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Gender, sexuality and power: urban women's perception about their sexuality, sexual identity and sexual experiences in the Tshwane municipality

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Gender, Sexuality and Power: Urban women's perception about their sexuality, sexual identity and sexual experiences in the Tshwane Municipality



Research Report submitted to the School of Public Health

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In partial fulfilment of the requirements for the degree

Master of Public Health

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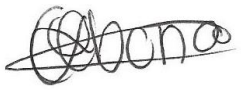
13 June 2016

Declaration

I, **Lerato Lebona,** declare that this research report is my original work. Any work done by other persons has been properly acknowledged in the text. The report is submitted in partial fulfilment of the requirements for the Degree of Master of Public Health with the University of the Witwatersrand, Johannesburg, South Africa. It has not been submitted for any other degree or exam in this or any other University.

Signature: 

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Abstract

Introduction: Gender norms in our society shape attitudes towards sexuality, sex, sexual pleasure and sexual risk-taking and these play a crucial role in determining the overall sexual health and well-being of people, and especially women. They provide an overarching framework within which both women and men enact their sexuality. There is limited research from South Africa that has explored how women construct and enact their sexuality and the range of definitions and meanings they attach to sexuality and relationships. The research aimed to explore urban women's perceptions about their sexuality, sexual identity, and sexual experiences and how they enact their sexuality in intimate relationships in Tshwane, South Africa.

Methods: A total of 16 in-depth individual interviews were conducted drawing on a narrative approach with twelve, purposively selected, sexually active urban women aged 20-31 living in Tshwane Metropolitan Municipality. Data was audio-recorded and transcribed verbatim and then imported into MAXQDA qualitative data analysis software. Transcripts were thematically categorized and analysed.

Results: Urban women described their sexuality by labelling themselves as straight or bisexual. These descriptions narrowly equated their sexuality with sexual orientation, biological sex and gender identification. The women expressed their sexuality in various ways, such as dressing a certain way, verbally talking about their sexuality and through physical sexual interaction with an intimate partner. Factors such as family, friends, partner and mass media played a big influential role in how the women enacted their sexuality. While the women displayed positive construction of femininity through sexual subjectivity and agency, there were, however, limitations observed through the narrated experiences of unwanted sexual encounters. Unwanted sex was motivated by avoidance of negative consequences such as conflict or it was motivated by expectations of positive outcomes such as enhancing intimacy in the relationship.

Conclusions: The findings indicate that the women do have a certain amount of autonomy and agency, and they are willing to explore and experience their sexuality in but they are

still influenced by their partners and society. This influence shapes the women's ability to enact their sexuality. While most of the women may have appeared to be sexually liberated are actually still in very fundamental ways controlling themselves and their sexual behaviour because of societal gendered roles and norms around sexuality. It is important to note that sexuality as much as it may be individually explored and experienced, is always influenced by relationships.

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To God be all the Glory and Honour

Dedication

This report is dedicated to my parents and little brother for all the family quality time that missed out on and had to sacrifice to get this done. It has to all been worth it in the end. Thank you for the unconditional love, support and understanding. For the researcher and academic in me, this marks the beginning of my new found love, interest, passion and journey.

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Definitions

Biological sex: Human autonomy as male or female. It includes internal and external sex organs and hormones (1).

Sexuality: A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles and relationships. While sexuality includes all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors (2).

Gender identity: The expression of the roles and ones sense of self as female, male or transgender (3).

Gender expression: External characteristics and behaviours that are socially defines as either feminine or masculine, such as dress, mannerisms, speech patterns and social interactions. An individual's gender expression may or may not match their gender identity or biological sex (3).

Sexual health: A state of physical, emotional, mental and social well-being in relation to sexuality. It is merely not the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility to having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (2).

Sexual violence: Sexual violence is defined as forced interaction and other forms of coerced sex (4).

CHAPTER 1: INTRODUCTION, AIMS, OBJECTIVES AND LITERATURE REVIEW

1.1 INTRODUCTION

Gender norms in our society shape attitudes, meanings, and expressions towards, and experiences of, sexuality, sex, sexual pleasure and sexual risk-taking and these play a crucial role in determining the overall sexual health and well-being of people, especially women (5). In the South African context, like many other African, countries gender norms and gendered power in relationships can increase women's (both urban and rural) vulnerabilities to sexual violence and sexually transmitted infections including HIV (6, 7). Women are susceptible to sexual violence and HIV infection because they often experience reduced sexual autonomy in a social context of men's sexual power and privilege (8).

Society creates standards of what it means to be a woman (femininities) or a man (masculinities) and both women and men are influenced by these ideals which manifests in their behaviour, attitudes, and meanings attached to those ideals (9). Constructions of femininities can be understood as the formation of, or creation of women's sense of 'self' and behaviour which aligns to this sense of self (10) that has been ascribed by a certain society at a particular point in time. Across the globe it is common for women (both urban and rural) to be placed in dependent, inferior and passive roles and South Africa is no exception (7). Ideal qualities for women include care-giving, submissiveness and ignorance, particularly about their bodies and their sexualities. These qualities compromise and infringe on their sexual health and rights (7). Such notions of femininity can create unsafe sexual roles through the expectations that women are to remain passive and submissive towards their partners (6).

Gender-based roles and norms, and social organization provide an overarching framework within which both women and men enact their sexuality (6). Understanding the (social) construction of women's sexuality requires attention to be given to the range of definitions and meanings they attach to sexuality and relationships (6). The expression of sexuality is

one important example of how gender imparts different expectations and norms for behaviour among women and men, and these differences lie in the power imbalances experienced by both men and women living in a patriarchal society (1). Like ideals of femininities, masculinities can result in men taking on controlling or domineering roles that manifest in behaviour that reinforces women's subordination (7). Hegemonic masculinity is understood as the pattern of practices, i.e. things done, like the power men have over women's sexuality that normalise men's dominance over women (11). A fundamental element of hegemonic masculinity is that women exist as potential sexual objects for men (12). These gender norms and roles often have a negative impact on women's sexual health.

Sexual health is defined by the World Health Organization as the state of emotional, mental, physical and social well-being related to sexuality (13). It requires a positive and respectful approach to sexual relationships and sexuality, and the possibility to having safe and pleasurable sexual experiences, free from discrimination, violence and coercion (13). This approach includes the notion of sexual agency (13). Sexuality is an essential aspect of humanity, encompassed by gender ideologies (13). Yet, gender roles, norms and power relations between women and men may increase risk for sexual ill-health, including sexual violence and HIV infection (7). Gender and sexuality are both culturally and socially constructed and that is important to consider when addressing sexual health and well-being, especially when it comes to women (13). Several psychological, social, cultural and institutional factors are cited as leading to women's greater vulnerability, affecting safer sex negotiations and power, among other things (14). This research is interested in exploring urban women's perceptions about their sexuality, sexual identity, and sexual experiences and how they enact their sexuality in intimate relationships.

1.2 STATEMENT OF THE PROBLEM

There is no single universal definitive female sexuality but varied and diverse sexualities (15). With that said, the manifestation and experience of sexuality will therefore be varied among women and will not remain a fixed part of their identity (15). However, because of

most women's sex-role conditioning is to put their partners (sexual) needs before their own, it may be difficult for some women to express their sexual needs and desires (15).
Men are often expected to take initiative and know what to do in sexual situations, guiding women in their path to sexuality (1). While this happens, women are raised with few expectations of having significant input into their own sexuality and sexual behaviour, and being passive and dependent on men all in the name of femininity (1).

Since femininity is constructed around social expectations of submission and deference, women's sexual mores are open to 'policing' and public scrutiny (6), and women's sexual feelings are mostly fused with desires for an emotional bond or relationship (16). This generally results in women having little space in which to express their erotic and bodily needs outside the restrictions available to them (16). In settings where sexuality is hidden, suppressed and/or prescribed, women are placed at risk of sexual violence, coercion and HIV (6). The AIDS epidemic has not only forced wider society to confront questions about the nature and impact of sexuality (17), but also to unpack the general silences surrounding sex and sexuality among communities in South Africa (18). There is tremendous cultural and social pressure on gender behaviour and sex roles, which create limitations on the sexual expression of women in the social world (15), which in turn impacts negatively on women's sexual health. The extent to which women have autonomy and sexual agency is unknown, as well as the possible factors influencing how and to which degree they feel comfortable expressing themselves.

1.3 JUSTIFICATION

In many societies, gender roles and norms prescribe that women have less sexual desire and are expected to be more in control of their physical urges than men. Women are understood to need a committed relationship in order to safely explore their sexuality (19). There are silences around female sexuality (19) and a perception that women are passive participants in sexual encounters who cannot initiate any sexual activity. There is an urgency now surrounding issues of sexuality in the Southern African region, as sexual health issues

such as HIV and AIDS for example have redefined the understanding around sexuality and gave a renewed impulse to the study of human sexuality in all its complexities (20). Trying to understand the way in which sexual identities are constructed and enacted within gender relations is not only crucial, but significant for the achievement of innovative strategies for the promotion of (female) sexual health and well-being as well as gender equity (21).

Intervention programmes primarily aimed at women, encouraging and promoting sexual health rarely empower women to confidently claim their sexuality and sexual desires and that needs to change in order to ensure women's sexual agency in the fight to reduce sexual risks such as sexual violence and sexually transmitted infections including HIV infection, and to promote (female) sexual health (15).

1.4 RESEARCH QUESTION

What are urban South African women's perceptions about themselves as sexual beings; and how do these women perceive and understand their sexual identity and express their sexuality in their intimate relationships?

1.5 STUDY AIM AND SPECIFIC OBJECTIVES

1.5.1 Study aim

To explore urban women's perceptions of themselves as sexual beings, how they perceive and understand their sexual identity, and how they express their sexuality in their intimate relationships in Tshwane Metropolitan Municipality in 2015.

1.5.2 Specific Objectives

1. To describe urban women's perceptions and understanding of their sexuality and sexual identity in Tshwane Metropolitan Municipality.
2. To explore how urban women express their sexuality in their intimate relationships in the Tshwane Metropolitan Municipality.
3. To explore the factors that influence urban women's sexual expression in Tshwane Metropolitan Municipality.

1.6 LITERATURE REVIEW

1.6.1 Sexuality, Sexual Identity and Gender

Human Sexuality and sexual identity

According to the World Health Organization (2006a), human sexuality is defined as "a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality includes all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors." (2). It is clear from the definition that human sexuality is complex and not merely biological or natural, but is also charged with varied meanings and interpretations that have much to do with ideas and social practices that produce them, as it has to do with physiological determinants (22).

An individual's concept of 'self' as a sexual being or sexual identity has been narrowly equated with self-perceived gender identity, biological sex or sexual orientation (23). Sexual identity is defined as who a person is attracted to sexually, and can be similar to sexual orientation – for example, being homosexual, bisexual, heterosexual, and asexual among others. (1). Beyond the biological characteristics, developing a sexual identity is often an important component of human development (24).

Although the concepts of gender and sexuality are intimately intertwined they are separate constructs (1, 9). Conceptualizations of sexual identity such as these are incomplete as they largely ignore people's understanding of themselves as sexual beings and their sexuality, how they derive, embody and make sense of these understandings, or the influence of these understandings on sexual interactions and sexual behaviour (23). Sexuality encompasses the expression of thoughts and behaviours that are erotic in nature, and distinguished from gender which encompasses the expression of thoughts, emotions, and

behaviours that are thought to coincide (in some instances) with an individual's physical sex but are not erotic in nature (1).

Gender identity is defined as the expression of the roles people adopt as women and men and it is embedded in social interactions (1). Gender identity plays a major role in the adoption of sexual identity, while expression of sexuality in turn influences an individual's gender identity which is embedded in social interactions (1, 4). The construction of individual identity therefore is complex, changing and fluid as it is influenced by experiences and communities within which individual lives (25). Human sexuality is highly responsive to social forces, and is permeated with symbolic meaning of what it means to be a man or a woman and the social significance thereof (22). The expression of human sexuality varies from one individual to the next, and from one society to the other, and it is likely to change during the course of an individual's life (22).

Interpersonal interactions between an individual and the environment, including others (friends, family), shape an individual's sense of self (10) and given the fact that humans are social beings, their sexuality is inevitably influenced by social location (22). Social location refers to forms of social stratification relating to gender, age, class, status and ethnicity among others, that influence modes of individual expression (22). While the potential for sexual behaviour is provided by human biology, sociocultural factors, such as prescribed societal gendered roles and expectations determine how that potential is expressed and experienced (26).

Human sexuality is not fixed and unchanging, nor does it conform to a single social standard or clinical definition (15). It is shaped and influenced by sex-role conditioning, gender expectations, sexual experiences as well as bodily differences, desires, fantasies and needs (15). There is a need for a widened understanding of the capacity for diversity and change in human sexuality and the consideration of variant factors that affect the experience and (public) presentation thereof (15).

Construction of female sexuality in society

The communities in which people live play an important and active role in the construction of identity and provide the (cultural) context for their development (24). There are dominant cultural constructions of what constitutes appropriate masculine and feminine behaviour (24). People are not born masculine or feminine but acquire and enact masculinity or femininity, and so take on roles and norms that are ascribed to being a man or a woman (25).

Female sexuality is frequently constructed as passive, receptive and hidden (22). Women are perceived as less sexual than men and passive objects while men dominate them (19). The power imbalances in (hetero) sexual interactions lead to a culture of silence that surround women's sexuality (27). In Southern Africa, these gender dynamics are rooted in historical inequalities that contributed to the widespread social displacement and disruption in social organisation and family (6). The notions of culture are often used to define what is 'normal', acceptable or unacceptable behaviour for women, including their sexuality (28). These notions are informed by the implicit and explicit messages from our communities and families, which in turn tend to 'entrench' a range of hierarchical relations between men and women (28). These cultural norms and traditions are often used to 'police' women's sexuality and to limit their roles and experiences to marriage and motherhood (28).

Gender differences in sexual socialisation, and not biology, are more important in influencing who, when, where and under which circumstances women and men partner (29). The differences are in the way in which women and men position themselves and act as social (and sexual) beings, that is to say, variations in socially defined and constructed ways of being a man or a woman and the power and possibilities entailed therein (29).

Gender differences also take on many different forms in different settings, but differentials in power remain an area of commonality (29). Negotiation around sexual activity are characterised by multiple power disparities that include race and social status among others with gender being the most prevailing differential in (hetero) sexual interactions (7). It is worth noting that not all women are necessarily in the same disempowered position as there is a complex interplay of class, ethnicity, culture, age and economic forces that

determine the distribution of power (30). The gender power relations enacted in heterosexual encounters directly affect female sexual (and reproductive) health outcomes, in that they partially define some women's capacity to protect themselves should they need to do so (31).

The risk of HIV infection and sexual violence is linked to unequal gender power in intimate relationships, which can affect women's decision making about sexual and reproductive health, and protection against sexually transmitted infections and HIV (5).
The high prevalence of HIV in South Africa has surfaced social issues, such as sexual behaviours, sexual identity and attitudes towards sexuality, often revealing broader social tensions and apprehensions about the dynamics of gender, sexuality and power in relationships (20).

Women often lack the power to negotiate when and how (safer versus unsafe) sex will happen, it can even go as far as whom to have sex with (6). Through dominant discourses of cultural and sexual identity, women and men are coerced to behave in 'culturally acceptable' manner (28). Women are also viewed as agents with no control over their own bodies and sexuality (16). This lack of power often plays itself out within the construction of (hetero) sexual relationships (6). The need to understand the ways in which identities, especially sexual identities, are constructed within gender relations is crucial for the achievement of gender equity (28), and ultimately sexual health. Women often find themselves placed at risk of (sexual) ill-health by the very same actions they take in pursuit to express their sexuality and affirm their femininity (32). Women are therefore unable to have equitable sexual experiences as men (16) which lead to sexually healthy lives.

1.6.2 Socialisation and the enactment of sexuality, gender and sexual identity

Gender roles are culturally defined as differentiating aspects between males and females that entail a set of behaviours which are incorporated into 'scripts' which are culturally

stereotyped, progressive interactions between two people who are responding to each other's actions and cues (33).

These scripts categorise the ways in which relationships, gender and sexuality are negotiated at three interrelated levels of mutual conventions, namely, individual, interpersonal and cultural level (33). The script theory provides a framework for scrutinising the cultural construction of gender roles, the dominant form that cuts across all three levels is referred to as *traditional sexual scripts* (33). In the script theory, the traditional sexual scripts on the one side prescribes men as initiators and 'leaders' in sexual interaction matters pursuing all sexual opportunities with women that arise; and women are socialized as sexually passive and to accept (or refuse) men's sexual advances (33).

Many different gender subjectivities may be actively created and experienced by both men and women from within the individual and by external influences (24). The development of sexuality is a reflexive process with gender identity playing a major role in the adoption of sexual identity (1). Human sexuality is shaped and influenced by sex-role conditioning, gender expectations, sexual experience, and bodily differences, fantasies, desires and needs (15). The communities in which people live play a vital role in the construction of identity and provide the (cultural) context for their development, acceptance and expression (24). This results in what has been described as the 'sexual scripts' that exist in different social settings that structure and organize the possibilities of sexual interaction in a range of specific ways (34). Understanding the social and to some extent cultural construction of people's sexuality requires attention and acknowledgement to the range of meanings and definitions attached to sexuality and relationships (6).

1.6.3 Positive and empowered female sexuality

Women are taught to supress and silence their sexual needs and desires which ultimately lead to a lack of language that acknowledges and expresses their sexuality and sexual desire in positive terms (19). Language sets a framework for cultural perceptions and the meanings of sexuality and sexual expression, perceptions that influence the manner in which people experience their sexual world (35). Women are often faced with tensions between sexual

pressure and sexual pleasure, and between expectations and lived real life experiences in which traditional and non-traditional sexual identities and practices co-exist (16).

They find themselves negotiating their sexuality under the conditions of patriarchal inequality but are not simply passive (32).

Understanding women as active agents and not simply as victims of circumstances will assist the process of rethinking women's sexuality (28). Women's capacity to express their sexuality and sexual desires is central in negotiating safe and mutually consensual sexuality (36). The women's own sexual agency, that is, the ability to act upon and make decisions in the sexual realm, may play an equally important role in determining their sexual health and well-being (36). Sexual agency can enable women to leverage equality in gender relations to achieve their sexual desires by mediating the ways in which dominant patriarchal norms influence sexual behaviours and facilitate resistance to cultural (and traditional) norms that often limit women's sexual decision making (36).

There is growing consensus that a positive language on women's desires and sexuality is essential and central in challenging hegemonic male-defined (hetero) sex and women's lack of power (19). It has been argued that if women have a language to articulate their sexuality and desires that they may be able to be more assertive and take more control within the negotiations which lead to dangerous unsafe sexual practices (19). Women's sexual subjectivity needs to be acknowledged as well as their ability to actively shape their own sexuality and sexual desires (16).

Women's sexual subjectivity need to be understood as individuals who experience themselves as sexual beings, who have an identity as a sexual being (independent of their counterpart), who feel and are entitled to sexual pleasure and sexual safety and are capable of making active sexual choices (16).

1.6.4 Sexual experiences and consent

Sexual interaction, ideally, is a pleasurable experience that occurs between two consenting people motivated by mutual desire, however, not all consensual sex is desired (37). There are circumstances where sex is not experienced as forced, but nonetheless is unwanted (38).

Fear of relationship termination is often an element of the psychological pressure associated with unwanted sex (39). Unwanted sex in this context refers to pressure used by one partner to obtain sex that is unwanted by the other partner (39). It does happen on occasion that the person to whom consent is given may be unaware of his/her partner's lack of corresponding desire for initiated sexual activity (40).

A body of research emerged over the past two decades seeking to clarify the distinction between consenting and wanting sexual activity (40). The distinction outlined by Katz & Tirone (2010) states that wanting sexual activity entails an inner experience of interest or desire to engage in sexual activity (40). Consenting to sexual activity involves situations in which the sexual activity itself is not desired or wanted; however, the individual (freely) consents to it (40). The word 'freely' is used loosely in this context because at times consent may be preceded by some form of coercion which would then constitute sexual violence.

The prevalence rates of unwanted sex vary, although it is most commonly reported in committed (long term)/established, rather than casual, relationships and is more commonly reported by women than men (37). There are two primary conceptualizations that have been developed to explain and provide better understanding of the phenomenon of consent to unwanted sex (37). The first and more optimistic view is that consenting to unwanted sex may promote intimacy and commitment within romantic relationships (37). The alternative perspective characterizes consenting to unwanted sex as a consequence of a partner's previous acts of sexual coercion (37). Both perspectives are consistent with typical normative expectations for heterosexual interaction involving sexual persistence and male dominance (37).

Previous studies suggest that power imbalances (in relationships), patriarchal norms, lack of awareness of rights and opportunities for resources, lack of supportive environments and the inability to negotiate sexual matters, may increase the risk of non-consensual sexual encounters for women (38). There appears to be limited literature that engages with the unwanted sexual experiences of educated, (relatively) affluent adult women who have agency and access to information and resources.

1.6.5 Women's sexuality in the literature

Women are sexual beings with a sexual identity, desires and fantasies, however, literature about women's sexuality is often centred on negative sexual health outcomes and avoidance and/or prevention of risky sexual behaviour. This conceptualisation that is applied to many studies does not acknowledge women's right to positive sexuality and sexual experiences which includes sexual agency and sexual pleasure (21, 35). There seems to be a gap in literature on women's (positive) sexuality and sexual subjectivity independent from their (male) counterparts (21). Understanding the ways in which female sexual identities are constructed, especially within gender and sexual relations is crucial for the development, achievement, protection and promotion of sexual health of women (21).

CHAPTER 2: METHODOLOGY

2.1 STUDY DESIGN

A qualitative study using a narrative approach was carried out in 2015. The rationale for selecting this particular design was because it was most suitable for capturing the experiences and lived realities of the women who participated in the study. A narrative design involves telling or retelling their lived realities and experiences, with the role of the researcher as the storyteller (41).

2.2 STUDY SITE

The study site for the research was Tshwane Metropolitan Municipality district in the northern part of Gauteng Province, South Africa with a total population of 2,708,702 people (42). The district encompasses urban living spaces comprising of suburbs and townships, such as Centurion, Mabopane, Winterveld, Akasia and Mamelodi to name a few (42). It is also resident to two mainstream traditional resident higher education institutions (University of Pretoria and Tshwane University of Technology) where some women who fall within the age group stipulated for the research live and study.

An urban area in this study refers to a formal settlement that is structured and organised where development is controlled by a district council (43). Services such as water, electricity and refuse removal are provided, roads are formally planned and maintained by the council and the general infrastructure is fairly good (43). This category includes suburbs and townships (43).

2.3 STUDY POPULATION

The study population consisted of sexually active urban women aged, 20 - 31 years living in Tshwane Metropolitan Municipality during the period of study.

Sexually active (women) in the study refers to engaging in any kind of sexual penetrative and/or non-penetrative sex.

Informants were predominantly heterosexual women with a few bisexual-identified women. The women were considered to be urban if they were physically living in Tshwane urban settlement for the duration of the study (irrespective of where they originated from) during the year (2015) of data collection.

2.4 STUDY SAMPLE

Twelve women were purposively selected for the study. Maximum variation was considered to ensure that the women represented different races, are of ages within the specified age group of 20-31 years and sexually active. The rationale for the age range was to ensure that the women are of consenting age and because there is a gap/ limited literature that focuses on the sexuality of urban adult women. A total of 16 in-depth interviews were conducted with twelve participants. Four follow-up interviews were conducted with participants who were willing and available to explore emerging issues and themes in greater depth. The respondents were screened prior to selection to ensure that they were sexually experienced (sexually active).

Table 1: Selection of Participants

		1st Interview	2nd Interview
Age:	≥ 25	4	-
	≤ 25	8	4
Sexual Orientation:	Straight	8	3
	Bisexual	4	1
Race:	Black	10	4
	White	1	-
	Other (Indian)	1	-
Education:	Secondary	6	3
	Tertiary	6	1

2.5 DATA COLLECTION METHODS

Data was collected through individual in-depth interviews, using an interview guide (Appendix A). In-depth interviews were used to provide an opportunity for detailed understanding of informant's perspectives, meanings and values that shape their everyday lives and influences them as sexual beings (44). The interviews were conducted by the researcher. The researcher is an unmarried, black South African woman who falls within the same age group as the women who participated in the study. She shares many similar characteristics as the women, she grew up and lives in an urban setting. The researcher has a background in psychology, and is a trained counsellor with years of experience in counselling and facilitating training sessions and dialogues on gender and human sexuality. Her background and experience have equipped her with skills to be open-minded, non-judgemental and mindful of others which may have made it easier for the women in the study to relate to her and speak openly and comfortably about their sexuality and sexual experiences without feeling judged.

Informants for the study were mainly recruited from the University of Pretoria as well as through social networks. Some were recruited from nearby communities through word of mouth from informants who had already participated in the study. This recruitment strategy was to ensure a diversity of participants.

The questions were open-ended giving the informants an opportunity to share their experiences/stories and provide detailed information without feeling restrained, directed or judged. In-depth interviews allowed for sincere human connections, and opportunities to understand informant's experiences in their own language and setting which strengthened the richness of the data (44). The interviews were conducted mainly in English, however the participants could answer in any language they felt they expressed themselves articulately in as the researcher was multilingual.

Informants completed a short self-administered socio-demographic questionnaire upon consenting to participate in the study (Appendix B). The demographic questionnaire captured information such as age, race, relationship status, living conditions and level of education.

The interview sessions were audio-recorded (with consent from the participants) and each interview lasted approximately forty-five minutes to an hour. The researcher took notes of non-verbal communication gestures during the interviews. The interviews were conducted in a convenient, private and confidential space that the respondents were comfortable with.

The interview guide was pre-tested with a woman who had similar characteristics to the study participants (urban, aged 20-31 years) to ensure quality, understandability, and acceptability of the questions. This was also done to ensure that the information obtained from the interviews was aligned to the research objectives. There were follow-up interviews conducted with some women to further deepen the exploration of issues that were emerging through preliminary analysis as both common and important to answering the research question.

While most of the questions in the interview guide were clear and easy for informants to answer there were some that did not work well for some informants which required the researcher to be flexible and to adapt the interview guide as the interviews unfolded. Additional probing questions were asked during the course of the interview. Each participant's probing questions were unique to their individual experiences. The follow-up interview questions were developed based on the findings that came out of the initial interviews.

2.6 SCOPE OF ENQUIRY

The scope of enquiry covered these topics: how women identify themselves as sexual beings, how they construct their sexuality, the factors that influence their sexuality, how women express/enact their sexuality, and how they negotiate and express/enact their sexuality and identities in relationships. See Appendix A for the interview guide.

2.7 DATA PROCESSING AND ANALYSIS

2.7.1 Data management

All interviews were audio recorded (with consent from the participants) and the recordings were transcribed verbatim and saved in Microsoft word format on a laptop. The researcher transcribed most of the interviews and the remainder were sent to a professional transcription service. The researcher read through the transcripts from the professional transcription service provider while listening to the recorded interviews to ensure high quality of the transcriptions. Transcribed interviews were de-identified, so that anonymity and confidentiality of the participants could be maintained at all times. The audio recordings were saved on a laptop in a password protected folder. Field notes were used as additional data, typed up in Microsoft word document and saved on a laptop with a password as well.

All the data (field notes and transcriptions) were imported and organised using qualitative research software- Max QDA 12. All hard copies of transcriptions and field notes are kept in a locked cabinet, where only the researcher has access.

2.7.2 Data coding and analysis

The data were imported and coded using the qualitative data analysis software, Max QDA 12. Transcripts were segmented and coded both deductively, using a few key concepts from the study objectives, as well as inductively. Inductive codes were generated after a deep reading of the transcripts and emerged from the words of the participants.

Inductive coding involves gradually obtaining and developing themes and subthemes as they emerge from the data (45). This process provided an opportunity for identification of (common) themes and subthemes, and created categories that expressed new ideas based on the participants' narratives (46).

Inter-coder agreement was achieved through a supervisor reading some of the transcripts and how they were coded by the researcher. Disagreements that arose regarding how text segments were coded were discussed until consensus was reached. After consensus was reached some text segments were recoded and definitions for codes were refined for greater clarity. The process of inter-coder reliability was done using the codes which were inductively developed by the researcher to assess the degree of reliability of the text segments (47).

The data was further analysed through the development of mind-maps to look at the patterns and relationships between the themes that emerged. The data was also analysed based on informant's sexual orientation to establish if there were differences in experiences according to different sexual orientations, and relationship characteristics and dynamics.

2.8 ETHICAL CONSIDERATIONS

Ethics approval for the research was granted by the University of Witwatersrand, Faculty of Health Science Human Research Ethics (Clearance Certificate No. M140849). Participants gave written informed consent to participate in the research and to have the interviews audio recorded (Appendix D & E).

This was ensured by explaining the study aims and objectives, the potential risks to participants, and that no particular benefits will be accrued to participants. A brief overview of the nature of the interview questions was also provided to account for the sensitivity of the research topic. Participants were also informed that their participation was voluntary and that they could withdraw from the research at any point.

Transcribed interviews were de-identified, so that anonymity and confidentiality of the participants could be maintained at all times. All participants' identification information is kept separately for anonymity and confidentiality purposes. All de-identified transcribed data and field notes are kept safely and hard copies stored in a locked cabinet where only the researcher has access to for a period of two years post publication, following which they will be destroyed.

Due to the fact that sexuality is such a sensitive topic, and in sharing their experience some participants were likely to share sensitive and potentially traumatic experiences, for example sexual violence, counselling services information and contact details were made available to all women who participated in the research. The services were available through the organisation, Centre for Sexualities, AIDS and Gender (former Centre for the Study of AIDS), that the researcher worked for and counsellors were prepared to respond immediately if the need arose. However none of the women who participated in the study made use of the services.

CHAPTER 3: RESULTS

The overall aim of the study was to explore urban women's perceptions of themselves as sexual beings, how they perceive and understand their sexual identity and express their sexuality in intimate relationships. The chapter entails the perceptions, identities, understanding, experiences and lived realities of the 12 women who participated in the research. The results are based on the perspective of middle-class, educated women who have a certain amount of economic power and freedom. Data was obtained through individual in-depth interviews. The findings are presented as they were narrated by the women.

3.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 2 shows the socio-demographic characteristics of the women who participated in the research. The women's real names have been replaced with pseudonyms in order to maintain their anonymity. Most of the women who participated in the study were Black (n=10), in committed relationships and heterosexual identified. All had completed high school and some had tertiary qualifications, while others were still studying. Living circumstances varied with younger women living with friends or parents and older women living with their partners or by themselves. All had lived in Tshwane for at least three years. Most of the women had lived exclusively in urban centres although they may have moved around during their formative years. One of the participants had grown up in a rural area in Limpopo before moving to Tshwane to attend university.

Table 2: Participants demographic information

Name*	Age	Sexual orientation	Race	Relationship status	Level of education	Living situation
Samantha	20	Bisexual	Black	Single	Secondary	Living with friends
Judith	20	Heterosexual	Black	Strictly sexual	Secondary	Living with friends
Carol	26	Heterosexual	Black	Married	Tertiary	Living with partner
Denise	24	Heterosexual	Black	In a relationship	Tertiary	Living with parents
Bridget	20	Heterosexual	White	In a relationship	Tertiary	Living with parents
Linda	21	Bisexual	Black	In a relationship	Secondary	Living with friends
Lisa	20	Bisexual	Black	Strictly sexual	Secondary	Living with friends
Vanessa	20	Bisexual	Indian	In a relationship	Secondary	Living at home
Amanda	22	Heterosexual	Black	In a relationship	Secondary	Living at home
Sandy	30	Heterosexual	Black	In a relationship	Tertiary	Living alone
Michelle	27	Heterosexual	Black	In a relationship	Tertiary	Living with partner
Catherine	31	Heterosexual	Black	Married	Tertiary	Living with partner

3.2 WOMEN AND THE PERCEPTIONS OF THEIR SEXUALITY, SEXUAL EXPRESSION AND INFLUENCING FACTORS

3.2.1 How urban women describe their sexuality

When the women were asked how they would described their sexuality, for most, the immediate response was a chuckle followed by a deep sigh, expressing uncertainty and for some difficulty with how to respond because it is not something they have thought or talked much about before.

Some of the women responded to the question about how they sexually identified through referencing whom they found themselves attracted to "*I like men…*"- *Catherine* (either someone from the same or opposite sex) and related their attraction to their sexual orientation, while others described their sexuality in terms of sexual practices and behaviours with their intimate partner. A few made explicit reference to the fluidity of their sexuality (in terms of same-sex attraction), "*I am very liberal and… look I would say I am a straight woman but it's something that I feel like could be fluid. I just haven't found a woman that I would want to be in a relationship with, but it has been fluid."- Michelle,* while others mentioned their sexual fluidity indirectly, describing it almost as an optional extra to how they mainly perceive their sexual identity.

The women who described their sexuality through their sexual orientation stated how they sexually identify themselves: *"I define myself as a heterosexual…"- Amanda.* Responses such as these were common among the women who identified themselves as heterosexual. The participants answered the question from a point of sexual orientation and identity and thereafter, continued to explain their sexuality in relation to how conservative and/or reserved they perceived themselves to be sexually and for some, how spontaneous, adventurous and experimental they perceived themselves to be.

The women who were not heterosexual-identified described their sexuality in many different ways. A few made reference to their sexual orientation but this usually emerged later in their narratives.

Lisa, bisexual-identified, started by stating her biological sex first; *"I am a female… who calls herself bisexual…",* while Linda defined her sexual orientation in societal terms but owned the label as her sexual identity: *"society would call it bisexual… and I consider myself bisexual"- Linda.* In this instance, both continued to explain their bisexuality in relation to who they find themselves most attracted to and the type of partner they currently (at the time of the research/interview) preferred.

For both Lisa and Linda their current (in Linda's case) and preferred partners during the time of the interviews were women. Lisa further explained her bisexual orientation by using an analogy of a pendulum, stating that her partner preference changed back and forth over time.

Some women explicitly described their sexual identity as fluid even though they had a romantic history of exclusively dating men. These women appeared more sexually aware and articulated the fluidity with ease:

> "*I would say that I am a straight woman but it's something that I feel like could be fluid, I just haven't found a woman I could be in a relationship with…*" *–Michelle.*

Heterosexual identified women were clear about their attraction to the opposite sex but did not rule out the possibility that this could change over time. This appeared to be the case even among women who saw themselves as sexually reserved. For example, Catherine who described herself as mostly reserved in how she related to her husband and how far she has explored herself sexually did not rule out the possibility that she could in future be attracted to a woman.

> "*I like men, I have never even imagined myself with a woman so on that I am very clear, I think there is no confusion there unless if it happens later on in life"- Catherine.*

She attributed her reserved sexual behaviour to the influence of her rural and conservative upbringing and cultural background; where growing up they were never encouraged to express themselves sexually. Catherine was brought up in rural Limpopo Province and although she has lived in Tshwane for many years she and her husband visit their parents often. Catherine also mentioned that she maintained friendships with older married women whom she related to and drew from their wisdom and experiences of being married longer which reinforced some of the social norms she internalised and shaped her sexuality as a married woman. It was a common occurrence among the heterosexual-identified women to make reference to an attraction to women in a sexual and/or romantic context, without thinking or labelling themselves as bisexual.

The level to which respondents had explored the attraction varied, some stated that they had admired other women from a distance without acting on it and that they had fantasies about women. Fantasies were described as imagined sexual interactions with other women. A few heterosexual-identified women talked about having had same sex sexual encounters at least once in their lifetime. Most confirmed that as much as they thought about other

women in a sexual way, they did not have the desire to actually engage in a long term same sex relationship as they believed that it would not to be sustainable.

3.2.2 How urban women express their sexuality

The expression of sexuality is one important example of how gender expectations and norms influence behaviour (1). The urban women who participated in this study expressed their sexuality in many different ways, and the modes of expression were those at their disposal that they felt most comfortable with at a particular time and space.

In some instances the expression of their sexuality was consistent with how they described their sexuality, while for others there was no link between how they sexually described themselves and how they chose to express themselves. While some women were able to fully experience and express their sexuality, others like Linda and Catherine among others felt constrained by various reasons. The modes women used to express their sexuality were through dressing a certain way, physically through sexual engagement with their partner and verbally by talking about it. Some of the modes were more passive than others, and were used more consistently among women who described themselves as shy and reserved.

Clothes and dressing was a very common method in which the women chose to express their sexuality. The way some women expressed their sexuality through clothing was greatly influenced by their gender identity which they associated with feminine characteristics and showing-off their "best" side;

> "*You're a woman, you look like a woman, you take care of yourself like a woman… you try to accentuate the little curves that you do have, hide the things you don't want to be seen and generally be feminine."-Michelle*.

Showing a softer side that was associated with being a woman by some participants was related to dressing in a feminine way. However, Bridget explained that she expressed herself in that manner (dressing feminine) because "*that's kind of the in thing right now*". For her, the way she dressed changed over time based on trends as well as the person that

she was in a relationship with at the time. Dressing a particular way to appeal to a partner played a big role in how women who expressed their sexuality.

Expressing sexuality through dressing a certain way was also used as a technique to communicate sexual desire to a partner for some women. Denise stated that in the beginning of her relationship she used to dress in a very sexually seductive manner as a way to communicate her sexual arousal to her partner;

> "*I would dress in a short dress or do something that would hint to him (boyfriend) that hey, I really want to do this (have sex), but at the same time I was really shy*."-*Denise*.

Some women explicitly identified sex as the only means to express their sexuality. This form of expression was often done in a private and in a sexual context. The women would engage in sexual practices/acts that they consider as 'common' such as kissing, caressing, fingering, vaginal intercourse/penetration, oral sex and sexual role-plays. The women described themselves as very expressive and felt free and open to experimenting behind closed doors. The privacy came with being alone and provided a 'safe' space for them to freely explore themselves as sexual beings. They felt that they could not express their sexuality outside a relationship and for some outside of sexual interactions. Participants talked about engaging in public display of affection but were aware of the perceived need to still maintain their societal gendered role expectations of being sexually reserved and passive.

There was a small group of women who stated that they expressed their sexuality by talking about it. These women were very open to talking about their sexuality, sexual identity, sexual history and sexual experiences. Linda explained that she expressed herself verbally as she felt that there were limited ways as a bisexual person to express her sexuality. She therefore felt very cognisant of language choice in the way she spoke to people about her sexuality and her same sex relationships as she referred to her girlfriend as 'partner'.

Some women emphasised one method to express their sexuality while for others it was a combination of two or more methods e.g. dressing a certain way and talking about it. However, the method in which women chose to express themselves varied depending on their context, where they were, who they were dating at the time, who they were around

and how they felt about themselves in terms of self-esteem and confidence levels. There were factors that had influenced either directly or indirectly how women described, identified and expressed their sexuality.

3.2.3 Influencing factors of how women describe/identify and express their sexuality

There were a number of factors that women perceived influenced their sexuality, how they sexually identify themselves as well as how they chose to express their sexuality. These influencing factors impacted women directly and/or indirectly in various circumstances. These influencing factors have changed for some women over the course of their life and different encountered experiences, while for others they remained constant, and unchanging.

Person, place and time were the main elements that the women referred to as influencers, and in certain occurrences a combination of them all. Some women made direct links between how they sexually described, identified and expressed themselves as well as the factors that influenced their sexuality. Whereas for other women, influencing factors were not clearly linked to how they described/identified and expressed themselves. This suggested that they may be subliminally/indirectly influenced by factors that they were not able to or chose not to articulate.

Person in this context refers to family, friends, and partner (either sexual or in a relationship with). Family and friends played a big role in influencing how some women described/identified and expressed their sexuality at an interpersonal level. Family and friends set the tone of what was socially acceptable in their 'inner circles' over and above what the larger society and media portrayed. Family set the fundamental foundation of culture and identity, which translated into gender roles and expectations, that were embodied and expressed;

> "*I think part of me is adventurous but most part of me is reserved because of how I relate with my husband and things like that looking at where we come from and also*

how we were brought up, we both (come) from a rural background and we were never encouraged to express ourselves sexually…"-Catherine.

Catherine further explained that she also found it beneficial to engage with other older married women as they related to their husbands in different ways and therefore helped her shape her own relationship with her husband by selectively taking from their years of experience and wisdom. This could mean that Catherine perceived married women to behave in a certain way, that to some extent her sexuality was also influenced by social expectations and perceptions about marriage and how married women were meant to behave. Family also made use of myth filled scare tactics such as "*if you play with boys you will fall pregnant*" to try and 'guard' the sexuality of the female child which results in limitation of how they can express their sexuality. Friends influence was mainly in the role they played of normalising some of what were perceived as distressing sexual experiences;

"*I spoke to my best friend and she was like: it happens so it's fine. It's okay, it has happened to all of us. So I guess if it happened to most people then I guess it is okay "-Linda*.

Linda was referring to the distressing experience when her boyfriend at that time coerced her into having sex while she was on her menstrual cycle, an experience she felt very uncomfortable with (before, during and after the act) and did not want to do in the first place. She found comfort in knowing that peers experienced the same 'uncomfortable' sexual practices.

A recurring influencing factor that was a constant feature among all women was their partner. Partners' perceived encouragement and/or discouragement was linked to sexual expression. Partner in this instance referred to someone they were in a romantic relationship with or a sexual relationship. The partner played a very important role in how women described, identified and expressed their sexuality, especially when the women had insecurities about themselves and their bodies. These women held their partner's opinion and approval over their sexual abilities and their body in high regard which increased self-esteem and confidence within themselves and comfort with their bodies;

> *"Other people actually influence us in a bigger way than we think, for instance with the partner that I am with, you kind of know they like these certain things in women and then you try to slowly incorporate them into your lives because you know this person likes this, and the previous person liked this and that and then in a way you modify it (your sexuality) to accommodate them too."- Bridget.*

Sexual expression remained fluid as it was mainly determined by the partner they found themselves with at the time. This meant that women expressed themselves in ways they believed would be appealing to their partner, suggesting that their partners had the power to approve and/or disapprove of the way they chose to express themselves. Catherine shared a perception that she had about her partner's reaction to some of her fantasies. She mentioned that as much as she wanted to introduce vibrators and other toys into their sex life she could not because her husband would not approve. This anticipated rejection resulted in her being reserved and sticking to conventional ways of being intimate. However, she had never tested her beliefs about how he would react.

Place in this context referred to the circumstances or environment the women found themselves in that had an indirect influence on how they described/identified and expressed their sexuality;

> "*The environment that I am around definitely does influence the way I express myself"- Linda.*

This was also linked to what the reserved identifying women said that they only expressed their sexuality in a sexual context with their partner, in private. Place played a very important role for some bisexual identified women as they often felt restricted about being affectionate towards their same-sex partner in the company of predominantly heterosexual identified individuals as people tended to stare. They found themselves to be more comfortable around homosexual and bisexual identified people.

Samantha explained "*I'm very spontaneous but at the same time I am a lady, like there are certain things I won't do in public*", which demonstrated the perceived and embodied gendered characteristics that were associated with females of having to 'act' like a lady,

which prescribed how much of their sexuality they could express in open spaces. Where being a lady may be perceived and understood as being reserved and somewhat passive, as opposed to being perceived have to be sexually promiscuous.

3.2.4 Media and Sexuality

Media in this regard referred to television, music, internet, magazines, movies and novels that the women were exposed to that influenced their sexuality. Reading was a technique of sexual exploration used by women who self-identified as reserved or sexually conservative. These women perceived themselves as reserved or conservative because they engaged in what they considered as more conventional sexual activity. While they did not use any accessories such as sex toys during sex, they fantasised about such sexual activities.

The women read erotic and romantic novels (special reference was made to the popular book: *Fifty Shades of Grey*, written by E L James, by several women), magazines with sexual content, and erotic articles off the internet as a way to explore their sexuality. In addition to exploring their sexuality, they mentioned that they also found ideas of how to try new things and do things differently for those in longer term relationships, and guidance on how to do certain things for the sexually inexperienced women. These women found reading these types of books and magazines arousing as they often fantasized about what they read. It ignited curiosity and normalised the things they often fantasised about and in Judith's case, things that she had felt uncomfortable with. Judith explained that the outside world felt uncomfortable about sexual acts that depicted women as submissive sexual partners solely there for their partner's pleasure, and sexual acts that included sexualised and eroticised forms of 'pain' (violence as some people interpreted it) being inflicted on women, such as with dominatrix, slaves and masters sexual role plays. Reading erotic books like *50 Shades of Grey* broadened her perspective and sexual curiosity as well as her perception of different forms in which sexual pleasure can be reached.

> "*… it (erotic novels) just gives you ideas and those kind of things and it's just like no I want to try that especially cause I feel I'm so scared to try a lot of new things so the more I read about it and the more I see that okay 'you know what that's actually not so bad you know, people seem to enjoy it', cause I*

think the first time I read erotic novels was 2011 with Fifty Shades and then a friend of mine recommended Maya Banks, she's also quite a kind of erotic author and then Sylvia Day as well, they write all about these type of relationships and you know how being a submissive I mean being a sub isn't so lekker *from the outside world but when you read about it and hear how these women receive such pleasure and you like 'I want to receive that too'."- Judith*

Most women stated that media played a big role in influencing how they expressed their sexuality. The women would read, listen, watch and observe what was being portrayed in the media found it stimulating and some internalised it and tried out what they had seen or read. Some women took what they saw in the media as encouragement and inspiration to try out new things, it made them feel sexually bold;

"*Pop-culture I think has played a big role in that in the beginning I was very reserved… before I became sexually flamboyant. It mainly had to do with the type of music I was listening to at that time, I think it had to do with that. I was just main stream and I didn't want to try anything new you know, then artists came out doing different things and I was just like 'hmmm maybe I should try something new' and so I did. I think pop-culture played a very big role in that."- Amanda,*

While others internalise it and expressed their sexuality as prescribed;

"*I was doing what Cosmo (magazine) told me which is a mistake I think because you end up making yourself this one woman that the magazine says 'guys like this one woman, or particularly a woman who does this one particular thing or these 10 particular things that they listed for the month. So I ended up in funny positions that hurt because Cosmo told you it would be fun and it wasn't."- Michelle.*

These influencing factors had an impact on the women simultaneously depending on the situation they found themselves in. However, there would always be one influencing factor that was more prominent then the other. As previously stated, some had a direct impact on the women while others had an indirect impact on sexual expression.

The degree to which the influence went all depended on what the women deemed as important to them at that particular point, however the partner's influence remained the most prominent.

3.3 SEXUAL EXPERIENCES OF WOMEN

This section related to the sexual experiences of the women in relation to them being initiators of sexual activity with their partners, and how they felt about initiating sex. It further explored the women's experiences of being in control during sexual activity as well as them being controlled by their partners during sex, and their perceptions, understanding and expression of sexual confidence.

3.3.1 Women's initiation of sexual activity in relationships

All the women in the study had been in situations where they had initiated sex with a partner, even if it was not something that happened often for some. The context in which it occurred varied among the women and the most common response when asked when they initiate sex was "*when I want it*", which indicated sexual desire and their response to it. Women initiating sex were primarily motivated by their sexual needs. The excitement and enthusiasm in which they initiated sex became less frequent as the relationship progressed, especially with the longer term relationships;

> "*There are times when I feel like I have to initiate (sex) but I think I have done less and less of the initiating, less than what I did at the beginning of the relationship."- Michelle.*

This is congruent with the reports that sexual expression such as dressing up in sexy lingerie, role-playing and generally being visually appealing and seductive lessened as women got more comfortable with partners and settled in their relationships. This often occurred among couples who lived together.

The reasons for initiating sex differed a bit for women who had been in longer term relationships and in some cases lived with their partner;

> "*I wouldn't just initiate sex when I am the one who is horny. Like I know him, there will be times when he sends me a funny message and you will think 'okay, I must initiate sex because this is how he is feeling (horny) but there are times when I feel like he wants sex so you better try something. So I will make sure that when he comes back from work he will find me in my room and I will be in my lingerie but it is not often, definitely not as often."- Michelle.*

For Catherine, the duration between the sexual encounters also constituted as reason for her to initiate sex; "*lately it would depend on how long it has been since we last had sex."- Catherine*.

Being sexually experienced, confident and comfortable in your own skin and settled in the relationship were some of the elements identified as motivating factors for initiating sex;

> "*The more time I spend with him and we experimented sexually the more comfortable I became and the more confident I became (with initiating sex)."- Catherine*.

When the women were asked how they felt about initiating sex some responded saying it felt good, felt victorious, sexually flamboyant, in control and empowered. Initiating sex was seen as something fun and good for one's confidence. Linda explained her experience as liberating because she was raised to believe that men know more about sex than women and that she should wait on a man to initiate and lead the process.

As much as the overall consensus was that it felt great, some did admit that it took them a while to get comfortable with the idea due to shyness and perceived negative perceptions about women who made the first move, some of which stemmed from upbringing where conversation about sex between a child and the parent were taboo;

> "*Initially it made me feel like a pervert. It made me feel like a slut who wants sex, but that is the reason why I never initiated it because I feel that girls who initiate sex are too forward and they are slutty…" Denise*.

Samantha shared a contrasting view and stated that initiating sex was nothing to be ashamed of because women were also sexual beings, and for her it felt natural.

3.3.2 Control during sexual activity

In these women's experiences, initiating sex was almost automatically coupled with being in control during the entire sexual encounter. Being in control in this context referred to women taking the lead in the sexual activity and defining what happened. How these women felt about being in control closely related to some of the feelings they associated with initiating sex. Some of the women described being in control during sex as amazing because they actually controlled how they received pleasure and guided things the way they wanted them to go. Linda explained that she also derived pleasure from pleasuring her female partner; "*It is really nice to see how you can make somebody else feel, it makes me feel good."- Linda.*

As much as there were women who expressed their love for being in control during sex, there were some who enjoyed it but felt uncomfortable with being in control completely. Lack of sexual experience was described as one of the reasons why women allowed their partner to take the lead. Amanda stated that she preferred to let her partner take control whenever she felt uncertain about what she was doing;

> "*Sometimes it's okay, sometimes I'm okay with it (being in control during sex) but other times I'm not, like I just feel like sometimes he must take control cause I'm not really sure if I'm doing this right or things like that but then when I do feel confident like when I'm extremely confident on that day then I'm okay with taking control."- Amanda.*

The perception of being more knowledgeable and experienced about sex was reinforced by Linda who explained that she was taught growing up that men knew more about sex than women. However, the reason Carol gave for not wanting to be in control all the time was

because she wanted to feel desired, wanted and chased. She felt that as much as being in control boosted her confidence, it could potentially also have the opposite effect;

> "*I enjoy it but I don't want to do it all the time. I don't want to be in control all the time. Sometimes it has the opposite effect on your confidence levels because then it makes you feel like 'okay why aren't you the one who is lusting after me?'."-Carol*.

Carol tried to strike a balance between being wanted and being the one wanting. Bridget on the other hand explained that her partner would sometimes take back control if he was not feeling pleasure from what she was doing or if he did "*not approve*" of it. Women felt that it was best for the control to be shared with their partner.

The women had mixed responses when they were asked how they felt about being controlled by their partners during sexual activity. Some preferred being controlled more than being in control, stating that they enjoyed it more and that it yielded more pleasure and satisfaction. Others stated that they did not mind it and actually preferred that their partner took control, especially when they felt tired as it meant less work for them. A few of the women stated that they loved being controlled, provided that it was done in a way that they wanted it to be done. While the others felt more democratic about sharing the control for the shared experience, pleasure and benefit of all.

3.4 UNWANTED SEXUAL EXPERIENCES

Unwanted sexual experiences referred to the situations where women had been in situations where they went along with having sex when they did not want to. They did not view these experiences as sexual violence because sex was not forced or physically violent but rather they 'gave in' to sex because of a subtle coercion through persuasion, persistence and perceived links to unfaithfulness from the partner and perceived expectations, power and control from the women themselves. All the 12 women who participated in the study reported that they had engaged in unwanted sex. They reported the experiences as unpleasant and were often left with feelings of sadness, guilt and for some disappointment towards themselves. Some had communicated the discomfort of this to their partners, while

others continued to 'suffer' in silence for the sake of the relationship and to avoid conflict. The reasons for engaging in unwanted sex varied among the women but the experiences and after effects remained the same across the different sexual orientations.

3.4.1 Reasons for engaging in unwanted sex

Some of the women explained that they engaged in unwanted sex as a means of 'keeping' their partner in the relationship. This was a common occurrence for women in longer term relationships (including marriage). The women felt the need to engage in unwanted sex so as to prevent their partners from sleeping with other women. Catherine, a married woman, expressed additional reasons for engaging in unwanted sex as she perceived it to be part of her 'marital duties', and in isolated cases agreeing to sex was done out of pity for her husband as well as to preserve her marriage;

> "*Sometimes you find that like maybe we haven't had sex in a long time and I can see that 'okay, shame the poor guy has been starved' so there are those moments but it's not like it is forceful or anything like that it's just a matter of if I could I wouldn't have, sometimes as a woman you feel like 'we haven't done it for a while' and I also want to protect my marriage. There are times when you have sex because you feel like it is part of your duties so at that point because you are also not either mentally or physically preparing yourself for something like that so when it happens you just feel like 'I just want this thing to end'*"- *Catherine*.

In these instances of "pity sex" the women perceived themselves as having a sense of control over their relationship and partner. Other women who reported engaging in unwanted sex were motivated by wanting to demonstrate of love and commitment to their partner rather than feelings of desire or feeling ready to have sex. This reason mainly resonated among the women who made reference to their first sexual experience and losing their virginity. As much as they did not regret losing their virginity they had acknowledged that they were not ready and agreed to have sex for the wrong reasons at that time, such as;

"To demonstrate my love for him, it was me showing him that I love him and it was like his birthday present from me so (I thought) let me just suck it up and deal with it."-Judith.

This was also driven by the perception that sex was part of a relationship, '*it is one of the ABC's of a relationship, just one of those things you sign up for when you are in a relationship*' as Linda put it.

The implicit beliefs about intimate relationships led to unspoken pressure experienced by women who accepted the need to have sex within the context of the relationship even when they did not want to as a norm and did not communicate how they felt to their partner. The women who made reference to the time they lost their virginity all narrated similar experience of not talking to their partner about how the first sexual encounter would be or what was expected of them, it was something that just happened.

Conflict avoidance and proving one's faithfulness were other reasons provided for having unwanted sex. A couple of participants described how they had experienced anger, aggression and accusations of cheating from their partner whenever they turned down sex, a pattern experienced in both heterosexual and same-sex relationships in this study. Having another sexual partner and being unfaithful were some of the common assumptions these women's partners made if they did not want to have sex with them. Denise prided herself in being faithful towards her partner and temporarily compromised how she felt for the sake of her reputation and relationship.

Reasons such as being tired and not being in the mood were considered as excuses, and the women felt the need to prove themselves by having sex with their partner;

"*He got really angry to the extent that he accused me of cheating. He asked me if I am sleeping with someone else, 'did you find a better partner, did you have it good somewhere else?' because of him accusing me of cheating I was like 'okay, just go ahead and do it but don't expect anything from me in return. I didn't want him to think that I was sleeping with other guys… because immediately when he brought up 'are you sleeping with other guys?' then for me it was a matter of I need to prove*

myself, so because of that I just had to give in. I forced myself to do something that I did not want to do."*-Denise.*

Women described how they felt forced by circumstances to go against what they wanted to cater to their partners needs and keep them happy. Linda stated that she also often felt conflicted by the fact that her physical response would contradict her mental and emotional state and lack of desire to have sex. The fact that she would get physically aroused would cause her to force herself to engage in unwanted sex. Linda emphasised that mentally she never wanted to have sex at that time;

"I think mentally I didn't want to but my body was reacting to that point where I was getting wet and I would say 'okay, let's just do this… there was a time when I turned down one of my exes and she really just made a big deal out of it and I was just like 'okay, I never want to do that again' so let me just swallow whatever it is I need to swallow and just get this done."- Linda.

The most common reasons given for engaging in unwanted sex, was *persistence* by the partner. Their partners were so persistent that the women succumbed to their 'gentle' coercion and consented to sex even if they themselves did not want to/feel like doing it. Amanda alluded to the fact that drinking alcohol may have played a role in her giving in;

"*I wasn't in the mood for it but then he really wanted to and we had both been drinking… we just hadn't seen each other for a long time but I still wasn't in the mood for it anyway but he was, so I just said 'okay, fine'. I really didn't want to but I ended up giving consent. I think it just had to do with the persistence, I just gave in, I was like 'okay, you know what let us just get this over and done with'. Ja I think that might have been it. (Because we had been drinking) I think alcohol may have played a role in that 'ag, okay whatever' plus you know sometimes when you are drinking you get that little tingling there, maybe it was just all these things playing a role."- Amanda*.

The persistence was displayed in various ways where in some cases it was more verbal and sometimes aggressive, while in other instances it was done in a more gentle, arousing and pleasurable way;

"*He would go down on me (referring to oral sex) and I would enjoy that. It would always be a matter of 'let me start you off with something nice."- Judith*.

However, in the various scenarios, the bottom-line remained that the partner's persistence got them what they wanted. The experience of having unwanted sex cut across all age-groups, sexual orientation, level of education, and degree of independence.

The frequency of engaging in unwanted sex in these women's experiences was often determined by the relationship dynamics, nature of the relationship and the circumstances that lead to them doing it. Most participants stated that it happened rarely except for Linda who explained it as a common occurrence and attributed it to her low libido/sex drive.

When asked to identify the feelings they associated with having sex when they did not want to, majority of the women said that it did not feel good and that they could not wait for it to be over. Some of the women felt disappointed and unhappy with themselves. Amanda said she felt violated even though she gave consent and she was very clear that she did not want to label the experience as rape. The emotions were often felt during and after the whole experience. While some women talked about the experience with others (friends), others remained in denial and had not talked about the experience with anyone before the interview. Carol recounted an unwanted sexual experience that occurred the first time she had sex. She explained that her feelings and thoughts about the experience of unwanted sex had changed over time. The experience influenced her other relationships for a while afterwards and she went through a stage of not wanting any emotional attachments to sexual partners. She described how she now (several years later) was able to have a healthy (sexual) relationship.

Related to the experience of breaking her virginity;

"*I think that was the most awful moment of my life. I couldn't wait for it to be over. I literally stared at the ceiling the whole time. It did not feel good at all. I had the feeling that I wanted it to be over. Then it was over and I was really emotional because it was definitely such a… I don't know, but I felt, I did feel that I lost something. I'm not saying that he forced me but I wasn't ready. I think it took a very long time for me to get over it because you go into denial and you say 'look, the guy*

didn't rape me'. I was active in the 'not wanting to but doing it anyway'. Who wants to admit that? I think I felt powerless, and not in that moment. I'm not talking I felt powerless about it the day it happened. That day was a whole other set of emotions. I think much later it left me feeling like I had behaved very… I'd given my power away. Instead of giving something really great, like giving someone a part of my sexuality, a part of myself, I had given away something that I did not intent to give, which was my ability to choose."-Carol.

Carol's experience of her first sexual encounter was rather traumatic from what she explained. She was certain about not wanting to have sex but felt conflicted as she went along with it, despite her reservations. She experienced emotions that are often associated with being violated and she felt as though the sex was forced. However, she rationalised and justified what had happened, and expressed uncertainty about how to label the experience and was reluctant to use the label of "rape".

However, her description of the emotional and psychological effects of her first sexual encounter were similar to those associated with rape (48). Her descriptive choice of words and felt emotions painted a picture of sexual violence.

Catherine who was in longer term relationship and married shared a different experience of unwanted sex that was, mainly influenced by her perceived marital responsibilities and wifely duties. She did not describe the same emotional impact of the experiences that Carol described.

"*It is just one of those things that you can't wait for it to finish, at least I know that he is happy and sometimes during the process you might actually get in-tune (in the mood) and enjoy the process, not always but sometimes it does happen... as I said sometimes as a woman you feel like 'we haven't done it for a while' and I also want to protect my marriage"-Catherine.*

As much as the emotions linked to unwanted sex were unpleasant for most women, many of them felt that they had justifiable reasons for consenting to unwanted sex and continued to engage in unwanted sex in their relationships. The experience of unwanted sex was common and women normalised the phenomenon which raises questions of how we define

and understand sexual violence. It instigated curiosity in the definition and social understanding of sexual violence and perhaps the need to reframe its definition.

CHAPTER 4: DISCUSSION

This chapter aims to engage the findings of the research with research that has been conducted around female sexuality. The aim of the study was to explore urban women's perceptions of themselves as sexual beings, how they perceive and understand their sexual identity, and how they enact their sexuality in their intimate relationships.

The research illustrated that there are many different types of female sexualities, they embody them differently and enact them in various creative ways. The women find ways of identifying and expressing their sexualities within the constraints of gender and sexual (social) scripts that are subscribed to females.

4.1 LAYERS OF SEXUAL IDENTITY CONSTRUCTION AND EXPRESSION

4.1.1. Identity construction

One of the objectives of this research was to explore urban women's perceptions of themselves as sexual beings, as well as how they perceive and understand their sexual identity. Findings from the research exposed the complexity of sexuality and sexual identity construction. The complexity was evident in the way the women displayed uncertainty in articulating themselves in terms of how they sexually identified and expressed themselves. It almost came as a 'shock' to most of the heterosexual identified women who had trouble describing how they identified and how to express (in terms of behaviour) themselves as sexual beings. It came across as something that was taken for granted and never thought or spoken about.

Bisexual identified women, on the other hand were able to confidently describe their sexual identity. This can be attributed to their sexual orientation which may have prompted them to interrogate, deconstruct, understand and reconstruct their sexual identity in order to find their place in a predominantly heterosexual society (1). However, all the women's point of departure in describing their sexuality in terms of sexual identity was either through their biological sex or sexual orientation thus illustrating the intimate link between gender and

sexual identity (1). This is consistent with the World Health Organization's definition of sexuality which encompasses sexual orientation, sexual identity and gender identity (2).

The women's descriptions are indicative of their understanding of sexuality and sexual identity which from their narratives have been narrowly equated with sexual orientation, biological sex and perceived gender identification (23). From the findings it seems as though the women are conflating sexuality with sexual identity, whereas according to theory and by definition, sexual identity is part of sexuality. This further demonstrates the limited understanding the women may have about sexuality, its meaning and influence on sexual behaviour and interactions (23). The expression of sexuality and the acceptance of a sexual identity greatly depends on the gender role that an individual adopts (1). An example of this would be a homosexual identified female who adopts a masculine gender role. Gender identity stems from roles and norms that are associated with being male or female, which is a more individuated process even if it is influenced by external factors (1). It provides a lens through which to understand why men and women behave the way they do (29). Yet, it is worth noting that, how an individual may feel on the inside may not always correspond with societal gendered expectations (22).

The women described their sexuality in various ways, from making reference to whom they were attracted to, their sexual orientation to sexual practices and behaviours. They also highlighted the fluidity of their sexuality by making reference to same-sex sexual attraction, fantasies and personal experiences in some cases, especially among the heterosexual-identified women. This finding indicates that while women may express a clear sexual identity as heterosexual, they may also harbour same-sex attractions and sexual fantasies that they may not necessarily act on. This affirms that the varied manifestation and experiences of sexuality among different women and highlights a sexuality dynamic within each of them, thus suggesting that fluidity of sexuality is a fixed part of the sexual identity of women in this study (15). It is quite important to remain cognisant of the multiple sexualities among women in order to understand their bearing on female sexual health.

4.1.2. Enacted sexuality

Women express and explore their sexuality in many different ways. Dressing a certain way (often to be appealing to their partner), talking about it and being physically intimate are some of the techniques the women used to express and explore their sexuality. There was consistency at times in terms of how women identified themselves and choose to express their sexuality, while in some instances it was not evident. The lack of synergy at times between identity and expression seems to be in line with what is stated in the continued definition of sexuality which states that the various dimensions of sexuality are not always expressed or experienced (in the same way) and are influenced by "the interaction of biological, psychological, economic, social, political, cultural, historical, legal, religious and spiritual factors." (p.5) (49).

There are many different constraints in sexual expression. Some are external and have to do with culture and social expectations, while others are internal and may be related to acceptance of sexual orientation/identity, for example in Linda's case. As much as Linda reported describing her sexual identity as bisexual, she felt that she had not accepted her sexual orientation fully and that hindered her from expressing and experiencing her sexuality: "…*Even now I am still thinking maybe I am lesbian because I can see it I just haven't accepted it and how I believe that I haven't accepted it is because I still haven't defined myself as one and I still haven't told anyone and said out right that I am lesbian, so I think that I why I haven't accepted it*." Catherine's narrative on the other hand provides an example of having internalised external factors such as cultural norms that prohibited her from expressing herself completely and freely. As much as she had discovered various avenues for exploring her sexuality, through reading erotic novels and various articles from the internet, her deeply embedded perceptions of social norms of not being encouraged to express her sexuality which stem from her upbringing created a barrier for her to experiment with new ideas. Her internal barriers were rooted in her own perceptions and understanding of herself as a married woman, while for a few other women their internal constraints were based on their internalised perceptions and understanding of femininity, and lack of self-confidence. Both internal and external constraints influence how women negotiate and enact their sexualities in intimate relationships.

Sexuality is influenced, affected, controlled and governed by many factors which are in most instances outside an individual's control. It is argued that sexuality, like gender, is socially constructed. However, the findings suggests that there is, to some extent, a level of individual input and construction involved through the element of individual choice and subjective experience of desire and fantasy (22). An individual has the freedom to choose their sexual identity even if they may have restrictions in terms of how, where, when, with whom they choose to express it, due to dominant social ideologies and gendered scripts. Because sexuality falls within the social sphere that contains a moral framework and specific norms, beliefs, attitudes, assumptions and values the expression thereof is informally socially controlled (22). This informal social control is represented through social customs and mores that operate to maintain and reproduce patriarchal social relations and institutions through shared beliefs, understanding and meaning of how things should be (22). The women in the study negotiated and constructed their sexuality within the 'moral' frameworks that are relies on a range of context specific social influences and available cultural and societal resources (6).

Sexuality influencing factors and the social-ecological model

There were factors that directly and indirectly influenced how the women defined and expressed their sexuality and these impacted on their sexual health and psychosocial well-being. These factors comprised of person, place and time; and these can be understood through the social-ecological model framework which identifies various levels (intrapersonal, interpersonal, societal and political) that contextually influence human behaviour (50). The model further suggests that the various levels are linked and therefore influence each other (50). This implores an analysis of the factors shaping women's definition and expression of their sexuality in terms of the intrapersonal, interpersonal and socio-cultural/societal levels of influence (51).

The intrapersonal level refers to the individual and the perceptions and understanding they have about themselves as sexual beings and their sexuality. The interpersonal refers to the relationships with others that influenced the way they identified and expressed themselves

sexually. These relationships consist of family, friends and relationships they have with intimate partners. The societal or socio-cultural/societal level encompasses broader society and the urban context in which the study participants live. It includes the media environment and its influence on the women's sexuality. From the researcher's observation, the influence flows from the outside in, where society and interpersonal relationships set the context for the women in terms of what is acceptable, tolerable and in some instances unaccepted/rejected or stigmatised and discriminated against. Women in turn then internalize all these prescribed behaviours and expectations and interpret, embody and enact (or reject) them in ways that they feel most comfortable with doing. This proves that sexuality is governed less by biology and more by expectations and social significance associated with it (35).

The intrapersonal level entails the women's perceptions of themselves as sexual beings. It encompasses their identity, autonomy, self-awareness, self-perceptions, attitude, behaviour, desires and fantasies. It is based on experiences and the internalization and enactment of messages received about gender and 'appropriate' sexual behaviour in their society. While traditional gender norms, and traditional sexual scripts dictate that women have less power in relationships (than men) especially with regard to initiating sexual activity (52), the findings show that most of the women exercised pro-activeness, and sexual agency in terms of sexual activities. These women's narratives went against what the scripts theory describe as men being initiators of sex and women being passive and waiting on sexual advances from their partner (33). The intrapersonal level includes sexual subjectivity and sexual agency which the women demonstrated in actively engaging with parts of their sexuality by initiating sex which came with being in control during sex. During occasions of initiating sex when women in this study "*wanted it*" and took the lead, they went against the social construction of femininity which requires them to be passive, cede agency and submit to male/dominant power in (hetero)sexual relations by being in control of their sexuality and prioritising their sexual needs (53). Most of the women in the study used non-verbal gestures to communicate what they wanted sexually instead of using words. The resistance to socially constructed norms of femininity is not always loud, visible and vocal; notions of femininity are means used by women to negotiate their sexuality and even in passive-like behaviours exert sexual agency, which can be viewed as the ability to make

meaningful choices and having power in intimate relationships (53). The women not wanting to be in control all the time during sex may be perceived as them being passive, but it could also be interpreted as them not being passive because not wanting to be in control during sex is part of a sexual decision. By not wanting to be in control, they want to be surprised because being in control can sometimes interfere with experiencing sexual pleasure.

Interpersonal level refers to relationships with family, friends and partner. This group of people play an important role in influencing how the women perceive and enact their sexuality. They create the space for the women to develop and express their sexuality. There were women who spoke about their upbringing, culture and environment (in terms of space and time) in which they grew up, indicating that some of their behaviour and understanding of themselves was learned by observing and to some extent mimicking what they observed, as was the case for Michelle. This concurs with a lot of research that shows that sexual practices, beliefs and identities are learnt and created through social interactions (22).

Friends were an important reference group whom the women talked to and shared their sexual experiences with. The findings from a study conducted by Wood and colleagues (1998) on violence and adolescents sexual health, confirms the influence peers/friends have on individuals as young girls in the study reported that their friends reinforced coercive sexual experiences by indicating that silence and submission was the appropriate response. The experiences were very similar and relatable to Linda's narrative when she explained that she found comfort in talking to her friend about distressing sexual experiences as her friend would often normalize the distressing experience and reassure her by sharing a similar experience of her own and stating that many other people (females) do it, that it is normal. Friends played a role of normalizing unsettling sexual experiences, making it acceptable for the women to engage in sexual activities they felt uncomfortable about, and therefore compromising their sexual health and well-being. And these behaviours are partly reinforced by media, fiction and music at a socio-cultural level (35).

Partners influence came up more during discussions in how women enacted their sexuality. The partner's opinion and approval was held in high regard and affected how the women

felt about themselves. From the experiences of the women in the study, their partners have had a positive impact on them and their sexuality, resulting in increased self-esteem, confidence, self-acceptance and perceived sexual competence. This was achieved through positive reinforcement by the partner.

Most of the women reported that their partners made them feel comfortable and reassured them by loving and appreciating what they perceived as 'imperfections' about their bodies. Their partners also encouraged them, verbally and through creating a safe space, to be expressive, especially about their sexual desires. These findings are similar that of a study that was done in Bangalore, India among couple's reports of sexual discussion and expression. The results indicated that men play an important role in shaping women's sexual and reproductive health outcomes, their approval of sexual expression from wives appeared to positively influence women's actual expression (36). These findings indicate that there are different masculinities which can be more positive than the hegemonic masculinity often presented in literature.

While partners were reported to have a positive influence on women's sexuality the narratives of women having unwanted sex to avoid their partner's accusations of infidelity and proving their 'innocence' suggest that there is a more complex influence at play. It also demonstrated the complexity and dynamics of decision-making power women continue to experience in intimate relationships (52). However, while engaging in unwanted sex had a negative connotation, it was perceived by some women as a form of control in their relationships. The women's sense of control was based on the perception that engaging in unwanted sex would prevent their partners from cheating, and is therefore interpreted as their way of exerting power in their relationships.

There were women who indicated that media played a big role in influencing and shaping their sexuality. This type of influence is at the socio-cultural/societal level and can be perceived as positive or negative. Michelle had a negative experience of applying everything she read about in the magazines about being a 'specific' type of women. Reflecting on her adolescent years and process of discovering herself as a sexual being, she felt the media was very prescriptive and restrictive about the 'ideal' women men found attractive. It has been noted in previous research that majority of editorial content and advertising in magazines

remains focused on what women should and should not do to get and keep their men (54). This type of construction of femininity perpetuates the discourse that female sexuality cannot be viewed outside discourses of male sexuality (19). On the other hand television is seen as a storyteller in the culture that continually repeats the ideologies and patterns of relationships that define and legitimize social order (54).

Amanda reported a positive experience where pop-culture played a big role in influencing her sexuality, it did so in a positive way as it encouraged her to be 'sexually flamboyant'. Watching artists on music videos owing their sexuality encouraged her to try out new things. Michelle and Amanda's narratives provide examples of media's potential positive and negative effects on sexual health (54). Reading erotic novels, magazines and articles with sexual content and observing pop-culture portrayed in some ways through music videos gave the women the tools/information to explore and express their sexuality; even though in Catherine's case it was limited to exploration without her partner. These findings concur with other studies that mainstream mass media (television, movies, music, magazines and the internet) provide frequent portrayals of sexuality and sexual health (54). It is evident from the women's narratives that they interpreted and applied, through expression, sexual content into their own lives and relationships, exposing the important role media plays on sexuality (54).

According to various studies, women are expected to be sexually passive, hidden and receptive, with limited space to explore and express themselves as sexual beings (6, 7, 19, 22). The findings from the study indicate a certain level of resistance in the status quo of women waiting on their partners to take the lead during sexual activity, even though they may still be influenced by their partners to some extent. The findings illustrate women being more proactive and creative in terms of how they assert themselves as sexual beings, indicating a sense of sexual subjectivity and sexual agency. This demonstrated notable change in traditional gendered scripts surrounding sexual relationships between women and men (33, 52). They reported being open and active about their sexual needs and desires and exercising power through initiating sexual activity in their intimate relationships and at times being in control during sex. This shows that women in the study positioned themselves as subjects rather than objects of desire, and that they too sought sexual pleasure. They felt a sense of empowerment, control and agency as they met their sexual

needs. As much as sexual agency and sexual subjectivity is an intrapersonal phenomenon, it is influenced and enacted within interpersonal context (35). However, understanding women as active participants and not simply as victims of circumstances will assist the process of rethinking female sexuality (28).

4.2 UNWANTED SEX, SEXUAL COMPLIANCE OR SEXUAL VIOLENCE?

According to the World Health Organization, sexual health is the attainment of a holistic state of sexual well-being that requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility to having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. “For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (2).

Even though the research focus was not to explore forms of sexual violence, some of the experiences that emerged from the women’s narratives were of coerced sex which highlighted that narratives of sexuality were interwoven with sexual violence. By definition according to the WHO, sexual violence is understood as forced sexual intercourse and other forms of coerced sex (4). While the definition is concise, what constitutes ‘other forms of coerced sex’, and is open to interpretation. It is worth noting that sexual violence is one of the common forms of violence experienced by women in heterosexual relationships and there have also been reports by women in same-sex relationships (55).

Women’s experiences of unwanted sex and sexual violence were evident in their narratives and the words they used to describe the nature of the encounters, and their mental and emotional state during and after the unwanted sexual encounters. Experiences of unwanted sex are contradictory to the principles of sexual health outlined in the WHO definition. Sexual violence is often understood to be associated with aggression, violence, intimidation, abuse, force, and coercion (48), and as a result the gentle/subtle forms of sexual violence are overlooked and go unnoticed.

All the women in the study shared experiences of engaging in sex when they did not want to due to (direct and indirect) coercion from their partners. In this context direct coercion refers to accounts of a partner physically and/or emotionally coaxing them through physical stimulation or emotional persuasion.

These findings highlight a conflict between women's sexual subjectivity and sexual agency on the one hand and submitting to unwanted sex on the other hand. This emphasizes not just the complexity of sexuality and sexual expression but the messiness too.

The findings raise a question about whether the women's experiences were a form of sexual violence masked by love, romance and the intimacy that is associated with intimate relationships. It is noteworthy that while the women did not frame their unwanted sexual experiences as sexual violence, or rape for that matter, some of their narratives suggest that these experiences were accounts of sexual violence. Carol's account of her first sexual encounter is suggestive of rape even though she is reluctant to label it as such. The entire account including her rationalization of what had happened, and the subsequent reported psychological consequences of that experience are similar to other rape narratives. The hesitance in not wanting to label the experience as rape, was based on feelings of guilt that she felt as she went along with it. However, it may have to do with how rape is perceived and understood by these women. Their perception may be influenced by how rape is legally defined in the country (South Africa), as it an act that occurs under coercive circumstances that include the application of threats, force and abuse of power or authority often 'executed' by strangers (56). Their accounts fit within the parameters defined in the WHO sexual violence instruments which, as previously stated, defined sexual violence as forced intercourse and other forms of coerced sex (4). The common perception of rape and sexual violence as often involving physical force also contributes to the (mis)interpretations of sexual violence in intimate relationships.

The understanding of sexual violence within intimate relationships can also be influenced by gendered sexual norms which state that men are entitled to sex when they want it (55, 57). In these women's narratives, their partners (for both heterosexual and bisexual identified women) used more psychological rather than physical forms of coercion and sexual pressure (37). Sex the act is a site of multiple power differentials, which include social status, age and

ethnicity among others, but dominated by gender in (hetero)sexual encounters (23). The gender power relations that are enacted in (hetero)sexual encounters directly affect female sexuality and reproductive outcomes in that they partially define women's capacity to protect themselves against sexually transmitted diseases and risky sexual acts (23), such engaging in sex during menstruation like in Linda's case. Engaging in sexual intercourse during menstruation increases the risk factor for sexually transmitted infections, including HIV (58).

While the consequences of unwanted sex in same-sex relationships are not well-described in the literature, many of the physical and mental health consequences are likely to be similar even if the risk of some sexually transmitted infections (such as HIV) are lower.

Sexual encounters need to be understood as sets of practices which are enacted and negotiated by individuals and affect individuals' (women in this case) capacity to control how they unfold in their own terms (31).

Unwanted sex, is a familiar concept and lived reality of the many women and is also known in literature as 'sexual compliance'. Sexual compliance is defined and understood as the willingness to engage in sexual activity despite a lack of sexual desire (37, 40). This definition describes the experiences of many of the women who participated in the study. The study explored circumstances where the women were in situations where they would agree to sexual activity that they did not want to engage in for various reasons, each reason unique to its context. It was a common occurrence among all the women, even those in same-sex relationships. Indicating that the women submitted to their partner's often subtle tactics of sexual pressure (37).

The women in the study each gave an account of the various reasons and circumstances for engaging in unwanted sex. There is a rationalisation process which justifies in women's minds why they engaged in unwanted sex. A review conducted by Impett and Peplau (2003) highlighted factors that contributed to women consenting to unwanted sex, indicating that women (and men in some instances) engage in sexual activity for a variety of reasons other than sexual pleasure and satisfying sexual desires (59). Studies provided new insights into reasons why people engage in unwanted sex, motivation included an expectation of positive

outcomes (such as enhancement of intimacy) or the avoidance of negative outcomes (such as conflict) (59).

Behaviour may be motivated by desiring positive outcomes, with the aim of pleasing a sexually aroused partner despite the lack of sexual desire (59). Motivation such as increasing intimacy in the relationship and protecting the relationship was demonstrated in Catherine's narrative where she stated that she would comply to fulfil her marital duties as well as to feed her husband's sexual desire. The motivation for others, like Judith, was to demonstrate love and commitment towards her partner, which in turn encouraged intimacy in the relationship. Behaviour like this that is motivated by positive outcomes is labelled as the approach motivated, which is undertaken by the pursuit of pleasurable and positive experiences (59).

For women like Denise and Linda who reported engaging in unwanted sex to avoid confrontation and conflict in the relationship or to keep a partner from cheating were motivated by conflict avoidance. Conflict avoidance entails doing things in order to avoid negative or painful outcomes, such as fearing that a partner would lose interest, terminate the relationship or cheat, which were reasons some of the women shared (59). In addition to the motivations theory (approach for positive outcomes and conflict avoidance for negative outcomes) which provide a theoretical framework for understanding the motives behind the women engaging in unwanted sex; additional reasons for engaging in unwanted/compliant sex are also influenced by situational factors that will either be for approach or avoidance reasons (59). Instances such as conflict avoidance or proving faithfulness lean more towards avoidance motives and situations that make the approach motives more salient are those that the women reported as self-sacrificing and availing themselves sexually for the sake of their partner's satisfaction.

Findings from the study indicated that there are negative emotional consequences associated with engaging in unwanted sex. These emotional consequences were reported by the women as feelings of discomfort, disappointment, violation, unhappiness, and loss of power and control. These emotions said to be felt during and after the sexual encounter. These were quite interesting insightful descriptions into the emotional effects of compliant sex because such negative emotions are typically associated with non-consensual forced sex

(59). These findings were in contrast to what has been found in previous studies state that people who engage in compliant sex do not suffer negative emotional consequences from the experience (59).

Considering that the emotional outcomes of the women in the study who engaged in unwanted/compliant sex were similar to those often associated with non-consensual sexual experiences such as rape, these findings suggest that engaging in unwanted/complaint sex in this context may be a subtle form of sexual violence. The potential thereof could be overshadowed by the fact that sexual violence is often characterized as aggressive, abusive, violent, rape, involving intimidation and associated with gender-based/intimate partner violence, and measured in various ways such as by physical, emotional and psychological scars (38).

Acts of sexual violence, as was the case with rape, need to be redefined to be more inclusive of subtle forms of sexual violence masked by asks of persistence and gentle/subtle coercion.

4.3 LIMITATIONS

The findings of the study may not be transferable to other urban women as they were based on the unique experiences of each woman who were purposively sampled. Because sexuality is such a sensitive topic, the women may have potentially in some instances responded in a socially desirable manner where they may have censored themselves or said things that they thought the researcher wanted to hear or things that they have perceived as morally correct and/or unacceptable. While the research aimed for maximum variation many of the women had similar characteristics. There was a limited racial representation, therefore comparisons between different racial groups cannot be made nor can the findings be transferred across the different races. The transferability of some of the findings is limited. For example only one of the women grew up in a rural area and moved to Tshwane as a young adult. It limits the transferability of the findings about whether social norms of an area (e.g. rural versus urban) have an influence on female sexuality, and to what extent.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

The research aimed to explore urban women's perceptions of themselves as sexual beings, how they perceived and understood their sexual identity, and how they expressed their sexuality in intimate relationships. This in turn resulted in an understanding of women's sexual health through the ways they expressed themselves in sexual relationships. The findings affirmed that sexuality is dynamic and does not subscribe to a single social standard but is shaped by gendered sociocultural factors (15, 35). The women narrated descriptions of their sexuality, which were strongly based on their gender and perceived sexual identity. They further described the various ways they explored and enacted their sexuality, which was not always expressed or experienced completely.

It has been argued that social norms exist that influence how women enact their sexuality, yet an individual may negotiate the extent to which they adopt or reject the norms, which may influence their actions in everyday life (24). The social context in which women who participated in the study live influenced how they defined and enacted their sexuality. Person, space and time set the scene for how the women explored and enacted their sexuality by culturally defining and categorising how gender and sexuality are enacted and negotiated at an intrapersonal, interpersonal and socio-cultural level (33).

The findings indicated that sexuality is largely influenced and controlled through institutions such as family, friends, larger society and mass media; and the choices of sexual expression are informed by socially constructed rules that encourage individuals to as act and dress in particular ways (22). Challenging the hegemonic ideas of masculinity and femininity could potentially open up spaces for a wider range of reconfigured identities that ensure sexual safety among women (21). Some of the women in the study were able to claim their rights to bodily pleasure through active sexual agency and constructing themselves as desiring subjects instead of being objects of desire (21). This type of self-awareness related to erotic desire and bodily pleasure represents a potential for more diverse and shifting forms of femininity (21).

Sexual agency represents the possibility for effective transformation of women's experiences of, and position within a patriarchal society (21). These hegemonic ideas of masculinity and femininity can be challenged by changing the public discourse around masculinities and femininities, and being more inclusive of diversity.

The degree to which women are able to control various aspects of their sexuality remains a critical question for the promotion of sexual health (60). Sexuality remains situated in the sphere of power relations that limit the expressions and meanings (22), placing women at risk of sexual ill-health. Unwanted sexual experiences resonated with all the women in the study. Based on the narratives of unwanted sexual experiences the women shared and emotional impact these experiences need to be interpreted as forms of sexual violence. Some experiences of unwanted sex occurred recently or in an ongoing way while other experiences had occurred when women first had sexual intercourse and were not typical of their current sexual relationships.

There is a tension between limited power and autonomy that women have in their intimate relationships and the independence, agency and autonomy that is expressed. The women in the study were educated, articulate and able to reflect on their sexual experiences and yet they were to varying extents still influenced by their partners and society. Their fears of losing their partner and/or fears of being judged in a particular way either by their partners or others was very influential, and shaped their ability to fully experience and enact their sexuality. Hence these women found themselves on the 'continuum' of sexual violence by engaging in unwanted sex. On the one end of the sexual violence continuum is rape and on the other end is the ability to speak openly (to a sexual partner) about sexual likes, dislikes, fantasies, desires and wants. Very few of the women in the study were able to talk to their partners about what their desires and sexual fantasies. The women made their own decisions about what they would and would not ask for because they assumed how their partners would respond without testing it out.

Unwanted sex and/or sexual violence is most commonly studied in its extreme forms, involving violence, threats, intimidation, trauma and coercion, while the more subtle and subjective forms of unwanted sex are not investigated (39).

This study has shown that given an opportunity and through asking the right questions more women would report sexual experiences that were in some cases not forced but unwanted (38). How women understand what sexual violence is and is not is important in terms of what they do about it in relation to seeking (physical or psychosocial) health services.

There seems to be a continuum in terms of women's sexual agency and autonomy around their sexuality in this study. Most of the women who participated in the study, even though they appeared confident and sexually liberated, were actually in very fundamental ways still controlling themselves and their sexual behaviour because of society's gendered roles and norms around sexuality. Gendered norms were evident among the women in the study who while empowered with quite a lot of agency still felt somewhat constrained to completely experience their sexuality. However the constraint is much more subtle in this group of women because their partners were not being explicitly controlling, and in fact most of the control was that which they applied to themselves from their own perceptions of how others would react to them.

Women are active agents in their lives and deviation from expected gender role norm often occurs, especially among urban women (33). While the women in the study acted against ideas of passivity by mobilizing their sexuality and exercising sexual agency through reported experiences of initiating sexual activity, it still remains limited as the power imbalances that structure relations between men and women in predominantly (hetero)sexual relationships remain the norm in society (28). There is however literature documenting the transformation in gender norms in post-apartheid South Africa (33, 52). However, the acknowledgement and understanding of women's agency and its diverse forms is crucial to understand sexual behaviour and promote their sexual health among them (53).

According to my assessment, women who resist traditional scripts of femininity and exert levels of agency and confidence (as the women in the study did), seem to have healthier balance of power and control in their relationships. This is contrary to how traditional femininity is constructed as women being passive and suppress their sexual desires among other things. The study highlighted the more liberated and positive construction of femininity in terms of the women having a sense of agency, knowing firstly what they want

and relinquishing power and control, however, there are more complex dynamics of in sexual expression that either accentuate, or undermine, this agency.

There is a healthier balance between positive (sexual subjectivity, agency and pleasure) and negative (unwanted sexual experiences) sexual health outcomes in terms of how the women express themselves as sexual beings.

Sexual health is an important and evolving aspect of health across human lifespan which can be understood through the social-ecological model framework that contextualize the various levels that influence on human behaviour (50). An individual's sexual health is influenced and affected by determinants not only at an individual level, but also at a more distal social levels which include interpersonal relationships, the social environment of the community and larger society, including the urban context in which the participants live (61). In conclusion it is important to note that sexuality as much as it may be individually explored and experienced, is always influenced by relationships and other social contexts. Therefore, sexual health cannot be defined, understood and made operational without a broadened consideration of sexuality which underpin important behaviour and outcomes related to sexual health (2).

5.2 RECOMMENDATIONS

The sexual health model advocates for a sex-positive approach to sexual health, which is viewed as an approach to sexuality based on cognition, personal awareness, and self-acceptance (35). The model suggests that sexual health includes the ability to act intentionally and responsible, be intimate, set appropriate (sexual) boundaries and communicate about one's sexual needs and desires (35). It also includes a sense of personal attractiveness, competence and self-esteem, such that it affirms sexuality as a positive force in one's life (35). Mass media, such as educational television shows and soapies as well as print media publications such magazines, and erotic novel authors need to adopt and incorporate a more sex-positive approach when it comes to matters of sexuality, especially female sexuality.

The definition of sexual violence needs to be revised and broadened to include more subtle forms of sexual dynamics such as conflict avoidance, pressure and coercion that is often experienced in intimate relationships through coerced sex. A revised and more nuanced definition could be advocated for in WHO documents, and government policies and programmes that address issues of sexual violence. NGOs that work in the area of prevention and services for survivors of sexual violence could make a more inclusive and nuanced definition a point for advocacy work.

There is a need to open up avenues for other forms of sexual violence research, especially in the arena of sexuality to include a broader range of coerced experiences to fully explore the continuum of sexual violence (31, 38). Quantitative measure of sexual violence could include items that use terms such as “pressured” and “to avoid conflict” in additions to terms such as coercion and forced which are currently used (4).

When considering a public health lens, healthy sexuality is a critical determinant of health and quality of life (30). Sexuality is often spoken about only in relation to sexual health problems such as HIV, family planning and risky sexual behaviour among other. It is important to note that the progress in public health discourse on sexuality and gender is not matched by action (30) through comprehensive sexuality education at primary and high school level by increasing the understanding of individual sexuality and promoting positive attitude towards the sexualities of others (62). While this is being done to a limited extent through life skills programmes, there is a need to move away from interventions that are focused on avoidance of or abstinence from sex in order to prevent HIV or teen pregnancy only. These type of comprehensive sexuality education sessions should integrate physical, psychological, cultural, societal, educational, economic and spiritual factors in achieving complete sexual health which acknowledges the broader context of relationships and community as part of sexual health (63). It should be emphasized that sexual health includes the ability of an individual to integrate their sexuality which encompasses their sexual and gender identity into their lives safely and derive pleasure from it (63).

There is further research needed on the following two topics:

1. Educated, urban adult female sexuality, and

2. The dynamics and factors that increase and contribute to urban adult women engaging in unwanted sex.

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APPENDIX A: Interview Guide

1. Tell me a bit about yourself?
2. Tell me about your intimate relationships.
    - What kind of people are you attracted to?
    - Why do you think you are attracted to these people, and not others?
3. How have your past intimate (romantic and/or sexual) relationships been for you?
4. Tell me about your current or most recent sexual relationship?
    - In what ways is this relationship the same or different from other relationships?
5. Tell me about how you express your sexuality?
    - How would you describe your sexuality?
    - How would you describe your sexual interaction with partners you are in a relationship with and partners outside of a relationship?
6. What kind of sexual activity do you engage in with your (current) partner (s)?
    - How do you feel about these?
    - Tell me about sexual activity with other partners.
        - Is it any different between the different partners you have had?
        - Why do you think it is the same/different?
7. Have you ever initiated sexual activity?
    - Under which circumstances do you initiate sexual activity?
    - How did/does it make you feel?
    - How do you feel about being in control during sexual activity?
    - How do you feel about being controlled during sexual activity?
8. What kind of protection methods do you use, if any?
    - Tell me about your experiences of these methods.
    - Do these methods influence how you feel about sex or your sexuality?
9. Tell me about any experiences you have had of engaging in sexual activity when you did not want to?
    - Tell me more?
        - How did that happen?

- How did it make you feel?
- Have you ever told anyone else about this experience? Tell me more.

10. What are your thoughts about same-sex sexual attraction?
    - Have you ever felt attracted to another woman?
    - What did that mean to you?
11. Is there anything else that you would like to share?

APPENDIX B: Demographic questionnaire

Unique ID number:___

Name_____

Please circle the number that best describes you.

1	What was your age at your last birthday?		
2	What is your race?	1=Black 2=Coloured 3=Indian 4=White 5=Other - Specify_____	
3	What is the highest level of education that you have completed?	1= None 2= Primary 3= Secondary 4= Tertiary	
4	Are you in a relationship?	1= Yes 2= No	
5	What is your employment status?	1= Employed (full-time) 2= Self-employed 3=Employed (part-time) 4= Unemployed 5= Student (full-time)	
6	What is your living situation?	1 = living alone 2 = living with partner 3 = living at home with parent(s) 4= living with friends or family (not parents)	

APPENDIX C: Participant Information Sheet

Study title: Urban women's perception about their sexuality, sexual identity and sexual experiences, in Tshwane Metropolitan Municipality.

Introduction

Good day, my name is Lerato Lebona; I am a Masters student in Public Health at the University of Witwatersrand. I am conducting research on female sexuality. The aim of the research is to explore women's perceptions about themselves as sexual beings in terms of how they sexually identify and their perceptions and experiences of their sexuality, in the Tshwane Metropolitan Municipality.

Invitation to participate

You are invited to voluntarily participate in the research, your input will be of great value to the study. This information leaflet is to help you get an understanding of what the study involves before you agree to participate. If you have any questions or need me to explain something, do not hesitate to ask me. If you agree to participate, I will ask you to sign a consent form to show that you are volunteering to be part of the study.

What your participation will involve

You are being asked to participate in an interview that will last 90 minutes which will be recorded, if you agree to this. Only I will listen to the audio-recording when I write out word-for-word what you say. Follow-up interviews may be conducted, depending on the content that will be generated from our first meeting. The interview is in-depth and open-ended and you will be encouraged to talk without fear of judgment or interruption. The interviewer will adhere to principles of non-judgement, respect, and confidentiality. Questions will be of a personal nature exploring your understanding and perception of yourself as a sexual being, sexual identity and how you construct, enact and negotiate sex and your sexuality. We will also cover past and current sexual experiences and the meanings they hold for you.

Risks

The interviews will be conducted in the comfort of your own home or at the privacy of my office at the Centre for the Study of AIDS. Participation in the study will cause no harm to anyone. There might be questions that make you feel uncomfortable because of the sensitivity and nature of the topic. There are no wrong answers; I am interested in your experiences. Participation in the study is voluntary and you are allowed to refuse to participate or discontinue the interview at any time without any consequences. You do not have to answer any questions that you are uncomfortable with or that you do not want to answer. Because sexuality is such a sensitive issue, counselling services information and contact details will be made available to you as part of participating in the study. These services are available through the Centre for the Study of AIDS and counsellors will be prepared to respond immediately should the need arise. Appointment can be arranged with the principal researcher at the following number: 072 677 5101 or email: llebona@webmail.co.za.

Benefits:

There will be no direct benefit for you as a participant; however, R100 will be given as reimbursement for participants who will be arranging their own transport.

The information collected will contribute to existing literature around female sexuality and sexual and reproductive health of women. The information could also be used to inform (HIV) intervention programmes that are aimed at women.

Confidentiality:

All the information collected in the study will be confidential. Transcribed (word-for-word notes) interviews will be de-identified, so that no names appear on any documents. The audio recordings will be saved on a laptop in a password protected folder. Only my supervisors and I will see the transcripts. When I write the report I will put different responses together so there will be no way of anyone knowing who said what. Field notes will be used as additional data, typed up in Microsoft word document and saved on a laptop with a password protect as well. No one but the researcher will have access to the information provided.

Researcher's contact details

If you have any questions about the study or questions related to the counselling services you may contact me, Lerato Lebona, at 072 677 5101, or send me an email me: llebona@webmail.co.za

Ethics queries

If you have any questions about your rights as a participant, you may contact Prof Peter Cleaton-Jones at the University of the Witwatersrand, Human Research Ethics Committee: Secretariat (011 717 1234).

Counselling services

Services are available through the Centre for the Study of AIDS and counsellors will be prepared to respond immediately should the need arise. Appointment can be arranged with the principal researcher at the following number: 072 677 5101 or email: llebona@webmail.co.za.

APPENDIX D: Participant consent form

I (name & surname)_____hereby confirm that the researcher (interviewer) has provided all the relevant information regarding the study to my satisfaction. I had an opportunity to have any questions about the study answered. She explained the purpose of the study, the procedure to be followed, the risks and benefits involved for me as an informant. I am aware that the information collected will be transcribed and analysed. I am aware that my consent to participate in the study is voluntary and I may withdraw without any consequences.

I agree to participate in the study.

Participant's signature_____ Date_____

Researcher' name_____

Researcher's signature_____ Date_____

APPENDIX E: Audio-recording consent form

The reasons for audio-recording the interview has been clearly explained to me. I am aware that I may discontinue the interview at any point without any consequences. The researcher assured me that she will take measures to make sure that the recordings are kept safe and confidential at all times.

I consent to having the interview audio-recorded.

Participant's name_____

Participant's signature_____ Date_____

Researcher' name_____

Researcher's signature_____ Date_____

APPENDIX F: Ethics Clearance Certificate

R14/49 Ms Lerato Lebona

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M140849

NAME: (Principal Investigator)	Ms Lerato Lebona
DEPARTMENT:	School of Public Health Tshwane Municipality, Gauteng, South Africa
PROJECT TITLE:	Gender, Sexuality and Power: Urban Women's Perceptions about their Sexuality, Sexual Identity and Sexual Experiences in the Tshwane Municipality
DATE CONSIDERED:	29/08/2014
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Nicola Christofides and Nwabisa Jama-Shai
APPROVED BY:	Professor P Cleaton-Jones, Chairperson, HREC (Medical)
DATE OF APPROVAL:	09/10/2014

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

Principal Investigator Signature Date 23/10/2014

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX G: Plagiarism Form

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG | FACULTY OF HEALTH SCIENCES

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I __**Lerato Lebona** (Student number: _**0604107N**) am a student

registered for the degree of _**Masters of Public Health** in the academic year _**2013-2016**.

I hereby declare the following:

I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.

I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.

I have followed the required conventions in referencing the thoughts and ideas of others.

I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.



Signature: _____ Date: ___**13 June 2016**_____