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ADOLESCENT FEMALES, COERCIVE PRACTICES AND SEXUAL CHOICE IN THE ERA OF HIV/AIDS

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ABSTRACT

One of the population groups most acutely infected and affected by HIV/AIDS are adolescent females. Coercive practices and gender inequalities have been cited as important determinants of women's HIV risk. This research aims to explore adolescent girls' understanding of their identity and heterosexual sexuality. In addition, this study intends to assess the implications that gendered powered relations held for understanding the risks and dilemmas that young women are confronted with in relation to HIV/AIDS contraction. This research presents the findings of a qualitative and quantitative study conducted using a self-constructed questionnaire that was administered to a purposive sample of adolescent girls aged 13-18. Content analysis is used to analyse the data, the aim being to extract themes as they emerged from the data. Some of the following themes were identified as significant in the girls' responses: The physical changes that occur during adolescence were highlighted alongside the viewpoint that adolescence is a time of inconsistency and turmoil. Self-worth was closely linked and related to socially desirable characteristics, and in addition gendered behaviour was widely endorsed amongst these girls. Romantic relationships were an important component of these girls' lives. However, many described their relationships as being less sexual and more emotional in nature. The awareness of sexual readiness and choice hold positive implications for HIV/AIDS. A common consensus existed regarding practicing safe sex and almost all respondents agreed that the onset of sexual intercourse should be postponed until the age of 18 years or older. It appeared that although adhering to feminine stereotyped behaviour could be protective in the sense that it may result in less risky sexual engagement, it however, was also apparent that it could render females less powerful within their heterosexual relationships, thereby increasing their vulnerability to HIV infection. Although only a small proportion of the respondents experienced being forced into a sexual encounter against their will, an underlying fear of sexual coercion or threat nevertheless, emerged. It is concluded that sex education should engage with gender-stereotyped behaviour especially during early and middle adolescence when identities are being formed and developed.

CHAPTER 1

INTRODUCTION

It is more than 20 years since clinical evidence of the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS) was introduced to the world. Today, it has been recognized as one of the most debilitating and devastating illnesses worldwide. The indiscriminate HI Virus has destroyed the hopes and plans of countless numbers of people. With all its challenges in terms of infection, HIV perhaps poses the biggest challenge to women. Early in the epidemic, men vastly outnumbered women among people infected with HIV (UNAIDS, 2004). Today nearly 50% of adults living with HIV globally are women (UNAIDS, 2004). Over the past 2 years, the number of women and girls infected with HIV has increased in every region in the world (UNAIDS, 2005).

Background to Understanding the Study

Although HIV/AIDS is a disease that affects both men and women, recent studies indicate that a large number of young women are becoming infected at a very young age. The discrepancies in rates of contraction between the sexes are attributed to various factors. A survey executed by the Human Sciences Research Council of South Africa (HSRC, 2005) argues that both biological and social contexts should be taken into account in an attempt to understand the discrepancies in HIV prevalence rates between men and women. The biological fact is that women's reproductive systems render them more susceptible to HIV infection. However, biology alone is insufficient as an explanation for the imbalances in infection rates between man and women.

Many existing HIV/AIDS campaigns have been targeted toward uninfected people to protect them from being infected. In addition, studies have revealed that although young people display a high level of awareness and knowledge concerning HIV/AIDS, this nevertheless is insufficient in bringing about behavioural or attitudinal change (HSRC,

2005). Therefore, it is important to understand the wider circumstances within which young people get infected.

Not only in South Africa, but also in countries across the globe, gender inequalities between men and women and gender stereotypical behaviour are viewed as the primary basis for creating the conditions that predispose women to engaging in coercive and/or unsafe sex practices, thereby increasing their sensitivity to HIV infection (Shefer, Strebel & Foster, 2000).

The present study was borne out of interest in the implications that gendered powered relations held for understanding the broad context surrounding the problem of HIV/AIDS for young women. Implementing safe sex practices is continually viewed or portrayed as being the responsibility of women. This view is upheld by the notion that men are not responsible for their sex drive (Barolsky, 2003), but which women are paradoxically expected to curb in a patriarchal relationship. This viewpoint suggests the usefulness of a study highlighting adolescent females' understanding of gendered patterns of relating and what transpires in their heterosexual relationships.

Although the topic of women and AIDS has received considerable attention in the recent past, adolescent sexual health and development problems facing South Africa are areas requiring specific elaboration (Wood, Maforah & Jewkes, 1998). The more understanding we have of contemporary adolescents' experiences of heterosexual relationships, sexual behaviour, and their understanding of what is normative, the more likely we are to be able to develop appropriate preventative interventions. This study thus investigates aspects of adolescent girls' experiences that may have indirect and direct implications for appreciating their risk of HIV infection and possible protective and preventative features.

Structure of the Research Report

The following is an outline of the structure of this research report:

Chapter two follows this introduction and provides a review of the related literature concerning adolescent heterosexual romantic relationships. It reviews the factors that put young girls at risk of contracting HIV within the context of their romantic relationships. It identifies the extent of the HIV/AIDS epidemic both internationally and in South Africa, with a particular focus on South African adolescents. The issues of identity development, sexual development, dating and conflict resolution are addressed. It then focuses on the dynamics of coercive sexual practices that may occur in the context of heterosexual relationships.

Chapter three presents the methodology of the present study. It begins by discussing the research approach and then goes on to outline the procedure and instruments used, and the data collection method. This is followed by a description of how the data was analysed and is concluded by a discussion of the ethical considerations of this research.

Chapter four focuses on the analysis and discussion of the data. Some of the research findings are supported by tables. A discursive commentary is also offered as pertaining to the findings. Finally an overview of the findings is presented; and the different strands of this and the discussion are brought together.

Chapter five is the concluding section of the research report. Here, the study is critically evaluated, implications and recommendations are discussed, and finally suggestions for future research are highlighted.

CHAPTER 2

REVIEW OF RELATED LITERATURE

The following is a literature review of material pertaining to adolescent heterosexual romantic relationships. It reviews the factors that render young girls vulnerable to contracting HIV within the context of their romantic relationships. It begins by outlining the global statistics of the HIV epidemic with a particular focus on South African adolescents. This is followed by a discussion of the factors that put young girls most at risk of HIV infection. Given the complexities of adolescence, the issues of identity development and sexual development are highlighted. To help better understand young girls' heterosexual relationships, the issues of dating and conflict resolution are explored further. Lastly, the dynamics of coercive sexual practices that occur within some relationships are examined and discussed.

GLOBAL SUMMARY OF THE HIV/AIDS EPIDEMIC

The Joint United Nations programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) have recently estimated that AIDS has claimed the lives of more than 25 million people since its identification in 1981, rendering it one of the most destructive epidemics in recorded history (UNAIDS & WHO, 2005). Although access to antiretroviral treatment has improved in many regions of the world, the AIDS related death figure for 2005 was 3.1 million individuals, of whom more than half a million were children (UNAIDS & WHO, 2005).

An estimated 40.3 million people are living with HIV worldwide, a figure that is 50% higher than what was projected by the United Nations Population Fund (UNFPA) in 1991 (UNAIDS, 2005). Approximately 5 million people were newly infected with the virus in 2005 (UNAIDS, 2005).

Sub-Saharan Africa remains by far the worst affected region globally. An UNAIDS' report (2005) indicates that only 10% of the world's population live in Sub-Saharan Africa, yet an alarming 25.8 million people, i.e. 60% of all people living with HIV/AIDS, reside in this region. An estimated 2.4 million people died of HIV-related illnesses in this region in 2005, while a further 3.2 million became infected with HIV (UNAIDS & WHO, 2005).

In addition, the prevalence rate for women continues to increase. In 2005, 17.5 million women were living with HIV; 1 million more than in 2003 (UNAIDS & WHO, 2005), and 13.5 million of these women live in Sub-Saharan Africa.

The epidemic continues to intensify in Southern Africa. HIV infections among pregnant women are 20% or higher in six Southern African countries, namely Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe (UNAIDS & WHO, 2005). The UNAIDS and WHO (2005) report clearly states that South Africa's epidemic, one of the largest in the world, shows no sign of relenting at present.

With figures as disproportionate as these, it is believed that developing an efficient HIV vaccine may be the only hope of combating HIV/AIDS worldwide and in sub-Saharan Africa in particular (HSRC, 2005). In addition to this viewpoint, the UNAIDS & WHO policy makers (2005) believe that countries everywhere need to achieve universal access to prevention, treatment and care, all of which will help countries gain the upper-hand against the AIDS epidemic. Whilst the development of a viable vaccine is far from becoming a reality (HSRC, 2005) and achieving universal access to prevention, treatment and care remains a challenging task, efforts to achieve healthier and safe sexual behaviour, preventative interventions need to be increased and maintained.

The Problem that the HIV/AIDS Epidemic poses for South African Adolescents

AIDS is a leading cause of death among sexually active youth in many African countries (Brumelhuis & Herdt, 2003), with the majority becoming infected via unprotected sexual relations.

A survey of South African youth conducted by the University of the Witwatersrand's Reproductive Health Research Unit (RHRU) found that one in ten South Africans in the 15-24 year age group are HIV positive, with a staggering 77% of those who are HIV positive being female (The Star, 2004). This survey, which was commissioned by the Love Life consortium, reported that young South African women are especially bearing the brunt of the HIV/AIDS epidemic, with nearly one in four women aged 20 to 24 testing HIV positive compared to one in fourteen men of the same age group (Love Life, 2004; The Star, 2004). According to the South African National HIV prevalence, HIV incidence, Behaviour and Communication survey (2005); women aged 15 to 24 are four times more likely to have HIV (16.9%) than men that age (4.4%) (Sunday Times, 2005). Despite 94% of young people being knowledgeable as to how to avoid HIV infection, many adolescents still persist in risk taking behaviour (RHRU, 2004). Although this high level of awareness exists, the youth seem often not to think that they are personally at risk for contracting HIV.

According to the RHRU (2004), two main reasons for this belief are denial and failure to internalise risk, problems identified as significant by the Health Belief Model (HBM) (Mckay, 1993). Although it is natural for young people to partake in risky behaviour and not worry about the consequences when it comes to HIV, it is easier to live in denial and think that 'it's not going to happen to me'. This is similar to the phenomenon of the 'personal fable' by which means of adolescents maintain that no one understands their problems or have had their experiences (Serovich & Green, 1996). Adolescents high in 'personal fable' or egocentric type of thinking believe that they are invincible and that the laws of mortality do not apply to them (Serovich & Green, 1996). For young people to engage in safe sex practices and to protect themselves from HIV, they have to perceive

themselves to be at risk of becoming HIV infected. The perception that one is not at risk of contracting HIV can also be linked to some of the theory underpinning the HBM, which proposes that various personality and social factors influence health behaviour change (Mckay, 1993). According to the HBM there are personal and social pressures to ignore warnings related to unsafe sex practices, since safe sex practices are viewed as barriers to sexual pleasure (Mckay, 1993). There is a widespread perception for example that condoms interfere with sex, reducing spontaneity and pleasure. In addition, condoms introduce the idea of disease into a sexual relationship, which for some is contrary to an atmosphere of intimacy (Mckay, 1993). Denial and failure to internalise risk, alongside feeling invulnerable to contraction of HIV, feelings of inadequacy and a lack of assertiveness all form part of the personal factors associated with barriers to behaviour change. However, not only are there personal factors that serve as barriers to behaviour change, there are also social factors at play.

Women face particular sexual risks and pressures by virtue of being female. Thirty one percent of sexually experienced women reported that they did not necessarily want to or agree to their first sexual encounter (Love Life, 2004; The Star, 2004). However, with sexual partners being an average of four years older than the women, negotiating condom use or refusing unwanted sex is difficult. A further finding of the Love Life survey (2004; The Star, 2004) was that sexually active young women reported having more sex than their male counterparts. In addition, these young women were less likely to report having used a condom during their last sexual encounter. Clearly this places sexually active female youth at increased risk of exposure to infection.

It follows that one of the most difficult yet important groups for whom to make HIV/AIDS prevention relevant are teenage girls who are becoming sexually active in the age of AIDS. According to Bury, Morrison & Mclachlan (1992), both young males and females are subject to the 'hard sell' of advertising which seduces the recipient into the belief that sex sells and buys everything. On the other had, there is a large volume of media material focusing on HIV/AIDS prevention which can result in a viewpoint that sex is now an activity which kills. As a consequence, teenage girls may well be confused

about sex and their sexual behaviour. Teenagers are at an age where emotions are highly charged (Bury et al, 1992) and there may be physical and sexual pressure to have sex. At the same time teenagers are negotiating becoming ready to have sex and/or to practice safe sex (Bury et al, 1992). These normal developmental tasks are complicated by engagement with the HIV/AIDS epidemic and the very real risk of sexually transmitted infection.

Knowledge, Attitudes and Perceptions concerning HIV/AIDS

Important precursors for behavioural responses to the HIV/AIDS disease are knowledge, attitudes and perceptions (KAP) (HSRC, 2005). In the absence of a vaccine, it is recognized that behaviour change can help prevent transmission of the HI Virus. However, the HSRC (2005) maintains that basic knowledge is not necessarily sufficient in addressing response and behaviour.

A South African National household survey conducted by the HSRC (2005) on knowledge and attitudes amongst all race groups in all 9 provinces; and in both rural and urban areas, yielded the following results: Although explicit knowledge and behavioural responses in key areas were relatively high, inadequate levels of knowledge on other key aspects of HIV/AIDS still exist. Approximately 18.7% of young people age 12 to 14 did not understand sexual transmission and nearly 31.9% said 'No' or Don't know' when asked if HIV could be transmitted from mother to child. Twenty-five, point seven percent of respondents aged 50 and over disagreed or were unsure that HIV causes AIDS and 28.6% showed a lack of clarity about whether AIDS is curable. Nearly a third of respondents in all age categories disagreed or were unsure that having fewer sexual partners reduces the risk of HIV infection. Eighteen, point one percent of respondents aged 12 to 14, 11% of respondents aged 15 to 24, and 21.3% of respondents age 50 and above all disagreed or were unsure whether HIV infection is prevented by using condoms.

In 1995, the Department of Health together with the Department of Education formed the National Coordinating Committee for Life Skills and HIV/AIDS (Magnani, Karim, Macintyre, Brown & Hutchinson, 2004). The policy of this committee was to establish a life skills/HIV education course, which was to be fully implemented in 2005 in secondary schools nationwide. Upon assessing it's short term impact, the findings were that youth exposed to life skills education are more likely to use condoms, but there was no effect on other key behaviours, such as delaying sexual initiation or reducing their number of partners in the last twelve months.

Taking these findings into consideration, it follows that confusion about whether HIV causes AIDS and whether there is a cure for AIDS, have obvious negative impacts when addressing an epidemic with a high prevalence rate (HSRC, 2005). Furthermore, although prevention education is being continuously implemented, poor knowledge about reduction in number of sexual partners as an effective HIV prevention strategy still exists. According to the HSRC (2005), this may suggest that insufficient attention has been given to this area in communication campaigns. Alternatively, increased condom usage, alongside little or no change in partner reduction or sexual initiation, may be due to the fact that Life Skills education focuses more on condom use and less on other means of preventing HIV contraction (Magnani, et al, 2004). Furthermore, older men who have unsafe sex with young women, who have multiple partners and who are unsure as to whether HIV causes AIDS, help fuel the HIV epidemic in South Africa (Sunday Times, 2005). Younger women are biologically more susceptible to HIV and have less power to negotiate condom use when their partners are older men.

When addressing the issue of attitudes in the context of HIV/AIDS, stigma and discrimination against people living with HIV/AIDS have been identified as primary barriers to effective HIV prevention, as well as to the provision of treatment, care and support (HSRC, 2005).

Generally, people are cautious about disease contagion; and this caution readily applies to HIV/AIDS. A study carried out by Ogden and Nyblade (2005), which explored the root

causes of individual perceptions of stigma, found high levels of fear of contracting HIV through everyday contact (cited in HSRC, 2005). Whilst knowledge that HIV is mainly transmitted through intimate contact is high, fear of HIV contagion may be linked to a lack of trust of scientific explanations of HIV transmission (HSRC, 2005). It is suggested that knowing people with HIV/AIDS can shift attitudes toward people with HIV/AIDS (HSRC, 2005). However, this survey also indicated that a trend toward higher levels of negative attitudes existed in relation to closer contact with people with HIV/AIDS. In addition, urban and rural areas in South Africa have different forms and levels of exposure to HIV intervention programmes. Urban areas are thus more likely to 'normalise' HIV/AIDS so that infected and affected people are not viewed as exceptional and exclusionary beliefs are less likely to dominate (HSRC, 2005).

The survey conducted on South African youth by the RHRU (2004), which reported that 94% of young people were well informed on how to avoid HIV infection also showed that they nevertheless persisted in risky sexual behaviour. Findings from this survey (RHRU, 2004) indicated that 62% of youth who tested HIV positive thought that they were at no risk or only at' some risk' of contracting HIV. This highlights the gap between awareness and knowledge, and behaviour or attitude. Not only is there evidence of a 'KAP-gap', the failure to use knowledge to modify practices has been commonly observed (Wood, Maforah & Jewkes, 1998).

Women and Aids

As discussed in the introduction, early in the epidemic, men vastly outnumbered women among people infected with HIV. Today, nearly 50% of adults living with HIV/AIDS worldwide are women (UNAIDS, 2004). Globally millions of young people are becoming sexually active each day, many with no or little access to prevention services. In Sub-Saharan Africa, young women are about three times more vulnerable to HIV infection than their male counterparts (UNAIDS, 2004). The strains of HIV in Africa and patterns of transmission appear to make women more vulnerable to infection.

As patterns of infection have over the years altered to include significant numbers of women, there is a growing and continuous awareness of the need to understand the epidemiology of AIDS among women and the risk factors that make them susceptible to HIV infection.

FACTORS CONTRIBUTING TO FEMALE INFECTION AND VULNERABILITY

Physical/Biological Risks

Women have different risks relative to men for many diseases, including AIDS. It has been established that women are more physically susceptible to HIV infection than men and male-to-female transmission during sex is about twice as likely to occur as female-to-male transmission (UNAIDS, 2004). The WHO estimated that the risk of becoming infected with HIV during unprotected vaginal intercourse is two to four times higher for women than it is for men (cited in Van Dyk, 2001). Heterosexual women can far more easily become infected through penetrative sex than heterosexual men and vaginal and/or anal sex is much riskier than other modes of transmission (UNAIDS, 2004). One reason for this greater risk of infection is that women as the recipients of semen are exposed to semen for a much longer time than men are exposed to vaginal fluids (Van Dyk, 2001). Furthermore, there may be a higher concentration of HIV present in semen than in vaginal fluids, making transmission to a woman more likely (Centre for Disease Control, 2000). If the sex is violent or coercive, vaginal and anal walls are more likely to be ruptured, or when women are very young, their genital tracts are not yet fully developed, their vaginal secretions are less abundant and they are more prone to vaginal mucosa lacerations, all of which render women more vulnerable to HIV infection (UNAIDS, 2004; Van Dyk, 2001). Cuts, scrapes and bruises allow easy access for the HI Virus into the blood stream. Another reason for women's greater vulnerability to HIV infection is that transmission of HIV is more likely to occur just before, during or after menstruation, due to the large raw area of the inner uterine lining that is exposed (Evian, 2000).

Socio-Economic Factors

Of further significance is the fact that women are not only biologically vulnerable, but are socially and economically vulnerable in a society that attributes a lower status to women than men.

A UNAIDS Fact Sheet (2004) states that for many girls, violence and coercion marks their first experience of sex. Surveys carried out estimated that 24% of young women in rural Peru reported that their first sexual experience had been a forced one (UNAIDS, 2004), while a survey carried out by the RHRU showed that in South Africa 10% of sexually active young women reported being forced to have sex (RHRU, 2004).

Women from socio economically depressed communities have little or no control over their sex lives as they do not have the authority to express or enforce their needs (Van Dyk, 2001). In South Africa, the International Women's Health Coalition (IWHC) identified married women as the group most at risk for HIV infection in that four-fifths of new infections in women result from sex with their husbands or primary partners (IWHC, 2005). It would appear that marriage and long-term monogamous relationships do not necessarily protect women from HIV as is illustrated by a study carried out in Zambia, where only 11% of women believed that they had the right to ask their husbands to use a condom, even if he had proven himself to be unfaithful and was HIV positive (UNAIDS, 2004). Economic dependence as well as fear of violence or rejection makes negotiation of safer sex practices difficult for women particularly in impoverished or patriarchal communities (Van Dyk, 2001; UNAIDS, 2004).

Another major contributing factor to HIV infection in women is the concept of transactional sex. When sex is used as a commodity in exchange for goods, services, money, accommodation or other basic necessities, it is considered transactional sex (UNAIDS, 2004). In an article entitled 'More women having sex for gifts', The Star (May, 2004) reported that increasing numbers of young women are having sex in exchange for cell phones, expensive clothes and other gifts, and risk contracting HIV in

the process. Research conducted in Kwazulu Natal consistently found that material rewards for sex were common (The Star, 2004). More importantly, many of these women had family members who had died of AIDS related illnesses and were educated about HIV/AIDS, but justified their behaviour on the basis that they themselves could die within a few years, regardless of their future behaviour; hence they would continue having sex for gifts. The implication here is that these women are at risk not only of infection but also of re-infection, since there are many strains of HIV with some more virulent than others (Van Dyk, 2001). This means that re-infection with another strain of HIV may augment an existing vulnerability which may result in an earlier onset of full-blown AIDS. Women, who engage in transactional sex, especially with older men, stand the risk of becoming financially dependent on not one but many sexual partners. Younger girls are often enticed into sex or coerced by someone older or stronger than themselves into such relationships (UNAIDS, 2004). Hence negotiation around safe sex practices becomes less probable, thus increasing the risk of HIV infection (Strebel, 1993).

However, some writers have cautioned against the exclusive focus on specific political and economic factors in approaching and understanding the problem of HIV/AIDS (Berger, 2004, Stamp, 1989). Berger (2004) cautioned against viewing women's vulnerability as the sole consideration in understanding what drives the epidemic, that is, 'telling part of the story as if it were the whole' (Berger, 2004, p.46). Finding a single story to explain a 'complex phenomena' such as HIV/AIDS tends to overplay vulnerability. According to Berger (2004), the ways in which sexuality and desire impact on people's behaviour should complement any more material analysis. A great amount of variation exists in our sexual practices; women too enjoy sex, can also be unfaithful to their partners and can engage in sexual practices that are normatively seen as deviant (Berger, 2004). Thus women and girls should not be seen purely as passive victims of gender relations and HIV infection.

Furthermore, it has been suggested that it is the wives of more affluent men, who are more mobile and more financially able to pay for sexual favours, who are often first infected (Larson, 1990). Many women in different countries, including South Africa, are

choosing not to marry since they argue that this strengthens their economic stability (Jaffe, 1991; Schoepf, 1992). Based on what has been discussed earlier, that is, that women from lower socio-economic groups are in a weaker position to negotiate condom-use, one can hypothesize that single, financially solvent women are in a better position to negotiate safe sex practices.

Sexuality and Gender

HIV/AIDS is globally accepted to be a crucial problem for women, especially young adolescent females. This gives rise to special gender-related concerns with regard to prevention and care. Understanding sexuality and gender identity issues forms a central part of understanding the HIV/AIDS dilemma and strategies for prevention.

Gender is defined as the shared expectations and norms within a society about appropriate male and female behaviour characteristics and roles (Gupta, 2000). According to Rao Gupta (2000), gender can be considered as a social and cultural construct that distinguishes males from females and thus defines the ways in which women and men interact with each other. Of further note is that gender is to a considerable extent culture specific, that is, there are significant differences in what females and males can or cannot do, or should or should not be, in one culture as compared to another.

The word ‘sex’ denotes an individual as male or female and is biologically determined, whereas the word ‘gender’ is an extension of these physical attributes and is ideologically or socially constructed (Gupta, 2000). The social construction of ‘gender’ forms the basis of what is normatively known as masculine and feminine characteristics, roles and expectations.

Traditionally men are characterised as exemplifying physical strength, aggressiveness, decisiveness, logical patterns of thought and biologically driven sexual needs, whereas women are characterised by qualities such as nurturance, passivity, high emotionality and

indecisiveness (Baron & Byrne, 1991; Richmond-Abbot, 1992; Strebel, 1993). However, these types of descriptions are considered to be highly stereotypic, the very stereotypes that have been challenged by feminist writers (Strebel, 1993). In addition, these descriptions perceive gender types in terms of opposites, whereas in reality men and women often overlap in regard to many characteristics (Richmond-Abbot, 1992). Baron and Byrne (1991) maintain that stereotypes do not occur in a vacuum and are not purely theoretical constructs; instead they exert powerful effects on judgement and evaluation of the individuals to whom they are applied. Gender is said to intersect with culture, tradition and religion (Shefer, Potgieter & Strebel, 1999). It is illustrated by Shefer et al (1999) that through discourse it is realised that what is considered a unique form of gender inequality in one context is actually an assumption, as all cultures share similar experiences and gender inequality cuts across different cultural contexts and is remarkable and consistent.

The understanding of gender identity and gender relations is important in understanding how HIV is spread since this facilitates an analysis of how men's and women's roles may be implicated in increased vulnerability to this disease (Shisana, 2004). In every society, including ours in South Africa, males and females are expected to behave in accordance with prescribed ways of life (Shisana, 2004). According to Shisana (2004) in many cultures initiating sexual relationships is a terrain reserved for males, while females have to wait to be approached or risk being considered promiscuous. In such cultures society expects men to be knowledgeable about sex, even if they are not. This is dangerous since knowledge, though not sufficient, is vital to HIV prevention and the pretence of knowledge in order to shore up male gender identity may pose risks for both male and female sexual partners.

Social norms for rearing young girls and women affect their ability to control sexual situations, thus making them vulnerable to gender-based violence or coerced sex (UNICEF, 2003). Gender-based violence is increasingly cited as an important determinant of women's HIV risk (Dunkel, Jewkes, Brown, McIntyre & Harlow, 2004; Shefer, Strebel & Foster, 2000; Shisana, 2004). However, it is important to mention that

boys and men may also be victims of sexual coercion by other men (Niang, et al, 2003 cited in Shisana, 2004) and cases of women sexually abusing young boys also exist, both of which should not be ignored (Shisana, 2004). However, as indicated previously, the proportion of young women infected with HIV in South Africa suggests that women or girls generally face greater risk, in large part due to conventional gender roles and imbalances.

In South Africa, the high HIV infection rate can be attributed to a variety of factors. Leclerc-Mdlala (2003) argues that the pandemic can be viewed as something borne out of pre-existing patterns of sexual, cultural and gender inequalities and high levels of poverty, migration and family disintegration. Together these components form a lethal context that fuels the spread of HIV/AIDS in a way that is unparalleled elsewhere in the world ((Leclerc-Mdlala, 2002 cited in Barolsky, 2003).

HETEROSEXUAL RELATIONSHIPS AND IDENTITY DEVELOPMENT

According to Erikson (1968) the fundamental developmental task of adolescence is the development of identity (Florsheim, 2003). Young adolescents develop a sense of themselves in relation to their parents, friends, romantic partners and others. At times their different selves may contradict each other, but these contradictions may go unrecognised (Harter, 1999). In middle adolescence such contradictions become more easily recognised. This means that in their quest for identity, adolescents often clash with the rules of society and with persons close to them (Meyer, Moore & Viljoen, 1997). An inherent danger of this stage is that adolescents many become confused in their search for identity. Changes that occur during this stage are puberty, the onset of sexual maturity and the social expectation that a career choice is made, all of which force the adolescent to re-evaluate earlier certainties. Society, according to Erikson, is tolerant of adolescent behaviour and in their search for identity young people are provided with a 'psychosocial moratorium' i.e. a grace period to pursue their quest for identity and to experiment with various identities (Meyer et al, 1997). One aspect of this experimentation is the further exploration of gender, and particularly sexual identity.

Romantic experiences or heterosexual relationships are said to play a role in the development of an identity in two ways (Florsheim, 2003). Firstly, adolescents develop distinct perceptions of themselves in a romantic context. Romantic self-concept is related to whether one has a romantic relationship and to the quality of that relationship, suggesting that romantic experiences may affect how one views oneself as a potential romantic partner and that this has an impact on identity as a whole (Florsheim, 2003). Hence, adolescents who have positive experiences may consider themselves successful in terms of having relationships, whereas those who have negative experiences may doubt their ability to create and have successful relationships.

Secondly, there is evidence that romantic relationships may affect one's overall self-esteem (Florsheim, 2003). Florsheim illustrates this effect by drawing on a teenager's reflection concerning her romantic experiences with an abusive partner: 'I feel I lost a lot. I lost my self-respect. I don't respect myself. It's like I feel that I have no self-esteem, no control, no nothing' (Harter 1999, cited in Florsheim, 2003). These statements imply and support the notion that one's romantic self-concept is related to one's self-worth.

Although self-esteem and self-perception are aspects of identity, the concept of identity encompasses more than these elements. During the stage of identity development, adolescents acquire personal, moral and religious values, tentatively select a career, and adopt social roles, including gender-roles. In terms of identity, gender-role identity is an important facet to be considered. During this time girls are expected to adhere to feminine stereotypes whereas boys are expected to adhere to masculine stereotypes. Feiring (2000) maintained that dating might be a powerful factor in intensifying conventional gender roles. The majority of adolescents are likely to act in ways that would make them more attractive to opposite sex members since partners or peers may reinforce or punish conformist and non-conformist gender-related behaviours respectively.

Sexual Development

As mentioned previously the development of a sexual identity and greater sexual awareness is a very important task in adolescence. As adolescents' bodies begin to mature, their sexual desires begin to increase. Naturally, relationships play a key role in the development of sexuality. Relationships are primary contexts in which learning about sexuality and sexual behaviour occurs. Bukowski, Sippola and Brender (1993) suggest that the development of a healthy sense of sexuality includes: a) learning about intimacy through interaction with peers; b) developing personal roles and understanding of these roles; c) assessing one's body in terms of shape, size etcetera; d) adjusting to erotic feelings; e) learning about acceptable social ways of sexual expression; and f) developing an understanding of reproductive processes. Sexual identity development in adolescence thus requires awareness and mastery of a range of roles and functions, some of which can only come about in interaction with a partner. Although not much is known about the role that romantic partners play in the development of sexuality, it can be assumed that the nature of these relationships plays an important part in determining sexual behaviour (Florsheim, 2003).

Although it is beyond the scope of this research study, more research pertaining to sexual minority youth is needed since many adolescents become aware of their same sex preferences or other minority preferences in early to mid-adolescence. The majority, however, date heterosexually, since opportunities to date same sex peers are limited (Sears 1991 cited in Florsheim, 2003). It is believed that heterosexual relationships help confirm sexual preferences for many adolescents.

AGE OF DATING ONSTET, DURATION AND QUALITY OF RELATIONSHIPS

Several studies conducted on adolescent populations indicate that the average age of onset of dating is 14 – 15 years (Connolly & Johnson, 1996; Feiring, 1999). A longitudinal study with middle-class Caucasian females reported that of 117 participants, 88% of 15-year-old youth reported that they had begun dating (Feiring, 1999). It was

also found that the average length of a relationship was approximately four months, with 8% reporting a relationship of one year or longer. However, the duration of relationships was found to increase over time, with an average of 3.8 months at age 15 to an average of 9.3 months at age 18.

Although it has been argued that the earlier the onset of dating the greater the risk of courtship violence; age alone is an insufficient predictor of adolescent problems (Florsheim, 2003). Other factors that come into play are the duration of the relationship, level of commitment, function of the relationship, etcetera. It is not unreasonable to infer that the longer the duration of a relationship the greater the likelihood of increased sexual intimacy.

With regard to the function of dating relationships, Feiring (1999) reported that those who reported a greater number of opposite sex friends at age 13 were likely to describe their romantic relationships at age 15 in terms of 'self-disclosure and support'. However, a study carried out by Connolly, Craig, Goldberg & Pepler;(cited in Florsheim 2003) found that heterosexual relationships were more likely to be described in terms of passion, physical contact and companionship and terms like self-disclosure and support were related more to friendships. What is highlighted here is that there is a need to better understand adolescents' participation in heterosexual friendships and partnerships.

Stability, Intimacy and Sexual Behaviour in Adolescent Relationships

Generally adolescent relationships are less stable than the romantic relationships of young adults (Paul & White, 1990). With maturity, adolescents become more accomplished in attaining certain cognitive, affective and behavioural skills. From this it can be predicted that relationship stability increases as adolescents age. Intimacy is commonly defined in terms of emotional closeness (Connolly & Goldberg, 1999), whereas commitment can be divided into a moral, personal and structural dimension. The first two types of commitment infer a sense of obligation and a desire to stay in the relationship, with the third reflecting a feeling of being constrained in a relationship

(Carver, Joyner & Udry, 2003). According to Carver et al (2003) boys are more likely to display a moral commitment whereas girls tend to express a personal commitment, viewing commitment from an emotional standpoint. Carver et al (2003) also found that younger adolescents are generally less committed. As they age, partner relationships are characterised by more gift giving, time spent alone and less time spent with other friends. In the time of HIV/AIDS the awareness of just how sexual adolescent romantic relationships are is important, as this holds implications for HIV risk related behaviour and/or preventative measures. Various dimensions of sexual behaviour have been identified as taking place within the context of a romantic relationship. These include petting (touching each other under clothing), heavy petting (touching each other's genitals) and sexual intercourse (Carver et al, 2003). In their study Carver et al (2003) observed amongst adolescents aged between 14 and 19, that more petting and heavy petting (57% and 52%) was reported than actual sexual intercourse (41%). Girls and older adolescents reported a higher engagement in these behaviours overall than boys, supporting observations that some boys avoid heterosexual intimacy until early adulthood and lag behind girls in this respect. In addition, girls tend to date older boys in conventional heterosexual partnerships. It is important to note that these results pertain only to adolescents in romantic relationships as opposed to adolescents as a whole.

Conflict and Negotiation

Normative romantic relationships are often described in terms of relatedness, intimacy, support and care. However, conflict is an inevitable part of any relationship. Literature states that some of the situations in which conflict arises are those in which there is a lack of free expression and balance (Orlofsky, 1976). Here individuality is compromised in order to maintain the relationship. It is important to reiterate that adolescents seek out relationships for different reasons: A girl may be seeking intimacy, whereas a boy may be interested in promoting his social status by being in a relationship. Sexual attraction is also an important factor during this time. Only at much later stages of adolescence do relationships become about intimacy, care and mutual support (Florsheim, 2003). The conflict adolescents' face is that of 'balancing of self and the other' (Florsheim, 2003).

Conflict is said to be resolved through the process of negotiation. Conflict management is not new to the adolescent. In their relationships with their family and friends, adolescents have had to resolve conflicts and/or have been exposed to parental conflicts. Adolescents may therefore imitate the conflict resolution styles of their parents in their own romantic relationships (Collins and Stroufe, 1999). Often adolescents express their disagreements indirectly through emotional displays or directly through verbal responses. It follows that during adolescence the process of negotiation in relationships involve both the individual and the social groups in which he/she lives and occurs in various contexts (Langer, Jonathan & Duncan, 1998).

Adolescents often engage in risky behaviours with peers, some of which are considered developmentally enhancing and may promote autonomy and identity development (Furman & Shaffer, 2000; Langer et al, 1998). Being part of a peer group or a member of a popular clique is significant during early adolescence and declines during late adolescence as individuality becomes increasingly valued (Furman & Shaffer, 2000). In early adolescence members of one's friendship or peer group are likely to share similar attitudes, interests and beliefs. In addition, the presence of a romantic relationship is likely to influence the relationship one has with one's peers, for example, dating increases one's status in a group and dating an attractive or popular person reaffirms one's own popularity (Furman & Shaffer, 2000). Adolescents often have to negotiate the challenging task of balancing spending time with romantic partners and the rest of their peers, as friends and partners vie for their attention. Both forms of relationships entail support seeking and giving, disclosure and sharing However, as illustrated at several points, romantic partner relationships may be less intimate and less personally meaningful in early adolescence when group conformity and peer approval is more important, while for older adolescents romantic partnerships may become more satisfying and significant.

The Sexual Double Standard

Although double standards of sexual behaviour are much less striking in the 21st century than in many previous periods, ethnographic work suggests that young women's negotiations of heterosexuality remain dominated by the sexual double standard (Furman & Shaffer, 2000; Jackson & Cram, 2002; Vera Paiva, 2003). Within the sexual double standard an active, desiring sexuality holds positive connotations for men, but is considered negative and denigrating for women (Jackson & Cram, 2003). Young women are positioned as passive objects of male sexual desire, want and need.

Expressing their sexual desires can be risky for young women since they fear being thought of as sexually insatiable. Often derogatory terms such as 'sluts' or 'slags' are used to refer to sexually desiring females (Jackson & Cram, 2003; Vera Paiva, 2003). Not only do young men utilise these terms, young women also use such labels to describe their peers. In Uganda, religious and social practices allow men to have multiple partners, while strongly condemning women's expression of their sexuality, which has been the key factors in the spread of HIV (Obbo, 2003). Ugandan culture demands monogamy in women and those women who wish to deviate from this norm must contend with being labelled 'bad women', 'brazen faced' and promiscuous.

Across cultures women are expected to control their sexual desires or risk being humiliated. Young women and young men are both encouraged to delay their sexual debuts (HSRC, 2005). However, these expectations occur in a context of a shifting landscape of representations of gendered identities and sexuality (Jackson & Cram, 2003) and in a time where young men and young women are being exposed to an explosion of sexual material via the media. Young women's magazines offer sex quizzes, tips on being sexy and sexual; and young men's bodies are increasingly being eroticised in films and magazines (Jackson & Cram, 2003). Media messages on what to wear or how to sculpt muscles for example, put unrealistic expectations on adolescents' physical appearance (Lynch-Polce, Myers, Kliewer & Kilmartin (2000). Similarly girls and women are increasingly portrayed across various media as sexually desiring, actively

initiating and wanting sexual encounters (Jackson & Cram, 2003). At the same time women are presented with messages to be independent and self-defined. This is a challenging yet confusing era for adolescents with regard to having to learn about their sexuality, involving being able to exercise control in this context and requiring the filtering of these incoming external messages.

Young women are often negotiating contradictory discourses of sexual permissiveness and restraint, evident in different forms of media (Lynch-Polce et al, 2000) as well anxiety about sexual danger promoted in sex education curricula. Jackson & Cram (2003) found that one way in which young women avoided this contradiction was by invoking the notion of readiness. Sexual decision-making revolved around whether to have sex and when to have sex. In their accounts, young women were seen to be actively negotiating the confusion of sexual pressures, expectations and desires. A process of internal dialogue in deciding whether or not to have sex was often evident, for example, 'Oh my God, I want to, but I don't know if I'm ready' (Jackson & Cram, 2003). This kind of thinking reflected the nature of young womens' dilemmas about sexual engagement. Other dilemmas encountered were that penetrative sex implies moving into womanhood and what to do with curiosity and sexual interest in experimentation (Leahy, 1994). The issue of readiness does have positive connotations in that it can prevent young women from 'jumping into it' and 'throwing themselves' into a situation where sex is expected of them, which implies the possibility of a considered response of resistance. The young women in Jackson and Cram's (2003) study maintained that judging readiness was a difficult thing, since it is an elusive concept. However, thinking and talking about sex could be suggestive of readiness. Here sexuality is constructed as a cognitive process. However, young women are not always sufficiently cognitively mature to negotiate this kind of internal dialogue. Furthermore, the idea that women are subject to contradictory demands, that is that they are encouraged to be 'sexy' or to attract men's sexual attention and yet simultaneously retain their purity, is still very prevalent. If men lust after them, they (women) are often expected to control men's sex drive. Young girls are not experienced or skilled in this kind of negotiation, which often requires increased maturity to negotiate conflict or to resist pressure. These are some of

the factors that position young women at an added risk within their romantic relationships.

Coercive Practices and the Risk of HIV in Adolescent Sexual Relationships

Empirical studies suggest that coercive practices and violence emerge as a pervasive threat in the fabric of heterosexual relationships (Shefer, Strebel & Foster, 2000). Sexual coercion is increasingly reported in studies exploring heterosexual negotiations and practices (Dunkle et al, 2004; Shefer et al, 2000; Wood, Maforah & Jewkes, 1998). Sexuality has become an important area of research in response to concerns about the spread of HIV/AIDS (Wood & Jewkes, 1997). The experience of sexual assault by a male partner, male control in relationships, forced first intercourse and intimate partner violence have all been associated with increased risk of HIV infection in various studies (Dunkle et al, 2004; Fonck, Els, Kidula & Ndinya-Achola, 2005; Hearn, Sullivan, Bassel & Gilbert, 2005).

Coercive practices and violence are frequently cited as a means of regulating women's sexual behaviour (Jewkes, Levin & Penn-Kekana, 2003; Shefer et al, 2000; Wood et al, 1998). Literature demonstrates that women's capacity to influence the course of a sexual encounter differs across individuals, groups and location (Wood et al, 1998). For example, the following strategies were described by African and Hispanic American women as successful means of imposing condom use: withholding sex and postponing their demand for condom use until their male partners were so sexually aroused that they would accept sex under any condition (Kline, Kline & Oken, 1992 cited in Wood et al, 1998). In Uganda, however, women are almost totally dependent upon men's co-operation and willingness to use condoms (Obbo, 2003). Data suggests that in Brazil condom use runs counter to the notion of male virility; to wear a condom is to rationalize one's sexual drive or to take the female partner into consideration and thus men are reluctant to use condoms (Vera Paiva, 2003). The degree to which women feel able to control condom use and other aspects of their sexual lives has clear implications for HIV

infection. In general it seems that for many women defining the conditions and timing of sex is dictated by their male partners.

The construction of teenage love is often defined by willingness to engage in penetrative sex. At the outset of romantic relationships boys/men encourage their partners to understand teenage love as involving penetrative intercourse (Wood & Jewkes, 1997). This is illustrated by adolescents in Khayelitsha who in their accounts of sexual relationships maintained that sex was the 'purpose' of love and people 'in love' must have sex 'as often as possible' (Wood & Jewkes, 1997). Discourses on women's lack of power in heterosexual relationships reiterate the point that men set the parameters for relationships, not only for sexual practices but also for the entire interaction (Shefer et al, 2000), as borne out in Wood and Jewkes research.

Violence also characterises the narratives of many teenagers' sexual initiation (Jewkes et al, 2003; Shefer et al, 2000; Wood et al, 1998). Women reported that once at home, the standard formula was a series of demands by men, including 'undress', 'lie on the bed', and 'open your legs', all of which are made alongside the threat of assault (Wood et al, 1998). Refusal to submit signifies that the woman has had other sexual partners and suspicion of this kind sometimes even results in 'punishment' in the form of gang rape as a means of maintaining traditional gendered roles and as a disciplinary mechanism (Shefer et al, 2000; Wood et al, 1998).

Discourses on coercive practices are interwoven with notions of love. The reason that many women tolerate violence and avoid challenging men is their perception that violence is an indication of 'depth of feeling' (Shefer et al, 2000; Wood et al, 1998). Phrases such as, 'He forced me to love him' and 'I fell in love with him because he beat me up', illustrate this kind of perception. Although these phrases are contradictory, they represent understandings of expressions of love that are fairly pervasive (Wood & Jewkes, 1997).

The legitimacy of coercive practices as part and parcel of heterosexual 'romantic' partner relationships is reinforced by peers who indicate that silence in the face of coercion is an appropriate response (Wood et al, 1998). This precludes awareness that other possibilities exist. As one girl maintained: 'I thought that was the way things were supposed to be between a boy and a girl'. Not only do peers encourage a culture of silence, silence also colours the relationship, with women feeling unable to discuss sexual matters with their partners. The notion of complying with male sexual demands since 'everybody does it', alongside the fear of being alone since one needs company, help perpetuate coercive practices in adolescent sexual relationships.

It is widely agreed that coercive practices against women render women vulnerable to HIV infection (Jewkes et al, 2003; Maman, Campbell, Sweat & Gielen, 2000; Wood et al, 1998). Coercive sexual intercourse with an infected partner can result directly in HIV transmission, infection and re-infection. Many women fear bringing up the topic of condom use as it may have violent consequences for them. HIV/AIDS prevention campaign strategies often promote the use of the male condom based on a 'knowledge leads to action' model (Wood & Jewkes, 1997). The condom is seen as a simple protective device to be inserted into the sexual act at the 'right' time without consideration of the wider social context in which individuals operate. Furthermore, the power dynamics, which structure heterosexual relationships, are not generally acknowledged (Wood et al, 1998). Thus what is presented as the ideal protection method is not easily employable in practice.

However, more encouragingly research conducted on heterosexual dating relationships in a New Zealand high school sample of young women aged 16-18 years, indicated that increasingly young women in their accounts of sexuality position themselves to be knowledgeable about the topic of sex and young men (Jackson & Cram, 2003). They did not represent themselves as passive victims but rather as agentic individuals. In their discourses many young women not only challenged the inequity of the 'sexual double standard' but also presented strategies for keeping sexually promiscuous young men at bay. Both young women and men are considered as equally active desiring individuals.

The discourses employed by contemporary young women, unlike traditional heterosexual discourses, do not consider women as objects of male sexual consumption. These young women presented three versions of sex: firstly, a romantic version was constructed, that sex is 'beautiful' and 'it's making love'; secondly, a physically driven type of sex is constructed as 'that's great sex' and 'that's part of life'; and thirdly, sex is located within a 'discourse of play' reflecting sex as 'just like having fun basically'. The romantic discourse retains a sexual morality component, whereas the discourse of play according to Holland, Ramazanoglu, Sharpe & Thompson (1996), can imply equality, defying the gendered power construction of heterosex. However, the biological construction of sex runs parallel to the male sex-drive discourse which young men use to justify male sexual behaviour, including sexual coercion. Kimmel (1997) argues, however, that a biological discourse holds different functions for men and women. For men engaging in heterosex is one way of proving masculinity and disproving homosexuality, whereas for women engagement in heterosex recognizes a need to connect with body desire. However, although the women described in the study cited above display an ability to challenge the traditional beliefs about sexual behaviour, they nevertheless form part of a minority. For many women disrupting traditional beliefs can be risky and dangerous or maybe considered improper.

CONCLUSION AND IMPLICATIONS

The review of literature related to the study has covered a fairly broad range of information, which it may be helpful to summarise and synthesise in a conclusion. HIV/AIDS is a serious health problem in sub-Saharan Africa and in South Africa. Girls and women are more at risk than boys for many reasons including biological, economic and social. In addition, gender relations clearly influence females' vulnerability to HIV infection. Adolescence is a time of particular risk, since it is a period of sexual development, identity development and it is also a period during which risk taking and experimentation is common. Young adolescents who are just post-pubertal are at a specific risk because their identity is not yet consolidated and peer acceptance is vital

during this stage. Adolescence is also a time during which young people start establishing romantic partnerships and begin engaging in sexual behaviour.

Various aspects of gender imbalance in relationships may contribute to the risks of unprotected or infectious sex. These include: age differences, girls' lack of agency, boys' resistance to using condoms, sexual inexperience and a subscription to what seems normative. However, there is some evidence of resistance and debate amongst adolescent girls regarding normative sexual behaviour. There is a need to study different populations since varying patterns of conformity and resistance seem to exist in different social and cultural settings. Given the high risk of HIV infection in South Africa, it is useful to study the experiences of young adolescent girls because issues of identity, sexuality, resistance, experiences of coercion and/resistance in romantic heterosexual relationships, gendered behaviour, the awareness of HIV/AIDS and the relevance of these risks, hopefully will make it possible to better inform psychoeducative prevention initiatives.

CHAPTER 3

METHOD

In this section, the method employed in this study will be introduced and described. The chapter will begin with general methodological considerations, go on to outline the procedure and instruments used and how the data was collected, following which there is a description of how the data was analysed.

Research Approach

The research employed a design that tapped both a qualitative and quantitative dimension. A structured questionnaire was employed to elicit responses in a number of areas with the aim of gathering information from a reasonably large group of adolescents, whilst at the same time protecting anonymity of responses, as would not have been possible in focus groups, for example. It was hoped that the 'anonymity' of filling in a questionnaire would allow for more 'truthful' or accurate responses, although possible shortcomings of this approach will be discussed later. Both closed and forced choice questions for which answers could be quantified were employed, as well as a number of open-ended questions, which were thematically analysed allowing for a strong qualitative dimension. Thus, although this was not a multi-method design in respect of data collection, both quantitative (frequencies) and qualitative forms of analysis were employed.

Qualitative research argues for the importance of understanding the meaning of experience, actions and events as they are interpreted through the eyes of participants and researchers alike in a context which is culture sensitive (Kelly, 1999). Qualitative researchers argue that quantitative methodologies attempt to screen out interpretation and do not allow for the complexities of certain issues, especially around sensitive topics to be sufficiently explored (Parker, 1994; Schoepf, 1991). In purely quantitative research people tend to be reduced to numbers, as the main emphasis lies with developing abstract laws and formulas, while the meanings people attach to experiences are often overlooked

(Seedat, Duncan, Lazarus, 2001; Terre Blanche & Durheim, 1999). This may be especially problematic in multicultural and multilinguistic communities such as South Africa. The use of a combination of quantitative methods and qualitative methods, subjecting the data to thematic content analysis, allowed the informants' shaping of the information to be dominant. In addition, some discursive commentary on the data is presented where this seems appropriate.

Qualitative research is grounded in two contrasting foundations, those of Realism and Social Constructionism (Parker, 1994). A realist maintains that individuals by nature have the power to reflect upon their actions and to give account of those actions and this necessitates a specific scientific approach aimed at studying action and experiences and engages with, rather than ignores these powers (Parker, 1994). A constructionist paradigm operates from a socially constructed reality, which is often produced in discourse (Terre Blanche & Durheim, 1999). In the analyses of the data in this study a realist approach was adopted. However, some of the meta-commentary offered at a discourse level draws upon a more social constructionist framework

Although qualitative research is often seen as more vivid and contextually relevant, it is also often considered to be too subjective to be meaningful (Parker, 1994). However, qualitative research does not make claims to be objective, but instead defines objectivity and subjectivity in relation to one another. Parker (1994) criticizes positivists' conception of the relationship between objectivity and subjectivity, maintaining that decreasing one automatically results in an increase in the other. For qualitative researchers subjectivity is perceived to be a resource rather than an obstacle.

Criticisms regarding the reliability and validity of qualitative methods have been of particular concern in the case of data concerning sexual behaviour (Strebel, 1993). There have been differences of opinion regarding the reliability of self-reported sexual practices; some found the data valid while others claim that timing is an important variable, with recent events more accurately recalled (Caxon, 1988, cited in Strebel,

1993; Darrow, 1990; McQueen, 1992). In this regard, some caution will be exercised in analysing and interpreting the data.

Despite criticisms levied against each method, qualitative and quantitative approaches can be successfully combined in a triangulation approach (Kelly, 1999) and some researchers draw on qualitative methods as pilot studies or to supplement and support more traditional methods (Parker, 1994). This research makes use of frequency counts, but goes beyond this in content analyzing the data, extracting relevant themes and attempting to provide as rich a description of the young girls' experience as possible. In addition, the researcher also offers some commentary on the apparent implications of the material, as far as possible attempting to present a coherent and credible account. Supporting quotations are used throughout the discussion.

Research Design

The study involved a non-experimental design. A self-constructed questionnaire using both open and closed ended questions was administered to a purposive sample, or group of informants, of young adolescent girls. The questionnaire focused on issues of adolescent identity formation with a particular focus on romantic partnerships, sexual behaviour, HIV/AIDS awareness and experience of, and attitudes to coercive sexual encounters (see Appendix H). The data were analyzed by means of frequency counts and thematic content analysis, with some additional discursive commentary.

Research Aims

This study was designed primarily to explore primarily adolescent girls' understanding of heterosexual sexuality. The research intended to capture the meanings young adolescent girls attach to the importance of heterosexual relationships and sexual engagement, in order to generate an understanding which could contribute to intervention around HIV/AIDS prevention strategies. The research aimed to assess what typifies adolescent heterosexual relationships that may put adolescent girls at risk for contracting HIV/AIDS.

Hence there was a particular focus on elements or themes such as the different social contexts in which adolescents act; the meanings young female adolescents attach to concepts such as gender, decision making and sexual behaviour; and factors that may lead to risky or unsafe sexual practices, such as coercion and co-option.

Research Questions

The following is a broad outline of the research questions used in this study: (See appendix H).

1) How do middle adolescent girls describe their identities as such?
2) How do middle adolescent girls describe their experiences of heterosexual relationships and dating experiences in particular?
3) What sexual practices do middle adolescent girls appear to engage in?
4) What are middle adolescent girls attitudes towards and experiences of coercion in sexual relationships?

All of the above are framed with the intention of understanding how adolescent gender identity, dating practices and heterosex might be implicated in HIV contraction risk and the implications of this for school based educational interventions.

Sample of Informants

A sample of 40 adolescent female students was drawn from a mainstream, government, and English medium, secondary school in Gauteng. Participants were recruited by means of non-probability, purposive sampling. The selection criteria for choosing the sample included sex (female) and grade (i.e. grades 9 and 10). The participants' age range varied from 13-18 years with a mean age of 15 years. The participants were drawn from one grade 9 and one grade 10 class. Factors such as age, race and socioeconomic status were not considered explicitly as part of the selection criteria, the reason being that the aim of the research was to ascertain how young adolescent women of different race groups from

the same school background interpret their heterosexual relationships and the meanings they attach to this. However, having administered the questionnaires, the researcher found that age and not grade should perhaps have been a selection criterion since the research aimed to study young adolescent females, yet the age of these participants extended to 18 years. Nevertheless, the bulk of the participants fell into mid-adolescence (14-16 years). The school could be considered to serve a lower middle-class population and is located in the Johannesburg area. From the total sample of 40 students, 38 students received parental/guardian consent to participate in the study, whereas 2 did not, no reasons for this being given. One questionnaire was considered incomplete and incoherent. In addition, the principal withdrew his consent for four students to participate in the study, since they were playing truant on the day that the study was carried out. A total number of 33 responses were thus available for data analysis. The following tables illustrate the, age profile, home language and living arrangements of the sample of informants. It was thought that assessing whom the scholars resided with would provide some useful information concerning who might be primary guides or caretakers in their lives.

TABLE 1

Frequency Table depicting age of subjects; n = 33

Age	Frequency	Percent
13	2	6.1
14	7	21.2
15	12	36.4
16	9	27.3
17	2	6.1
18	1	3.0

Table 2		
Frequency Table depicting home language of subjects; n = 33		
Language	**Frequency**	**Percent**
English	4	12.1
Afrikaans	0	0
Zulu	10	30.3
Sotho	8	24.2
Xhosa	2	6.1
Tswana	6	18.2
Other	3	9.1

Table 3		
Frequency Table depicting who subjects' reside with; n = 33		
	Frequency	**Percent**
Both parents	14	42.4
Mother	13	39.4
Grandparents	5	15.2
Aunty	1	3.0
Siblings	*22*	*66.7*
Other	*13*	*39.4*

As is evident from tables 1, 2 and 3, the bulk of the sample (85%) was aged between 14 and 16 years and Zulu was the most frequently spoken home language. With regard to whom the subjects lived with, it was apparent that about a third of the group (13) came from a single headed household, being parented by mothers alone. Most of the girls (22) reported having siblings who live with them and under 'other' 13 reported having aunties,

uncles, nieces and nephews who lived with them in what seemed to be more extended family arrangements. It was apparent that a nuclear family arrangement was not the norm. There was nothing to suggest that the sample was a-typical of a lower middle class school population.

Procedure

The manager of the Community Service department at the Family and Marriage Society of South Africa (FAMSA) agreed to allow the researcher to conduct the study at one of the schools at which FAMSA runs continued "Education for living" programmes. The social worker in charge of that school was contacted and the research interests were presented to her. Generally there was strong support for the project as the staff of FAMSA expressed that this type of research could assist them in evaluating or implementing alternate intervention strategies.

Firstly, permission was sought from the Department of Education to conduct the research. This was done formally, in writing by completing the necessary application forms. Once permission from the above-mentioned department was obtained, verbal and written consent from the principal of the school was sought and duly obtained.

Thereafter, the potential participants were approached via the social worker who informed them of the study. At this stage, the researcher made initial contact with the potential participants. This time was utilized to establish rapport and to introduce them to the topic being researched. All prospective participants were requested to seek written parental/guardian permission to participate in the study. They were, in addition, given student assent forms, which ensured that as participants they understood the nature and purpose of the study and their rights, that is deciding to participate or not. Only once parental/guardian and individual consent and assent forms were received, were the questionnaires administered. Only those students assenting to participate and with written parental consent were assessed. Prior to the commencement of the study proper, the questionnaire was piloted on 3 students of the same grade and school to test for

content and language appropriateness. As a consequence of this, appropriate and relevant minor modifications were made to some of the wording.

Both the initial contact session and the actual administering of the questionnaire occurred during a Life Skills period. The questionnaire took approximately 40 minutes to complete. The participants were assured that upon completion of the research they would be contacted and given general verbal feedback on the main findings. In addition, FAMSA will receive a copy of the final report.

Instruments

The main tool employed for data collection was a structured questionnaire, which was comprised of both open and closed questions. A self-developed questionnaire schedule was formulated by the researcher and her supervisor, covering the key areas of interest (See Appendix A). Questions were based on information derived from the literature and tapped into the areas that formed the focus of interest of this study. The questionnaire was self-constructed as there was no existing instrument available to assess the same focus areas of interest. As mentioned, the initial draft questionnaire was piloted prior to use. Since the questions were generally designed to survey opinions and behaviours it was not anticipated that formal properties such as construct validity or test-retest reliability were relevant. However, aspects of the questionnaire design will be discussed later.

The first section of the questionnaire consisted of questions that elicited demographic information from the participants. All successive sections contained questions that were both structured and unstructured in nature. The closed questions were assessed according to either a categorical response (Yes/No), or rating scale response (strongly agree, agree, disagree and strongly disagree), and in some instances (often, sometimes, rarely, never). Structured questions are advantageous in that they reduce the potential for vague and ambiguous answers. However, a drawback of this type of questioning is that it leaves little room for unanticipated answers (Breakwell, Hammond and Shaw, 1995) and

eradicates the freedom of respondents to answer in ways they may deem appropriate. It was hoped that the unstructured questions would counterbalance the level of constraint of the close-ended questions. Open-ended questions were designed to understand normative adolescent behaviour and expectations, romantic partner relationships and sexual behaviour. To assist the researcher in assessing participants' risk behaviour, a case vignette was constructed around which several questions were posed. It was hoped that the vignette would allow participants to distance themselves sufficiently from the potentially threatening issues of disease and sexuality to answer the questions openly. In addition the case vignette helped assess participants' knowledge and awareness of HIV/AIDS and to pursue issues of judgement related to sexual behaviour and coercion.

By their very nature questions around behaviours assume accurate memory for events and a willingness to report these to the researcher (Breakwell et al, 1995). It follows that socially undesirable and sensitive behaviours are often misreported if reported at all (Breakwell et al, 1995). Enquiries about sexual activities are thought to produce over-reporting in some groups and under reporting in others (McQueen, 1992). This was considered a drawback in this particular research, nevertheless, it was deemed useful to pursue the research and the use of questionnaires was viewed as providing the opportunity for pupils to volunteer information anonymously and hopefully therefore more truthfully. The anonymity aspect of the study was stressed to the participants.

Although most of the participants reported a language other than English to be their home language, the questions were phrased in English as they were studying at an English medium school. The vast majority of the participants appeared to understand English well with only some requesting assistance. The language of the questionnaire was also deliberately made straightforward and as accessible as possible. Scholars were able to ask for assistance from the researcher during administration and few asked for some clarification as to meanings of words and meanings or intentions of questions.

Data Analysis

The questions were analysed using both qualitative and quantitative methods. As a statistical method, all closed questions formulated were quantified using frequency tables.

The method employed to analyse the unstructured questions of the interview was thematic content analysis. Content analysis is often used to reduce data to manageable and meaningful proportions. Thematic content analysis is a technique of analysis that provides an objective and systematic presentation of data content by identifying themes within the data (Titscher, Meyer, Wodak & Venter, 2000). As a starting point, key phrases and words were extracted from the questionnaires. These key phrases and words were then categorised into themes. Responses were then compared and further analysed and further condensed into recurrent themes (Rosnow & Rosenthal, 1996). The process of systematically conceptualising the questionnaire data into recurrent themes resulted in an end product of (5) broad themes; namely: (Perceptions of adolescence; Romantic relationships viewed as exclusive friendships; Engagement in sexual behaviour; Emphasis on safe sex practices in relation to condom use and Awareness of consequences of risky sexual behaviour). Various sub themes were also identified and will be discussed under these broad themes, which will be presented in the next chapter.

Content analysis comprises both a mechanical and interpretative component (Breakwell et al, 1995). The mechanical aspect involves subdividing the questionnaire data into categories or themes, whereas the interpretive aspect involves ascertaining which of these categories are meaningful in terms of the questions being asked. A pitfall of content analysis is that it is subjective in nature (Breakwell, et al., 1995). Since a great amount of emphasis is placed on meaning, the interpretation is open to interpreter bias (Rosnow & Rosenthal, 1996). In order to enhance the reliability of the interpretive process, a co-interpreter was requested to analyse a proportion of the questionnaires and impressions were discussed.

In addition, some discursive commentary is offered, as there were aspects of the content that emerged that were interesting from a meta-analytic perspective.

Ethical Considerations

The starting point of ensuring correct ethical measures in the research process was to obtain ethical clearance from the University's Ethics Committee. All the necessary application clearance forms were completed which ensured that all research procedures corresponded with all the ethical requirements stipulated by the University as important in research with human subjects.

Only once permission to commence the research was obtained, were the social worker, principal and subjects contacted. The principle of informed consent was strictly adhered to. The informed consent and assent forms contained the following information: (a) The nature of the study; (b) The fact that the decision to participate would not disadvantage parent nor child in any way; (c) Both parent and participant were free to withdraw their consent or assent to participate at any stage of the research without any negative consequences; (d) All information would be confidential and anonymity guaranteed; (e) Due to the sensitivity of the research topic, participants had a choice not to answer questions they deemed inappropriate; (f) Should any question initiated result in any negative emotion and should the participants need counselling, FAMSA made its service available in this regard. No informants reported any distress in participating and several seemed to enjoy writing their responses. Feedback will be provided as promised on completion of the report and again opportunity will be provided for any girl who wishes to approach FAMSA or the researcher to do so confidentially.

CHAPTER 4

FINDINGS AND DISCUSSION

This chapter presents the analysis of the questionnaire data. The way in which the material in this chapter is structured is related to the structure of the questionnaire and areas of interest identified at the outset of the study, but it is also structured in terms of what emerged as important from the data. The findings have been divided into 5 sections (themes): *Perceptions of adolescence; Romantic relationships viewed as exclusive friendships; Engagement in sexual behaviour; Emphasis on safe sex practices in relation to condom use; and Awareness of consequences of risky sexual behaviour*. As each section is not exclusive, content and themes do overlap and this is reflected in the discussion.

4.1) PERCEPTIONS OF ADOLESCENCE

Most of the data discussed in this section arose in response to the questions asked. The phrasing of the questions invited a generalised depiction of adolescence rather than inviting a more personalized response. However, it is not unreasonable to infer that these are some of the norms to which these adolescent girls subscribe.

4.1.1) Adolescence as a Developmental Phase

Generally, the respondents gave fairly stereotypical descriptions of a teenage girl. This is highlighted in the following kinds of responses:

> *A teenage girl is starting to develop puberty or maturity*.

> *I would say that most teenage girls have grown hips and breasts*.

I would like to describe her as a very measured young teenager with lots of peer pressure concerning things like beauty, boys, being a virgin and a lot more things.

These descriptions are consistent with the literature that maintains that adolescence is a time of physical changes (puberty) and marks the onset of sexual maturity (Meyer et al, 1997). It seemed easiest for the respondents to refer to these more concrete or external signs of developmental change than to draw on more original or personal frames of reference.

The respondents emphasized that adolescence is not only a time during which transformation occurs but that it is also a time that is fraught with confusion:

Most teenage girls are confused because of all these big issues we face.

A girl with a confused and adventurous life, lots of ups and downs. A person whose adolescence stage hits her in a very bad and exciting way.

In and out of love, at an adventurous stage and an experiencer, a friend of temptators.

The above accounts are in keeping with the literature that states that during this stage adolescents engage in exploratory and experimental behaviours in an attempt to redefine themselves (Langer et al, 1998). Hence, in addition to highlighting physical changes, the respondents also referred to notions of adolescence as a time of turmoil, changeability and inconsistency. Also implied in some of the responses was some sense of being more at risk and more open to temptation. Thus the constructions of adolescence seemed to

indicate that there were strong potential tensions to negotiate. Although these were not spelled out, it could be inferred that some of the temptations might be sexual in nature, given the previous reference to maintaining 'virginity', which was not uncommon. There is a suggestion that adolescents may be vulnerable to what is 'bad and exciting' as well as being the 'friend of temptators'. There are risks inherent to this stage of development, irrespective of the individual. The tone appears to be both excited and apprehensive. Change is perceived to be associated with risk and turmoil. In some respects it was surprising how well these descriptions coincided with undergraduate Psychology textbook descriptions of adolescence as a time of 'storm and drag'. It is difficult to distinguish what is actually experienced from what adolescents expect or anticipate on the basis of external input. However, some of the responses did seem clearly personalised.

4.1.2) Adolescence as a Phase of Seeking Social Desirability

The respondents identified 'Social desirability' as an important component of this developmental stage and this was seen to be predicated upon both physical appearance and personality, and behaviour. Many of the respondents, that is 16 out of 33 gave priority to this component:

> *A teenage girl is well known, believes in herself, does not need another person to tell her she's the the best around.*

> *Someone who is loveable, sexy, respected and popular.*

Popularity, physical appearance, being respected and being liked were cited as essential aspects of this developmental stage. As is apparent from the quotations, social desirability entailed a package of attributes that seemed to be uncritically viewed as worth striving for. The answers were somewhat tautological in that good self-esteem

seemed desirable to have. However, to have good self-esteem one needed to manifest desirable qualities. It is also interesting how the term 'sexy' is thrown in unproblematically as a desirable quality in one quotation. There is little sense that being 'sexy' might sometimes run counter to being 'respected', as discussed earlier in relation to dual standards. This naïve inclusion of sexiness as desirable may reflect something of the youthfulness of the sample. According to the literature, being pretty and being popular are important to female adolescents, and good looks can become associated with being worthy as a person (Richmond-Abbot, 1992). Furthermore, in developing their self-image, adolescents often seek out feedback concerning other peoples' perceptions of themselves (the adolescents). A common question asked during this stage is 'What am I in the eyes of other people?' (Erikson, cited in Meyer et al, 1997). From these perceptions the adolescent develops a sense of worthiness, that is, the more 'desirable' one is perceived to be, the more worth is allocated to the self. It follows that popularity and social status is important to the adolescent (Richmond-Abbot, 1992). This seemed to be borne out in the responses of the study.

Although there was consensus that adolescence is a time during which one can be spontaneous and have fun, a marginal proportion (3 out of 33) maintained that a teenage girl should be 'mature' and 'understanding':

> *A girl who would be matured and understanding, all things in life.*
>
> *I would say that a teenage girl is a girl who is matured and well understanding about life.*
>
> *A person that is matured, understands, behaves like a lady.*

Here the term 'mature' was not being used in a physical or developmental sense, but rather had connotations of a teenage girl being sensible and considerate.

Although the literature states that during this stage adolescents are expected to make a career choice (Meyer et al, 1997), only one respondent made mention of this:

We want to have a bright future and be successful.

According to other literature, girls may interpret being pretty and popular as the route to feminine identity and they often operate in the realm of interpersonal relationships rather than concrete achievements (Richmond-Abbot, 1992). This could be one reason the respondents placed more importance to having positive personality traits and physical characteristics than on their academic achievements and future careers. This trend was fairly striking, as in addition to the lack of focus on future career or work life, there was also very little reference to learning or scholar identity. Just 3 respondents reflected some thoughts regarding their futures and/or careers:

They are expected to look forward to their futures
and the best thing is to go school

They are expected to do their school work and
concentrate on their goals in life

We want to have a bright future and be successful.
We want to become different things in life, doctor, lawyer etc

Another aspect of importance in adolescent social status was the nature of peer networks and the ability to create and maintain friendships. In the context of friendships they share with each other, some of these adolescent girls chose friends whom they could confide in, who could offer emotional support:

We share feelings about anything, secrets and
when someone has a problem we help each other.

We share almost everything that is confidential,
we don't keep secrets from each other.

It is interesting that implied in these statements about confidentiality and ease of disclosure, is the idea that there are 'secrets' to be shared and kept, although the nature of these secrets is not elaborated upon. There appears to be an emphasis on joining and mutual support. The above accounts are examples of responses of young girls who fall within middle adolescence (14-16 years). These are in keeping with the literature that suggests that during middle adolescence friendships for females are primarily about confidence and trust, hence these adolescents chose friends who were loyal, honest and trustworthy (Richmond-Abbot, 1992), whereas in early adolescence friendships tend to be based on common interests (Richmond-Abbot, 1992). For some respondents aspects of this earlier kind of friendship basis seemed to still hold some importance. The following highlights this:

I can say that most of my friends and I like the same things like clothes, songs, hobbies, we like hanging around with each other.

We have similar interests, hobbies etc.

4.1.3) Adolescence as a Phase during which Gendered Behaviour Develops

Although this may have already been evident in the quotations cited, another striking feature of the responses was the degree to which gender stereotypes were endorsed in discussing the identity of a typical adolescent girl. Adolescence is a period in which gender-related expectations become differentiated (Florsheim, 2003). Girls and boys are expected to respectively adhere to feminine and masculine stereotypes of behaviour. The following are examples that illustrate how teenage girls are expected to behave:

They should behave like young ladies, should not be wild.

The manner in which girls of my age have to behave is to have respect for each other, to love themselves and dress in a decent way for a girl.

More of a lady, she needs to behave in public. She must not have more than one boyfriend.

In a very girlish but also responsible way. They should present themselves in a dignified way. Feel proud of the good things life gives them. Enjoy themselves in a respectable and appropriate way.

A vast majority of the respondents (24 out of 33) considered obedience, respect, compliance and demureness to form an inherent part of a teenage girls' expected behaviour. Many displayed an intense moral awareness of behaviour and evidently showed strong aspirations to conformity. The emphasis on 'respectability' and 'ladylike' behaviour was quite striking and in some respects almost unexpectedly 'old-fashioned'. There also seemed to be some level of naivety in the ease with which such standards were endorsed and an implied moral censure perhaps of those who might not conform to such ideals.

It could be hypothesized that this level of conformity is partly linked to the socialisation that occurs within the context of the school and that it is the schools' atmosphere that helps to instil these norms. However, this type of understanding of gender identity has important implications for HIV and how it is spread. Since it is thought that the emergence of dating may be one of the most powerful factors contributing to the intensification of gender roles, it follows that young women may be rendered more vulnerable within their romantic relationships (Florsheim, 2003). This in return can

influence their vulnerabilities to becoming HIV infected. Women or girls who endorse or encourage stereotypical gendered behaviour 'unknowingly' attribute more control to men or boys. The disadvantages for women are that they can be coerced into sexual practices against their will, particularly if there is a degree of over-simplification about the ease of maintaining the ideals suggested above. Thus subscription to respectability may have buffering effects in terms of sexual pressure, but may also contribute to unanticipated risks.

Those who do not adhere to social norms often risk facing social isolation. In the event that any one of these girls becomes pregnant or sexually infected, they may be left without any peer support. In addition girls who chose to challenge any of these norms risk their reputations and there was an implication that they would be viewed in a negative light, as two respondents related:

> *Some of the girls my age behave like sluts*
> *and don't respect their parents.*

> *Girls my age think they are old enough to make*
> *their own choices, they think that having sex is*
> *the right thing at their age or at the age of 15/16.*

The first statement correlates with the literature that suggests that not only do young men utilise terms such as 'slut', young women also draw on such labels to describe their peers (Jackson & Cram, 2003). In the second quote the censure is implied in the tone of the response.

However, some girls displayed a greater sense of agency concerning the striving for self-control, than was implied in previous quotations. Some of the girls unpacked the notion of responsibility and choice a bit more critically, for example:

> *A girl of my age should respect herself, especially*

her body.

She should be responsible for her actions.

If they make choices they must be positive about it and they shouldn't live to regret it.

Here girls are perceived not as victims but as being capable of empowering themselves. With unplanned pregnancy being a salient issue, such viewpoints hold positive implications for both unplanned pregnancy and HIV/AIDS contraction. Thus some girls appreciated that there was a difference between 'being' and 'doing', that respectability or self-protection is not something that can be assumed, but may need to be striven for or guarded against external pressure. The majority, however, seemed to assume that girls could almost automatically embody such attributes, despite being bombarded by a range of alternative role models and potential pressures.

4.1.4) Expression of Sexuality

From the previous section it follows that expressing any sexual desire might prove to be problematic for these young girls. With regard to dating, girls are expected to assume a passive role and boys an active role. Girls who initiate dates are viewed less positively than those who wait to be asked:

Girls my age should have good manners and not chase after boys, boys who are old and respect themselves so that they could be respected and attracting.

Girls should not run after boys, stop running after boys, behave like teenage girls, appropriately.

Although only the above 2 respondents explicitly state that girls should not initiate dates; the previous quotations and discussion suggests that 'ladylike' behaviour is socially approved. From this one can infer that many of these girls would agree that the initiation of dating should be left to the boys.

Once again the tone of these responses is of a rather prim, old-fashioned nature. There is a slight indication of a more egalitarian view of sex or gender roles. The challenge facing young women who act upon their own sexual feelings is that they risk being known as a 'bad girl' who deserves any consequences she suffers (Tolman, 2002). Girls are expected by their friends and /or peers not to 'chase' or 'run' after boys, that is they are expected not to actively express their desires or interests in certain boys. Again a kind of modesty and demure presentation is emphasized.

When analysing the data, the idea that girls have their own sexual desires was rarely, if ever entertained. The literature states that this could be linked to the viewpoint that girls do not get many positive messages about their sexuality (Tolman, 2002). Instead they are subjected to confusing guidelines on how they should manage their developing sexuality; for example, 'don't be a prude but don't be a slut'. Though the possibility of being labelled a prude may be uncomfortable for some girls, the threat of being branded a slut seems to loom large for teenage girls (Tolman, 2002). An enduring split exists between 'good' feminine girls and 'bad' sexual girls. This is one aspect of a social denial of female adolescent sexual desire that seemed to be borne out in these teenage girls' responses (Tolman, 2002). With their strong emphasis on respectability and 'decency', the moral overtone regarding female constraint is clearly dominant.

4.2) ROMANTIC RELATIONSHIPS VIEWED AS EXCLUSIVE FRIENDSHIPS

Relationships appeared to be central to these adolescents' lives. Their romantic relationships seemed to share many features with other forms of peer relations. Romantic relationships did not appear to have a significant influence on their individual standing within their peer groups. The following tables illustrate the percentage of these girls who

are in relationships; describes the status of their relationships as either steady or casual and, depicts whether or not peer pressure exists to have a boyfriend.

Table 4		
Frequency Table depicting number of those dating n = 33		
	Frequency	Percent
Yes	21	63.6
No	12	36.4

Table 5		
Frequency Table depicting status of Relationship n = 21		
	Frequency	Percent
Steady	18	85.7
Casual	3	14.3

Table 6		
Frequency Table depicting peer expectation to have a boyfriend n = 33		
	Frequency	Percent
Yes	8	24.2
No	25	75.8

As indicated in Tables 4 and 5, a majority (21) of the respondents reported being in a relationship. Of this group, the majority (18) described their relationships as steady (i.e. 3 months or longer) and the remaining 3 described their relationships as casual. With the

average age of onset of dating being 14 – 15 years as indicated by studies conducted by Feiring, (1999) and Connolly & Johnson, (1996); it seems that the above-mentioned figures correlate with such studies. About two thirds of the girls had begun dating, whereas the rest were still pre this development. It is interesting that of those dating, the majority were in steady relationships despite their young age.

The majority of the respondents (17 out of 21) defined their relationships in terms of emotional closeness. This is illustrated by quotes such as:

> *Our relationship is all about being there for each other, having a shoulder to cry on and someone to trust.*

> *Our relationship is about trusting one another, caring about each other and most of all loving each other.*

> *Having good times, he's there when I need him, comfort me.*

> *Trustworthy, respecting each other, honest to each other, believing in each other, abstaining till marriage, being happy with each other.*

Elements of 'trust', 'honesty' and 'faithfulness' were unanimously considered to be important in maintaining a relationship and for many their relationships signified an exclusive commitment. This is in keeping with the observations made by Carver et al (2003) in which they stated that girls tend to display a personal commitment in partner relationships, viewing commitment from a primarily emotional standpoint. It is also striking that the portrayal of relationships is generally a-sexual and rather idealised. These sound like very 'romantic' relationships, which also emphasize the dimension of

friendship. Three respondents acknowledged both an affective and a cognitive dimension when describing their relationships:

> *We learn about each other, we made it fun, amusing or when we are angry or don't understand something, we sit and work at it, support and honesty is everything.*

> *About being loving, respecting, caring, commitment and about learning about that person, enjoying each other's company, being able to communicate freely.*

> *My relationship is about knowing each other for what we have, who we are. Mostly communication takes place and understanding each other.*

These more unusual responses suggested that for a few respondents the notion of working at or deepening a relationship through negotiation is important. This suggested a slightly more mature appreciation of the demands of partner relationships. Incidentally, these 3 respondents fell within the late adolescent stage and the literature claims that as adolescents mature their ability to accomplish certain cognitive, behavioural and cognitive skills increases (Connolly & Goldberg, 1999). In this instance it seemed that their greater age was associated with some increased wisdom.

Of further consideration is that respondents did not indicate an appreciation of elements of complexity in their relationships, except for the previous respondent cited and one other respondent who suggested this about her relationship:

> *It is a nice relationship, we trust each other, but there is a bit of jealousy on both sides, but we deal with it, we love each other and are happy together.*

All the other relationships described appeared to be what could be referred to as rather 'normative' in nature, typically being described as about intimacy, support and care. The following reiterates this point:

> *It is about love, caring, committed to each other, being there and being faithful to one another.*

While it is not the intention to undermine what may be very positive representations, which may in truth reflect positive experiences of these relationship dimensions in reality, the rather idealized portrayal of dating relationships suggests some lack of critical awareness. According to theory, adolescents seek out relationships for different reasons. During early and middle adolescence girls may seek intimacy whereas boys may be interested in promoting their social status by being in a relationship (Florsheim, 2003). Only during late adolescence do relationships become primarily about mutual support and intimacy (Florsheim, 2003). Therefore, an element of conflict would be an expected aspect of these relationships, yet in this instance it is either not experienced or it is being repressed and denied. It is also possible however, that the youthfulness of both parties may contribute to a mutual idealization or a more role-based kind of interaction as boyfriend and girlfriend that precludes the kind of conflict that might emerge in later more intense and deeper relationships.

4.2.1) Perceptions of not being in a Romantic Relationship

Those girls who were not in relationships generally articulated some ambivalence about their position and about dating, indicating that there might be both costs and benefits to not being in a relationship.

> *Am not sure but I think about being in one, but I am not sure because I hear lots of stories about boys.*

I feel great because I don't have to compromise my time just to be with him and please him.

The above descriptions are in keeping with the literature that maintains that adolescence is a tentative time, a time of negotiating whether one is ready to begin dating or not (Florsheim, 2003). The issue of readiness is also highlighted here.

In addition girls are not likely to retain a number of 'girls-only' activities as boys would retain 'boys-only' activities (Richmond-Abbot, 1992). The expectation to compromise on individual time lies more with females than males and this challenge is appreciated by the second respondent.

In general those not in a relationship felt more in control of their lives:

I feel very happy. I don't have anyone telling me what I should do or shouldn't do. I am myself and control myself.

It feels great, I won't have stress. I won't go through 'sexual activities' and I'm going to keep that way until I'm ready.

It is interesting and perhaps expectable that girls not in relationships could voice more of the detractions associated with dating relationships. Whether based on observation or speculation they suggested more problems related to control and sexual pressure. This suggests that these more negative aspects of dating relationships may have been under-played by 'dating' girls, although non-dating girls may also have been slightly more defensive in their responses. There did appear to be considerable peer support for those who choose not to be in a relationship. Although the majority of the respondents were in a steady relationship, three quarters of the group claimed that they were not subjected to peer pressure to have a boyfriend (see Table 6). Both those in a relationship and those

not in one agree that an increased sense of autonomy is enjoyed when one is not in a relationship. This is illustrated in the following examples:

> *I feel that a person not in a relationship will have a much happier life, free, without worries, to live a single life as a teenager is much better, you enjoy life to the fullest.*

> *Not being in a relationship, it is where you get to experience yourself, being alone, with friends.*

The cultural standard that suggests that boys' company is more valued is disrupted here (Richmond-Abbot, 1992). Instead these young girls seem to be comfortable in their own company or that of their female counterparts. Again, this may be reflective of their middle adolescent developmental age, only beginning to fully move out of a latency stage where same sex relationships are more comfortable. Or this viewpoint may be consistent with the literature that maintains that girls are becoming more assertive and are recognising and placing value on autonomy (Jackson & Cram, 2003).

Of further note is that one of the reasons that respondents viewed not being in a relationship positively is that one is protected from engaging in things one is not prepared for.

> *In a relationship one gets pressurised by their partners and they are forced to do things they are not ready to do.*

> *Some boys go to the extent of telling you when to go to school and what to do with your life.*

In addition, some felt that not being in a romantic relationship protects one from unwanted pregnancies and/or sexually transmitted diseases, for example:

That person is doing the right thing, because when you have a boyfriend you think you are old enough to make choices, which are wrong because you will end up having a baby at a young age.

I think that it's okay not to be in a relationship because life becomes complicated in a way that you do things that you don't want to do like engage in sexual practices, we get tempted very easily. So I say it's good.

If that person is like my age, I guess it's a good thing, cause today there are so many sicknesses around us, and if you are not in a relationship it's a good thing, you won't get sick for life.

Again, in these responses there is evidence of a very different portrayal of dating or heterosexual relationships from the idealised or romantic versions reported by the 'dating' girls. There is clearly considerable anxiety about sexual coercion, temptation and vulnerability to pregnancy or STD's. It is difficult to know quite how to make sense of these rather contradictory versions. As stated previously, those not in relationships may wish to justify their status by exaggerating the detractions of being in heterosexual partnerships. Alternatively, they are making choices based on vicarious learning and observations, and those in relationships are reporting the good aspects to the exclusion of the bad. The truth probably lies somewhere between these two positions. Clearly there are some relationships that are supporting, caring, friendly and non-coercive. However, there also appears to be some evidence that relationships may involve sexual pressure, risk and coercion. Some aspects of sexual practice and behaviour are explored further in the following sections.

4.3) ENGAGEMENT IN SEXUAL BEHAVIOUR

Adolescence is a time during which young people begin to experiment with sexual behaviour. It follows that romantic relationships play a key role in this experimental process, and are primary contexts for learning about sexuality (Florsheim, 2003). However, some of these young women considered sexual readiness to be an important determinant in engaging in sexual behaviour or sexual intercourse. The following tables illustrate the number of these girls who engage in sexual contact; the choices they have in such engagements; the age considered appropriate for first sexual intercourse and the presence or absence of informal rules surrounding sex.

Table 7

Frequency Table depicting engagement in sexual contact within relationships. n = 21

	Frequency	Percent
Yes	8	38.1
No	13	61.9

Table 8

Frequency Table depicting choice in types of sexual practices engaged in n = 8

	Frequency	Percent
Agree	4	50
Strongly Agree	4	50
Disagree	0	0
Strongly Disagree	0	0

Table 9		
Frequency Table depicting "appropriate age" for sexual debut/for girls to first have full sex n = 33		
Age	Frequency	Percent
12 – 14	0	0
14 – 16	0	0
16 – 18	7	21.2
Older than 18	23	69.7
No Answer	3	9.1

Table 10		
Frequency Table depicting whether there are informal rules surrounding sex n=33		
	Frequency	Percent
Yes	15	45.5
No	17	51.5
No Answer	1	3.0

As is evident in Table 4, 21 out of 23 respondents reported being in a relationship. Of this 21, 8 reported having engaged in sexual contact, whereas 13 reported not to have engaged in any sexual contact within their relationships (Table 7). Of the 8 who engaged in sexual contact, all indicated that they had a choice in the types of sexual practices they engaged in (Table 8). The majority of the respondents (69.7%) agreed that the appropriate age for girls to have first sexual intercourse is 18 years or older.

Literature claims that an increasing number of very young women are becoming sexually active and that adolescents continue to partake in risky sexual behaviour, despite being knowledgeable of the consequences (HSRC, 2005). The figures in this study appear to refute this point. Many of these young girls are choosing relationships that are not defined by sexual contact, but rather their relationships seem to be more exclusive friendships. Those involved in sexual behaviour reported engaging in various dimensions of sexual behaviour within the context of their relationships. Few girls reported having full sexual intercourse and more claimed that their relationships were characterised by sexual touching (heavy petting), hugging and deep kissing. This is in keeping with general findings in literature that in adolescent romantic relationships more petting and heavy petting is observed than actual sexual intercourse (Florsheim, 2003). A picture emerges which suggests that the majority of these young girls are not engaging in sexual intercourse, nor seeing this as appropriate until a later stage in development. These teenagers are not in relationships at all or are engaged in non-sexual partner relationships. Of those few (N=8) who report having some sexual contact, all report having some degree of choice in the type of sexual contact they engage in. If these reports are accurate, they prosper well for the lack of risk of HIV contraction via sexual intercourse for this particular group of girls. Of course, these choices cannot necessarily rule out the possibility of contracting HIV via sexual assault or rape, the risk of which is high in South African society.

4.3.1) Sexual Readiness

A key factor that is introduced by 3 of the 8 girls who engage in sexual behaviour is that of sexual readiness. For these young women readiness involves sexual decision-making around whether and when to have sex:

> *We do what teenagers do but we don't do sexual intercourse because I'm not ready.*

> *We kiss deep, we touch each other, we take off*

our clothing, only our tops, and no sex, not yet,
I'm not sure.

This kind of thinking reflects the nature of young women's dilemmas concerning sexual engagement. In an era of HIV/AIDS the issue of readiness holds positive implications as it can prevent young women from being in a situation where full sexual intercourse is expected of them, thereby decreasing their risk of possible HIV infection.

Furthermore, these young women were not without power in their sexual relationships. The ability to negotiate sexual practices, to be assertive and to partake only in that with which they feel comfortable is displayed.

It's nothing dangerous, we do what we both feel comfortable doing. We talk and I won't go further.

It's not normally about sexually touching, but he makes me feel comfortable.

Notions concerning safe sex practices, abstaining until marriage, postponing sex until older, and not being forced into having sex, all generally formed part of the informal rules surrounding when it is and is not acceptable to have sex (Table 10). Of particular importance is the point of not allowing oneself to be forced to have sexual intercourse against one's will, since research indicates that adolescent females are constantly under pressure to engage sexually and hence are constantly at risk of being unprepared for sex, unprotected and potentially contracting HIV (Wood et al, 1998). In this group of respondents, it seemed, however that the mutual support these girls receive from each other for postponing their first sexual debut or for engaging in safe sex practices helps to reduce their risk of HIV contraction.

4.4) EMPHASIS ON SAFE SEX PRACTICES IN RELATION TO CONDOM USE

The following tables illustrate the views of the respondents regarding the frequency with which condoms should be used, and whether in their opinion females are given a choice in negotiating condom use.

Table 11		
Frequency Table depicting how often a condom should be used n=33		
	Frequency	Percent
Every time	30	90.9
Most of the time	2	6.1
Sometimes	0	0
Never	1	3.0

Table 12		
Frequency Table depicting choice in negotiating condom use n=33		
	Frequency	Percent
Often	12	36.4
Sometimes	10	30.3
Rarely	4	12.1
Never	4	12.1
No Answer	3	9.1

In keeping with the need of education and safer sex campaigns to bring about personal behaviour change, a vast majority (30 out of 33) of the girls in this study emphasized the importance of safe sex practices in relation to condom use (Table 11). However, having the knowledge of what is required for safe sex does not always correlate with what is experienced within relationships. Often there are other or multiple factors operating, which can result in unsafe sex practices.

Opinions concerning whether females have a choice in negotiating condom use varied between respondents (Table 12). Although some reported that females are allowed a choice in negotiating condom use and that this requires or entails some form of discussion between the woman/girl and their partners, others reported that circumstances could prevent a girl from exercising her rights or choices in this context. This is highlighted by the following:

> *'Sometimes when a girl and a boy or man and woman have sex a man will say today we are not using a condom and if a woman says no a man will get angry at you.*'

> *'Males feel they should control everything.'*

> '*Some guys force their partners into not using a condom when they have sex and some girls agree because they are scared they might lose their partners.'*

What is illustrated in these responses about negotiation of condom use are some of the central themes raised in the discussion of HIV/AIDS vulnerabilities for women and the role of gendered power relations, i.e. the possibility of a violent outcome when the issue of protection (especially condom use) is addressed, boys or men determining what happens in a relationship and the fear of losing the relationship. Overall, male control over women and their sexuality or sexual behaviour is presented here as a barrier to condom usage. The implications here are in line with several findings that suggest and

describe coercive sexual dynamics operating within heterosexual relationships (Jewkes et al, 1998; Wood et al, 2003). Consequently relationships operating within this kind of context put women and girls at an increasing risk of HIV infection. Often to protect themselves from violence, women submit to the sexual demands made by men. The fear of interpersonal violence is too realistic and underlines the fact that for many women sex is associated with danger (Strebel, 1993). Despite their positive portrayal of their own relationships girls nevertheless still perceive coercion as a real possibility. They appeared to be reasonably well informed in appreciating that such risks might arise, but also seemed somewhat fatalistic about the prospects for women contesting such pressures.

4.5) AWARENESS OF CONSEQUENCES OF RISKY SEXUAL BEHAVIOUR

The responses discussed in this section were primarily derived from material generated in response to a hypothetical case study (vignette), (see appendix H). The vignette was designed to assess respondents' awareness of risk behaviour, the consequences of partaking in such behaviour and the opinions concerning choice and responsibility or culpability in such circumstances.

Studies reveal that adolescents worldwide have a tendency to engage in a set of sexual practices characterised as high risk (Wood et al, 1998). In South Africa, factors such as peer pressure, having a child in order to prove love and fidelity, shame and fear of social retribution are some of the factors that contribute to early and unprotected sexual intercourse and in addition prevent adolescents from seeking out contraception (Wood et al, 1998). However, the respondents in this research demonstrated their ability to use their knowledge to modify their sexual practices.

There was a shared consensus and awareness from all the respondents that unprotected sexual intercourse can result in many problems, including HIV infection, other sexually transmitted diseases and infections, and/or pregnancy. An appreciation of the

consequences of girls agreeing to have sex with an older partner without a condom is illustrated as follows:

> *She can get pregnant and get STD's.*
>
> *She has a possibility of becoming pregnant and also getting HIV, cause who knows if her boyfriend is not faithful to her.*
>
> *She and her older boyfriend might get HIV/AIDS, sexually transmitted diseases and she may fall pregnant.*

Relationships with older boys were viewed negatively and many agreed that the onset of sexual intercourse should be delayed until one is older, has met the 'right' partner or has married:

> *Leave the older boyfriend and find one her own age.*
>
> *Where are the boys her age? Younger ones.*
>
> *I think she should keep herself for someone her age and forget about the old man.*
>
> *She should leave him and find someone who respects her feelings.*
>
> *She should not rush into anything, she should wait until she's ready to be responsible.*

4.5.1) Possible Negative Consequences of not Agreeing to have Sex

An alternate risk of being in a relationship with an older boy who does not want to use a condom is the possibility of being forced into having sex:

> *There's a possibility that her boyfriend may force her to have sex or he will go have sex with another girl.*

The above quote introduces another important possibility, that is, the 'fear' that one's partner may seek out other girls to have sex with if one refuses to have sex or the fear of losing one's partner:

> *He would decide to dump her*.

> *She could lose her boyfriend.*

Noteworthy, were viewpoints that the acts of force could escalate in intensity, resulting in violence or rape.

> *He will probably hit her*.

> *Her boyfriend might rape her or give her an overdose of something*.

> *Or he would decide to rape her, that's what most males think is the solution.*

The awareness of date rape is important since it is the type of rape most vulnerable to being underreported in South Africa (Jewkes & Abrahams, 2002). According to Jewkes & Abrahams (2002) the difficulty in getting women to report such rapes is linked to the fact that women have low expectations of sexual negotiation in relationships and that

being forced to have sex when one's partner wants it is perceived as normal. Again, it is clear that these young women's awareness of risk in the abstract is high, however, these kinds of risks seem to be quite distant from their own reported experiences. Given this apparent separation, one wonders whether they would be alert to risk if it manifested in their own lives.

Sexual coercion occurs on a continuum of degrees of force in various contexts and in various forms or ways. Although this was not commonly reported (7 out of 33), the following are illustrative examples of accounts of respondents who either knew of friends or acquaintances or had themselves engaged in a sexual encounter against their own will:

> *My friend, she was still in primary in grade 4. This other guy forced her to have sex, after that the teachers at school notice that she has a problem when she runs she was falling down, so they called her and asked her what was wrong so she said the other guy slept with her, so that guy refused, he said it's not him but few months later my friend fell pregnant and her future is ruined.*

> *Yes! Well she told us she was visiting her guy friend, he decided to force himself on her, she did not do anything about it because she felt ashamed.*

> *But not against sex, from kissing. The boy asked me a lot of times, but I have being saying no, but there was a time he asked I said no and he forced himself on me.*

The above are indications that girls or women generally fail to report any incidents of non-consensual sex or any coercive sexual practices, as they fear stigmatization or not being believed. This is consistent with the literature that maintains that women may be

reluctant to discuss the rape or other coercive sexual practices as it is humiliating and may be associated with shame, guilt and fear of blame (Jewkes & Abrahams, 2002).

Although only a small proportion of these young women had experienced being forced into a sexual encounter against their will, these reports are not without significance since some literature states that the experience of non-consensual or coerced sexual intercourse at some stage in a South African woman's life is the norm (Jewkes & Abraham, 2002). The responses in this sample suggested that this was non-normative in this particular sample, but such events had occurred in the lives of some of these girls or their direct acquaintances, and these are girls who in the main are still in their mid teens.

4.5.2) Choice and Readiness

The concepts of choice and readiness were important for these girls as was implied in their responses to the vignette. Thirty-one respondents maintained that assuming responsibility for one's self, one's body and one's future were prominent factors in deciding whether one wants to engage in unsafe sex practices. The following examples illustrate this:

> *Yes, because it is her body and nobody owns it.*
> *She should think about herself and her future.*

> *She should not have sex no matter what the circumstances are, she's still young, she hasn't experienced anything.*

> *Yes, she has a choice, she has a right to say no, it's her choice.*

These examples suggest that these young women are steering towards being agentic individuals. A high level of awareness with regard to choice is displayed, that is, possessing the right to choose to have or not to have sexual intercourse with one's

partner. The right to choice is asserted even if there is some awareness that this not always possible.

A small portion of the respondents (3 out of 33) touched on the idea that some girls may want to stay in this type of relationship due to their own desires and sexual needs, but emphasized that safe sex should not be compromised:

> *If she wants to have sex, without a condom, then she is taking a risk, she has her whole life ahead of her.*

> *She should disagree in having sexual intercourse and if she is desperate for sex, she and her boyfriend should both condomise.*

Once again, the issue of readiness is given prominence:

> *Dump the guy and wait for the right time when she is ready.*

> *She should tell her boyfriend that she is not ready for sex and if he loves her he should wait.*

> *She should say she's not ready, because love is not about sex.*

The above illustrations challenge normative constructions of teenage love, which is defined by a willingness to engage in penetrative sex (Wood & Jewkes, 1997). These ideas disconfirm the notions that sex is the 'purpose' of love and that people in love must have sex (Wood & Jewkes, 1997). Clearly this kind of understanding of 'love' is not shared by this sample of young women.

Having looked at the main findings and themes that emerged, it may be useful to summarise and integrate key aspects.

OVERARCHING SUMMARY AND COMMENTARY

Upon analysis of the data, it appeared that the respondents were wrapped up in thoughts and feelings concerning their changing bodies, a budding sexual desire and social norms concerning appropriate appearance and behaviour for young girls.

Generally there was the perception that the more desirable one was perceived to be, the more worth was attached to the self. It appeared that many respondents subscribed to gender stereotyped behaviour and displayed little or no support for those who challenge or resist normative female behaviour. Based on the differences in the respondents' home language and given the emphasis on cultural differences in a South African context, it seemed reasonable to infer that there might be a degree of cultural variation in responses. However, the respondents displayed little or no evidence of cultural variation in their level and/or ways of conforming to gendered behaviour. This is inconsistent with the literature that maintains that gender is both a socially and culturally constructed concept (Shisana, 2004). Perhaps one reason for this is that these girls are all urbanised young South Africans, who have a similar 'class' status and are being brought up in a time of increasing globalisation of culture. However, the level of conformity in responses was rather striking. It is also possible that this particular school instils rather conventional mores of what constitutes 'ladylike' behaviour into its pupils. It is not, however, a religious based school and seems to be fairly typical of a South African government/state school. From informal discussion with the teachers and headmaster as well as personal observation, it appeared that the pupils came from middle and lower class backgrounds.

Judging from these girls accounts females with a passive and unassertive sexual desire or sexuality are considered more 'decent' and are accorded more respect by their peers.

This is consistent with the viewpoint that an active and desiring sexuality in females may still be socially viewed in a negative light (Tolman, 2002).

The majority of girls that were in relationships viewed their relationship as exclusive friendships or platonic relationships. Incidentally, many described their romantic relationships very similarly to their other friendships, that is, from an emotional standpoint. Many respondents seemed to hold a rather idealised view of their romantic relationships. For example, their romantic relationships appeared to be uncomplicated, loving and free from conflict. These descriptions are in keeping with the literature, which suggests that early adolescent relationships lack the depth and complexity that characterise more long-term committed relationships (Florsheim, 2003). It is also argued that only as girls move from middle to late adolescence do their cognitive skills improve, allowing them an understanding and awareness of alternate types of romantic relationships (Florsheim, 2003). Furthermore, an element of social desirability could be operating in their responses, thus leading them to portray their relationships in an overly positive light. This runs parallel with their need to be viewed as amiable young women.

One could argue that a positive implication of adhering to feminine stereotyped behaviour is that the possibility of engaging in sexual risks, particularly in relation to HIV infection, is less likely to occur. 'Feminine' girls may have a later start to sexual activity, which can be linked to less risky sexual behaviour and may place them less at risk of HIV infection (Mckay, 1992).

Engagement in sexual activities within romantic relationships was reported by less than half of the respondents. In an era of HIV/AIDS, a possibility exists that young women may be 'sacrificing' their sexuality for the sake of safety and protection from HIV infection. A desire felt or experienced can result in an understanding of how it connects them with themselves and with another person, but this may also be coupled with the constant worry of the 'price' they will or may have to pay; as indicated in some of their responses as regards potential HIV infection.

A shared consensus existed regarding the onset of first sexual intercourse, that is, that it should be postponed until one is much older (older than 18), when one is able to make responsible decisions. It is possible that there is some association with 18 taking one into adult status in general, that is, being allowed to vote, obtain a motor vehicle license etcetera, although, the age for engaging in consensual sex and for seeking an abortion is lower. Once again it seemed that these young women were inclined to adopt a cautious or even conservative attitude to engagement in sexual behaviour.

Central to framing of responses about engaging in a full sexual relationship was the concept of readiness. There is a suggestion here that these girls are able to engage in debate around sexual issues and that the tentativeness and uncertainty concerning one's sexual issues is a 'healthier' option, since it allows for the exploration of the advantages and disadvantages of the situation. However, it was not always clear whether the concept of 'readiness' was appreciated in a sufficiently personal way as opposed to being somewhat abstract as there was little elaboration of what this might mean in practice.

Safe sex practices emerged as critically important in protecting one from unwanted pregnancy and STD's, including HIV infection. Those who engaged in sexual practices within their relationships displayed some capacity for self-protection against unwanted sex and all were aware that HIV infection could be prevented through condom use. Although not dominant in their responses, allusions to unequal and coercive sexual practices did emerge indicating that assertiveness, the capacity to negotiate, and awareness of rights should be reinforced amongst these girls.

Since many of these young women are displaying a 'dating personality' based on feminine stereotypes, the data presented indicated a possible need to challenge gendered behaviours before these traits become consolidated. This would enable these young women to be aware of alternate constructions of love and sexual practices, allowing for greater flexibility, agency, and authenticity. In addition, the unpacking of the notions of 'respectability', 'decency' and 'ladylike' behaviour via dialogue, might allow these girls to have a more nuanced appreciation of identity, relationships, gendered behaviour and

sex. This may result in an improved rate of tolerance regarding flaws in themselves and in others. In turn they may be better prepared to negotiate the complexities of adolescent developmental pressures and pleasures.

Overall, what was striking about the data was the degree to which these girls' reported attitudes and behaviours that reflected a rather prim and idealised view of their place in the world. In contrast to other contemporary South African literature which suggests high levels of sexual activity and sexual coercion in the adolescent population (Dunkel,et al, 2004; Shefer et al, 2000; Wood et al,1998), this study suggests that in this non a-typical school population there are strong mores operating to promote quite conventional 'good' girl identifications that include caution around sexual engagement and protection of one's reputation and integrity. The benefits of this appear to be a strong peer culture of non-risk taking and sexual conservatism, which protects these young girls in many respects.

The possible detractions of this position are perhaps a degree of naivety and conformity which might make negotiation of experiences that fall 'outside the box' difficult. However, the tone of the responses may have reflected the presentation of socially desirable' responses in the context of 'presenting' themselves favourably to the researcher and completing the questionnaire in a school context. Although the questionnaires were filled in individually and anonymously, the uniformity of the responses nevertheless suggested that the sentiments expressed were widely held. The age of the respondents may also have allowed for a slightly different set of responses to emerge, since many other South African studies have been conducted with older adolescent student populations. The investigation of younger girls' attitudes and experiences was an explicit aim of the study and may indicate that early adolescence is an important stage at which to engage young girls in dialogue around the kinds of issues explored in this study.

CHAPTER 5

CONCLUSION

Critical Evaluations of Study

Some critical evaluations concerning the study are worth noting and are observed as follows:

1) A possible source of bias may be present in the sampling procedure. Although it was considered that the selected sample would provide appropriate insight into the research topic, in order for the results to be more generalisable, a larger sample and some probability sampling procedure would be desirable. However, the respondents were of various cultural backgrounds, thus allowing useful information to be drawn from the data and the site for the study was chosen not only for its availability, but also because of the potential for follow-up by FAMSA.
2) The sensitive nature of the topic could have deterred some respondents from answering honestly. In addition the study was carried out on the school premises in the presence of friends and/or peers, which may have distorted some of the truthfulness of responses. However, no one could see what anyone else was writing. There was also no discussion of these issues prior to completion of the questionnaires, so the conformity of responses was not an artifact of prior discussion. As indicated previously, the respondents were assured of confidentiality in this respect, individual interview data might, however, produce useful additional insights.
3) The last question in the questionnaire did not clarify what the words ‘sexual encounter’ meant, that is, it included all behaviour deemed sexual in nature, from kissing to full sexual intercourse. Although some understood it in this manner, others who answered ‘no’ to the question may have misunderstood the question. This may make it difficult to fully understand the nature of sexual aggression

experienced in this sample and with hindsight the question could have been less ambiguously worded.

4) Although the language was made as accessible as possible and the school was an English medium school, second language issues nevertheless arose. While analyzing the data it became clear that some respondents experienced difficulty in articulating their answers. As a result, some answers were of a very concrete nature and compromised the level of analysis that was possible.
5) Given the limitations of the instrument used to collect the data, perhaps a focus group as an alternate method would have facilitated the gathering of the data differently. It could have encouraged negotiation, debate and clarity of various questions and answers. However, this method may have been more vulnerable to the proffering of socially desirable answers. It was hoped that the respondents' sense of 'anonymity' in completing the questions would lead to reasonable levels of honest disclosure. To some extent this was borne out in the data despite the limitations cited.

Suggestions for Future Research

The complexities of the risks of HIV infection imbedded in gender issues go beyond the scope of addressing females only. Male sexuality and male identity need to come under the spotlight to further reflect the complexity of gendered powered relations and HIV/AIDS related behaviour. Understanding how and why boys or men come to act as they do sexually is important. This would necessitate the reframing of issues of gender and HIV/AIDS in a way that emphasizes that HIV/AIDS is a problem for all members of society. Thus, similar research amongst a population of boys would be useful.

Since gender is both a socially and culturally constructed concept, research amongst various communities and cultures where gender socialization is enacted would be beneficial in understanding gender from different perspectives. Hence, it is important that similar research be replicated in other communities.

This research suggests that some adolescent girls are moving towards being proactive individuals in the context of HIV/AIDS prevention and in participating in directing the course of their romantic relationships. It may, therefore, be useful to explore whether this is an increasing phenomenon amongst this age group.

Implications and Recommendations

Studies have illustrated that girls are engaging in sexual practices and intercourse at a young age and that as a consequence of both age and gender; they may get coerced into partaking in risky sexual practices. However, the results of this study suggest differently. Overall this study reveals that the young girls approached in this study adhere to the belief that the onset of sexual intercourse should be delayed. In addition, the concept of sexual choice and readiness serves as a guiding force in their relationships.

The research has indicated that these adolescent girls want to have romantic relationships that do not at this stage involve sexual intercourse. However, whether they are able to retain and sustain this position is questionable; since gender stereotypes seem to be the foundation upon which their identities are being developed. Consequently this could propel their relationships into the traditional mode of male-female interaction. In turn they might stand a higher risk of sexual coercion, sexual violence and/or HIV infection. The data presented in this study demonstrates the importance of developing understandings of constructions of gender identities; as gender identity can inform one's decision and behaviour both positively and negatively. In addition, this data also suggests that education campaigns and health promoters have been successful in creating a high awareness around HIV/AIDS and around the use of contraception, particularly condoms. However, although in South Africa there have been considerable advances in raising issues around gender norms and gender-focused sexual health (Jewkes & Abrahams, 2002); the data presented here suggests that issues around gendered behaviour or stereotypical behaviour should be raised more critically and substantively.

It is recommended that some constructions of gender should be challenged thereby allowing adolescents to form and be aware of alternate constructions of gender identity, love and sexual practices. It is further recommended that this process begin during early and middle adolescence when many girls are on the cusp of moving into the heterosexual world and may want relationships without a sexual component. Since this is also a time during which identities and self-concepts are being developed, challenging gender constructions at this stage may help develop alternate patterns of interpersonal relating.

Since many of the young women who participated in this study reported not having yet engaged in sexual intercourse, part of the school curriculum could involve empowering these girls with sexual information in order to demystify sexual intercourse. The power of peer learning, peer support and encouragement should not be underestimated in this context. Interventions based on participatory techniques such as plays, theatre and workshops can help these young women reflect upon the benefits and risks of subscribing to stereotypic gendered behaviour. Furthermore, these techniques can also help improve their negotiation and relationship skills. These intervention programmes should be tailored for a particular community and for a particular age group.

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Appendix A

Key Research Areas to be Investigated

1. Normative Adolescent Gender Identity and Relations
   e.g. Dress and behaviour codes
   Agency, communication styles

2. Normative Romantic Relationships
   e.g. Status
   Basis for making choices

3. Normative Sexual Relationships
   e.g. Common practices
   Negotiation thereof
   Pleasure
   Norms
   Agency

4. Coercive or Interpersonal Violence in Sexual Relationships
   e.g. Forced Sex
   Co-option into sex
   Difficulties in negotiation
   Violent Sex

5. Understandings of HIV/AIDS Risks and Related Behaviour
   e.g. condom use
   number of partners
   knowledge of transmission

APPENDIX B

Information Form

Dear Parent

My name is Najeebah Noorbhai. I am a Masters Clinical Psychology student at the University of Witwatersrand. As part of the course requirement I have chosen to carry out a research project in the field of teenagers' heterosexual behaviour. Although I wish to understand teenage behaviour in this context more generally, the focus will be on the risk factors that make teenage girls vulnerable to HIV infection. Although widespread advertising campaigns have attempted to alert youth to the risk factors involved in unsafe sex practices, recent trends indicate that a large number of young women are becoming infected at a very young age. The study is borne out of an interest in the significant implications that peer norms, different ways that teenage boys and girls relate, violence and unsafe sexual practices may have for understanding the problem of HIV/AIDS for young women. I would like to invite you to give your consent for your daughter to take part in the study which I hope will help educators to better plan sex education and HIV preventative programs.

The study requires that participants answer a questionnaire. The questionnaire will ask a range of questions about teenage behaviour, including their relationships with other teenagers, the opposite sex, boyfriends, sexual practices and situations in which they might be at risk for unsafe sex. It will take approximately 40 minutes to complete and will be administered at school during a guidance period. Permission has been sought from both the Gauteng Department of Education and the Principal of the school to carry out the research, although I need your permission first for your daughter to take part in the study, I will also then ask whether she herself is willing to take part.

Please note:

- Participation in this study is purely voluntary and refusal to participate will not disadvantage you or your child in any way.
- You are free to withdraw your consent for your daughter to participate at any time/stage without any negative consequences.
- All information will be confidential and anonymity is guaranteed. No names or personally identifying information will be asked for. Only group trends will be reported.
- All the original questionnaires will be destroyed at the end of my studies when I have completed the research report based on the study.
- If you agree to your daughter's participation, you will be required to sign a consent form which will be kept completely separate from the questionnaire.

Discomforts

Since the research involves asking some questions about sexual behaviour which may be embarrassing. Your daughter will have the choice not to answer such questions and counselling will be available if any scholar wants to discuss any issues further. You can contact me for information about this study at 073 521 1726 or Hasmita Hardudh-dass directly at FAMSA on (011) 855-2359.

Benefits

In light of the study, FAMSA will plan and implement intervention strategies for adolescents in schools. Feedback will be made available to all participants in the form of a general talk.

Your response will be treated with the utmost respect. It will be held in the strictest of confidence. Thank you for giving this research project your consideration.

Sincerely

Najeebah Noorbhai
(073 521 1726)

APPENDIX C

INFORMED CONSENT FORM

If you have read the subject information form and fully understand the contents or had it read and explained to you and you voluntarily consent to allow your child/ward to participate in this research project, please sign your name below.

| --- | --- | --- |
| Parental/Guardian's name | Parental/Guardian's Signature | Date |

Name of child whose assent may be sought to take part:

_____

APPENDIX D

Information Form

Dear Principal

My name is Najeebah Noorbhai. I am a Masters Clinical Psychology student at the University of Witwatersrand. As part of the course requirement I have chosen to carry out a research project in the field of teenagers' heterosexual behaviour. Although I wish to understand teenage behaviour in this context more generally, the focus will be on the risk factors that make teenage girls vulnerable to HIV infection. Although widespread advertising campaigns have attempted to alert youth to the risk factors involved in unsafe sex practices, recent trends indicate that a large number of young women are becoming infected at a very young age. The study is borne out of an interest in the significant implications that peer norms, different ways that teenage boys and girls relate, violence and unsafe sexual practices may have for understanding the problem of HIV/AIDS for young women. I would like to invite you to give your consent for your pupils to take part in the study which I hope will help educators to better plan sex education and HIV preventative programs.

I have previously worked at FAMSA and they suggested that your school might be a good place to conduct the research since they would be able to make use of the findings from the study to guide their future 'education for living' inputs. The study requires that participants answer a questionnaire. The questionnaire will take approximately 40 minutes to complete and will be administered at school during a guidance period. Permission has been sought from the Gauteng Department of Education to carry out the research. Parental/guardian consent will also be sought for each child on an individual basis, although I need your consent for your pupils to take part in the study, I will also then ask them whether they themselves are willing to take part.

Please note:

- Participation in this study is purely voluntary and refusal to participate will not disadvantage any scholar in any way.
- You are free to withdraw your consent for your pupils to participate at any time/stage without any negative consequences.
- All information will be confidential and anonymity is guaranteed. Only group trends will be reported.
- All original questionnaires will be destroyed at the end of my studies when I have completed the research report based on the study.
- If you agree to your pupils participation, you will be required to sign a consent form which will be kept completely separate from the questionnaire.

Discomforts

Since the research involves asking some questions about sexual behaviour which may be embarrassing. Your pupils will have the choice not to answer such questions and counselling will be available if any scholar wants to discuss any issues further. You can contact me for information about this study at 073 521 1726 or Hasmita Hardudh-dass directly at FAMSA on (011) 855-2359.

Benefits

In light of the study, FAMSA will plan and implement intervention strategies for adolescents in schools. Feedback will be made available to all participants in the form of a general talk.

Your response will be treated with the utmost respect. It will be held in the strictest of confidence. Thank you for giving this research project your consideration.

Sincerely

Najeebah Noorbhai
(073 521 1726)

APPENDIX E

INFORMED CONSENT FORM

If you have read the subject information form and fully understand the contents and you voluntarily consent to allow your students to participate in this research project, please sign your name below.

| --- | --- | --- |
| Principal's name | Principal's signature | Date |

APPENDIX F

Information Form

Dear Scholar

My name is Najeebah Noorbhai. I am a Masters Clinical Psychology student at the University of Witwatersrand. As part of the course requirement I have chosen to research the different kinds of relationships that young girls have with young boys. Although I wish to understand teenage behaviour in this context more generally, the focus will be on some of the factors that put teenage girls more at risk to HIV infections than teenage boys. Despite the attempt that advertising campaigns such as Love Life and Scamto have made to alert youth to the risk factors involved in unsafe sex practices, studies indicate that a large number of young women are becoming infected at a very young age. The study is interested in the suggestions that peer norms (standard peer behaviour), different ways that teenage boys and girls relate, violence and unsafe sexual practices may have for understanding the problem of HIV/AIDS for young women. I would like to invite you to give your assent (permission) to participate in the study which I hope will help educators to better plan sex education and HIV preventative programs.

The study requires you to answer a questionnaire. The questionnaire will ask a range of questions about teenage behaviour, including you relationships with other teenagers, the opposite sex, boyfriends, sexual practices and situations in which you or other teenage girls might be at risk for unsafe sex. It will take approximately 40 minutes to complete and will be administered at school during a guidance period. Permission has been sought from both the Gauteng Department of Education and the Principal of your school to carry out the research. Although I need your permission to participate, permission has to be given first by your parents.

Please note:

- Participation in this study is purely voluntary and refusal to participate will not disadvantage you in any way.
- You are free to withdraw your assent to participate at any time/stage without any negative consequences.
- All information will be confidential and anonymity is guaranteed. No names or personally identifying information will be asked for. Only group trends will be reported.
- All original questionnaires will be destroyed at the end of my studies when I have completed the research report based on the study.
- If you agree to participate, you will be required to sign an assent form which will be kept completely separate from the questionnaire.

Discomforts

Since the research involves asking some questions about sexual behaviour which may be embarrassing. You will have the choice not to answer such questions and counselling will be available if you want to discuss any issues further. You can contact me for information about this study at 073 521 1726 or Hasmita Hardudh-dass directly at FAMSA on (011) 855-2359.

Benefits

In light of the study, FAMSA will plan and implement intervention strategies for adolescents in schools. Feedback will be made available to all participants in the form of a general talk.

Your response will be treated with the utmost respect. It will be held in the strictest of confidence. Thank you for giving this research project your consideration.

Sincerely

Najeebah Noorbhai
(073 521 1726)

APPENDIX G

INFORMED ASSENT FORM

I, _____ having read and fully understood the subject information form, do voluntarily agree to participate in this research project. I understand that I am at any time free to withdraw from this study if I so choose.

| --- | --- | --- |
| Participant Name | Participant Signature | Date |

APPENDIX H

QUESTIONNAIRE

Dear Scholar

The questionnaire that I would like you to answer is attached. I would like to remind you that your participation in this study is purely voluntary and that you are in no way obliged to fill the questionnaire in. The questionnaire is anonymous and all information will be treated as confidential. Questions will take approximately 40 minutes to complete. Some of the questions are about sexual behaviour. If you are in any way offended or embarrassed by a question, you have a choice not to answer such a question. To ensure that the research obtains information that is as accurate as possible, you are urged to be honest in your answers. Thank you for your participation.

1. Demographic questions

1.1 What is your age?

1.2 What language do you speak at home?

a) English b) Afrikaans c) Zulu d) Sotho e) Xhosa

f) Tswana g) Other (please specify)

1.3 Who lives at home with you?

2. Peer Norms

2.1 How would you describe a teenage girl?

2.2 Please specify what similarities and differences you and your friends share?

2.3 Tell me about the manner in which girls of your age are expected to behave?

2.4 Are you expected by your friends to have a boyfriend?

a) Yes b) No

2.5 What is your opinion of someone who is not in a relationship?

3. Partner Relationships

3.1 Are you in a relationship? / Do you have a boyfriend?

a) Yes b) No

(if Yes, answer 3.2 and 3.3)

3.2 If yes, would you describe your relationship as steady or casual?

a) Steady (3 months or longer) b) Casual

3.3 How would you describe what your relationship is about?

3.4 If no, how do you feel about not being in a relationship?

4. Sexual behaviour

4.1 Do you engage in any form of sexual contact within your relationship?

a) Yes b) No

Please describe what this contact involves if you feel comfortable to do so.

4.2 If yes, do you have a choice in the types of sexual practices you engage in?

a) Agree b) Strongly agree c) Disagree d) Strongly disagree

Please explain your answer

4.3 At what age is it considered appropriate for girls to have full sex?

a) 12-14 b) 14-16 c) 16-18 d) older than 18

4.4 Are there informal rules in your group about when it is and isn't okay to have sex?

a) Yes b) No

What are these rules?

5. Condom Usage

5.1 How often do you think a condom should be used?

a) Every Time b) Most of the time c) Sometimes

d) Never

5.2 Are females allowed a choice in negotiating condom use?

a) Often b) Sometimes c) Rarely d) Never

Please explain your answer

6. Risk Behaviour

15 year old Lucy is popular, enjoys going to parties and has lots of friends. She is in a steady relationship for the past 3 months with a boy who is older than her. Her boyfriend wants to have sex with her but refuses to use a condom. He feels it is not necessary since it is a mutually exclusive relationship. (They have agreed to only have sexual contact with each other)

6.1 If Lucy agrees to have sex with her boyfriend under these conditions, what do you think the possible consequences would be?

6.2 If Lucy disagrees to have sex with her boyfriend under these conditions, what do you think the possible consequences would be?

6.3 Do you think Lucy has a choice? Please explain your answer.

6.4 What in your opinion should Lucy do?

6.5 Have you ever engaged in a sexual encounter against your will? Please give a brief description.

6.6 Have any of your friends engaged in a sexual encounter against their will? Please give a brief description