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Love, passion and play: sexual meaning among youth in the northern province of South Africa¹

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Terri Collins and Jonathan Stadler

- 1 It is estimated that there are some 18 million South Africans under the age of 20 years, accounting for approximately 44% of the total population². In South Africa, young people are considered a particularly vulnerable group, especially with regards socio-economic factors such as education, employment, housing and health. Indeed, older youth have been described as « the Lost Generation » in view of the fact that so many were involved in the struggle against the apartheid regime and had few opportunities for education, skills development and appropriate socialization (Mkhondo, 2000).
- 2 Today, the post-apartheid government is faced with the massive task of supporting the development of youth from formally disadvantaged communities, especially young men and women in their late teens, twenties and early thirties. These young people should, of course, be among the most economically active members of society. However, in practice, they have had little education, and many have been brought up in a climate of violence, broken families, poverty, and oppression.
- 3 Within this context of historical disadvantage and rapid social transformation, a new adversity faces the nation. HIV has already infected more than 4 million South Africans and the pandemic is sometimes described as the new « enemy » against which South Africans must struggle³. Once again, young people, and especially young women, appear to be amongst the most vulnerable sectors of the population. In 1998, the national antenatal sero-prevalence survey revealed that HIV prevalence among South African women less than 20 years was 21% (RSA, 1998). This was close to double the 1997 figures of 12,7% and was by far the largest increase in any age group.

- 4 Young South Africans are also vulnerable to other reproductive health problems that may be associated with, or predispose them to, HIV infection. It is estimated that 4 million episodes of sexually transmitted diseases (STDs) occur each year in South Africa, with a substantial proportion of these infections occurring among adolescents and young adults. Meanwhile, the onset of sexual activity has become progressively earlier, with many South Africans become sexually active at 13 or 14 years (Richter L.M., 1996; Rees *et al*, 1998; Smit & Venter, 1991). Teenage pregnancies represent around one third of all births, or 330‰ live births (RSA, 1995), and adolescents' knowledge of reproductive function and sexuality is generally poor (RSA, 1995; Wood *et al*, 1997, 1998). Finally, South Africa's prevailing culture of violence and crime manifests itself in gender relations and sexual relationships. Whilst nationally 13% of women report that they have been abused by a partner (RSA, 2000), it is estimated that a significant proportion of cases of sexual abuse occur among young people (RSA, 1998).
- 5 In response to this plethora of reproductive health problems affecting young people, the government and non-governmental sectors have introduced a number of strategies to try to reduce the incidence and impact of these problems. Whilst a number of initiatives focus on improving access to clinical services, the vast majority focus on health promotion and prevention through behaviour change (RSA, 2000). Of increasing concern, however, is that very few initiatives and strategies appear to be adequately informed by theory (Kelly, 2000).
- 6 Conventional health promotion theories have tended to interpret « risky » sexual activity through the lens of cognitive behavioural models. These models are inclined to suggest that risky sexual behaviour is the outcome of individual deficits – be these deficits in knowledge, perception of risk, motivation, and/or skills. These perspectives have implicitly informed the design of a multiplicity of Knowledge, Attitudes and Practices (KAP) surveys⁴. These surveys are invariably used as instruments for programme monitoring and evaluation, yet they tend to focus disproportionately on discrete, objectively constructed « negative » indicators of deficit. It is, however, increasingly recognized that « individual deficit perspectives » (and, the research instruments they foster) have rather neglected the importance of subjective experience, the interconnectedness of beliefs and practices, and the social, structural and cultural factors that shape sexual activity (Diaz & Ayala, 1999).
- 7 In attempting to address the limitations of cognitive behavioural approaches, some authors have begun to revisit the concept of « ideology » as an analytical tool (*ibid.*). Ideologies can be defined as collectively constructed, shared belief systems for describing and explaining the world. They are potentially pluralized within one culture and tend to be linked to historically situated groups that actively create and recreate them in the practices of daily life (Bourdieu, 1977). By focusing on that which is collective and shared, ideologies provide a conceptual link between the individual and the historically-situated social and cultural environment.
- 8 The study presented here explains how ideologies held by young people in the Northern Province of South Africa may contribute to risky sexual behaviour. It is argued that an understanding of such ideologies is necessary if we are to support young people within the particular social environments that shape and regulate their sexual activity.
- 9 The data for this study were collected as part of an action research project conducted by the University of Witwatersrand's Health Systems Development Unit as part of their

Adolescent Health Programme (AHP). The aim of AHP was to research and develop strategies for improving the quality of adolescent reproductive health services in the Northern Province of South Africa. The programme was operational in three areas of the Northern Province, namely Bushbuckridge, Sekhukhuneland and Naphuno.

- 10 The data were largely collected during two phases of focus group discussions.
- 11 Phase 1 of the focus group discussions took place in March 1997 and was part of a broader baseline study. Participants for this phase were randomly selected from schools in each of the study's research communities in Bushbuckridge, Sekhukhuneland and Naphuno. A total of 18 single sex focus group discussions were completed, with each focus group consisting of 8-10 participants. Focus groups were divided into age sets ranging from 16-21 years. All discussions were completed in the dominant language of the area (i.e. either XiTsonga or SeSotho). Discussions were recorded, transcribed and translated into English for analysis. In these discussions, standardized drama and diagramming techniques were used to generate discussion on key aspects of sexual and reproductive health.
- 12 The second phase of group discussions were completed during October and November 1997. These group discussions were more informal and were designed to provide a rapid assessment of youth perspectives prior to the instigation of local action research initiatives. One group discussion was completed in each research site and included between 17 and 28 mixed sex youth aged 14-21 years. Facilitators used small group work and standardized body mapping and matrix-building exercises to generate discussion. Participants were encouraged to make extensive notes on the charts they created, whilst the facilitator noted key fragments of dialogue and significant group dynamics. In the course of the discussion, participants compared male and female sexuality and other key aspects of sexual and reproductive health.
- 13 Finally, qualitative data for this study were obtained from a set of 10 longitudinal case studies. These case studies involved in-depth unstructured interviews and diary-keeping by key informants. The case studies were maintained over a number of months (April-September 1998) and attempted to capture informants' subjective understandings and experiences.
- 14 A method of discourse analysis developed by Diaz and Ayala (*op. cit.*) was subsequently used to sort, code and analyze the qualitative data in order to identify recurrent themes or « ideologies » occurring within the discourse of young people participating in this study.
- 15 Discourse analysis of the data revealed that young people's accounts of sexual encounters could be organized into three distinct ideologies: 1 – Ideologies about male and female characteristics that converge on concepts of male loss of control; 2 – Ideologies about youth being a life stage associated with play, fun and « irresponsible » behaviour; 3 – Ideologies about an incompatibility between safer sex and interpersonal trust, intimacy and love.

1 – Ideologies relating to male loss of control

- 16 The first ideology that emerged from discourse analysis referred to the diminished or actual loss of control associated with high sexual arousal among males. For example, when the facilitator asked about what happens in a man's body when he has sex, both

male and female participants referred to males « becoming confused », « having feelings that affect his mind » and « becoming slightly mad »:

When a guy has sex, he becomes confused. He has a lot of feelings that affect his mind... His voice changes and he seems to be whispering. His buttocks become stiff and he can start shivering (Male, age set 15-21 years, Naphuno).

He must find himself a woman at that time. When a man produces sperm (during sex), he becomes a little mad. You will see that he sweats a lot and the penis becomes erect, but he becomes strong. He feels like he is in heaven (Female, age set 15-21 years, Bushbuckridge).

- 17 The descriptions provided by participants also alluded to a belief about an incompatibility between sexual passion and cognitive control or responsibility. Indeed, some participants expressed a real sense of urgency. For example, a male participant from Naphuno said:

There is no time to speak (Male, age set 15-21 years, Naphuno).

Whilst another added:

There is no time for discussion... you have to act quick (Male, age set 15-21 years, Naphuno).

- 18 A key metaphor used by participants in explaining the sensation of sexual arousal and desire was that of « thickening » and « increased volume » of blood. Indeed, sexual desire was considered to stem from the need to drain this increased volume of blood from the body. Semen and vaginal secretions were believed to be « blood that has is hot » whilst, during sexual intercourse, the « blood » of a woman and a man were said to be exchanged or mixed together. The following statements from male adolescents testify to the power of blood over one's behaviour:

When you're 15 years old your blood may start working and you will fail to control it. Even if your blood wants sex while you don't have anything (a sexual partner) it is no use to resist. What I am saying is that when you are fifteen your feelings can rise up and you will be ready to sleep with the girl. You cannot wait until you are 20 years old. It may be possible, but it will be very difficult. Your blood rises and you go and look for a girl to drain this from your body. You can use a condom – you just need to drain something from your body (Male, age set: 16-21 Bushbuckridge).

You feel as if you are in heaven, you don't know who you are... the blood flows easily... all of you are in the middle of heaven (Male, age set: 16-21 Bushbuckridge).

His blood will be shaking and he longs for things (Male, age set: 16-21 Bushbuckridge)...

- 19 Facial acne and pimples were regarded as an outward and physical manifestation of the failure of a person to release blood through sexual intercourse. Drainage of blood was thus seen as necessary for the well being of the individual.
- 20 Blood was also regarded as an important marker of sexual maturity for girls. Indeed, the onset of menstruation appeared to influence the way a young woman perceived herself and was perceived by others. Young women from Bushbuckridge elaborated this theme further:

Her blood will tell her how to act... she will start to « tune » herself (make herself look good), and wash herself. At sixteen she will know how to wash herself... so that boys can see her.

She will think she is old enough for sex once she begins to menstruate.

- 21 It is notable that during the focus group discussions, there was relatively little spontaneous discussion regarding how female sexual arousal is experienced and perceived. Nevertheless, several females did refer to how male loss of control made them feel. Indeed, being desired with overwhelming passion seemed to cause some young

women feel relatively powerful. For example, a female participant from Bushbuckridge commented:

We know a man becomes mentally affected and confused, especially when he meets a young woman he loves, then he becomes erect. At that time, he really needs a woman. When he is with a woman he forgets his own mother... (Female, age set: 16-17 years, Bushbuckridge).

- 22 « In other words, male passion may affirm a young woman's sense of identity. Yet, ironically, these pleasurable feelings might also persuade some young women to relinquish control over sexual encounters » (Giddens, 1994). It is also notable that none of the socially shared and constructed explanations elicited alluded to a perception of personal deficit or problems of deviant, risky or « lacking » individuals. Rather, loss of control and affirmation of personhood through sexual desire are presented as true, as the norm, and even as desirable.

2 – Ideologies relating to youth as a life-stage

- 23 A second recurrent theme that emerged related to a shared belief that youth is a time of play, adventure and having fun before the responsibilities of adult life prevail. The statements below illustrate this ideology particularly clearly. For example, a schoolboy from Bushbuckridge suggested that:

It is good to start (having sex) at 16 years because you will have time to jol (play, have fun) before marriage. And that will mean that you will remain faithful in your marriage, because you have had enough jolling (School boy, Bushbuckridge, 12-03-1997).

- 24 Whilst a school girl from Bushbuckridge said:

If you are under 21, you are just playing (School girl, Bushbuckridge, 17-03-1997).

- 25 It should be noted that the concept of jolling is also a recurrent theme in discourses associated with popular South African « youth sub-culture » – particularly as it is represented in the media. Here, jolling is associated with recreational sex and other recreational activities such as going out, dancing and drinking. As such, jolling is regarded as youthful activity and is differentiated from the legitimate sexual relations that take place within marriage. Indeed, in focus group discussions, recreational play was frequently contrasted with romantic « true love » relationships, in terms of levels of responsibility and expectations.

When a boy is jolling he is not serious about love, he can refuse a pregnancy if his partner is pregnant but when he is loving he will be prepared to take the responsibility and at home they will know he has someone he loves (Male, age set 16-21, Bushbuckridge).

- 26 This construction of youth as a life stage can have implications for the discussion of safer sex practices. For example, youth who had never discussed contraception with a sexual partner were asked to explain why. A young man from Naphuno said:

We will talk when we are married, but now we are just playing so we won't discuss (Male, age set 15-21 years, Naphuno).

- 27 And another said:

We are young. We have no tongues for talk. We only have tongues for sex! (Male, age set 15-21 years, Naphuno).

- 28 Once again then, it appears that individual behaviour may be mediated by shared norms and values-norms and values that consciously or unconsciously provide justifications for risk-taking behaviour.

3 – Ideologies relating to love and intimacy

- 29 The third ideological grouping that emerged from discourse analysis referred to love and intimacy. Although, as we have seen, sexual contact was sometimes seen in terms of « play », it was also associated with powerful emotions. It is notable from the diary extracts below that love and desire may be intensely felt. For example, a young man from Bushbuckridge wrote:

I love her from the bottom of my heart to the depths of my soul. I really love her. I need her from the bottom of my heart to the depths of my soul. I long for the day when my eye will see her beauty and my voice can whisper to her (Male, 17 years, Bushbuckridge, 19-6-97).

- 30 Whilst a young woman wrote:

... He is the one who lights up my heart and brings me joy... I don't know what to do because its not easy to see him. But I need to see him. I don't understand anything because I keep day dreaming about the first day we met and all the things he does to me to show me that he loves me (Female, 16 years, Bushbuckridge, 22-5-97).

- 31 A number of male and female participants referred to the perception that sexual contact is about intimacy and interpersonal connection (physical and/or psychological). Within this context, condoms were frequently perceived as disrupting intimacy. Young men in particular spoke about the need to feel flesh-to-flesh, whilst both sexes alluded to the fact that condoms prevented the real experience of sex.

- 32 What is more, negotiation of condom use was frequently seen as either an admission or accusation of illness associated with promiscuity. For example, a young man from Sekhukhuneland explained:

If you talk about these things with your girlfriend, she will think you do not love her and that you are sleeping around (Male, age set 15-21 years, Sekhukhuneland).

- 33 Meanwhile, young women referred to issues of trust and fear of losing their partner:

To discuss these things means you don't trust your partner (Female, age set 15-21 years, Naphuno).

We are afraid because you can lose your partner (Female, age set 15-21 years, Naphuno).

- 34 So, negotiations of this nature can be very difficult for young people to instigate, particularly when they are trying to present themselves as desirable, potentially romantic partners. Once again, then, ideology (and in this case, shared, idealized notions of romantic relationships) can limit the agency of the individual.

- 35 To conclude, analysis of the qualitative data collected, suggests that for young people in the Northern Province of South Africa, control over sexuality may be perceived as limited. In part, this may be due to shared ideologies that inform sexual activity and militate against safer sexual practices. It seems these ideologies may have particular potency when they reinforce prevailing structural power relations, such as those pertaining to gender.

- 36 The ideologies presented in this paper are an attempt to move beyond the « free-standing beliefs » so commonly associated with KAP surveys. They are an attempt to situate beliefs within the broader the social and cultural systems that give meaning to, and regulate, sexual practice. These ideologies should not be interpreted simplistically as « causes » for unprotected sex; rather they are windows offering insights into the socially shared meanings and subjective experiences of young people.
- 37 Nor should these ideologies be seen as historically static. Rather, they are situated within an « ideological continuum » – a continuum that is dialectically embedded in the social environment. It is notable that during the 1980s and early 1990s, youth « Comrades » of the Northern Province were actively involved in the liberation struggle. This experience continues to have implications for the way youth are perceived with respect to authority and power in domestic and public domains. Even more significantly, this struggle became a vehicle for « sexual liberation » wherein resistance to sexual exploitation of young girls by teachers and demands for greater sexual freedom for youth found expression. During this time the impregnation of young girls was seen to be a practical reproductive act to create Comrades for the liberation struggle (Niehaus, 2000).
- 38 It is suggested that attention to the dynamic evolution of youth ideologies could do much to create a more meaningful dialogue between health promotion practitioners and the young people they serve. Indeed, health practitioners may have a key role to play in becoming « agents of change » – agents who assist young people in developing ideologies that better serve and protect them in an ever-changing world of opportunity and risk.

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NOTES

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2. Statistics South Africa. Census in Brief: The People of South Africa Population Census, 1996.
3. Address by Former President Nelson Mandela on the Partnership Against AIDS, December 1 1998, KwaZulu Natal.
4. See Attawell (1998) for an overview of some of these.

ABSTRACTS

Conventional health promotion models of behaviour change tend to explain « risky » sexual behaviour in terms of individual deficits – be these deficits of knowledge, risk perception, motivation, self-esteem or skills. It is, however, increasingly recognized that these « deficit » models may neglect the importance of the social, interpersonal and cultural factors that shape

sexual behaviour among individuals and groups. This paper investigates the subjective reasons for unprotected sexual intercourse offered by young people in the Northern Province of South Africa. Analysis of focus group discussions and longitudinal case studies completed with 10 mixed sex youth, has led to the identification of three common « ideologies » of sexual risk: concepts of male loss of control; youth being a life stage associated with play, fun and « irresponsible » behaviour; incompatibility between safer sex and interpersonal trust, intimacy and love. The authors suggest that attention to the dynamic evolution of youth ideologies could do much to create a more meaningful dialogue between health promotion practitioners and the young people they serve.

Les modèles habituels de prévention qui visent un changement des comportements tendent à expliquer les prises de risque en terme de déficiences individuelles, liées aux connaissances, aux perceptions, aux motivations, à l'estime de soi ou aux qualifications. Il est cependant de plus en plus patent que ces modèles centrés sur la déficience négligent l'importance de facteurs sociaux, interpersonnels et culturels qui façonnent les comportements des individus et des groupes. Cet article cherche à mettre en évidence les raisons de rapports sexuels non protégés invoquées par e jeunes gens de la province Nord d'Afrique du Sud. L'analyse de discussions de groupes et d'études de cas individuelles par entretiens a permis d'identifier trois « idéologies » communes des risques sexuels. Elles se fondent sur une conception en terme de perte de contrôle masculine ; une définition de la jeunesse comme une étape de la vie associée à l'amusement et à l'irresponsabilité ; l'incompatibilité évoquée entre le « safer sex » et la confiance, l'intimité, l'amour. Les auteurs suggèrent qu'une attention portée à la dynamique de changement des idéologies des jeunes pourrait contribuer à améliorer la communication entre les praticiens de la prévention et les jeunes gens auxquels ils souhaitent apporter une aide.

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