultures in which violence, abjection and shame flourish also need addressing in such a way that both women and men feel that they can make choices other than those that perpetuate these cycles: in other words, addressing the internalised aspects of trans-generational socioeconomic discrimination and oppression (Frost & Hoggett, 2008).

These are not new ideas, but the focus in South Africa on providing structural resources, while laudable, is an incomplete empowerment of those receiving them, because, as Frost and Hogget (2008) explain, of the impact of historical disadvantage on individuals' perceptions of themselves and the choices available to them, regardless of the structural provision of such choices . The recognition and dissemination of appropriate similar projects should therefore be increased for those such as the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study in Kwa-Zulu Natal, in which both structural and psychological interventions with a group of women were used with the aim of reducing intimate partner violence. The project provided women in rural areas with microfinance credit so as to develop their own income-generating small businesses, alongside an invitation to participate in the 'Sisters-for-Life' discussion and support group, in which topics ranging from HIV/AIDS to gender roles and communication in relationships were covered. This twofold intervention was found to increase their ability to make envision and act on choices that challenged prevailing norms about the acceptability of interpersonal violence, as well as an actual reduction of gender-based violence experiences for those women after the two year period (Kim et al., 2007). The hi4LIFE intervention has similar potential: it offers reliable health information (structural empowerment) for its participants, as well as chat rooms in which they can discuss dilemmas with peers. This latter aspect of the project is the psychological asset that is lacking in many structural interventions, because it offers the participants themselves the opportunity to take active ownership of the chat room by discussing the issues that they wish to, at their own pace, and without the pressure of their identities being known, as can be felt in, for example, a classroom setting. This is what agency truly entails: the creation of choices both internal and external to the individual, and hi4LIFE has the potential to offer both in the spheres of health and relational wellbeing. Although this interactive and interpersonal setting cannot simply be reduced to a

psychological asset alone, it is one of the ways in which it can be usefully considered and located in the empowerment literature.

The particular focus of this study is on how female participants use the 'Love and Relationships' forum. The reasons for focusing on this group are because of the urgency of investigating female adolescents' and young adults' experiences in South Africa, given their ongoing low status and limited empowerment in this country (Coovadia, Jewkes, Barron, Sanders, & MacIntyre, 2009; Jewkes & Morrell, 2012).

Methods

Project Setting and Data

HIVSA, a South African NGO, developed an mHealth project called hi4LIFE (an abbreviation of 'Health Information for Life') that is hosted on MXit, a free cell phone-based messaging service that allows users to log in and access (as well as a messaging service) games and public chat rooms. The hi4LIFE project was promoted in the Gauteng townships of Soweto and Diepkloof, but can be accessed throughout the country. It initially aimed to provide information for young pregnant women to help to reduce mother-to-child HIV transmission, but the overwhelming demand for broader health information saw the project grow to include pages of health information as well as discussion forums in which participants can talk about various topics with their peers. It is in these discussion forums, which are publically-accessible, that the users freely discussed their romantic relationships and solicited and provided each other with advice and encouragement.

Though the demographic data of the users is not certain, the project was aimed at adolescent girls and young adult women, and promoted in schools and clinics in Soweto and Diepkloof. Participants are required to register a pseudonym, gender and date of birth for their profiles on the site; and from the information provided by HIVSA's statistical analysis, it appears that the majority of the users are females aged 13-24. These data may not be accurate (as there is no way to check if the registration details match the user), but the intervention was designed with this population in mind, and a preliminary reading of the interactions indicated that users do treat these forums as a female adolescent setting – such as qualifying their age when they are out of the target age range for the forum, or explicitly indicating their male gender, but treating female gender as taken-for-granted and thus not requiring explicit indication. Thus, scrutinising the content of these forums provided a wealth of naturally-occurring data about the romantic relationship- and health-related behaviours and norms of some of South Africa's adolescents.

Initial observations showed that some participants appeared comfortable sharing apparently private information about, for example, their relationships and lives regardless of its public accessibility. In particular, the interactions on the various chat rooms appeared to contain information about how the users were experiencing their social worlds – especially their relationships – that may not have been as readily revealed in a face-to-face interview setting. This established a reason for doing this analysis beyond 'just' interest in the nature of the

interactions about relationships and what this says for adolescent relationships in South Africa: the processes of the interaction can be examined in a way that interviews or laboratory settings cannot be, because the researcher will always have some influence on the process (Ensink, 2003). The influence may not necessarily be negative, but it is still not a researcher-free interaction, and so the features of everyday interaction with a project will remain unknown (Potter & Hepburn, 2005; Potter & Hepburn, 2012). This research was thus an opportunity to conduct an analysis of interactions that were not moderated in any way by the presence of a researcher.

Research Questions

The research was guided by the following questions:

1. What are the norms and identities performed and produced by female users engaging in discussions of romantic relationships?

2. How do the female users construct and understand their agency (or lack thereof) and that of other participants, with respect to the romantic relationships that they discuss?

Sampling

A purposive sampling strategy was used to find the interactions for analysis. Specifically, they were taken from the 'Love and Relationships' forum on the hi4LIFE mobile site, because this was the forum most likely to contain explicit talk about relationships: the primary focus of this research. Excerpts in which the original poster was either self-identified as female (by such gender-bound classifiers as saying, 'I'm pregnant') or treated as female by the respondents (by openings such as 'hey girl') were focused on because of the make-up of the forum as a predominantly-female space. Contributions from male-identified members did appear in the forum dataset, but since the site was initially established with women as its target, this research focuses on how female participants use this space. The position of the hi4LIFE project, that young women are a vulnerable population in need of interventions such as this, was therefore used as the starting point for this research that forms the initial analysis of the project as a whole.

The interactions were sampled to redundancy such that once the interactions started to display similar features to ones previously analysed, sampling ended. The most recent interaction was analysed first, moving backwards in time until no 'new' analyses emerged from the data set. This was achieved after 36 interactions had been analysed. As noted above,

all of the participants' usernames have been replaced with non-specific pseudonyms such as 'User 1' at the request of HIVSA in order to respect and protect the privacy of the participants. Each verbatim excerpt is accompanied by a 'translation' of the 'SMS-speak' – the style of language the participants use – because of the difficulty reading the texts until the reader becomes more familiar with the language. Where a phrase of a vernacular indigenous language is used, an English translation was sought from a native speaker of the language in order to find the most accurate meaning of the phrase. Each excerpt was then read and 'translated' in this way a second time by an independent researcher, with any discrepancies in the two 'translations' being resolved by discussing them with the second 'translator' until consensus was reached.

Analytic Approach

The initial analysis of content and relationship norms and practices was informed by the principles of Conversation Analysis (CA). This practice analyses talk-in-interaction by exploring how the participants orient themselves to the subject at hand, and focuses on unfolding sequences of action-in-interaction (Hutchby & Woofit, 2008). One of the central tenets of CA is that individuals in conversation are not speaking randomly: rather, they accomplish actions that can be scrutinised and understood for what they say not just to the locally-situated topic at hand, but to the wider social order. These actions may be as simple as accomplishing a greeting (or not), or as complex as challenging taken-for-granted normative practices. However, all actions are treated as something that the individuals have to do together, regardless of so-called importance, and so the question becomes how they do so, rather than why (Clayman & Gill, 2004). What this approach promotes is a detailed, empirically-grounded analysis of all aspects of, for example, an interview, rather than just the content a researcher may be explicitly interested in, because the content is treated as just one aspect of the data at hand. What can emerge, then, are not just the explicitly-stated opinions of an individual about some social issue (for example), but the common-sense knowledge they display or orient to; about who else holds these, whether it is socially-normative or commonplace to do, or if they are held in spite of their deviance from the norm.

Within the relatively-new area of examining online interactions, some of the traditions of Conversation Analysis necessarily fall away; in particular, the analysis of hesitations, tone, volume and other speech patterns that Gail Jefferson first developed and expanded through transcribing for Harvey Sacks, founder of this tradition (ten Have, 2007). This does not leave

online data as less-than, however. In a rich discussion of using a Discursive Psychological approach to computer-mediated communications, Lamerichs and te Molder (2003) demonstrate how the principles of Conversation Analysis and Discursive Psychology work together to see interactions (wherever they occur) and the social order more generally as 'issues for participants to solve' (p. 457). This construes online communications as legitimate media through which participants negotiate, produce and manage their identities and local contexts moment-to-moment, rather than as the blunt medium lacking social cues or expression that prior researchers had thought (Lamerichs & te Molder, 2003).

In this case, the topic under scrutiny was females' romantic relationship talk: how the participants orient themselves towards their or others' romantic relationships, and construct coherent identities and normative practices as they do so. Stokoe (2009) reviews the ways in which CA has historically examined members' displayed orientations to the topic at hand in order to understand what is allowable and not to the participants in that setting at that time. Then, more broadly, these orientations can be used to explore how they construct an identity that permits them, and is permitted by other participants, to engage in that way (Stokoe, 2009). This emergent approach to the data allowed for any number of different findings to be revealed in the course of analysis, rather than establishing what was being looked for from the outset and risking missing relevant pieces of information because they did not appear to fit to the preconceived idea of what was important.

One of the points of entry to the data was to look for self- and other-categorisations, in the way in which Stokoe (2009) describes. She looks for ways in which individuals describe themselves and others – such as 'single mom', or 'professor', or 'good Christian' – as starting points to analyse what these labels signify for the action being accomplished. For example, describing a man as a 'good Christian' may position him in the 'marriage-eligible' category of man for one woman-speaker, but not for another, depending on how she positions herself in relation to the identity she is producing for herself at that time – for example, a Christian versus an atheist woman. The action, then, may be establishing what are and are not (for this individual) suitable characteristics in a man she would consider marrying. It is then possible to unpack further what attributes this speaker at this time assigns a 'good Christian', which can lead to understanding in greater depth what the normative understandings of this label as well as the action(s) of establishing suitable characteristics for marriage are.

Schegloff (2007) provides further guidance for understanding the ways in which participants characterise themselves, other people, and their environment. He discusses Sacks' (1972) seminal work on the subject, and uses it to suggest that it is important to understand not just the category used by the participant(s), but how they come to use that particular one at that particular time. Furthermore, these categories are seen as repositories of common-sense knowledge about categories of people, and so can be used to understand what participants infer and imply about the nature of those phenomena and people that they describe. Taken together, these ways of analysing interactional data provide insight into how participants understand and act within their particular environment at particular times; through analysing how they categorise themselves and others, how they do so, and the variety of purposes those categories serve.

What emerged that was that relationships discussed were mostly heterosexual, with women identifying their relationships with boyfriends or male partners as the subjects for advice. 'Love' was a prominent discussion point, and so the ways in which the users aligned themselves with different conceptions of it was a focus of the analysis. By so doing – whether aligning with or resisting that conception of love – the participants would demonstrate what, for them, was the prominent normative understanding for them at that time. These understandings and whether participants aligned with or resisted them were foregrounded in this analysis, because of the established focus on (female) adolescents' reported, researcher-free, experiences and constructions of romantic relationships.

The importance of understanding these reported, rather than 'real life' or external experiences of relationships is grounded in the discursive psychological approach that sees text or talk as a social practice that in itself constructs a particular, local, reality or experience for the participant(s) (Potter, 2011). This means that this forum could be understood as a site for women exercising agency with respect to their romantic relationships, because of their text signalling their active construction of their experiences and accepted practices, views and meanings of described phenomena. This enabled an understanding of not only the normative understandings and described experiences of romantic relationships, but what these conceptions were used for in different settings.

Ethical Considerations

The interactions used for this analysis are publicly accessible online, through the MXit mobile website. This suggests that the participants' choices to share private information (or

not) were made in the tacit knowledge at least that such information would be in the public domain. Nonetheless, a number of ethical factors were considered.

The first was whether the participants' privacy would be compromised by using the original interactions without changing any of their wording. This was discussed with HIVSA, and it was decided the most reasonable solution was to change the original, more identifiable username (such as 'beautifulgirl1'[1]) into the more generic 'User 1', 'User 2'. This change had methodological consequences, because it meant that any significance given by the participants to their chosen usernames could no longer be used, but it was deemed more important to protect the participants' privacy in this regard. Nevertheless, it is acknowledged that the participants may recognize their original interactions, given that those have not been changed. In reflecting on the ethics of using such information at all given the personal nature of the interactions, it was decided that the value of accessing these interactions for the purposes of the current project, as well as potentially contributing to the process of project analysis and evaluation on HIVSA's part, justified the use of this data source. This is especially so in light of the potential impact of the research on the well-being of the participants, or other individuals like them, who may in future benefit from such interventions being encouraged.

[1] This is not an existing username from the dataset, but rather an example of the type of usernames found.

Analysis

The hi4LIFE 'Love and Relationships' forum is used primarily as a space for advice-seeking and advice-giving about romantic relationship troubles. Within these activities the women who use this space contest and construct their own knowledge and normative practices pertaining to men, romantic relationships, and love; as well as their acceptable behaviours, understandings, and beliefs about themselves in relation to these.

In doing these activities, the forum members are engaged in displaying their understandings of what other categories men and women can become associated with, and, more saliently, what these categories imply for themselves, and their relationships. When and how, for example, does a 'man' become associated with the category 'boyfriend'? What, then, in terms of behaviours, feelings and possible responses to him are now associated with him and/or allowed and allowable now that he is a 'boyfriend' or 'partner'? As women contest and construct these categories, they do the same with those that they apply to themselves, such as 'girl'/'woman'/'girlfriend'/'mother'. The ways in which they do so are bound up in the ways in which they structure their questions for the forum, and the ways in which they respond and are responded to: namely, what parts of their posts are treated as more or less important; the kind of advice or support given and what exactly these actions pertain to in the original post.

The particular question of what this category of person (man/boyfriend/partner/father) contains and does runs through the forum, as the users discuss their experiences with men and request advice on how to manage their relationships. So, too, did the questions about 'love' – what conceptions of it are used by these participants; in what circumstances different conceptions are employed; and for what purpose – appear throughout the excerpts in the participants' requests for and giving of advice.

The analysis is structured by examining first a relatively uncomplicated excerpt (with one main normative practice established) and moving on to more complex ones, in which a variety of practices are introduced and accomplished.

Excerpt I

The following excerpt is one in which a single question is asked about a specific situation that the user finds herself in, and the responses demonstrate how the users understand this dilemma and what kinds of potential actions they find available to and appropriate for the original poster (OP).

- **User 1** : **Hy everyone i mit ths handsm guy lst month so nw we are in a relationship and he startin to ask me to hv sex wth him bt i dnt knw him well,does he love me or he wnt to use me**

  (-2) Reply : Like : Don't Like : Report Abuse

  [Hey everyone, I met this handsome guy last month so now we are in a relationship and he [is] starting to ask me to have sex with him, but I don't know him well. Does he love me or [does] he want to use me?]

  >> Respondent 1 : Gal i been dating wth ths guy 4 6mnths bt he wait 4 me 4 sex b he did nt give up am stil in tha relationship nw its been 4yrz knw so wt am trying 2 say if u r nt ready he wil wait 4 u if he loves u really

  >> Respond : Like : Don't Like : Report Abuse

  [Girl, I [had] been dating this guy for 6 months, but he waited for me for sex; but he did not give up. I am still in that relationship now – it's been 4 years now. So what I am trying to say [is that] if you are not ready, he will wait for you if he loves you really.]

  >> Respondent 2 : He wnt 2 use u gal, and remember lv is paxient

  (-1) >> Respond : Like : Don't Like : Report Abuse

  [He wants to use you girl, and remember love is patient.]

  >> Respondent 3 : If he loves u he will wait keep refusing to c if he loves or lust u

  (-1) >> Respond : Like : Don't Like : Report Abuse

  [If he loves you he will wait – keep refusing to see if he loves or lusts you.]

The OP addresses the forum with a 'new relationship' difficulty: whether or not she should have sex with her partner yet: he is asking, but her caveat is that she does not know him very well. She describes him as 'handsome', which foregrounds his physical desirability while she hesitates to have sex with him. The use of 'handsome' suggests that she finds him a desirable sexual partner, regardless of any other feelings she may have towards him, and thus adds further validation to her request for advice. She links his question to whether or not he loves her or will 'use' her, which implicitly proposes his love as a prerequisite for sex: her love is not mentioned. Thus the participant claims as normative her implied expectation that a male

partner's love for a woman needs to be explicitly known in a relationship before sex can be considered: otherwise, the woman runs the risk of being 'used' for sex. It is this latter part of the post that she explicitly asks for advice about. She frames her question in terms of a normative practice on which the forum will have expertise, by virtue of assuming that without any personal information about this man, the forum members can assess his intentions with the knowledge of the length of the relationship and degree of closeness between the two of them ('I don't know him very well') only. The respondents align with this by replying in ways that that offer the original poster a way of viewing her boyfriend through the lens of 'known truths' about men, which are thereby produced as normative and taken-for-granted.

In particular, the first respondent contributes her personal experience of this kind of scenario and bases her advice on that experience. This shows that the respondent has treated her own experience as typical enough in the world to subsequently give advice based on what she herself did, which thereby assumes that the OP will have a similar experience. The second respondent replies directly to second part of the question, 'does he want to use me' and adds a response to the first part of the question 'does he love me?' by giving her a way of 'knowing' whether or not he does: namely, that patience is a component of love. The third response is similar to the second, though it talks directly to what love will look like in her relationship with respect to her boyfriend's actions: he will wait for sex. The second part of this response is interesting for what it talks to about the possibilities for how women can act in relationships: the advice is to 'test' whether he loves her through continuing to refuse sex. Thus these women then, produce as normative the expectation that they can find ways of knowing whether they are loved, and the actions of this excerpt propose the importance for the users of being loved. This gives weight to the original poster's assumption that both 'men'/'partners' and 'love' are 'knowable' categories in the world, because the other forum members respond as though they are.

This is a relatively uncomplicated post in that its participants accomplish one action: that of deciding on a normative practice. In particular, when in a relationship sex can indicate love and when it indicates 'lust' – implying that the boyfriend in question will 'use' the woman for sex if lust is the motivator for sex. Having established this norm at least in terms of what it is not: love cannot be indicated when the partners have been together for (only) one month; the respondents add that 'love is patient'. The implication is that any impatience for sex on the part of a boyfriend means that suspicions of being 'used' could be confirmed if the girlfriend

does decide to have sex. The strong link between sex and love also demonstrates what the morally acceptable normative practice is for these members when these come into question. Namely, a sexual relationship is acceptable when experienced as a love relationship, whereas a sexual or 'lust' relationship alone leaves a member in violation of this norm, with the consequence of feeling 'used' as a result. What is noteworthy, too, is that the woman's love for or other feelings towards her partner are not mentioned, apart from her assessment of him as 'handsome'. Whether this is because her love is assumed to be present is perhaps not as important as the implication that even if she does not love him, she can still find herself 'used' by her partner. This suggests a gender-based asymmetry in the experiences of men and women in relationships, in that she controls when they may have sex, in order to protect herself from suffering the experience of being 'used' for it, regardless of her own feelings towards her partner. A woman's active agency, then, according to this post, lies in the start of a relationship when she can dictate its terms. The subsequent excerpts explore this question of agency in other parts of the relationship, through how experiences and feelings are reported and contested by the participants.

Excerpt II

Excerpt I was an unusual example in the forum, as few participants covered one theme and accomplished one action only. The next post demonstrates the layers of complexity that sex in a relationship can involve, particularly in terms of previous relationships, and how that may be influencing what is taking place in the current situation.

- **Original Poster** : **Hello guys need ur help dnt knw wht 2 do,me and dis guy we have a child 2gther en wen i need sumthng 4 our baby he will say his broke bt wen it weekend he goes out with his frnd en the frnd is gal frnd en my bf he buy drnks 4 them en take them with his car en cum back late around 2 en drunk wen i talk 2 him he tell me its nt my money.after he dd tell me 2 leave him aln en it over between us so i said it fine if he wnts it 2 be lyk tat,after sum month i dd meet sum guy en the guy said we shud start by havng sex after will take a step 4rm thr so i dnt knw mst i hav sex with him or i mst tell him 2 stop calling me**
  (-1) Reply : Like : Don't Like : Report Abuse
  [Hello guys, I need your help – I don't know what to do. Me and this guy, we have a child together and when I need something for our baby he will say he is broke. But when it is the weekend, he goes out with his friend, and the friend's girlfriend. My

boyfriend, he buys drinks for them and takes them in his car and comes back late around 2am, drunk. When I talked to him, he told me it's not my money. After that, he did tell me to leave him alone and it's over between us, so I said "it's fine if he wants it to be like that". After some months I did meet a guy and this guy said we should start by having sex, and after that, will take a step from there, so I don't know – must I have sex with him, or must I tell him to stop calling me?]

>> Respondent 1 : Gal tel hm to stop callin u n jst forget abt hm,hs nt worth investin ur cookie jar for hm.wt if he neva calls u bck or decide he dnt wna tke it furthr aft yall hit it ,wt thn

>> Respond : Like : Don't Like : Report Abuse

[Girl tell him to stop calling you and just forget about him, he's not worth investing your cookie jar for him. What if he never calls you back, or decides he doesn't want to take it further after 'yall' [you two] hit it, what then?]

>> Respondent 2 : Tel dt guy to go fuck himslv,,, u cn already see his intensions,, he is goin to use u,,, ma dear dont have sex wth him,,, wat kind of a persn is he! Mayb its tym ur bby daddy pays for maintance,, tke him to court,,, nd wait,, u wil fynd smone who wil truly love u

(+2) >> Respond : Like : Don't Like : Report Abuse

[Tell that guy to go fuck himself…you can already see his intentions – he is going to use you. My dear, don't have sex with him – what kind of person is he! Maybe it's time your baby daddy pays for maintenance. Take him to court and wait, you will find someone who will truly love you.]

>> Respondent 3 : Tell him to stop calling u if he is serious y rush da sex part

(-1) >> Respond : Like : Don't Like : Report Abuse

[Tell him to stop calling you – if he is serious why rush the sex part?]

>> Beautigul : @Respondent 3 >> True

(+1) >> Respond : Like : Don't Like : Report Abuse

[@Respondent 3: True]

>> Original Poster : @Respondent 3 >> Thnx i will tell him 2 stop

(-1) >> Respond : Like : Don't Like : Report Abuse

[@Respondent 3: Thanks, I will tell him to stop]

In this exchange, there are two issues now in play: that of the history the original poster has with her ex-boyfriend; and the question of whether to have sex with her new boyfriend, which is the issue for which she is explicitly seeking advice. What distinguishes this post from excerpt I is her description of her previous relationship. It is interesting, because it could be taken as unconnected to the 'real' reason for her wishing for advice: nowhere does she write that she wants help with that situation. However, the second response that she receives treats this information as relevant: she is offered ways of ensuring her child's father pays for maintenance. The two content themes of 'relationship troubles' and 'sex/love' are prominent in this post, and are treated as important by the participants. The importance for the participants is illustrated by the original poster's detailed description of her previous relationship troubles, and the involvement of a child in them, and her question about sex in the new relationship. The respondents treat both themes as important by responding to them as though both were the subjects of the request for advice. There is, however, a sense of hierarchy of ordering which complaint is more important, by the current issue being foregrounded both by the OP asking for advice about it but not about her previous relationship difficulties; and through each participant responding to the current issue but just one participant responding to the 'previous relationship' issue.

It is difficult to see what ties both of these apparently disparate parts of the original post together, except by examining the way in which the users engage with the information presented. The first and third respondents are enraged by her new 'guy's' wishing to have sex before they 'take it further', because this signifies his intentions as 'using' her for sex – rather than a 'serious' (romantic) relationship. There is no explicit indication that they have read the user's history in such a way as to relate it to her current situation. The second respondent, however, in addition to being enraged about the new 'guy's' apparent intention to 'use' the OP, also advises her to sue for maintenance; thereby treating as relevant and important the first part of her post, which described her abandonment by her ex-boyfriend. The advice the respondent gives indicates in part that she has read the first part of the OP as significant, potentially in terms of wondering if this new man will treat her in a similar, uncommitted

way as her previous boyfriend, given that he has indicated that they should have sex before he commits to her.

Excerpts I and II are conceptually-linked by the way in which they discus the actions of men towards women: in both cases, the woman has been or could soon find herself 'used' badly. The way in which men abandon women (and children) is the key action that both of these posts seek advice about: and the responses confirm this, through telling the original poster in outrage not to have sex with her new 'guy' – who is the opposite of 'patient' – as well as in the second woman's case, advising her to sue for maintenance. The first type of response seeks to prevent future abandonment; the second advises making the abandonment incomplete, by forcing his involvement in providing money for his child. However, through the encouragement in both excerpts that if she 'waits', she will 'find someone who truly loves [her]'; the overarching issue at stake is explicitly 'wishing' for romantic 'true' love, which proposes that this is the normative practice, and its converse – explicitly wishing for or engaging in 'sex before love' – is produced as something unacceptable. This is reinforced by the fact that all of the respondents from both excerpts were aligned in consensus about this, even though the OPs displayed uncertainty.

From these women's perspective, what 'true' love contains, then, is not just the feeling of love (for example, finding their partners 'handsome' or sexually desirable), but also commitment from both parties. Commitment from the woman is apparently thus far implicitly assumed to be present, and so what needs to be stated is the need for it from the man, which gives rise to these questions that debate when or whether he is committed or not. Commitment, in these posts, is emotional and financial: emotional commitment protects the woman from being 'used' for sex; financial commitment prevents her from having to raise children or take up other responsibilities without the help of a partner. What these participants are claiming, therefore, is that sex should only be had with a man who loves the woman, because otherwise she runs the risk of being 'used' for sex and of being left with the possible responsibilities of the relationship – such as a child. What is interesting to note at this stage is the way in which a woman's commitment to a relationship is implied from the outset: these two excerpts have highlighted the need for the woman to be sure that the man is committed, rather than discussing any ambivalence about her commitment to him.

This is not surprising in a forum constructed and used as a place for seeking advice about romantic relationships going wrong, but it places romantic love – and the commitment it is

assumed to involve – in the forefront of what the women of the forum appear to be looking for and grappling with in an external world in which financial dependence, unemployment and poverty are potentially co-existing stressors. The ways in which these factors intertwine and influence both conceptions and experiences of romantic love are what make this forum a useful resource to understand more completely young women's reported experiences of romantic relationships.

Excerpt III

The next extract is more complex in that it explores more than two identifiable elements, and expands on the experience of being in a 'love' relationship for a woman. The original post explicitly contrasts feelings-based love with commitment-based love, and requests advice about how to move forward with her feelings-based love when the commitment between them has been violated.

- **Original Poster** : **Hi ppl. Wel i broke up wth my bf 2day bcos he cheated on me nd in the past he had also cheated nd i told him tht if he ever cheat on me i will break up wth him nd i dd. We hav a six mnths old son 2geda nd i still love him a lot. Wat shud i do pls help..m scared tht if i take him back he wil also cheat knwng tht il 4give him but then again wat do i do wth all ths love tht i have 4 him?**

  (+1) Reply : Like : Don't Like : Report Abuse

  [Hi people. Well, I broke up with my boyfriend today because he cheated on me and in the past he has also cheated and I told him that if he ever cheated on me I would break up with him, and I did. We have a six month old son together, and I still love him a lot. What should I do please help…I'm scared that if I take him back he will also cheat knowing that I'll forgive him but then again, what do I do with all this love that I have for him?]

  >> Respondent 1 : You have your ansa to that question. Gal dont let him treat you like an option, he obviously know the tree that he will shit on and live his shit behind coz he knows that tree wont mind. PROVE him wrong that u not that tree!, who said u wont survive without him. You let him hurt you coz u think your lyf is owed by him becoz u love him and u have a child with him. He seez u put ur lyf around him and TRUST me if u continue this way ul end up going crazie.

(+1) >> Respond : Like : Don't Like : Report Abuse

[You have your answer to that question. Girl, don't let him treat you like an option: he obviously knows the tree that he will shit on and leave his shit behind because he knows that tree won't mind. PROVE him wrong – that you're not that tree! Who said you won't survive without him? You let him hurt you because you think your life is owned by him because you love him and have a child with him. He sees you put your life around him and TRUST me if you continue this way you'll end up going crazy.]

>> Respondent 2 : WEl d only thng u cn do is,,,thnk hard about ur life,,,n bwt ur son`s life,,n folow ur heart..bt makes @ dt tymm u decide anythng,,u decided wel,,gdluck

(-1) >> Respond : Like : Don't Like : Report Abuse

[Well the only thing you can do is…think hard about your life…and about your son's life…and follow your heart…but [seems like] at that time you decided things, you decided well – good luck.]

In the original post, the participant describes what her experience of a love relationship has been thus far: she has been with a man long enough to have six-month-old son together, but during this time, he has already cheated on her. The most recent instance of her discovering his cheating has led her to break up with him, and she is wondering what to 'do' with her remaining feelings of love for him.

One striking normative practice in the original post is that of how she and her boyfriend will interpret her action if she 'takes him back'. By saying that she is concerned that he will cheat in future, 'knowing that I'll forgive him' she appears to be talking about more than just how she alone will set a precedent in her own relationship. She seems to be speaking to some general understanding of how this sequence of events (man cheats, woman forgives him, man cheats again) plays out. Further evidence for this analysis can be found in the way the subsequent responses take up the original post. The first response confirms this sense that she is talking about a normative practice through the dramatic metaphor of defecating repeatedly on a tree being likened to a man repeatedly cheating on a woman because 'he knows that tree won't mind'. The way in which this is expressed takes the original poster's experience and fears from being personal and particular to her, to being part of a normative practice that is established and, therefore, can be predicted in the way that both the original poster and

respondent do. What this suggests about female agency is that women can, and, according to this respondent, should, actively violate this normative practice of 'man cheats, woman takes him back' with an opposing normative practice with which the OP has already aligned herself, namely 'man cheats, woman ends the relationship'. This is the norm that is treated as appropriate and allowable by all of the respondents, which again suggests the conception of love as commitment, similarly to the previous excerpts.

In spite of these norms, the OP's dilemma is couched in terms of her feelings for him: she continues to love him, and so feels this may mitigate his cheating to the extent that she is considering taking him back. This is a different conception of love from the previous two excerpts, in that it foregrounds her feelings towards him rather than the commitment she may expect from him or the relationship as a whole. Furthermore, in posing the question of what she should 'do' with her remaining loving feelings for this man, she presents another understanding of love together with the feelings-based conception; namely that it is something that a person can possess and have ownership of, rather than, for example, something that exists between two people that needs continual affirmation. This implies another type of agency that partners may have in romantic relationships according to this participant: though they cannot conceivably 'choose' to possess or not to possess love, there is something they can choose to do with those feelings if the relationship ends, even though she is claiming that currently she does not know how she would exercise that choice. Thus the OP presents her dilemma in terms of her choice between a feelings-based and a commitment-based experience of love, implying that for her, the two are now incompatible. If she chooses to continue a feelings-based love relationship with this man, she suggests that she will be in violation of her prior alignment with the commitment-based conception of love, given that she told him she would break up with him if he continued to cheat on her. She will also thereby violate the accepted normative practice of breaking up with a man who is unfaithful, which is confirmed by the respondents both advising her to break up with him.

The way in which the first respondent treats the OP's reported experience of love makes explicit what can be associated with a feelings-based, possession-implied, conception of love:

> 'Who said you won't survive without him? You let him hurt you because you think your life is owned by him because you love him and have a child with him'.

The rhetorical question responds to a portion of the original post that does not explicitly feature, namely, a sentiment to the effect of, 'how can I survive without this man?' What the

respondent does by using this rhetorical question is propose that this is a sentiment contained in the original post. The impact of the question 'who said you won't survive without him?' is escalated by giving reasons why the original poster may feel this way, namely, that she loves him and has a child with him, which has led her to believe that her life is 'owned' by her boyfriend. The respondent thereby suggests, even as she works to undermine this taken-for-granted norm, that women can feel as though there is some kind of 'trade-off' in relationships, namely that once the woman 'possesses' feelings of love for a man, and even has a child with him, she will feel bound to him.

Taking this further, the use of the word 'owned' in the context of a romantic relationship can evoke associations of submission and lack of agency. However, what is interesting in this context is the inherent agency that both being able to ask the question of what to do, as well as reportedly having more than one option available, conveys. Taken together, invoking the word 'owned' in the course of resisting this norm suggests a conflict between the reduced agency this user suggests exists, and the heightened agency of choosing to resist that norm. Without making claims about the lives of these participants outside the forum, what the use of such language suggests – implying the exchange of 'feelings of love' for her life arrangements and her child – is that women orient to themselves as receiving something in return for what they perceive themselves to be giving. The transactional quality of this conception of love further suggests possibilities for why the feelings-based conception of love may have been used at all, given her reported normative alignment with the commitment-based conception. Using her feelings of love as part of what she received in return for her commitments to her boyfriend validates the presence of a dilemma, namely that there was a kind of 'exchange' or 'deal', which she could be violating by breaking up with him. However, though the first respondent makes this dilemma between violating commitment-based love norms or the 'deal' of the relationship explicit; her impassioned language urging the OP to 'PROVE' her boyfriend wrong makes a forceful case that there is a choice for the OP, even if the respondent strongly suggests that she should choose to behave in a way that aligns with the commitment-based conception of love.

The second respondent is more moderate, and asks the OP to consider herself and her son before following her heart. This response again foregrounds the participants' treatment of feelings of love as important, as the 'final decision' is given to where her 'heart' leads her, rather than, for example, the pragmatism that 'thinking hard' about herself or her son may entail. Nevertheless, there is little doubt that this respondent has also aligned with her

previous decision to break up with him (and the case made by the first respondent), writing ‘at that time you decided things, you decided well’ thereby treating that as the most appropriate course of action. Thus the women in this forum treat themselves as having agency in their romantic relationships, in that they can decide how to act in response to their partners’ actions.

Excerpt IV

The next excerpt involves the nuances of being in a relationship and suspecting, rather than discovering, infidelity. It is also more complex than previous excerpts because it contains a response from the original poster about the advice she receives, which increases the possibilities for understanding how she interprets and uses the responses she receives. The way in which the original poster writes about her experience, and the responses she receives are particularly rich in their explication of the assumptions about the experiences of being in a romantic relationship, and adds detail that the previous excerpt hinted at about what children can mean in this setting.

- **Original Poster** : **Thnx 2 hi4life i hv ppl hu make me feel lovd n gv gud advise,, gd mrng frnz .. Thng is i grew up wth no parents so no 1 eva tells me thy lov me in my family n it hurts i smtyms feel lyk i nag my bf too much lyk i ask 4 too much lov frm hm.. He neva posts or tlk abt me on facebook , we\'v bn togthr 4 2years n r expctng our 1st child. He once told me dat he cnt tlk abt me on fb coz he has hs family ther n thy wl thnk he is disrespctfl bt he used to ryt abt hs ex gfs.. N once posted a pic of ths ada gal a few months bck i thnk thy datng. Am i stressng ova nthn coz ryt nw hs family knws me coz im preg bt he stl dsnt tlk abt me hs bstfrnd ddnt evn knw dat we datng it hurts shame**

  Reply : Like : Don't Like : Report Abuse

  [Thanks to hi4LIFE I have people who make me feel loved and give good advice. Good morning friends…The thing is I grew up with no parents so no-one ever tells me that they love me in my family, and it hurts. Sometimes I feel like I nag my boyfriend too much – like I ask for too much love from him…He never posts or talks about me on Facebook; we’ve been together for two years and are expecting our first child. He once told me that he can’t talk about me on Facebook because he has his family on there, and they will think he is disrespectful; but he used to write about his ex-girlfriends. And once he posted a picture of this other girl a few months back – I

think they are dating. Am I stressing over nothing because right now his family knows me because I'm pregnant but he still doesn't talk about me – his best friend didn't even know that we are dating, it hurts shame.]

>> Respondent 1 : Hy gl jst take a picture with hm n post it on hs wall/tag hm or write a status hw mch u lov hm on hs wall if he dlts it thn hes probably buzy cheating.hs famly knws u y wld he hid u frm thm mxm bafana abanye bazenza abo clever

>> Respond : Like : Don't Like : Report Abuse

[Hey girl just take a picture with him and post it on his wall/tag him or write a status about how much you love him on his wall. If he deletes it then he's probably busy cheating. His family knows you, why would he hide you from them – [translation:] some boys like to act slick/clever.]

>> Original Poster : @Respondent 1 >> Wel i asked hm abt it n he says he cn do wateva he wants wth hs fb

>> Respond : Like : Don't Like : Report Abuse

[Original poster @Respondent 1: Well I asked him about it and he says he can do whatever he wants with his Facebook]

>> Respondent 2 : I thnk al u need iz love,as long as he gvs u love,tym,attention when u need hm der iz no nid to worry hm abt postng u o fb,n dnt ever compare urself to da ather gal,h iz treatng u on ur own way.dnt demand everythng 1 tym.jst ask 1 at a tym not being knwn by hs fmly,by hz frndz,on fb.when its tym 4 dat he iz gona do it,its gona happen on its own.once da baby iz born its gna be easy

>> Respond : Like : Don't Like : Report Abuse

[I think all you need is love; as long as he gives you love, time, and attention when you need him, there is no need to worry him about posting [about] you on Facebook. And don't ever compare yourself to the other girl; he is treating you in your own way. Don't demand everything [at] one time. Just ask [for] one thing at a time: not being known by his family, by his friends, on Facebook. When it's time for that he is going to do it, it's going to happen on its own. Once the baby is born, it's going to be easy.]

The original post begins by establishing the participant's gratitude and appreciation of what she has received in the past from the forum members – feeling loved and good advice; thereby implicitly suggesting that she wishes to receive those things again. She goes on to give a 'lay psychological' explanation of what is happening: that her family history has predisposed her to be 'too demanding' of her boyfriend's love. By providing this interpretation, she invites the other participants to align with it (or not), and thereby give her feedback on whether her responses to her boyfriend's behaviour are in keeping with normative practices – and therefore reasonable – or not, i.e. whether she is, in fact, 'stressing over nothing'. The information she makes available for comment is her boyfriend's lack of public acknowledgement of her as part of his life. The actions that have led her to question his behaviour are that he has not written about her on Facebook or told his best friend about her, yet he did the former with his previous girlfriends. He has also recently published a photograph of another girl on Facebook. On this basis, she establishes that it is reasonable of her to expect him to behave similarly towards her ('talking' about her on Facebook and telling his friend about her), and thus she could potentially take this as an indication of his not wanting to acknowledge her publically.

The responses are quite different in the way that they approach her problem. The first takes up the worry about his being unwilling to post about her on Facebook as an opportunity to confirm or deny her suspicions about his infidelity. The way that she can 'test' her boyfriend again suggests a normative practice, in that it implicitly proposes that sufficient numbers of boyfriends who are cheating have been known to delete posts that their girlfriends compose about them, which means that she, too, will be able to infer his infidelity from his particular response to this 'test'.

However, this participant has taken the question about infidelity (which was not explicit in the original post) as the primary problem. At this point, the original poster responds and says that, in fact, she has already confronted her boyfriend about his Facebook activity, and he has dismissed her concerns by saying that his Facebook account is his own to control. The original poster, therefore, effectively rejects the idea of 'testing' him, but takes up the end question that asks, 'why would he hide you from them?' What this illustrates is that the OP is not herself treating possible infidelity as her primary problem; rather, she is suggesting that something more going on of which infidelity may just be one part.

The second response focuses more on her concern that she is being treated differently from how she would like to be, and, importantly, differently from another woman in her boyfriend's life. This may be a response to the OP's comment that confronting her boyfriend about his Facebook use was not successful, but it is not explicitly stated. Instead, the respondent reassures her that so long as she receives 'love' from her boyfriend, she need not worry about his treatment of her on social media or compared to other women, because there is actually a broader issue at stake – that of love. The conception of love that this respondent is mobilising here is suggestive of commitment. She suggests that her boyfriend's commitment to giving her his 'time' and 'attention' are what should be important for the OP: that, in fact, it may be irrelevant whether or not he has other girlfriends, so long as he still fulfils these commitments. In essence, this respondent is answering 'yes' to the question posed by the OP, 'am I stressing over nothing?'

The second part of the respondent's post is advice about how to manage her expectations of her boyfriend's actions towards her, and to reframe his actions as indicating that he is acting 'in his own time' – and therefore, remains committed to her – regardless of his public declaration of his commitment. What this conveys, interestingly, is that the original poster is, in fact, 'too demanding' of her boyfriend in terms of wishing to be treated in similarly to the other girl on Facebook, because for the respondent this is not the most important issue at hand – the OP is focusing on a triviality rather than the sum of his commitment to her. The respondent recommends waiting for 'the time' for all these introductions to take place sequentially, so that it all 'happens on its own', thereby advising the original poster to be patient and wait for her boyfriend to act. By advising this somewhat passive course of action, the respondent places this boyfriend in a category of man that in some way would not tolerate this woman becoming impatient or 'too demanding'. The OP's agency, therefore, lies in her choice to behave in such a way that, according to this user, will encourage her boyfriend to remain committed to her – such as waiting for 'everything' to happen 'on its own'.

The final sentence of the second respondent's post is that 'once the baby is born, everything will be easy'. This is a potentially significant normative statement about the role babies play in love relationships. For this participant, the fact that the original poster is pregnant is a protective factor for this relationship, because of the implication that her difficulties with his public commitment to her – 'everything' – will disappear after the baby is born: the baby is a kind of 'relationship cure' by this logic. How the baby will do so is not clear in this excerpt, but excerpt III appears to make this more explicit, given that that relationship may be ending.

That original poster received the response that she feels she is 'owned' by her boyfriend 'because [she] loves him and has a child with him'. Babies, then, seem to be counted as part of the commitment conception of love, because of the way in which these users report that they can prompt greater feelings of commitment from both parties: the woman may feel bound to her boyfriend regardless of his behaviour, and the man can be expected to be more committed to the mother of his child.

Excerpt V

The following excerpt makes explicit what attitudes and actions are reported as normative in relation to a woman having a child with her boyfriend. The reasons for having a baby are contested by the respondents, in reply to an original post that establishes her wish for a baby with her current boyfriend, and her worries about why he does not want to at present.

- **Original Poster** : **Hi guys plz hlp me out me n my bf been 2gthr for 4yrz bt he gt 2 children n i got no child bt stl he keep tln me 2 go 4 family planning i mean m ready 2 hv my child bt his nt d worse is d second bby gt it while we wr dating my prblm y he doesnt wnt 2 hv a child wt me cz i wnt 1 nw bt he keep sayin wl try cz he dnt wnt 2 luz me n go luk 4 a man who wl gv me a child y is he like dis**
  Reply : Like : Don't Like : Report Abuse
  [Hi guys please help me out, me and my boyfriend have been together for 4 years but he got 2 children and I got no child, but still he keeps telling me to go for family planning. I mean I'm ready to have my child but he's not. The worst is the second baby – [he] got it while we were dating. My problem [is] why he doesn't want to have a child with me because I want one now but he keeps saying we'll try because he doesn't want to lose me when I go to look for a man who will give me a child – why is he like this?]

  >> Respondent 1 : Gal my man hv 3 kids n we lived togeda fr 3 yrs he wsnt ready to be a fada n i wyted fr hm cz i understood hs reasons n nw we hv a bby boi hu is 6months he luvs hm dearly cz we plned hm n hs ada kids wsnt planed so myb he is waitin fr da ryt time fr nw gv hm time n talk to hm
  >> Respond : Like : Don't Like : Report Abuse
  [Girl my man has 3 kids and we lived together for 3 years but he wasn't ready to be a father, and I waited for him because I understood his reasons. And now we have a

baby boy who is 6 months; he loves him dearly because we planned him and his other kids weren't planned, so maybe he is waiting for the right time. For now, give him time and talk to him.]

>> Respondent 2 : @Respondent 1 >> Gal we dnt do babies 4 man.we do 4 us

(-1) >> Respond : Like : Don't Like : Report Abuse

[Respondent 2 @respondent 1: girl we don't do babies for men, we do it for us]

>> Respondent 3 : Ah gal wake up,open ur eyes n b wise.y dnt u liv in dt rltnshp wen u r nt hepi?ow u myk urslf vry stpd wit a man wit 4 chldrn:|y dnt u ask urclf y he hs dne ds whyl he is :} wit u?he does nt respct u at ol.muv on ey b4 its 2 gal

>> Respond : Like : Don't Like : Report Abuse

[Ah girl wake up, open your eyes and be wise. Why don't you leave that relationship when you are not happy? Wow you make yourself very stupid with a man for children. Why don't you ask yourself why he has done this while he is with you? He does not respect you at all. Move on hey before it's too [late] girl.]

>> Respondent 1 : Respondent 2 >> I knw dat

>> Respond : Like : Don't Like : Report Abuse

[Respondent 1 @respondent2: I know that]

>> Respondent 4 : @Respondent 1 >> R u crazy gal?

(-1) >> Respond : Like : Don't Like : Report Abuse

[Respondent 4 @respondent 1: are you crazy girl?]

>> Respondent 1 : @Respondent 4 >> Hws so wena

>> Respond : Like : Don't Like : Report Abuse

[Respondent 1 @respondent 4: how so?]

>> Respondent 5 >> Ths is ur future we talking abt so gal just luk at his chldrn and hw he is responsible, if he does nt care plz gal dnt fll preg bcz u will on ur own whn the child is here

>> Respond : Like : Don't Like : Report Abuse

[This is your future we are talking about so girl just look at his children and how he is

responsible; if he does not care please girl don't fall pregnant because you will be on your own when the child is here.]

>> Respondent 6 : Gal uyakubhanxa lowo unesibindi senyoka while u dating wth him bt other side he had a child he iz cheating nd he iz unfaithfully jsj leave ths busted tht means he wil cum wth infection nd u wil get sick then u wil get streesed

>> Respond : Like : Don't Like : Report Abuse

[Girl [translation from isiXhosa] he is calloused and taking you for a fool while you are dating him but on the other side he had a child. He is cheating and he is unfaithful. Just leave this bastard – that means he will come with infection and you will get sick and then you will get stressed.]

The OP states her problem as the incongruence between the length of her relationship with her boyfriend (four years) and their not having a child together yet. What this does is offer as normative the expectation that she would under these circumstances have had a child with him had he not continued to urge her to take contraception. She openly states that she is 'ready' for a baby, and then contrasts his apparently not being 'ready' with his having had his second child during the course of their relationship, but with somebody else. She goes on to establish more clearly what her problem is: that he keeps saying that he does not want to lose her, but equally does not yet seem to want to have a child with her.

What this post makes explicit that the previous excerpt implied, is that for this user, his infidelity is not the primary concern. Rather, this participant uses his infidelity as further evidence for his inconsistency between saying to her that he is 'not ready' for a baby, and his actions indicating otherwise. What she requests advice about is why he does not wish to have a baby with her at this stage, rather than what to do about his infidelity. Her agency lies in her threats to leave him in order to find a partner who will have a baby with her, and so she interprets his saying that they will 'try' not so much as confirmation that they soon will be having a baby together, but rather as an attempt to keep her from breaking up with him. This suggests a commitment-based experience of love as she is considering finding someone else who will commit to her sufficiently strongly to have a baby with her. It also presents a view that their relationship is bound up with his commitment or intention to have a baby with her: if he does not wish to do so, it presents as this problem in which she is considering leaving him.

The responses she receives contest her understanding of her problem by focusing on her boyfriend's actions and what they may indicate about the reasonability of her wish to have a baby with this man. The first response aligns with her expectation that she would have a baby by now, but suggests an alternate course of action to leaving him or 'forcing' him to have one now by getting pregnant without planning to. The participant establishes her authority to give advice through opening with her personal experience of dating a man who had three of his own children for three years before he was 'ready' to have a child with her. In doing so, she generalises her experience of a man who was not ready for a child with her to the OP's presenting problem, which again implies that participants orient to men as behaving in predictable and generalizable (normative) ways. On this assumption, she suggests that it would be beneficial for the OP to act in the same way she did, namely, understanding his 'reasons' for not yet wanting a child, waiting for him to change, and then having a baby that they 'plan' together. The benefit that would result from this 'planning' process is that her boyfriend would 'love [the baby] dearly'. This positive involvement from the man is reported as desirable, perhaps because it shows his commitment to the baby, and potentially by extension then, to the woman. What this respondent assumes, then, is that there is a category of men in the world who act in this way – having children with other women, but not with the woman with whom they are in a relationship – and that their behaviour can be managed to the woman's advantage in the ways that she suggests (waiting until he is ready for her child and planning the event).

This respondent in turn receives two of her own responses from participants that disagree with her conception of babies in a relationship. The first, 'girl we don't do babies for men, we do it for us', suggests that her taking into consideration her boyfriend's readiness for a baby was in violation of putting her own needs before a man's. What this does is separate the relationship from the act of having a baby. It suggests that women should have babies if they want to, regardless of the man's wish; which makes babies a product of their own desires and/or needs, rather than of a joint decision and/or desire between themselves and their partners. This aligns with the importance for the OP of having a baby, but not with her wish to understand the meaning for her relationship of her current boyfriend not 'being ready' to have one. Similarly, the simple 'are you crazy girl?' suggests that the first respondent's perspective is not the one the OP should take up and is not what the normative view would be. Nevertheless, the assumption that the OP's partner belongs to the generalizable and knowable category of men that the first respondent suggests is not challenged. Rather, it is

the attitude towards having babies – that the OP should wait for her partner's readiness – that is contested here. This reinforces the understanding of men as a category that behaves in certain ways that women cannot necessarily control, but can control their responses to.

The second response takes a different stance, which again focuses on her boyfriend, but this time foregrounds his infidelity as a reason not to have his baby rather than as irrelevant to the current dilemma. By opening the post with 'open your eyes and be wise', this respondent suggests already that the OP is not acting 'wisely'. Acting wisely, according to this participant, would involve the OP leaving the relationship because she is 'not happy' and thus ceasing to 'make [her]self stupid with a man for children'. The respondent thereby interprets his not having children with her but having them with someone else as indicating his lack of 'respect' for the OP. This respondent, then, is aligned with the view of commitment suggested in excerpt III, in which infidelity immediately indicates a lack of commitment from the man, and so she is 'stupid' for wishing to have children with him. The subtle inference in 'you make yourself very stupid with a man for children' is that it is foolish that the OP's primary concern is having a baby, regardless of the man she is with. Though this is in agreement with the response 'we don't do babies for men, we do it for us'; this respondent berates the OP for aligning with this worldview, suggesting the alternate action of 'moving on' 'before it is too late'. This implies that if she does not move on now, she may not be able to do so in future – perhaps because she will have had his child. This again aligns with the suggestion in excerpt III that she will somehow be bound to this 'disrespectful' man if she has his child with him, i.e. not free to 'move on' and find a relationship in which she will be 'happy'. This response, then, suggests having a 'happy' relationship before having a child, rather than aligning with the suggestion that the normative practice is that 'we [all women]' have a child as and when 'we' wish to.

The third response to the OP urges her to consider her 'future' and whether her boyfriend will be a 'responsible' father to her child. The respondent suggests that his behaviour towards his current children will show her how he will behave towards their child and that if he is not responsible now, she will be 'on her own' – without support or commitment – when she has his child. Again, this suggests that for these women, men are a 'knowable' category in the world, and, in this instance, a type of behaviour that can be predicted from men is the extent to which they will take responsibility for their children. This response takes for granted that the OP expects to have a child with her boyfriend, but suggest she take action on whether this

would be in her and her future child's best interests in terms of her boyfriend's commitment to parenting.

The final response focuses entirely on his infidelity, and says that this indicates that he remains a 'cheating' and 'unfaithful' 'bastard' to whom she should not remain committed. The reason the respondent gives is the potential consequences of his infidelity for her: that he will contract an infection, and infect her, which in turn will make her 'stressed'. What this response assumes is that his infidelity was not a once-off: instead, it shows him as belonging to a normative category of man – namely, 'cheating bastards' who will infect her with diseases as a result of sexual infidelities.

Thus commitment-based and feeling-based conceptions of love are contested both in the context of romantic relationships and in that of having children, as well as when these co-occur. It should be noted that children are not a foreclosed-upon normative practice for these women within their romantic relationships. Instead, they are a point of debate and contestation that may prove fertile ground for engagement and intervention.

Discussion and Conclusions

In this analysis, the primary activity being discussed within relationship troubles was 'love', and the actions and meanings associated with it at different times for different purposes. This activity was used to give legitimacy to various courses of action reportedly entertained by the participants in relation to their romantic partners; using different conceptions of it for different dilemmas.

Two particular normative conceptions of love were prominent in the data: commitment-based, and feelings-based. Commitment-based love was associated for these participants with a man purportedly being sufficiently invested in the relationship to wait some time for sex; for him to give the woman time and attention; for him to be faithful; and for him to wish to have a baby with her. Feelings-based love, however, was associated with the woman reporting that she possesses feelings of love towards her partner.

The commitment-based conception of love was employed in this forum in the service of deciding what kinds of responses were appropriate when men behaved in ways that could be ambiguous, but for the understanding that commitment-based love provided. This was because for most participants, this view of love was the more normatively-acceptable, and so could also be used as an argument against actions that were more in keeping with the feelings-based version. For example, if a man is reported as wishing to have sex with his partner, the commitment-based model offers a timeframe on which the participant can base her decision to interpret his wish either as meaning that he loves her (and therefore is committing to her) or as indicating that he is going to 'use' her for sex. A feelings-based conception of love, by contrast, could be mobilised when a participant is considering violating the norms articulated through a commitment-based conception of love, by, for example, staying with a man who has cheated on her. In these instances, respondents tended to align with the commitment-based conception, encouraging her to break up with him rather than stay in the relationship, showing the orientation of many participants to commitment-based love over feelings-based love. What came through in these instances, however, was a transactional-based understanding of having 'received' feelings of love in exchange for her commitment to him and the child she had with him.

What these conceptions of love also offer these participants is a way of exercising agency by discussing both their own and their partners' behaviour with a community of peers. What validates this type of agency is the assumption that their partners belong to a category of man

about which behaviours can be inferred and predicted, based on knowledge provided about the length of the relationship and his past behaviour, including infidelity and children, as well as him being identified with a certain category of man. These women treated themselves and their peers as having choices of how to behave in relation to their partners, which inherently suggests a position of agency at very least being reported to each other, regardless of possible external constraints on this agency. The possibility of relationships being perceived as on some level transactional also suggests an agency in women feeling that they have something to give in exchange for what they get from being in romantic relationships. Taking this further, the excerpts also illustrated that when women report that they are not getting what they expected within a relationship 'exchange', they claim that they have the choice to end it: another orientation to agency within these relationships. A topic that was interesting with regards to this transactional exchange was children: there were the contesting views that a woman can and does expect a man who has committed to her to have a baby with her, against the idea that a baby should be a stand-alone desire that the woman considers separate from her relationship with a man. What this debate suggested was that in some instances, a baby is treated as both illustrating and fulfilling a commitment to the woman from the man; but in others it is assumed to lead to misery if the man was not going to be a 'responsible' father in the first place.

The importance of 'love' for these women was prominent in the forum, but not necessarily in the form of idealised romance expressed by the subjects of Harrison's (2008) exploration of adolescents' conceptions of intimate relationships. Though possessing (and therefore perhaps being able to give) feelings of love was an important part of discussions of romantic relationships for the woman, they were treated as less significant than the show of commitment from the man. This aligns partly with the extensive work on the subject by Hunter (2010) who describes 'provider masculinity' and thus 'provider love': the historic love-association of men as paying marriage settlements (*ilobola*) and providing for their wives, and the more recent association of men giving 'gifts' of material value such as food, clothes or rent to cement romantic relationships. He thus explores this way in which women may view romantic relationships and are able to use them as vehicles to better their economic circumstances alongside feelings of love. This is echoed by the findings of Bhana and Pattman (2011), who suggest that love for impoverished young women is bound up with what the man can provide for them, and how their aspirations to middle-class living intersect with feelings of love for the man who can help them achieve such status.

The difference in this analysis, however, is that though the material wealth of their partners may well be significant in their choices, the participants focused instead on men's commitment of their time, attention and faithfulness. It was his violation of these standards that was the focus of discussion in the forum, and thus treated as what is normatively wished for, if not always experienced. This moves the discussion from simply the material circumstances and desires of young women to include the non-monetary commitment between their partners and themselves to be foregrounded as what is important to them, in addition to the 'provider'-based conception of love found in other research.

Men's multiple-partnerships were contested among the participants, some of whom aligned completely with the commitment-based view of love, and therefore did not tolerate infidelity (suggesting breaking up as the appropriate course of action); others, however, did not treat infidelity itself as the primary problem if the man still showed the other kinds of commitment to his partner such as giving his time and attention. Infidelity, therefore, can be used as grounds for ending a relationship, but is not necessarily conclusive evidence of a lack of commitment on the man's part. What this suggests is that partner infidelity is a common experience for women, which is illustrated widely in research on the subject (Harrison & O'Sullivan, 2010; Harrison, Cleland, & Frohlich, 2008; Hunter, 2010). However, the cited research mainly focuses on the relationship between multiple concurrent partnerships and risk for HIV contraction, treating as accepted and normative a practice which the women in this forum are clearly attempting to resist or rework. They, therefore, are resisting accepting male infidelity as their lot, instead finding agency in advising each other to find partners who will not 'use' them for sex, and to break up with cheating partners.

Uncovering sites of female agency in relation to their romantic relationships is particularly compelling in the South African context because of the ways in which research has previously focused on impoverished young women as victims of socioeconomic disempowerment, portraying them as passive receivers of gendered violence, HIV/AIDS and unwanted pregnancies (e.g. Wood & Jewkes, 1997; Kalichman, Simbayi, Kaufman, Jooste, & Mathiti, 2005). In a discussion of the limits to female agency – particularly in relation to male sexual violence – Bhana (2012) reviews the growing body of research that emphasises female sexual agency and focuses instead on the possibilities of thinking beyond the binary male/perpetrator, female/victim approach. Nevertheless, she discusses the very real limits that South African women (and especially school-going girls) face in being able to decide when and where to have sex. This analysis, however, is positioned to understand not the external

gendered inequalities that individuals continue to face in this country (e.g. Fox et al., 2007; Jewkes & Morrell, 2012), but rather on the experiences of the women in this forum who are exercising and constructing agency in relation to themselves and their romantic relationships.

The significance of this kind of forum, then, is that it appears to be providing a point of engagement for young women to conceptualise, contest and produce their own agency with respect to romantic relationships. What is especially relevant for further intervention is the normative practices that are being debated or even reworked, because they can be used as 'points of entry' for engagement with young women on these subjects that they themselves have not yet explicitly foreclosed upon.

The major contestation in this data-set was the question of having children. Some women experienced this as indication of their boyfriend's greater commitment to them, and others cautioned against the possibility of the boyfriend continuing to be uncommitted to his girlfriend, regardless of her being the mother of his child. Still others took the stance that babies are a desire/need that a woman should separate from her romantic relationship. What is noteworthy here is that children in all of these discussions were not described by the participants as the 'unwanted'/'unplanned' pregnancies described in the majority of South African literature examining teenagers falling pregnant (see Christofides et al., 2014). Though that is an important cohort in terms of the increased risks for lower socio-economic status and ill-health with which unwanted or unplanned pregnancies are associated, it is equally important to note that the women in this forum are not displaying that they experience their pregnancies in these ways.

Without glossing over the very real possibilty that the pregnancies the women in this forum describe may be neither planned nor wished for, it is possible to suggest that continuing to focus on pregnancies as a 'risk factor' for young women's health is short-sighted. This is because despite the variety of perspectives that these participants shared about the reasons for having a baby at a particular time with a particular man, the expressed normative view indicated that babies were discussed as an accepted and welcomed part of many women's lives. This view prevailed despite the contestation that urged their peers to think critically about the implications of having children with an apparently-uncommitted man, which suggested that women are engaging with how having a child will affect them and their livelihoods. This flies in the face of popular discourse that sometimes suggests that young,

single, impoverished women who fall pregnant are irresponsible, thoughtless and, indeed, bad mothers (Wilson & Huntington, 2006; Edin & Kefalas, 2005).

Thus having as the ultimate goal of the public health agenda lowering the rate of pregnancies among young women, may be less effective than accepting that the meaning of babies for young women is as multi-faceted as the women themselves. This means that rather than directly and explicitly aiming to discourage (and in some instances, actively condemn) young women becoming pregnant, the approach that is beginning to surface of enabling young women to live empowered lives – such as continuing their education while raising a baby – should be encouraged (Shefer, Bhana, & Morrell, 2013). These include deconstructing the discourses of 'social decay' that they describe as attaching to impoverished schoolgirls in particular who become pregnant, and addressing the more general condemnation of unmarried, poor women who fall pregnant.

Furthermore, engaging with what young women themselves feel about having children, and how they experience their environments as aligning or at-odds with their private perspectives on the subject, could prove to be fertile points of intervening with norms that could be broadened to include greater choice over partners and children. This could begin the process of deconstructing the discourse of risk that is aimed at them, and could help them to become empowered not only through structural interventions that aim to reduce the gendered inequality of access to health services and choices, but through their own sense of being able to make choices that are respected. Projects like hi4LIFE, then, provide a platform for women to express and develop their sense of agency and choice, by, for example, debating decisions about childbearing and romantic relationships, which is a crucial part of the process of young women feeling and accessing resources that help to make events such as falling pregnant choices that they can make, rather than things that happen to them outside their control.

This is not to deny that many women's unwanted pregnancies are the result of gender-based violence, including rape and abusive relationships, over which they have little or no choice or control (Christofides et al., 2014). Nevertheless, this research has demonstrated the potential of platforms such as hi4LIFE's peer-to-peer discussions to be places in which female agency can be developed and exercised: a crucial aspect of combatting gender-based violence and female disempowerment (Kim et al., 2007). Thus it is recommended that this project be energetically promoted in areas throughout South Africa where female disempowerment is of particular concern, and that similar peer-to-peer mHealth engagements are actively developed

and disseminated to the wider young adult and adolescent population. Finally, the richness of the data clearly indicates the necessity of further analysing the project to inform not only existing knowledge on adolescents' processes of interaction and reported experiences, but future interventions with this demographic in mind. For example, Future research is strongly recommended to examine male-identified use of the hi4LIFE, in order to explore, for example, whether and how different genders engage with the project differently.

References

Alsop, R., Bertelsen, M., & Holland, J. (Eds.). (2006). *Empowerment in practice: From analysis to implementation.* Washington, D.C.: The World Bank.

Bhana, D. (2012). "Girls are not free" - in and out of the South African school. *International Journal of Educational Development, 32*, 352-358. doi:10.1016/j.ijedudev.2011.06.002

Bhana, D., & Pattman, R. (2011). Girls want money, boys want virgins: the materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health & Sexuality, 13*, 961-972. doi:10.1080/13691058.2011.576770

Blair, B., & Fletcher, A. (2011). "The only 13-year-old on planet Earth without a cell phone": meanings of cell phones in early adolescents' everyday lives. *Journal of Adolescent Research, 26,* 155-177. doi:10.1177/0743558410371127

Blaya, J., Fraser, H., & Holt, B. (2010). E-health technologies show promise in developing countries. *Health Affairs, 29,* 244-251. doi:10.1377/hlthaff.2009.0894

Breheny, M., & Stephens, C. (2007). Individual responsibility and social constraint: The construction of adolescent motherhood in social scientific research. *Culture, Health & Sexuality, 9,* 333-346. doi:10.1080/13691050600975454

Catalano, R., Fagan, A., Gavin, L., Greenberg, M., Irwin Jr., C., Ross, D., & Shek, D. (2012). Worldwide application of prevention science in adolescent health. *The Lancet, 379,* 1653-1664. doi:10.1016/S0140-6736(12)60238-4

Christofides, N., Jewkes, R., Dunkle, K., McCarty, F., Jama Shai, N., Nduna, M., & Sterk, C. (2014). Risk factors for unplanned and unwanted teenage pregnancies occurring over two years of follow-up among a cohort of young South African women. *Global Health Action, 7,* 23719. doi:10.3402/gha.v7.23719

Clayman, S., & Gill, V. (2004). Conversation Analysis. In M. Hardy, & A. Bryman (Eds.), *Handbook of Data Analysis* (pp. 590-606). London: SAGE.

Cole-Lewis, H., & Kershaw, T. (2010). Text messaging as a tool for behavior change in disease prevention and management. *Epidemiologic Reviews, 32*, 56-69. doi:10.1093/epirev/mxq004

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & MacIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet, 374,* 817-834. doi:10.1016/S0140-6736(09)60951-X

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Pettigrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *British Medical Journal, 337*. doi:10.1136/bmj.a1655

Dean, A., Walters, J., & Hall, A. (2010). A systematic review of interventions to enhance medication adherence in children and adolescents with chronic illness. *Archives of Disease in Childhood, 95*, 717-723. doi:10.1136/adc.2009.175125

Edin, K., & Kefalas, M. (2005). *Promises I can keep: Why poor women put motherhood before marriage.* Berkeley: University of California Press.

Ensink, T. (2003). The Frame Analysis of Research Interviews. In H. van den Berg, M. Wetherell, & H. Houtkoop-Steenstra (Eds.), *Analyzing Race Talk: Multidisciplinary Perspectives on the Research Interview*. Cambridge: Cambridge University Press.

Fine, M. (1995). The politics of who's "at risk". In B. Swadener, & S. Lubeck (Eds.), *Children and families "at promise": Deconstructing the discourse of risk* (pp. 76-94). Albany: State University of New York Press.

Fox, A., Jackson, S., Hansen, N., Gasa, N., Crewe, M., & Sikkema, K. (2007). In their own voices: A qualitative study of women's risk for intimate partner violence and HIV in South Africa. *Violence Against Women, 13*, 583-602. doi:10.1177/1077801207299209

Frost, L., & Hoggett, P. (2008). Human agency and social suffering. *Critical Social Policy, 28*, 438-460. doi:10.1177/0261018308095279

Goodwin, C., & Goodwin, M. (1992). Assessments and the construction of context. In A. Duranti, & C. Goodwin (Eds.), *Rethinking context: language as an interactive phenomenon.* Cambridge, UK: Cambridge University Press.

Harachi, T., Abbot, R., Catalano, R., Haggerty, K., & Fleming, C. (1999). Opening the black box: using process evaluation measures to assess implementation and theory building. *American Journal of Community Psychology, 27*, 711-731. doi:10.1023/A:1022194005511

Harrison, A. (2008). Hidden love: Sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. *Culture, Health & Sexuality, 10*, 175-189. doi:10.1080/13691050701775068

Harrison, A., & O'Sullivan, L. (2010). In the absence of marriage: Long term concurrent partnerships, pregnancy, and HIV risk dynamics among South African Young Adults. *AIDS and Behaviour, 14*, 991-1000. doi:10.1007/s10461-010-9687-y

Harrison, A., Cleland, J., & Frohlich, J. (2008). Young people's sexual partnerships in Kwa-Zulu Natal, South Africa: Patterns, contextual influences and HIV risk. *Studies in Family Planning, 39*, 295-308.

Hervish, A., & Clifton, D. (2012). *Status report on adolescents and young people in sub-Saharan Africa: Opportunities and challenges.* Johannesburg (South Africa): United Nations Population Fund (UNFPA).

HIVSA. (2012, February). *HI4LIFE*. Retrieved October 8, 2013, from HIVSA: http://www.hivsa.com/projects/entry/hi4life

Hunter, M. (2010). *Love in the time of AIDS: Inequality, gender and rights in South Africa.* Bloomington: Indiana University Press.

Hutchby, I., & Woofit, R. (2008). *Conversation Analysis* (2nd ed.). Cambridge, UK: Polity Press.

Iluyemi, A. (2009). Community-based health workers in developing countries and the role of m-health. In R. Wootton, N. Patil, R. Scott, & K. Ho (Eds.), *Telehealth in the developing world* (pp. 43-53). London, UK: Royal Society of Medicine Press Ltd.

Jewkes, R., & Morrell, R. (2012). Sexuality and the limits of agency among South African teenage women: theorising femininities and their connections to HIV risk practises. *Social Science & Medicine, 74*, 1729-17337. doi:10.1016/j.socscimed.2011.05.020

Kahn, J. G., Yang, J., & Kahn, J. S. (2010). 'Mobile' health needs and opportunities in developing countries. *Health Affairs, 29*, 254-261. doi:10.1377/hlthaff 2009.0965

Kalichman, S., Simbayi, L., Kaufman, M., Jooste, S., & Mathiti, V. (2005). Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa. *Journal of Sex Research, 42*, 299-305.

Kim, J., Watts, C., Hargreaves, J., Ndhlovu, L., Phetla, G., Morison, L., . . . Pronyk, P. (2007). Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in South Africa. *American Journal of Public Health, 97*(10), 1794–1802.

Klasnja, P., & Pratt, W. (2012). Healthcare in the pocket: Mapping the space of mobile-phone health interventions. *Journal of Biomedical Informatics, 45*, 184-198. doi:10.1016/j.jbi.2011.08.017

Lamerichs, J., & te Molder, H. (2003). Computer-mediated communication: From a cognitive to a discursive model. *New Media & Society, 5*, 451-473.

Latour, B., & Woolgar, S. (1986). *Laboratory life: the construction of scientific facts.* Princeton, New Jersey: Princeton University Press.

Lenhart, A., Ling, R., Campbell, S., & Purcell, K. (2010). *Teens and mobile phones.* Washington D.C.: Pew Internet & American Life Project. Retrieved October 2012, from http://pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx

Levitt, N., Steyn, K., Dave, J., & Bradshaw, D. (2011). Chronic noncommunicable diseases and HIV-AIDS on a collision course: relevance for health care delivery, particularly in low-resource settings—insights from South Africa. *American Journal of Clinical Nutrition, 94 (suppl)*, 1690S-1696S. doi:10.3945/ajcn.111.019075

Macleod, C., & Tracey, T. (2010). A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology, 40*, 18-31.

Ozer, E., & Irwin Jr., C. (2009). Adolescent and young adult health: from basic health status to clinical interventions. In R. Lerner, & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3rd ed., Vol. I, pp. 618-641). New Jersey, USA: John Wiley & Sons.

Patton, G., Coffey, C., Cappa, C., Currie, D., Riley, L., Gore, F., . . . Ferguson, J. (2012). Health of the world's adolescents: a synthesis of internationally comparable data. *The Lancet, 379*, 1665-1675. doi:10.1016/S0140-6736(12)60203-7

Pop-Eleches, C., Thirumurthy, H., Habyarimana, J., Zivin, J., Goldstein, M., de Walque, D., . . . Bangsberg, D. (2011). Mobile phone technologies improve adherence

toantiretroviral treatment in a resource-limited setting: a randomized controlled trial of text message reminders. *AIDS, 25*, 825-834. doi:10.1097/QAD.0b013e32834380c1

Potter, J. (2011). Discursive psychology and the study of naturally occurring talk. In D. Silverman (Ed.), *Qualitative Research* (3rd ed., pp. 187-207). London: SAGE.

Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Research in Psychology, 2*, 281-307. doi:10.1191/1478088705qp045oa

Potter, J., & Hepburn, A. (2012). Eight challenges for interview researchers. In J. Gubrium, & J. Holstein (Eds.), *Handbook of interview research* (2nd ed., pp. 555-570). London, UK: Sage.

Roth, J., Brooks-Gunn, J., Murray, L., & Foster, W. (1998). Promoting healthy adolescents: synthesis of youth development program evaluations. *Journal of Research on Adolescents, 8*, 423-459. doi:10.1207/s15327795jra0804_2

Samman, E., & Santos, M. (2009). *Agency and Empowerment: A review of concepts, indicators and empirical evidence.* Oxford: Oxford Poverty and Human Development Initiative.

Schegloff, E. (2007). A tutorial on membership categorization. *Journal of Pragmatics, 39*, 462-482. doi:10.1016/j.pragma.2006.07.007

Shefer, T., Bhana, D., & Morrell, R. (2013). Teenage pregnancy and parenting at school in contemporary South African contexts : Deconstructing school narratives and understanding policy implementation. *Perspectives in Education, 31*, 1-10.

Shim, J. (2002). Understanding the routinised inclusion of race, socioeconomic status and sex in epidemiology: the utility of concepts from technoscience studies. *Sociology of Health & Illness, 24*, 129–150. doi:10.1111/1467-9566.00288

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly, 83*, 457-502. doi:10.1111/j.1468-0009.2005.00409.x

Steyn, M., & van Zyl, M. (Eds.). (2009). *The prize and the price: Shaping sexualities in South Africa.* Cape Town: HSRC Press.

Stokoe, E. (2009). Doing actions with identity categories: Complaints and denials in neighbor disputes. *Text & Talk, 29,* 75-97. doi:10.1515/TEXT.2009.004

ten Have, P. (2007). *Doing Conversation Analysis: A practical guide* (2nd ed.). London: SAGE.

Tomlinson, M., Rotheram-Borus, M., Swartz, L., & Tsai, A. (2013). Scaling up mHealth: Where is the evidence? *PLoS Medicine, 10,* e1001382. doi:10.1371/journal.pmed.1001382

Varga, C. (2003). How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning, 34,* 160-172. Retrieved from http://0-www.jstor.org.innopac.wits.ac.za/stable/3181103

Vasudevan, L., & Campano, G. (2009). The social production of adolescent risk and the promise of adolescent literacies. *Review of Research in Education, 33*, 310-353. doi:10.3102/0091732X083300

Vincent, J. (2005). Emotional attachment to mobile phones: an extraordinary relationship. In L. Hamill, A. Lasen, & D. Diaper (Eds.), *Mobile world: past, present and future* (pp. 93-104). London, England: Springer. doi:10.1007/1-84628-204-7_6

Viner, R., Ozer, E., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet, 379,* 1641-1652. doi:10.1016/S0140-6736(12)60149-4

Williams, A., & Merten, M. (2014). Linking community, parenting, and depressive symptom trajectories: Testing resilience models of adolescent agency based on race/ethnicity and gender. *Journal of Youth and Adolescence, 43,* 1563-1575. doi:10.1007/s10964-014-0141-8

Wilson, H., & Huntington, A. (2006). Deviant (m)others: The construction of teenage motherhood in contemporary discourse. *Journal of Social Policy, 35,* 59-76. doi: 10.1017/S0047279405009335

Wood, K., & Jewkes, R. (1997). Violence, rape, and sexual coercion: Everyday love in a South African township. *Gender & Development, 5*, 41-46.