

Young people's investments in sexual relationships: a different prioritisation of self in the negotiation of safe sex practices South Africa

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Abstract

In the South African context of high HIV prevalence, sexual relationships are entwined with risk. This qualitative study in a rural context examined how young people negotiate sexual practices and engage with this risk. Data was gathered from men and women (age 15-33) in eight focus groups and 11 individual interviews. Abdication of self-care and deprioritization of self in the negotiation of safe sexual practices are reformulated into an understanding of the varied investments that young people make in particular kinds of sexual relationships. Sexual activity was found to underpin social reputation and identity production. In the trade-off between health protection and group membership, identity was related to investments in relationships that secured status for both genders. Future health-related interventions would need to work with alternate constructions of self in sexual relationships.

Key words: HIV, identity; sexual activity, youth

Introduction

South Africa is a developing society transitioning out of iniquitous apartheid policies and practices into a democratic system, characterised by excessive socio-economic inequalities. The most recent South African national behavioural surveillance survey estimated that 6.4 million people (12.2% of the population) are HIV positive (Shisana et al., 2014). Recently, the United Nations General Assembly (2016) recognised that HIV and AIDS pose ‘one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large’. HIV-related vulnerability is fuelled by economic and gender inequalities with 6000 new HIV infections occurring every day ‘mostly among people in developing countries’ (United National General Assembly, 2016). In South Africa, heterosexual intercourse is the predominant mode of HIV transmission (Anderson et al., 2007). Young people are at particularly high risk of HIV infection, with levels of 7.1% amongst 15-24 year olds and 25.2% amongst 25-49 year olds. The rate of HIV incidence among female youth aged 15–24 was over four times higher than in men in this age group (Shisana et al., 2014).

Sexual relationships are an important part of the developmental transition to adulthood and an integral part of young people’s identities (Selikow et al., 2009). In this context of high HIV prevalence young people must ‘develop a concept of themselves as sexual beings’ (Crockett et al., 2003: 383) integrating a sexual self into overall identity. This study explored the interaction of identity development and sexual relationships amongst youth in the context of this significant global health epidemic.

Identity development and sexual relationships

Sexual development is one of the key tasks in young people’s development. The way that sexuality is integrated into young people’s identities and intimate relationships is of significance here. We draw on a notion of identity as fluid rather than fixed, and as socially constructed rather than biological (Pattman, 2005). The socially organized activities of our lives enable us to come to know who we are. Sexual activity is one of the modes by which ‘organisms establish themselves as subjects of their life processes’ (Fichtner, 1999: 55), and the ‘self’ is thus partially constituted in and through sexual activity. Sexual identity is thus established through the social constructions that produce and give meaning to sexual acts, providing ways for young people to ‘make meaning of’ themselves (Tolman, 2009: 13). Following Butler’s (1990) notion of performativity, we examine what it is that is being ‘done’ by sexual relationships; what identities are being performed, and how these are gendered (Pattman, 2005). We do this through critically examining young people’s constructions of sexual activity, their reasons for engaging in sexual activity, and the meaning they ascribe to sex.

Young people’s relationship expectations

Studies have illustrated the gendered nature of relationship expectations. In earlier qualitative interviews with men and women in their thirties in the United Kingdom, Hollway (1984: 241) found that ‘attracting a man is the defining feature of ... femininity. Keeping him, according

to the male sexual drive discourse, means continuing to be attractive to him'. Hollway (1984) argued that for women, sex derives its meaning from this have/hold discourse, and keeping a man is expressed as wanting, and maintaining, a relationship. In a global review of research on adolescent sexuality, Crockett et al (2003: 382) note young men's emphasis on the 'physical aspects of sex (e.g. satisfaction, release)', whereas young women emphasise the more emotional aspects like love and affection (Moore and Rosenthal, 1993).

In a mixed methods South African study of working class African and Indian youth (aged 15-19), Reddy and Dunne (2007:163) found that young women 'presented a powerful discourse of romantic love and its associated promises. The desire to love and be loved was one of the principle [sic] reasons why young women began sexual relations'. For young men, sexual satisfaction was paramount, and perceived as their right. Women's satisfaction was in pleasing the man and the perceived possibility this created for love and intimacy. To be 'conventionally feminine...was to aspire always to an ideal relationship, to trust and to love and to make men happy' (Reddy and Dunne, 2007: 165). In a qualitative study Jewkes and Morrell (2012) found that young rural South African women's desirability to men was central to young women's constructions of 'successful womanhood'. Van der Riet and Nicholson's (2014) qualitative study of male and female South African university students (aged 18-25) found that particularly for women, having a partner demonstrated desirability and contributed to 'feminine success'. These constructions of masculinity and femininity thus reveal gender-differentiated discourses.

In Van der Riet's (2009) qualitative study with men and women (ages 10-70), in a rural South African context, women were ridiculed for not being sexually active. However, they were also criticized as 'whores' if they had multiple partners. In a qualitative study with boys and girls (aged 6-19) in seven eastern and southern African countries, masculinity was strongly associated with sexual virility (Pattman and Chege, 2003). Virility is established through being sexually active and having multiple partners, frequent sexual activity, and unprotected sex. South African studies in rural and urban contexts have also found that having concurrent partners confirms one's status as a man (Jewkes et al., 2001; Kelly, 2000; Pattman, 2005). Such double standards value promiscuous men, but undermine women (Varga, 1999), and in this way women are constituted as monogamous and primarily invested in family and commitment, rather than as desiring subjects (Hollway, 1984).

Thus people recruit particular discourses that constitute subjectivity because they confer power on the individual. Men accrue power from being seen as virile and potent. In contrast, it is through being desirable, and obtaining and 'keeping' a man, that women accrue their power (Hollway, 1984). Both men and women are thus invested in the status obtained through enlisting these discourses. It is within these practices of 'gender-differentiated discourses concerning sexuality' (Hollway, 1984: 241), that gender identity is re-produced. Significantly for this study, it is through the activity of sex, that the 'self' is invested with value.

Gender identity constructions, sexual activity and risk

These gendered identity constructions have particular implications for safe sex practices in a context of HIV and AIDS. From the initiation of heterosexual relationships, many young men regard sexual satisfaction as their right and also make decisions about the kind of sex that takes places in sexual encounters (Pattman, 2005). For example, in Selikow, Zulu, and Cedras's (2002) qualitative study with South African township youth (aged 15-35), contact sex was seen as more pleasurable for men. Virility was closely associated with masculinity but obstructed through condom use, thus condom-less sex was preferred. Reddy and Dunne's (2007) study found that women believed that love and intimacy would develop if they succeeded in pleasing their male partners. To secure and maintain relationships, women focussed on meeting these male desires.

However, women's focus on love and being loved also compromises their agency in relationships. Van der Riet and Nicholson (2014) found that young women feared rejection and thus attempted to keep the relationship by acceding to their partner's desires rather than prioritizing safe sex. Reddy and Dunne (2007: 164) refer to this lack of assertion in safe sex practices as an 'abdication' of self-care and a lack of prioritization of the self. However, this must be seen in relation to women's investment in relationships, men's desire for sexual pleasure, and the related status and importance of acceptance by peers, families and communities.

Another way of understanding these identity investments is through the more conventional concept of 'peer pressure'. Young people have a strong need to belong to a social group, hence the influence of peers on sexual behaviour, including the perceived acceptability of sexual behaviour. Young people might 'conform and engage in high risk sex in order to have access to a group' (Selikow et al., 2002: 110) rather than risk social exclusion. Van der Riet's (2009) research amongst rural youth found that peers form the dominant reference group for youth in sexual relationships. Part of being accepted by this social group is avoiding ridicule at all cost, whether about not being able to 'have or hold on to' a sexual partner or not being able to demonstrate sexual conquest. In this study we explored how identity investments interface with relationships and safe sex practices amongst young people in a rural area in South Africa in a time of HIV and AIDS.

Methodology

This qualitative study was conducted in a rural isiXhosa speaking community in a former homeland in South Africa. The research site comprises 14 villages spread over 20 kilometres. It is culturally traditional, strongly delineating gender prescriptions for men and women. With few opportunities for formal employment, most households exist on government social grants (e.g. pensions), with some receiving remittances from family members who work in towns. In the last census 18.7% of the population had no annual income and 63.2% earned below R38,200 (US\$2616) per year, and only 8.1% of the residents had completed secondary schooling (Stats SA, 2011). The provincial HIV prevalence for the research site at the time the research was conducted is estimated at 11.4% and 18.8% for those aged 15-49 (Eastern Ape Provincial Aids Council, 2017). HIV and AIDS education and prevention information is provided intermittently through the Life Orientation subject area at secondary school (for children from age 12), and also when young people attend the local primary health care clinic. There are no non-governmental organisations working on HIV and AIDS or sexual health in the area.

Sample

Participants were men and women aged 15 to 33 years, who resided in the area and self-identified as sexually active. Participants were purposively and non-randomly selected. All 14 villages in the area were visited and in consultation with the chairperson of the local residents' associations people who met the criteria (age, gender, resident in the area) were approached to participate in the research. Permission was obtained from parents or guardians to recruit youth aged under 18. Forty five people participated in eight focus group discussions (22 men and 23 women). Six men and five women (all over 18 years) participated in individual interviews. Some of the interview participants were also part of the focus groups. (see Table 1).

Table 1. Participants and modes of data collection

Age	Focus groups with men	Focus groups with women	Individual interviews with men	Individual interviews with women
15-17	5 men	6 women		
18-24	7 men	5 women	2	3
	5 men	5 women		
25-33	5 men	7 women	4	2
Subtotal	22 men	23 women	6 men	5 women
Total	45 participants in 8 focus groups		11 individual interview	

Data collection

Focus groups facilitated social interaction between group participants, providing rich accounts of the interpersonal and social dynamics in relationships. The discussions focussed on sexual relationships, risks in sex, risk protection, and HIV awareness. The focus groups were gender segregated and conducted with participants aged 15-17, 18-24, and 25-33 (see Table 1). In-depth individual interviews addressed similar issues, but explored more personal accounts of relationships, risks in sexual activity and risk prevention.

For the interviews we developed a graphic technique that explored how participants shaped their sexual activity and risk behaviour over time. This 'shaping tool' enabled participants to reflect on the past, present and future status of their safe sex practices. Participants were asked to mark a point on a piece of paper when their sexual activity was extremely risky. They then marked another point when they had engaged in the safest sex possible. They then drew a temporal link between these two points, and on this line marked a point reflecting their current level of sexual activity. Discussion then focussed on what had made them shift their management of risk, creating the possibility for reflection on the actual and potential status of safe sex practices.

Interviews and focus groups were conducted in isiXhosa by bilingual members of the research team. They were audio-recorded and later transcribed verbatim, and translated into English by bilingual members of the research team. The accuracy of the translation was assessed through a process of back-translation (Chen and Boore, 2010).

Ethical clearance for the study was obtained through a university research ethics committee (HSS/0071/014CA). Participants were fully informed about the risks and benefits of the research process and given the option to withdraw from the process at any time. The confidentiality of participants was assured by conducting the interviews and focus groups in secure private venues and using codes in all processed and recorded data. Additional referral mechanisms were established in the event of participants needing to be counselled about issues that emerged.

Data analysis

The data transcripts were analysed using thematic analysis (Braun and Clarke, 2006) to delineate the relationship between sexual activity and social reputation. The aim was to

understand the identity investments made by young people in this context in sexual relationships. In the discussion below, we present illustrative extracts from the data. In each case we identify the gender (M, F) and the age or age range of participants. If the data is from a focus group, 'G' is used; otherwise all extracts are from individual interviews. P, P1, P2, etc represent different focus group participants and R represents the researcher.

Findings

In this section we present themes that emerged from young people's constructions of sexual relationships. We begin by outlining the gendered structure of the context in which the research participants live. We then discuss the way in which sexual relationships and social reputation are inextricably linked. Lastly we discuss the implications of young people's investments in particular kinds of relationships for safe sexual practices.

The gendered structure of the research context

In this research setting gender is built into social practices, constructing the conditions for sexual relationships. It provides a framework for social and sexual life (Harrison, 2008), setting up expected behavioural norms related to the initiation of sexual relationships, the expression of sexual desire, the servicing of male pleasure, the norms about multiple partners and male control of the sexual interaction.

In this context men have the power to initiate sexual relationships. A female participant comments:

I just said yes to them you see ... you see when someone, even when they are walking.. they irritate you... then you just (say) yes ... even if you're not his person.. you are his person to him (F21).

This male initiation of sexual relationships proscribes how women may express their sexuality. Women were not empowered to approach men directly, but would do so subtly (we do, do it, but we won't say it in front of you that we do it' (F25-30G)). For example, a woman might ask to borrow a mobile phone and then leave her own number on the phone, or follow someone on social media. Although one woman commented that it is not a 'shame anymore' for a woman to approach a man, others argued that the man would be called 'tame' by other men. He might also take the woman for granted, and gossip about her forwardness, suggesting social reprobation of women's expressions of desire. In this framework male desire is prioritised and the expression of female desire is constrained. This potentially creates the conditions for vulnerability as men and women do not enter the sexual relationship on equal terms.

The gendered structure of sexual relationships was also evidenced in the way the women serviced male pleasure and compromised personal safety, particularly in relation to condom use. Condom use was described as not something men 'worry' about (M18-24G), with sexual safety being constructed as insignificant compared to meeting a physical need and facilitating sexual pleasure. A common response from men was that condom use negatively affected the physical sensation during sex. Men were constructed as 'starving' themselves (M25-30) if they used a condom, suggesting that condom-less sex was essential to pleasure. Desire is also

shown to obstruct condom use, and 'girls' are portrayed as seducing men into risky sexual activity:

you see another thing that's tricking us is these girls, ...when you have had alcohol, ...when you see these girls you'll be like 'ey I wish I can get a person who will make me feel good', ...there is no condom at that time...and she grabs you by the hand and she says 'let's go outside', when you get there she grabs you by the waist ... and kisses you and you also get hard...you think 'hey what this girl is doing to me' you didn't think about it, she surprised you, you realize hey, heee let me do this' (M25-30G).

Some female participants seemed to acknowledge female desire, arguing against condoms, saying they decrease sensation (F25-30G), or caused discomfort:

I am the one that is going to feel pain because he is putting it in me it is sore to me because I get chafed there in the private area (participants laugh) ... it dries up completely ...you will never enjoy it when it is sore... So then I say down with the condom (F18-24G).

Although these accounts acknowledge the need for pleasure in sex, and affirm female sexual desire, such comments were rare.

The gendered social organization of this context also facilitated men's expression of their virility through the practice of multiple partnering. Men discussed how they 'look around', arguing that they could be like a 'one- sided axe' (chopping only on one side), nor can they be restricted to a single diet of 'samp' (maize meal) (M18-25G). One commented: You date even if you are in a relationship ... it's the same as you having five girlfriends ... you tell yourself that this person, I will get her once... and tomorrow I'll get someone else (M30). Tacit consent for this practice is conveyed by parents: a man will always be a man ...our mothers still say that even now ... he will always be lustful (F25-30G). In a discussion about multiple partnering, women argued that they also need variety to be satisfied. They referred to women going to 'steal' another man, changing their diet from 'samp' to 'rice' (F25-30). They argued that to be satisfied, a woman must keep taking food from 'another plate on the side'. However, despite this acknowledgement of female sexuality, social reprobation of women who engage in this practice is reflected in the evaluative terminology applied to men and women having multiple partners:

P1: a man ne ... a man can date me and date Zenande. ... I mean there is nothing wrong about him, according to our culture... but if I could ...

P2: hear the names he is isibethi (player), you are a bitch

P3: and iwule (whore)... let's say the girl is getting married ... with this guy ... she is going to be told there by the women that a man sometimes disappears you see which means that (amongst) Xhosa it is right for a man to have many partners. (F18-24G)

The image of a 'player' dominated the male group discussions, but in the individual interviews women highlighted their dislike of such men who 'liked the girls' (F24) or 'have a lot of girlfriends and even date girls that are very young' (F25). Women expressed desire for someone who would be loyal and committed, and who would not do 'low things', like 'while with you be with someone else' (F21), or when at a tavern 'see other girls and leave you there

... but he is supposed to be your boyfriend' (F25). They highlighted the difficulty of holding on to relationships:

these ones [men] the way they ukubhekabheka [look around].. it's hard ...NO the guys these days don't only look at you, you see.. you'll find that while you with him, he will tell you, you are the only one but when you hear from the streets ... you are not the only one, there are a lot of you... it's hard (F21).

These accounts suggest that women have little power in sexual relationships, and this has implications for sexual safety. Firstly it is difficult for women to insist on their own needs, which creates the conditions for risk. Some women said that being 'afraid' was the main reason that they could not communicate about condom use (F24-30G) or would 'not use a condom all the time [...] we will part-time a condom' (F21). Secondly, in response to the potential loss of their partner, women might put themselves at 'risk', having condom-less sex and perhaps even becoming pregnant (F27).

One woman explained the lack of condom use by prioritizing her male partner's desires and her need to 'prove' her love: '... I had unsafe sex with my ex-boyfriend. I didn't use a condom and I didn't inject [use a contraceptive]...he wanted it that way ... and I couldn't disagree with him because I love him' (F24). Drawing on the concept of love to rationalize condom-less sex may be women's response to their lack of power in determining the conditions of sexual activity. Male disinterest in condom use and women's capitulation was reiterated in another group discussion: '... maybe the guy does not want a condom...because she loves him she is going to end up sleeping with him, you see' (F18-24G). Allowing condom-less sex in one's relationship was critical to maintaining that relationship. If it is not about proving love, it is about preventing suspicion, which threatens the relationship:

...you are a girl mos and you are going to ask about a condom and I mean he is not going to want ... it's going to be like you are having an affair ... Maybe you love him you love only him... (F18-24G)

An effect of this gender configuration of sexual practices is that it is difficult for women to refuse men's advances, to have any power in the sexual interaction (which revolves around satisfying male needs) or to maintain the boundaries of the relationship (maintain monogamy). This has particular consequences for women's vulnerability. In this gendered organization of sexual relationships, it is not that young women have not awareness of risk or that they deliberately abdicate responsibility for their safety, but rather that they are not able to choose when sex happens, or how it happens, particularly in the sense of insisting on condom use. What was significant in our findings is that in this seeming 'abdication' of self-care, the participants demonstrated significant investments in sexual relationships, investments that related to social reputation, reflecting a different prioritization of the self.

Sexual relationships and social reputation

Both male and female participants made clear, but slightly different, links between sexual relationships and social reputation. Sexual activity provided an arena for the performance of self, for the demonstration of masculine and feminine identities, particularly a masculine identity; and for women, strategies to maintain their relationship status.

Demonstrating a masculine identity occurred through being sexually active. Male participants commented that through sexual activity: 'you want to show us that you are a man you are a charmer, you are hot' (M27); and to 'show that you ... that this is a playboy' (M30). Peer responses enabled and encouraged this, ridiculing those with only one sexual partner:

... you see us as guys sitting here.. we used to humiliate each other .. that 'no you are not in a relationship' or 'you have one girlfriend'... so you see ... a person has that one person but on the side they have others .. and other things you do because you hear other people... say 'you have one girlfriend'... we get messed up like that... that 'oh no you have one person that's not right... as a man'. (M30)

The expectations of men to perform a masculine self were reinforced in the derogatory labels given to those who were not sexually active, for example: 'they say he is isishumane' (loosely translated as a shoemaker) (M18-24).

Young women were also expected to perform a sexual self. They experienced social pressure to be in a relationship and social exclusion of not sexually active ('...another girl doesn't speak to you when she passes next to you'). They faced insinuations of frigidity ('have ice') or of being infected with HIV ('you have something') if they were not sexually available. To avoid this exclusion and labelling, women might engage in sex.

P1: ...if you are not in a relationship while others are, you will be called all sorts of names ... you feel obliged, you realize, ... you will be like 'whatever' as long as..

P2: ...I sleep with him

P1: ... you not doing it because you want to... because maybe they will say you have something yes ...they say you have ice you see ... (F25-30G)

However, women's sexuality was defined through availability rather than desire. Sexual relationships were constructed as contested terrain in which sex cemented the partnership. Male partners threaten to leave the relationship if sexual activity does not happen, and other young women threaten the partnership: '...your friends do tell you that 'yoh, if you don't sleep with him we'll take him from you'... you don't want that thing of losing your man to someone else ... and maybe you'll end up sleeping with him' (F25-30G). Having sex enabled a young woman to lay claim to a man. Being in a relationship (having a man), and not losing it (holding on to your man), were the basis of young women's status.

Interestingly the older participants were critical of these constructions of sexual relationships as fundamental to social reputation, arguing that young people 'do not advise each other correctly' (F25). Their responses brought the tension between sexual activity and personal safety to the fore, re-prioritising self-care:

... the important thing is you are the one that is going to be hurt at the end of time, when you find a person has ... AIDS ... and they are in those stages and now you are the one going through that and those people aren't there at that time (M27).

There might have been several things at work here: in personal interviews, participants might have been freer to express their views rather than agreeing with those in the group discussions; they might also have been attempting to demonstrate their 'good' behaviour to the researchers. However, as older youth in the research site entering the realm of marriage, expectations of them are different, and age gives them the advantage of hindsight. What is significant in these findings is that this imperative to perform a particular identity through sexual activity led to a trade-off with sexual safety.

The trade-off of safety for relationship

The examples above illustrate how social constructions in this context produce and give meaning to sexual acts, providing ways for young people to make meaning of themselves. In and through sexual activity, and sexual relationships, young people constitute themselves. However, this investment in particular kinds of sexual relationships is at the cost of prioritizing sexual safety. The female participants were keenly aware of how young women manoeuvred to maintain their relationships. They talked about love, they had sex because of love, and they 'sacrificed' themselves: 'she ends up sacrificing because she loves the guy even though he does not want the condom' (F24-30G). Men said that they maintained their relationships through meeting material desires. For example:

You will ukubheja [buy] her...maybe you will give her ten rand .. just... Ja you will keep her ... you've won her in that way... she will say 'I have my person' when the next person comes ... you not really 'bheja-ing' [buying] her ... you just giving her the money ... it's a way of holding on to her... because when she's with another person she will think of those ten rand ... that 'ey where will I get this ten rand again?'... (M18-24G)

In this resource-constrained context, many young people may have no means to access material resources such as basic necessities (e.g. food), but also commodities to make life more bearable (e.g. airtime to connect socially; hair products), other than through other people. Sexual relationships potentially provide these opportunities. Participants said that young women would approach men with means (money, a car, a brick house) 'disregarding the fact that he will abuse you (and) do as he pleases' (F25-30G). Another participant notes how another woman might shout at you for stealing her man not because she loves the man [but] because she knows she gains at the end of the month, a certain amount of money... (F25-30G).

However, some participants were sharply critical of what women do, saying they were not making the 'the right choice, they don't choose for themselves ... [make] their [own] decision'. A participant commented that 'it's because they don't care about themselves... they put themselves at risk' (F24-30G). This awareness of a lack of self-care echoes the

framing of young people as 'abdicating responsibility'. There were a few participants who prioritised valuing oneself, despite the potential costs to the relationship: 'you would never agree to sleep with a man without a condom if you don't trust him' (F24), but these voices were not dominant. A man commented that

it also depends on your attitude ... what it is that I want in life and what is it that I like so it depends on how much you value yourself and the way that you want people to perceive you as well as the way that you want to do things. (M25-30)

Some of the older participants argued that they had put sexual health first, taking control of risky situations. For example, they tested for HIV, or said that they would leave a relationship in which condom-less sex was expected. When asked how she 'stopped risking' one noted:

P: Like it's using condoms... I tested, tested every after three months and tested ...

R: what helped you realize that?

P: because that, I want ... what will I say... I want to know my status you see. Then if I find out that I have it, get help while it's still early. (F24)

Another participant managed his risk by making behavioural changes (drinking less) but also choosing different friends: '... I stopped drinking excessively, and then ... I also started picking the friends that I drink with so that I now know that with the people I drink with I can say that 'I am safe'... (M25-30). A recognition of the negative influence of peers was evident in one man's comment that 'friends put you in dangerous positions'. He argues that the solution is to:

... listen to yourself, to make your own decisions that ey I don't like to have many partners... I don't like to be not faithful in my relationship... and to associate yourself with people that are able to direct you in life ... (M27).

These comments show awareness of HIV risk and its management. They also reflect an investment in self and a concomitant concern for safe sex practice, and if these are actual changes in behaviour, they suggest a different set of priorities emerging for people as they mature. However, the dominant identity investment seemed to be in social reputation, rather than sexual safety. .

Discussion

The negotiation of identity and sexual relationships is critical for young people and in South Africa this occurs in a context of high HIV incidence where the dominant mode of transmission is through heterosexual intercourse. In the data presented above, we illustrate aspects of identity implicated in sexual relationships. Young people evidenced an important investment in sexual relationships and the ways in which these related to a sense of self. It is through their sexual relationship-based activities that they come to be known as particular

kinds of people. As Crockett et al. (2003) found, sexual activity is indeed about more than desire, it is about social reputation. We found that particular kinds of masculine and feminine identities are constructed through gaining and maintaining sexually active relationships, with particular kinds of sex being preferred. As argued by Fichtner (1999) it is partly through activity, and in this case sexual activity, that these young people establish themselves as subjects of their life processes. In the participants' accounts of 'doing' sexual relationships, particular gender identities are performed. These identities are evaluated differently for men and women.

In this research context men engaged in sexual relationships to demonstrate their virility, and their ability to conquer and to accumulate conquests, similar to findings in other studies (Pattman and Chege, 2003; Selikow et al., 2002; Van der Riet, 2009). In our study, successful manhood was demonstrated through initiating sexual relationships with women, and engaging in sex. Demonstrating to other men that you were able to 'get' a woman (and preferably more than one woman), and engage in sex (preferably condom-less sex), enabled men to accrue power. Through 'doing' these kinds of sexual relationships, the male subject as a virile being is produced and a masculine identity is performed.

In our study, ambivalence was expressed by both male and female participants about women being desiring subjects. As in Reddy and Dunne's (2007) work, women walk a 'thin line' between being sexually desirable and sexually active. Women judged each other for not being sexually active and also condemned sexually active or 'forward' women who seek out sexual interactions. Female participants were also keenly aware that women 'sacrifice' themselves to meet men's needs for condom-less sex, in pursuit of 'love'. If we are to understand this process of what Rhodes and Cussick (2000:11) call the 'giving up of self to relationships', we need to understand the investments women make in relationships.

In our study, the physical aspects of sexual relationships were emphasised as important to men, whereas women focused on more emotional aspects, weaving an intricate narrative of love and trust. In meeting the needs of their male partner, they secured the relationship. This prioritization of the sexual relationship above personal sexual safety seems irrational, given both men and women's awareness of the risk of HIV and AIDS. However, in securing relationships, these women secure something they considered more valuable - a social reputation. It is not merely that they desire to be loved, but through being desirable, and obtaining and 'keeping' a man, they accrue power. Thus, in 'doing' the activity of a sexual relationship, a young woman performs what Jewkes and Morrell (2012) refer to as a conventionally feminine identity. This investment in the power and status that comes with being associated with a man leads to them taking up the object position in the male sex drive discourse, not as a passive victim, but as an active investor.

It is important to acknowledge that *both* men and women make investments in particular kinds of sexual relationships (those that fulfil men's physical needs and those that fulfil women's emotional needs). It is these investments that create the possibility for risk. For both men and women, their investments in relationships, and the supposed security and status that are provided, overrides the risks. We argue that an investment in a relationship is a form of

investment in self, rather than as Reddy and Dunne (2007) argue, an abdication of self-care. This conceptualisation grounds the concept of peer pressure (Selikow et al., 2007): young people are not 'giving in to peers' or being 'dominated by peer pressure', rather they are actively investing in a particular kind of social reputation. An investment in sexual activity is therefore an identity investment.

For the participants in this study, particularly the women, being in a relationship is also a form of survival. It facilitates other options in a resource constrained context that provides few employment or personal development opportunities. An investment in a relationship with material outcomes is therefore valuable. Women's actions therefore ensure that relationships and the identities that constitute them are strengthened (Rhodes and Cussick, 2000), as relationship gains outweigh the potential costs of having unprotected sex, despite this context of high HIV prevalence.

Some of the older participants described prioritizing themselves, or valuing themselves, and their future, in contrast to building a particular social reputation. They argued that you could choose your associates and what advice you took; that you could be proactive and change your reference groups; that you should 'listen to yourself and make your own decisions'. These statements reinforce the significance of peers for the younger people and suggest that from the mid-twenties other priorities emerge.

Conclusion

This study highlights the dilemmas and contradictions faced by rural youth in the context of HIV and AIDS. Although sexual relationships are important in the transition to adulthood, they are also fundamentally affected by specific gender constructions and particular forms of masculinity and femininity. Young people in this rural South African context demonstrated an investment in self, through reputation, rather than in their personal safety. Although the research was conducted in a rural context with isiXhosa speaking participants, the norms reflected here are not necessarily specific to 'Xhosa' culture; in fact we would be careful to avoid essentializing 'Xhosa' culture in this way. Evaluative terms about multiple partners used by participants such as *udlalane* and *isishumane* are reflected in other South African studies across language groups (see, for example, *isoka* discussed by Hunter (2005) and other terms discussed in Selikow et al., 2002, 2009), and reflect the practices rather than the culture. The gendered social organization of the context, in particular the privileging of masculinity and male sexual desire, reflects a rural reality where traditional patriarchal practices are more intact than in urban areas, highlighting the need for context-specific interventions.

The study was limited to a relatively small sample of rural youth. However, the qualitative approach facilitated obtaining detailed personal accounts and group discussions. It also facilitated the rapport necessary for a focus on the sensitive issue of youth sexuality. Transferability of the findings is enabled by providing details of the method and the process of analysis, as well as reflecting these against other studies. More research at the rural-urban

interface would be valuable since urban youth might reflect different relationship constructions and related shifts in identity.

Sexual relationships are a critical part of young people's identity construction, through performing particular masculinities and femininities, and this raises important issues for planning health interventions. The global health challenge of HIV and AIDS create challenges for youth. If young people invest in gendered identities at the expense of risk prevention and health protection, this increases their vulnerability to contracting HIV, particularly for young women. Health interventions need to acknowledge the constitution of self (identity) through sexual activity, and examine what is being 'done' through this identity performance. The fact that in this particular research setting, a rural, traditional and impoverished context, relationships are a form of social capital is also significant for planning interventions. Sexual relationships which take place in the context of HIV and AIDS are inextricable from the constraints on and opportunities for young people in this particular context.

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Conflict of interest

The authors have no financial interest or benefit arising directly from the application of this research.

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