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Science

*Young people, HIV prevention and policy making in
the rural Eastern Cape, South Africa*

Rachel Deacon

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Rachel Deacon

Young people, HIV prevention and policy making in the rural Eastern Cape, South Africa

There has been limited success in tackling the spread of the HIV epidemic among young people, despite years of interventions. This research contributes to an understanding of why intervention success has been limited by examining HIV prevention among young people in the rural Eastern Cape of South Africa. Shifting the focus from the specifics of individual interventions, it draws on the theoretical work of Foucault to examine how young people and their sexuality are being constructed and understood within policy discourse, and how this relates to young people's own everyday experiences of the virus. In doing so it highlights both the disjuncture between these understandings, and the ways in which, despite this, young people are engaging with policy narratives in often unexpected ways. Using qualitative approaches the research was carried out in four rural communities. Repeat dependent interviews (n=108) were conducted with young people (n=56) over a 10 month period. These were supplemented by participant observation, key informant interviews (n=15), and analysis of policy documentation.

The study finds that the ways in which evidence is used to make knowledge claims about young people and their engagement with the virus is problematic. It argues that the dominance of particular forms of knowledge within policy processes work to exclude those forms of knowledge which are grounded within young people's everyday lived experiences of their sexuality and the virus. As a result, in claiming to 'know' young people, this decontextualized knowledge works to construct a particular subject position of youth in which agency is ascribed to fit within dominant gendered and medicalised narratives of the virus. These constructions are in stark contrast to how young people themselves understand and perform their own sexual identities, which are spatially and temporally located. The research finds that young people come to construct and perform their, often multiple, identities in ways which reflect their subjective interaction with the context of their daily lives. It finds that young people's narratives of sexuality and HIV are embedded in discourses of pleasure and poverty, and are shaped by a complex web of social and gender relations.

Despite this disjuncture, the research finds that young people are not simply ignoring, but rather are engaging, with these policy narratives in complex ways, as they become part of their context of interaction. Drawing upon Long's interface model the research finds that as policy narratives come to intersect with young people's lifeworlds, new forms of knowledge and social practice are produced. Within this interface 'youth' as an identity emerges as an asset which young people can draw upon and utilise to make sense of their situation, as well as provide access to opportunities. At the same time young people appropriate the policy narratives of individual responsibility and the medicalised discourse of HIV to rationalise, and make sense of, their own risk taking behaviours.

The thesis' methodological contribution examines research practices themselves as sites of knowledge production about young people. Turning the analytical lens on my own work, as well as that of others, it examines the challenges in conducting such research and the ways in which it can serve to reproduce the narratives it seeks to uncover.

In going beyond identifying the disjuncture between policy narratives of youth sexuality, and those that young people construct for themselves, the research generates new insights on how we think about young people, their identities and behaviours, in relation to the virus. By moving from the specifics of interventions themselves to the assumptions and conceptualisations which underpin them, it draws attention to the importance, and problematic nature, of what we do know, what we can know, and the implications of these knowledge processes in the everyday lives of young people. In doing so it generates a number of key implications for policy and future research.

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'Understanding is a complicated thing'

Amartya Sen, 'Poverty and the Tolerance of the Intolerable' lecture, London School of Economics, 22nd January, 2014.

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Glossary/Acronyms/Abbreviations

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral treatment
ECAC	Eastern Cape AIDS Council
ECSECC Council	Eastern Cape Socio Economic Consultative
GBV	Gender based violence
HIV	Human Immunodeficiency Virus
INGO	International Non-governmental Organisation
NACOSA	National AIDS Convention of South Africa
NGO	Non-governmental Organisation
OVC	Orphan and Vulnerable Children
SANAC	South African National AIDS Council
TAC	Treatment Action Campaign
(V)MMC	(Voluntary) Medical Male Circumcision
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund

Glossary and translations

amaXhosa	The name given to denote the Xhosa ethnic group, the dominant group within the Eastern Cape
Dagga	A slang word used for cannabis
Eish disbelief	Term often used to express exasperation of
isiXhosa	The language spoken by the amaXhosa
matric	The end of school examination which all students must take in their final year. It is seen as a pre-requisite for gaining employment.
Sangoma	A traditional Xhosa healer, they are thought to be chosen by ancestral spirits. Predominantly women, they are called upon to heal both physical and social ailments.
Shabeen	A community pub, where young people often meet.
Spaza	A community shop, often stocking necessities such as rice, bread and airtime. They are also often convening places for young people to meet.
Ukuthwala	The traditional practice of abducting a girl into marriage, usually with the consent of her parents
Ulwaluko	The traditional practice of male circumcision. Normally undertaken around the age of 18, the boys are operated on by a traditional surgeon before spending up to a month in seclusion in the bush. They are then welcomed back in to the community as ‘men’
Yho!	A Xhosa term of exclamation, indicating surprise.

Within the research I refer frequently to policies, programmes, projects and interventions. For the purposes of clarity I use the terms as follows:

Policy/policies: refer to a plan of action adopted or pursued by an organisation or government. E.g. a national behavioural communication policy

Programmes: refers to a planned series of events, which together have an overarching aim or target. E.g. World Programme of Action for Youth. Programmes are often in line with policies (and directed by them), and consist of a number of separate but interlinked projects.

Projects: refer to a time-bound series of actions, with a specific aim. A number of projects can be implemented under one programme.

Key to interview excerpts

Key to excerpt conventions

[...]	Indicates that text has been omitted to shorten the quote but that the sequence remains the same
[Description]	Describes the participants physical actions during the interview e.g. [laughs]
[-]	Indicates that the participant was cut off

Excerpts from interviews with young people are referenced along the following guidelines:

[name, gender, age, wave of interview]

Wave of interview refers to whether the quote comes from the first [I1], second [I2] or third [I3] interview conducted with them.

Excerpts from interviews with key informants are referenced along the following guidelines:

[gender, affiliation, age]

1. Introduction

1.1. Young people and HIV prevention

Accounting for one third of new infections globally in 2012, young people have emerged as one of the groups most affected by the HIV epidemic (UNICEF, 2013, p. 27). They have come to be one of the central focuses of the policy response, with a target of 50% reduction in new infections among 15-24 year olds set within the UNAIDS strategy 2011-15 (UNAIDS, 2010b). This target was reaffirmed in the 2011 Political Declaration on HIV and AIDS which saw the UN General Assembly commit to working towards a 50% reduction in the sexual transmission of HIV in young people (UNGASS, 2011). As a result young people have found their bodies and behaviours increasingly being brought into the policy arena, as new spaces for the discussion of young people and sexuality have emerged (Bhana & Anderson, 2013; Bhana & Pattman, 2009; Campbell, 2003; Campbell, Foulis, Maimane *et al.*, 2005; Cleland, Frohlich, & Harrison, 2008).

Yet despite this focus, the impact on young people who experience the virus in their everyday lives has been limited. UNICEF, for example, recently described declines in infection as ‘modest’ and noted that behaviour change amongst this group is not happening ‘as quickly as needed’ (2013, p. 27). This is particularly the case for young women as four in ten new infections occur in women in the 15-24 age group (UNAIDS, 2014b, p. 32).

As a result there have been renewed calls for a focus on the prevention of the virus (Padian, McCoy, Karim *et al.*, 2011). Within this, a number of authors have drawn attention to the social context of (young) people’s lives (Bell, 2012; Bell & Aggleton, 2013; Campbell, 2003; Campbell & Cornish, 2010; Campbell *et al.*, 2005; Campbell, Gibbs, Maimane *et al.*, 2009; Cornish & Campbell, 2009; Phillips & Pirkle, 2011). This has led to an increased focus on the structural drivers of the epidemic within policy responses, such as poverty and gender inequality (Gupta, Parkhurst, Ogden *et al.*, 2008; Jewkes, Nduna, Levin *et al.*, 2008; Sathiparsad, Taylor, & De Vries, 2010;

Shisana, Rice, Zungu *et al.*, 2010). The use of combination prevention approaches, which draw upon both behavioural and biomedical initiatives, has also been foregrounded (UNAIDS, 2010a, 2011a). Yet despite this, there remain few examples of interventions which have been shown to lead to a reduction in HIV incidence among young people, with a number of authors arguing that there remain gaps in our understanding of what effective programmes should look like (Auerbach, Parkhurst, & Caceres, 2011; Gibbs, Willan, Misselhorn *et al.*, 2012; Mavedzenge, Doyle, & Ross, 2011; Pettifor, Bekker, Hosek *et al.*, 2013).

1.2. The South African Context

This global picture is reflected in the South African context, where an estimated 12.2% of the general population are infected (Shisana, Rehle, Simbayi *et al.*, 2014, p. xxiv). As with the pattern globally there are significant differences between genders, with females aged 15-19 recording a prevalence rate of 5.6%, compared to 0.7% for males. This jumps to 17.4% for females aged 20-24, compared to 5.1% for males (*ibid*, p.38).

Race and locality also emerge as significant factors, with prevalence highest among black Africans and among those who are living in informal urban areas, followed by those in informal rural areas (*ibid*, p.36). The authors also note that HIV prevalence was found to be higher among the unmarried and cohabiting population, compared to those who were married (*ibid*, p.51).

It is however important to note that prevalence within the country can be attributed to both new infections and the increased coverage of anti-retroviral treatment (ART). Rates of incidence are therefore important as they provide insight into the dynamics of the epidemic as well as providing the most ‘direct means of assessing the impact of HIV-prevention programmes that the country has implemented’ (*ibid*, p.xxix). Here again the gender disparity between males and females is striking. Among 15-24 year olds, females have an incidence rate of 2.5%, over four times that of their male counterparts (*ibid*, p.38). Nearly a quarter of all new infections occur within black African females aged 15-24, with African females aged 20-34 recording the highest rate of 4.5% (*ibid*, p.38).

Given these data a number of key population groups are identified ‘in order to encourage those implementing interventions to increase the resources directed to this

population' (ibid, p.53). These groups are black African females aged 20-34 years, people living together and not married, black African males aged 25-49, disabled persons aged 15 years and over, high risk alcohol drinkers aged 15 years and over, and recreational drug users (ibid, p.53). It is notable that young people cut across each of these target groups.

The South African government has identified young people as a key target for intervention. Within the country's central guiding document on HIV/AIDS policy, the National Strategic Plan on HIV and AIDS, STIs and TB, reducing the vulnerability of young people to HIV infection is identified as a core concern (SANAC, 2011, p. 34). As a result they are identified as a key population and target for comprehensive SRH services, as well as a social and behaviour change communication strategy (ibid, p.42).

This focus on the sexual health of young people intersects with a range of other policies aimed at addressing their needs. These include the National Youth Policy 2009-2014 and the Integrated Youth Development Framework (Government of South Africa, 2011; NYDA, 2011). Within these, young people's health and wellbeing is a focus, with a target of reducing HIV/AIDS infections by 50% by 2016 being set (NYDA, 2011, p. 79).

In order to achieve this, a number of policies and programmes have been developed and implemented utilising a range of approaches. One of the most dominant of these is the peer education model, with the national LoveLife programme perhaps the most well-known (loveLife, 2015). Established in 1999 the programme runs a variety of community and outreach programmes, led by national volunteers called Ground BREAKERS, which cover themes such as positive lifestyles and healthy sexuality (ibid). Media have also been used as a medium through which to communicate information about the virus, with programmes such as Soul City covering topics ranging from youth sexuality to male circumcision, to alcohol and violence (SoulCity, 2015).

More recently attention has also turned to the implementation of biomedical prevention methods, such as encouraging Voluntary Medical Male Circumcision (VMMC) (SANAC, 2011, p. 41) as well as structural programmes aimed at reducing the vulnerability of young people. These have included those focused on gender

based violence, such as the Stepping Stones programme¹ (Jewkes, Dunkle, Nduna *et al.*, 2010; Jewkes *et al.*, 2008; SteppingStones, 2011) and more recently the One Man Can (OMC)² and Brothers for Life³ campaigns, being coordinated by Sonke Gender Justice⁴ (OMC, 2015). There has also been a focus on economic empowerment through both microfinance, as well as the introduction of direct cash transfers aimed at keeping young females in school (Gibbs *et al.*, 2012; Kim, Pronyk, Barnett *et al.*, 2008b; Pettifor, MacPhail, Nguyen *et al.*, 2012).

Yet so far the results of these interventions have been mixed at best, and often disappointing, particularly in relation to indicators of both behaviour change amongst young people and HIV incidence (Auerbach *et al.*, 2011; Gibbs *et al.*, 2012). Recent survey data found that ‘risky’ behaviours continue to be widely prevalent, in fact Sishana *et al.* note ‘disturbing trends of increased HIV risk behaviour in the country’ (2014, p. xxx). For example, among those aged 15-24 there was a drop in reported condom use at last sex between 2008 to 2012 (*ibid.*, p.73). For males this was from 85.2% to 67.5%, and for females from 66.5% to 49.8% (*ibid.*, p.73). These data are based upon self-reported behaviour and as such may be subject to recall bias, and importantly in the case of condom usage, social desirability bias in which respondents give the answer which they feel is the most socially acceptable (Shisana *et al.*, 2014, p. 122; Stuart & Grimes, 2009). Given this the drop in condom use *may* be larger than measured.

¹ First established in Uganda in the early 1990s the Stepping Stones programme was designed in response to the vulnerability of women and young people in decision making on sexual behaviour. It focuses on addressing gender based violence and inequality, as well as attitudes towards young people, as part of a wider approach to tackling the virus in communities. Deemed a success the programme, and its core principles such as participatory learning, have come to be ‘used across every continent and has been translated into around 30 languages’, including in South Africa (SteppingStones, 2011)

² The One Man Campaign focuses on encouraging men to become involved in advocating for gender equality and preventing gender-based violence (GBV), as well as the response to HIV/AIDS. It is implemented through a number of mediums and settings, including a prison project, soccer project and refugee and human rights project.

³ Brothers for Life is a programme aimed specifically at men over the age of 30, and is aimed at ‘addressing the risks associated with having multiple and concurrent partnerships, men’s limited involvement in fatherhood, lack of knowledge of HIV status by many, low levels of testing and disclosure, and insufficient health seeking behaviours in general’ (Brothers4Life, 2015). The programme is implemented through a national campaign, mass media, interpersonal communication and training activities, and advocacy.

⁴ Sonke Gender Justice is a non-profit organisation, founded in 2006, which works across South Africa (and increasingly Africa more widely), to support men and boys to take action to tackle gender inequality, violence and the spread of HIV/AIDS.

1.2.1. The Eastern Cape

The Eastern Cape accounts for 13.3% of the population of South Africa and is dominated by black households, which account for 85% of the population (ECSECC, 2015, p. 23). The province is dominated by the amaXhosa, the name given to people belonging to the Xhosa ethnic group. It is one of the poorest provinces in the country, suffering from structural poverty, a legacy of the apartheid system which saw large parts of the province constituted as the 'bantustans', or homelands, of the Transkei and Ciskei⁵. Since 1994 it has struggled to keep up with the wider development trends within South Africa, recording a lower human development index (HDI) statistic than the rest of the country (0.503 compared to 0.553) (ibid, p.29). It has high rates of poverty, (54.8% of the population live in poverty), a declining economically active population (30% in 2013 compared to 49.5% in 1995), and high levels of crime (ibid, p. 31). In particular the province has seen an increase in the levels of sexual crimes with 193 recorded per 100,000 in the population, compared to 120 within South Africa as a whole (ibid, p.45).

Within this context HIV/AIDS has emerged as a key area of concern. The overall prevalence for the region is 11.6%, although this rises to 12.2% when considering only those over the age of 2 (Shisana *et al.*, 2014, p. 37). This represents an increase from 9% in the previous survey conducted in 2008 (ibid, p.37). The government response in the Eastern Cape is co-ordinated by the Eastern Cape AIDS Council (ECAC). The Council's objectives, which are aligned to the National Strategic Plan, are outlined in the Provincial Strategic Plan on HIV and AIDS, STIs and TB 2012-2016 (ECAC, 2011). As in the national plan there is a focus on reducing the vulnerability of young people, particularly young women, to the virus. In 2012 ECAC appointed a youth coordinator who works with a number of international, national and community based organisations to implement a range of activities within the province. More recently a youth working group was established to co-ordinate the efforts of these organisations, as well as to share learning. Programmes

⁵ During apartheid the Transkei and Ciskei were designated 'homelands' for the Xhosa people. This saw them become 'independent' from the South Africa in 1976 and 1981 respectively, although this independence was never internationally recognised. Whilst this system enabled the National Party to maintain (and attempt to justify) white rule, it led to these areas coming to be characterised by lack of development and poverty as they remained economically dependent on their larger neighbour. It was only in 1994, with the end of apartheid, that both the Transkei and the Ciskei were brought together with the sections of the Cape Province to establish what is the contemporary Eastern Cape.

are also implemented through both national (such as LoveLife) and local and community based organisations.

One of the key areas of focus has been on reducing the number of young people with concurrent multiple sexual partners. Yet data collected in 2012 found that 14.7% of respondents in the Eastern Cape had two or more sexual partners in the last 12 months, the highest rate in the country (Shisana *et al.*, 2014, p. 70). Similarly the Eastern Cape also had the highest percentage of respondents who had had sex before the age of 15, at 16.8% (*ibid*, p.65). This is particularly concerning given that this represents an increase on previous years (7.8% in 2008, 6.7% in 2005 and 7.7% in 2002). These behavioural indicators, combined with the reduction in the number of young people reporting the use of condoms at last sex, mean that many young people are still at risk of contracting the virus. Indeed the same survey found that 32.2% of respondents from the Eastern Cape thought that they ‘probably would get infected with HIV’ or that they ‘definitely would get infected’ (*ibid*, p.88).

Another key area of focus has been in the introduction of voluntary medical male circumcision (VMMC). Unlike other ethnic groups in South Africa, the amaXhosa still practise traditional male circumcision, and it is expected that all young men will go through the process. This involves, around the age of 18, being operated on by a traditional surgeon before undertaking a period of seclusion in the ‘bush’ (for up to a month). When they return they are accepted back into the community as ‘indoda’, a man, as opposed to ‘inkwenkwe’, a boy.

The ritual has caused controversy. Whilst some policy makers and practitioners support the adoption of VMMC as a policy response, citing the dangers associated with the traditional practice, others, in particular traditional leaders, argue for the need to maintain, and where necessary reform, the traditional practice to make it safer. This debate is one which aroused many strong reactions among both participants and key informants during my fieldwork, and I shall explore these reactions in chapter 5.

Examining these debates here however, and the wider data on HIV, raises a number of questions, most pertinently, why, despite investment and attention at international and national levels, does incidence, and prevalence, among young people remain so high? Why have the changes in behaviour required to halt the spread of the virus not

materialised? Why has the focus on structural drivers of the epidemic not resulted in the changes expected?

It is within the context of these questions, and the ensuing discussions, that this thesis is situated.

1.3. Situating the thesis: what and why?

What does this thesis seek to contribute to these discussions? Whilst there have been a number of studies which have examined and evaluated specific interventions, this study aims to offer an alternative approach (Jewkes *et al.*, 2008; Pronyk, Kim, Abramsky *et al.*, 2008). It takes a broader view, examining not the specific components of interventions, but rather how it is that we, policy makers, researchers and practitioners, have come to conceptualise the problem of young people and HIV, and how we are to address it has come to be understood. Rather than starting from the position that young people are a given development category, it explores how we think about young people, and the role of the virus in their everyday lives. Examining how policy has come to frame young people and the virus, it asks, who is it that is being talked about? How does this relate to young people's everyday experiences? And with what effects? Not just in terms of biological markers, but with what wider effects on young people, their behaviours and identities, and their relationship to the virus. In doing so it seeks to contribute to our understanding in three ways.

Firstly, it seeks to explore how it is that young people have come to be understood and known within policy discourse. Drawing upon the work of Foucault, it examines the concepts of evidence and knowledge within HIV policy discourse to examine how young people, and in particular their relationship to the virus, have come to be constructed in particular ways. In doing so it seeks to go beyond description, to ask why it is that these particular understandings of youth and the virus have come to dominate policy discourse and with what effects for how policies have come to be constructed. This exploration of HIV policy in relation to young people has not been undertaken previously, and yet given the dominance of young people as a specific group within HIV prevention, this task is both necessary and timely.

Secondly it examines how young people themselves construct and understand their own sexual identities and behaviours. Whilst a number of authors have documented the role of social context in shaping young people's sexual behaviours (Bell *et al.*, 2013; Campbell *et al.*, 2005) as yet this has not been examined specifically for the Eastern Cape. Drawing upon data collected during ten months of fieldwork, and utilising the work of Giddens and others (chapter three), this analysis seeks to offer new insights into the (sexual) lives of these young people. In doing so it also aims to offer a way of thinking about young people's engagement with the social context of their lives, as a dynamic and iterative process which produces new social practice and knowledge (Giddens, 1986).

The third way in which this thesis seeks to contribute to discussions on young people and HIV prevention is through an examination of what happens when policy discourse and young people's own understandings of their lives, intersect. Whilst authors have previously pointed to a discordance in these understandings (something which I will also argue), I seek to go beyond this to examine what the effects of this discordance are for both young people and the interventions which target them. Utilising the social interface model put forward by Long, I will explore how young people come to contest and negotiate these policy discourses, in ways which are often neither expected, nor captured, by those implementing them (Long, 2001). In doing so it will seek to generate new insights as to how we think about young people's engagement with interventions and how we conceptualise both policy, and impact.

Taking this conceptual, and critical, approach to the question of HIV prevention with young people is important. The continued inability of interventions to have the desired impact on changing young people's behaviour means that new insights into young people's lives are not only of interest, but necessary. Whilst in no way seeking to detract from those studies which focus on evaluating specific interventions, as I shall argue in chapter 5 of this thesis, these on their own will not be enough to address the gaps in our understanding that we have concerning young people's experiences, and engagement with, the virus in their everyday lives.

It is also important to note that, whilst grounded in the literature, the desire to conduct this study also stemmed from my own experience of working on the issue of HIV among young people, and the growing sense of frustration which I experienced in doing so. Having worked in this context for a number of years I grew increasingly impatient with the repetitive nature of the programmes being implemented, despite their lack of success. In undertaking this study I therefore sought to understand why things weren't changing, despite acknowledgement of the need to take account of contextual factors, and what the effects of this lack of impact were, beyond the increasing prevalence rates.

This frustration was particularly felt given the increased focus on young people within development more widely which has seen young people come to the fore not only as targets for development, but also as social actors in their own right who can play a role in the development of their communities (UNFPA, 2014; World Bank, 2007). Yet, whilst pleased that young people were gaining attention, I grew increasingly wary of the uncritical way in which this narrative was being adopted by development organisations, something supported by the work of Sukarieh and Tannock (2011). As someone working directly with young people I felt the need to unpack this narrative to see its relevance (or irrelevance) for many young people's lives.

In conducting this research I do not wish to become someone who espouses what Steinberg identifies as the familiar trope within the work of anthropologists where, 'The anthropologist is giving the do-gooder a dressing down. "You may have come with the best of intentions", they are saying, with more than a little relish, "but because you do not understand the locals you are making things worse" ' (Steinberg, 2013, p. 500). Whilst I do take a critical approach to the subject I am also aware of the complexity of policy development and implementation. As a former practitioner I am also aware of the difficulties that those implementing interventions face, and my aim is therefore very much to inform, not condescend.

I am therefore not seeking to claim that I have generated the definitive 'knowledge' about young people within this context. Throughout the thesis I seek to problematize the concept of 'knowing' and the difficulties in making this claim. Rather, as young people increasingly become a focus of interest for policy makers, I seek to show the

importance of unpacking what we know, and how we know. This includes those of us in the research community, as I argue that we must also reflect on how we have come to understand the issue, and the ways in which we can come to support or contest dominant ideologies. Throughout the research I therefore frequently reflect on the limitations of the methodological approaches, including my own, which are currently employed to generate knowledge about young people and the virus.

1.4. Research question(s)

Given the context outlined above, the gaps identified, and the contribution which this thesis seeks to make, the research question which I will try to answer is:

'What does a localised understanding of young people's sexual identities and behaviours mean for HIV policy in the Eastern Cape, South Africa, and why?'

The aim in answering this question is not to provide a definitive list of technical recommendations which should be employed to produce effective prevention interventions. Rather my aim is to critically assess, and then challenge, the assumptions which underpin these programmes and how they come to conceptualise both young people and their relationship to the virus.

In order to do so a further three subsidiary questions will be answered, each providing a component of understanding which fits within this broader research question, enabling me to answer it. These are:

1. *How are the sexual identities and behaviours of young people understood within HIV/AIDS policy, and by HIV/AIDS policy makers? How and why have these understandings been established?*
2. *What are the sexual identities and behaviours of young people in the Eastern Cape in relation to HIV and what shapes them?*
3. *In what ways do young people engage with policies and programmes relating to sexuality and HIV? With what effect(s) on shaping both young people's identities and behaviours, as well as the policies and programmes themselves?*

Each of these questions form the focus of individual empirical chapters which I will then bring together to answer my research question in the conclusion.

1.5. The field context

In order to answer these questions I undertook fieldwork in four rural sites in the Eastern Cape of South Africa, over a period of ten months. I visited each community three times, staying for between one to three weeks on each occasion. The sites were chosen based upon a range of selection criteria (see Chapter 4, section 4.2.2.) and exhibited many of the characteristics of the Eastern Cape mentioned above (section 1.2.1).

Although not far from the urban centres of East London and Mthatha, the sites were often hard to access due to a lack of transport or poor road conditions. All of the sites suffer from a lack of infrastructure, such as clinics and schools, high unemployment, and high levels of crime and drug use. Levels of HIV/AIDS are high, and a number of interventions targeting young people have been implemented in the sites by both national and international NGOs. However, these were no longer running at the time of the fieldwork.

Whilst a minority of the population are able to access work opportunities in urban areas, most are reliant upon subsistence farming and state support to get by. The lack of opportunities mean that there is a high level of migration, particularly of young people, out of the communities as they seek work in urban areas. For those who remain, once no longer at school, most of their days are spent either job seeking or spending time with friends in the community. Over the course of the fieldwork I spent many hours walking around the communities with these young people, or sitting passing the time in local shops or watching TV, as I sought to gain an insight into their lives.

Alongside this observation, I conducted repeat dependent interviews with fifty-six young people. This process saw me conduct initial interviews, which were then analysed (in situ) to generate further questions for a follow up topic guide. Where possible the participant was then re-interviewed (n=36), with this process of analysis and further interview being repeated one further time (n=16). Alongside this I also

conducted interviews with key informants, including community members, health workers and employees of both national and international NGOs, all of whom saw themselves as being key stakeholders in the lives of young people.

1.6 Thesis outline

The thesis begins in chapter 2 with further exploration of the context of the virus in South Africa and the Eastern Cape. It begins by examining the current policy debates in more detail before asking how, and why, this response has taken the path it has. To begin to answer this question I provide a brief historical account of the history of disease and sexuality in South Africa under the colonial and then apartheid regimes, arguing that understanding this history is critical for understanding the current response to the virus. I conclude the chapter by posing two questions which emerge out of this analysis. Firstly, how much do we really know about young people's lived experiences, and secondly, how should we start to think about young people, and their sexuality, conceptually?

In chapter 3 I provide the rationale for the research questions posed. I begin by reviewing the academic literature which has sought to address the questions posed at the end of the previous chapter, in doing so identifying the gaps in the knowledge which remain. I then restate my research questions, demonstrating how they have emerged from these gaps. In the remainder of the chapter I situate the research theoretically, outlining, and justifying, the conceptual approach which shall be employed in the remainder of the thesis.

In chapter 4 I outline my methodological approach to the research, providing details of, and reasons for, my choice of methods. I provide details of my fieldwork sites, as well as the process of undertaking the research, including the challenges faced. Throughout the chapter I reflect on my own identity within the research process, how this shaped relationships, and how these in turn shaped my data. I conclude the chapter with a discussion of the ethical considerations faced when seeking to conduct such research, and reflect on what it means to do 'no harm' within this context.

In the remainder of the thesis I present the empirical findings of my research, focused on my subsidiary research questions. In chapter 5 I discuss the results of my policy

document analysis and key informant interviews to address the first of these questions concerning how young people have come to be understood within policy narratives of youth and HIV prevention. In doing so the chapter centres around two knowledge claims made within policy discourse; that we ‘know young people’ and that ‘we know what works with HIV prevention’. In the chapter I unpack each of these claims in turn, examining what we actually do know and how we know it, focusing on how particular understandings of knowledge and evidence have come to dominate these discourses. I then ask what the implications are for these knowledge processes for the shape of the prevention response, and crucially, their relevance for the everyday lives of young people.

In chapter 6 I turn to the everyday lives of young people. Drawing on the data collected during interviews with young people, as well as observation during fieldwork, I explore how young people come to construct and understand their own sexual identities and behaviours. Drawing upon the work of Giddens, as well as the concept of the lifeworld, I examine how these identities and behaviours come to be performed and constructed through young people’s subjective interaction with the context of their daily lives. In doing so I find that these identities and behaviours are both spatially and temporally located as young people draw upon discourses of both tradition and modernity to make sense of their everyday lives. I conclude by seeking to locate HIV within these discourses, finding that it is simultaneously notably absent and pervasive.

In chapter 7 I bring the previous two chapters together to examine what happens when policy discourses of youth and HIV prevention intersect with the lifeworlds of young people in the Eastern Cape. Drawing on the social interface model of Long, I explore how young people come to negotiate and adapt these policy discourses in ways which are unexpected, and are not identified within traditional monitoring and evaluation frameworks. Examining each of the knowledge claims addressed in chapter 5, I analyse how young people come to contest these claims and the ways in which they are becoming ‘known’ through them. I draw attention to the new forms of social practice and knowledge which emerge through these processes, and which young people then draw upon, enabling them to live their lives in ways which make sense of their everyday contexts.

Chapter 8 does not seek to answer a subsidiary question directly, but rather seeks to provide a methodological contribution. In it, I examine how research practices shape how it is researchers, including myself, come to understand, and 'know', young people and their sexuality. I begin by examining the implications of the use of categorical identities, such as 'youth' within such research, arguing that they are both necessary and problematic. I then turn to the issue of 'sex' and how it is that we conceptualise, label and measure it, drawing upon my own experiences of seeking to do so. Finally I consider the questions of voice, agency and impact, particularly within qualitative approaches, reflecting on the complexity of each of these, and the challenges they pose for researchers.

In chapter 9 I summarise the findings discussed in the previous chapters before drawing these together to answer my overarching research question. I discuss a number of policy implications as a result of these findings, as well as the limitations of the research. I outline both the substantive and methodological contribution of the thesis. I conclude by suggesting areas of further research which have emerged as a result of this work.

2. Young people, HIV and South Africa: where are we and how did we get here?

This chapter outlines the empirical and historical context of the thesis. It is split into two sections and begins by providing an overview of current policy debates in relation to HIV prevention amongst young people. I then go on to ask how this particular position has emerged by examining the historical context of sexuality and disease within South Africa. In doing so I draw attention to the ways in which young people have come to be understood in particular ways in relation to the virus.

2.1. Where are we? HIV risk and prevention

Writing in 2014 Suzanne Leclerc-Madlala outlined what she saw as the major stumbling block for HIV prevention efforts thus far:

‘As western donors geared up to respond to the growing threat of HIV in Africa, many failed to grasp the fact that human behaviour is always contextual, always socially produced, and always culturally embedded. Hopes for slowing the epidemic were largely pinned on exported models of behaviour change that were based on a constructed idea of human cognitive universality, permitting policy makers and programmers to view the task of changing the sexual behaviour of African people as something akin to changing the smoking habits of New Yorkers. The limited results of some HIV prevention behavioural efforts in Africa over the past 25 years have a lot to do with cultural and epistemological chauvinism’ (Leclerc-Madlala, 2014, p. 1203)

Leclerc-Madlala’s argument resonates with a review of the theoretical underpinnings of HIV prevention interventions for young people in sub-Saharan Africa conducted by Michielsen et al which found that most interventions tended to ignore the broader social and structural factors that shape sexual behaviour, instead focusing on cognitive behavioural approaches (Bell *et al.*, 2013; Michielsen, Chersich, Temmerman *et al.*, 2012). They conclude that these approaches risk oversimplifying youth sexual behaviour and are ‘less able to account for interpersonal and contextual

factors related to the complexity of sex, the experience of youth and disparities in social, cultural and economic relations of youth in sub-Saharan Africa' (Michielsen *et al.*, 2012, p. 15).

This has led to an increase in the attention being paid to structural factors (Farmer, 2004; Gibbs *et al.*, 2012). Yet here there remain questions as to what these factors are, and their relationship to the virus. I will briefly outline the key points of this discussion, and their application to young people, below.

2.1.1. Age and generational relations

In recent years a number of authors have raised concern about how perceptions of youth were directly impacting on young people's sexual health. In their work in South Africa Campbell *et al.* found that young people were described as 'mad, bad or deviant' (Campbell *et al.*, 2005, p. 475). They argue that young people are pathologised and their needs, and in particular their sexual health needs, are not recognised (Campbell *et al.*, 2005; Campbell *et al.*, 2009). Policy makers have taken up this idea, with concern focusing on how this view of young people prevents them being able to access the information and services they need to protect themselves (Campbell *et al.*, 2005; UNESCO, 2013). They have therefore called for interventions which address these wider cultural and social norms as well as for a reformulation of youth and participation which frames them as positive 'agents of change' (UNESCO, 2013; UNFPA, 2014).

Yet young people are not 'just' young, their experiences are also shaped by their gender, race and socio-economic status, amongst other things (Crenshaw, 1991). As such these elements also need to be taken into account when addressing the factors which shape their vulnerability to HIV.

2.1.2. Poverty

As noted in chapter 1, the Eastern Cape is one of the poorest provinces in South Africa, with many households in the rural areas dependent upon social grants and subsistence farming (ECSECC, 2015). Poverty and economic marginalization is therefore an important part of the context of young people's lives. Yet the relationship between poverty and HIV is complex and disentangling its exact nature remains challenging. For example, despite concluding in their research that poverty was a social determinant across all age groups, Shisana *et al.* also note that it is not

possible to state whether this relationship between poverty and HIV is a causative one, and if it is, what direction it takes as ‘although poor people may be more vulnerable to infection because of, for instance, sexual networking, it may also be that HIV-positive people become poorer due to the social and economic constraints of HIV/AIDS’ (2010, p. 44).

In their study of multiple sexual partners amongst young people in South Africa, Harrison, Cleland and Frohlich found that economic marginalisation shaped the spatial dimensions of young people’s lives (2008). They argue that the need to move to find work has led to ‘widespread sexual and romantic networks’ in rural areas which lead to ‘overlapping, or concurrent, partnering patterns’ which increase HIV risk (ibid: 305). The authors also note that these temporal and spatial aspects of young people’s sexual lives remain little understood and explored (ibid: 305).

2.1.3. Gender

In their work Sishana et al note that you cannot escape the issue of gender relations as ‘the association between poverty and likelihood of HIV infection is more evident among young women than young men’ (2010, 43). It has received particular attention in South Africa due to the high prevalence levels among women in comparison to their male counterparts, as well as the high levels of gender based violence in the country, as outlined in the introduction. In investigating this, a number of researchers have drawn attention to a hegemonic masculinity which legitimates the use of violence, physical and sexual, as acceptable ways to attain power over partners (Connell, 1995; Wood & Jewkes, 2001). These relations place women and girls at increased risk of infection through their inability to refuse sex and negotiate condom use (Jewkes & Morrell, 2012; Wood *et al.*, 2001).

One topic which has received particular attention amongst young people is that of inter-generational or age-disparate relationships, and in particular the issue of ‘sugar daddies’⁶. Sugar daddies are older males whom younger females are perceived to engage in relationships with for the purposes of, predominantly financial, support, such as the payment of school fees, food or other necessities. The risks of such relationships are understood to be multiple, with a number of authors highlighting

⁶ An age disparate relationship is defined as a relationship between two individuals where the age gap is 5 or more years. Intergenerational relationships are those where the age gap is 10 years or more.

how they further embed gendered power relations, meaning young women find it even more difficult to discuss safe sex practices and negotiate condom use (Kaufman & Stavrou, 2004; Luke, 2005).

Age-disparate relationships are of particular importance as the spread of the virus through the population means that the chances of older male partners already being infected with the virus are high. Work by Maughan-Brown, Kenyon and Laurie estimate that a young woman aged 20-24 is three times more likely to have sex with an HIV positive man if her partner is five or more years older than herself (2014, p. 2474). Crucially they also found that these older men were more likely to have concurrent partners who were older (for example 25-29) who in turn have a higher prevalence rate, compounding the risk of HIV transmission to all members of the sexual network (ibid:2474).

2.1.4. Policy responses

This review of structural factors highlights the importance of not looking at one aspect of context in isolation, but rather the need to explore how they are intertwined with each other. For example, the issue of sugar daddies cannot be understood solely as a gender issue, but also needs to be understood within the wider context of poverty and economic marginalization in which these relationships occur. This has led to increased calls for interventions which take a holistic approach which can alter the context of young people's HIV risk (Auerbach *et al.*, 2011; Campbell *et al.*, 2010; Dworkin & Ehrhardt, 2007; Harrison, Newell, Imrie *et al.*, 2010; Phillips *et al.*, 2011).

This need is recognised in the South African National Strategic Plan, where the first strategic objective is 'Addressing social and structural drivers of HIV, STI and TB prevention, care and impact' (SANAC, 2011). This means using 'social and structural approaches' to 'address the social, economic, political, cultural and environmental factors that lead to increased vulnerability' (ibid: 34). In particular the need to address poverty, stigma and gender inequality is identified, alongside the need to provide services to those in hard to reach areas and the need to keep young people in school (ibid: 34).

Despite this recognition, there are still few interventions which operationalise this approach. Gibbs *et al* provide a useful review of interventions which have done so,

and their impact on young people within Eastern and Southern Africa (2012). Reviewing nine structural interventions which sought to address livelihood insecurities and gender inequalities in relation to the virus, they find that these can be split into three further groups based upon their approach (ibid). Among the first group, microfinance and gender empowerment interventions, they found mixed results. Whilst there were some positive indicators, such as a 55% reduction in violence against women in one programme, there were also significant limitations, such as the poor performance of women and the failure of these programmes ‘to consider how they may reshape gender relations in the context of the wider community’ (ibid). This resonates with the work of Dworkin and Blankenship (2009) who found that some microfinance programmes may actually increase HIV vulnerability for women.

The second group of interventions were those which sought to increase women’s and girls’ school attendance. Whilst cash transfer programmes, such as the well documented Zomba cash transfer programme in Malawi (Baird, Chirwa, McIntosh *et al.*, 2010; Baird, Garfein, McIntosh *et al.*, 2012), have shown promising results the authors raise two key concerns. Firstly, that in being focused on school attendance, little is done to address ‘the ways in which schools produce and reinforce gender inequalities’, and secondly, these interventions do not reach those young people out of school who are often those most at risk (Gibbs *et al.*, 2012).

The final group of interventions are those which focus on gender empowerment training plus livelihood training or financial literacy. They identify one programme, Siyakha Nentsha in KwaZulu-Natal, yet at the time of writing an evaluation had not been conducted. More recently, results have been published which show that whilst there were positive indicators of behaviour change, such as girls reporting higher levels of self-esteem, the programme reported no significant impact on girls reported sexual behaviours, or condom use among either girls or boys (Hallman, Calderon, Govender *et al.*, 2012). The limited results of such structural interventions have led Auerback, Parkhurst and Caceres to state that this serves to ‘illuminate the difficulties of achieving intended intervention outcomes’ and that whilst there are signs of promise there remain ‘woefully few examples of truly successful HIV prevention initiatives’ (2011, p. S305).

This leads to two inter-related questions. Firstly, why is it that these interventions have had limited effect in reducing HIV infection amongst young people? Secondly, and dependent upon the answer to the first question, where do we go next? Gibbs et al identify a number of ‘learnings’, such as the narrow conceptualisation of livelihoods, the lack of involvement of men and boys, as well as the need for further research (Gibbs *et al.*, 2012). One such research path is put forward by Leclerc-Madlala who suggests that closer attention should be paid ‘to how people conceptualise the problem’ (2014, p. 1204). This means aligning interventions to ‘the cultural schematics of African societies’ in ways which ‘make sense to people’s lived experience’ (*ibid*: 1204).

Yet alongside this I would argue that before this, and in order to do this, we also need to ask a third question, namely, ‘how did we get here’? How have young people and their sexuality come to be framed in particular ways within policy, and how does this shape the policy response? In their work ‘The History Manifesto’, Guldi and Armitage put forward an argument for a reengagement of history with contemporary social problems arguing against what they see as characteristic ‘short-termism’ within public policy discussions, and instead argue for an approach which takes account of the long-term history of social issues (2014).

I argue that there are three reasons why such an approach should be applied to the question of young people and HIV prevention in South Africa. Firstly, in order to understand how young people come to understand, and engage with the virus in the present, we must examine how this is shaped by their own personal histories, as well as the wider history of sexual health, race, class and generation which exists within South Africa (Fassin, 2007).

Secondly, Woolcock, Szreter and Rao argue that historical analysis is critical for policy makers as it reveals the complexity of the policy process and can shed light on how the impact of interventions are not linear but are influenced by time and place (Woolcock, Szreter, & Rao, 2011). This, they argue, is critical for policy making as it is through this ‘historical sensibility’ that policy makers can understand the ‘need to be more realistic about the way in which their policies will mix into the flow of a society’s history and not simply imagine they will achieve the ‘laboratory’ results they wish for them’ (*ibid*: 26).

Thirdly, an historical analysis can reveal how we have come to understand youth sexuality in particular ways, for as empirical data is ‘classified, categorised and constructed; sometimes it can be very important to know how and why it was rendered into the form we now use’ (Woolcock, Szreter and Rao, 2011:20). Historical analysis forces both researchers and policy makers to reflect critically upon the concepts and assumptions which underpin, and are employed, within the research and policy making processes. The focus is not solely on how they are used, but rather why it is they exist in that particular form. This resonates with the work of Foucault who argues that much of the literature and language around young people still needs to be ‘decolonised’ (2006). Historical analysis can assist in this process.

2.2. How did we get here? Sexuality, disease and governance in South Africa

Sex has a history. What it means, how it is done and by whom, is not static but is shaped by, and constituted through wider social processes. In South Africa the social, political and economic upheaval during the colonial, apartheid and post-apartheid periods has seen the transformation of sexual relations and practices in ways which continue to be felt today. Similarly young people as a group have a history. How they have been understood and framed as a group has changed over time.

It is therefore not surprising that how young people come to learn about sex and how they come to ‘do sex’ has also changed, and it is these transformations, and their implications, which I examine here. In doing so I am not providing a comprehensive historical account of the period, nor am I claiming that prior to colonialism there was a unified idea of sexuality or that it had not already undergone significant change - traditional practices themselves are not ahistorical.⁷ Similarly I am not claiming that prior to colonialism there was a homogenous group identifiable as ‘youth’. It is likely there were multiple definitions and understandings of youth, although Burgess and Burton (2010) draw attention to the paucity of research in this area making such conclusions difficult. Rather, my aim is to draw attention to the ways in which ideas of young people, sexuality and HIV have come to be understood, represented and experienced during these periods, and how these have changed over time.

⁷ For a more in-depth examination of the historical changes in the Eastern Cape see Price, R. (2008) Making Empire: colonial encounters and the creation of imperial rule in nineteenth-century Africa, Cambridge University Press; Mager, A. (1999). Gender and the Making of a South African Bantustan: a social history of the Ciskei, 1945 – 1959. Portsmouth: Heinemann

2.2.1. Colonialism, apartheid and sexuality

Throughout the colonial and apartheid periods, sexuality, disease and young people came to be constituted in particular ways as their governance became not just an ‘impartial government technology’ but ‘an integral part of a social and political history’ (Fassin, 2007, p. 129). The management of bodies and sexual practices was fundamental to the racist political project and the governance of the body became inextricably linked to the governance of the nation as ‘categories of “colonizer” and “colonized” were secured through forms of sexual control’ which determined who could do what with whom, and under what conditions (Stoler, 1989, p. 635).

These forms of sexual control relied upon the construction of particular sexualised bodies and behaviours which could be classified and codified to clearly demarcate who was ‘white’ or ‘European’, and who was ‘native’. This construction went beyond skin colour and was based upon the construction of a European Christian ideal within which sex was a private matter to be undertaken only in the home and within the confines of a heterosexual marriage. At the centre was the innocent white woman who was cast as both the mother to the nation and, through her inherent purity and innocence, the embodiment of morality. She stood alongside her father, husband, and brothers who were required to both protect (and with it the nation), and provide for, her (McClintock, 1995).

Yet in order to be constructed as ‘modern’ and respectable this ideal needed an ‘other’ against which it could be opposed, an ‘other’ which was reflective of a ‘deeper and more substantial truth about human nature which needed to be revealed and governed closely’ (Ratele, 2009, p. 302). It was this ‘other’ which could be used to justify and validate the structures of power within society, and as such the history of sexual health and its management can therefore be viewed as ‘an integral part of the history of racial segregation in South Africa’ (Fassin, 2007, p. 132).

The sexual practices of native populations provided this and so in turn they were constructed as traditional, backward, and dangerous. These dangers were seen to be particularly prevalent within the bodies of young men who were constructed as being hypersexual, leading them to become the focus ‘The Black Peril’, which referred to the rape of white women by black men (Cornwell, 1996). In constructing this

narrative, the danger was understood to be not only to the woman, but also the nation whom she represented. As Cornwell notes ‘what was at stake was the integrity of the white female body, mythologized by a frontier society as the last and most intimate frontier of all’ and as such ‘the penetration of a white woman by a black man’ was ‘an act of insurrection’ against the colonial regime (1996, p. 441; McClintock, 1995).

The emergence of these gendered subject positions is important for two reasons. The first is the way in which they continue to shape and influence contemporary discussion of youth and sexuality, for as Bhana and Pattman have argued, young men continue to be framed as ‘leading the charge of a rampant African heterosexual masculinity’ (Bhana *et al.*, 2009, p. 69). We are therefore forced to reflect on the particular political and racial context from which our understanding of young male sexuality has emerged. Secondly, these racial and gendered constructions form part of the context of young people’s lives in the present, and shape how they engage with the virus and the interventions which target it. In recognising this we can better make sense of the ways in which South Africa has responded to the virus, (see section 2.2.5), as well as how young people themselves have come to engage with it (see chapter 6).

In constructing native sexuality as a threat to both the body and to society more widely, the colonial and apartheid authorities were able to legitimate the technologies of governance which they employed to maintain their authority and order. These demarcated who could do what with whom, such as the Immorality Act of 1927 which forbade sexual intercourse between white people and people of other races (extended in 1950 to prohibit sex between Europeans and non-Europeans) (Ratele, 2009, p. 294). This was followed by the Mixed Marriages Act of 1949 which prohibited the marriages of people from different racial groups (*ibid*). Combined with the Population Registration Act of 1950, which meant that all inhabitants had to register as one of the officially defined racial groups, sexuality came ‘to discipline race identification and, similarly race classification came to shape sexual relations’ (*ibid*:294). Sex across racial lines threatened the Eurocentric order of racial hierarchy and policing this barrier became central to the maintenance of the racial purity of white society upon which authority rested (Sherman & Steyn, 2009).

Control was also exerted through public health governance, including an increased focus on birth control and family planning for African women (Glaser, 2005). As fears of a demographic imbalance grew in the 1960s the government focused on curbing the African population's 'primitive practise' of having big families (Glaser, 2005, p. 325). This led to the government awarding the Department of Public Health R50,000 for family planning initiatives amongst the African population in 1964, a figure which increased through the 1960s, 1970s and into the 1980s (Glaser, 2005, p. 326). Both Glaser and Klugman argue that this politicization of birth control and family planning led it to being associated with demographic manipulation by the government in the eyes of the African population (Glaser, 2005; Klugman, 1990).

The spatial management of populations, under the banner of public health, was also a key tool of the government. For example, legislation such as the Native (Urban Areas) Act of 1923 and the Slum Clearance Act of 1934 saw the government able to forcibly remove and deport 'diseased' natives⁸. Sex, and its representation, was also controlled within public spaces through an absolute ban on pornography for 'stringent censorship and a regime of moral prohibition were seen as critical weapons to expurgate the threat of white dissidence and preserve the rigours of a 'civilised' way of life' (Posel, 2004, p. 54).

Authorities did not just seek to govern the African body, but also reform it, principally through the spread of Christianity which called for a move towards 'modern' and 'civilised' sexual relations. The impact of this process has been noted by Delius and Glaser, and Mager, who argue that prior to colonisation African communities were 'relatively open in their recognition and discussion of sexual issues' and that patterns of peer monitoring of sexual behaviours, as well as adult surveillance, continued into the mid-twentieth century (Delius & Glaser, 2002, p. 50; Mager, 1998, p. 661). This included the encouragement of practices such as limited intercourse or thigh sex, which it was expected young people would engage in as a way of expressing their desires, without the risk of pregnancy or infection.

⁸ This legislation built on already existing legislation such as the 1913 Natives Land Act (later extended in 1936) which restricted Black African access to land outside of 'reserves', as well as the 1923 Urban Areas Act which had sought to implement the beginnings of residential segregation of Europeans and non-Europeans.

This was in stark contrast to the message of the church, whose refusal to ‘condone any form of pre-marital sex’ meant it ‘offered nothing but self-restraint as a substitute’ (Mager, 1998, p. 661). This meant that young people were faced with ‘a potent cocktail which stigmatised traditional forms of restraint but failed to curb the heightened sexual impulses of pubescent youth’ (Delius *et al.*, 2002, p. 36; Mager, 1998). Mager, alongside Delius and Glaser, has linked this to an increase in unwanted and illegitimate pregnancies as sex came to be done out of sight of those would have previously supervised such relations (2002; 1998).

It is important to note that this narrative of the collision between ‘modern’ and ‘traditional’ can be found not just in the realm of sexual practice itself, but also, Hunter argues, within the reconstitution of a modern secular love which was embedded within the civilizing discourse (2010). Romantic love was not only promoted as a Christian ideal, but as that of modernity and a civilized nation whereby ‘modern societies become progressively more loving’ (ibid: 15). Thomas and Cole agree with this, stating that love in itself is an idiom through which generational and cultural distinctions are made (2009). Hunter contends that the rise of ‘romantic love’ was therefore an important force ‘in the remaking of selves’ as it became codified along lines of race and generation, and between traditional and modern (2010, p. 16).

Central to this Christian modern love and understanding of sexual relations was the clear demarcation of gender roles, with the reform of traditional gender norms in line with those of the imperial and apartheid mission. These were dispersed through the spread of Christianity itself, but in particular for young people, through the influence of Christian schools which impacted on how young people came to see and understand their roles within the family and wider society. Writing about the mid-Twentieth Century in the Eastern Cape, for example, Mager notes that in Christian schools girls were prepared ‘for a life of servitude and domestic labour, reinforcing colonial values and gender role stereotypes’ whilst young men were encouraged to take up the ‘provider masculinity’ role expected of good husbands and citizens (1999, p. 201).

Wider political and social processes also came to play a critical role in shaping gender relations as decreasing land quality, resettlement processes, restrictions on

livestock numbers and the emergence of commercial capitalist relations meant many men felt that they had little option but to migrate to urban areas for work. This led to a shift in the social landscape, and by the early 1960s many areas were marked by the absence of at least half of the adult men as they sought waged labour in the cities and mines (Mager, 1998, p. 657). Mager argues that these absences ‘played havoc with established ritual and routines for achieving cultural ideals of masculinity’ (1998, p. 657).

In particular, the move from the ‘hitherto self-sufficient rural homestead into dependence on wage labour’ led to a spatial reorganisation of households and relationships which impacted on the ‘gendered and generational basis of marriage and courting in important ways’ (Hunter, 2010, p.37). No longer dependent upon their father’s wealth to secure a bride, young men were able to decide for themselves when they would get married and to whom. Access to wage labour provided new economic power which could be used to challenge generational patterns of authority. At the same time, what it meant to ‘provide’ for a partner within relationships shifted from those able to act as a traditional head of household, to those who were able to maintain multiple girlfriends (Hunter, 2009). These changes in the construction of masculinity also had implications for women. As males took central roles within the public sphere, Hunter argues that relationships of (financial) dependence further embedded gender inequalities, as women were further tied to the domestic sphere (ibid).

Yet it should also be noted that men were often were unable to take up this ‘provider role’ and that unemployment, the rise of female employment, and the continuation of racial rule, ‘contributed to a deep sense of thwarted masculinity’ amongst many men (Mager, 1998, p. 654). Mager goes on to argue that as a result men sought to assert themselves by drawing on ‘fantasies of power over others’, particularly over women, with Delius arguing that the ‘stress on male power and authority over women’ took an increasingly violent form in ‘a world turned upside down by conquest, colonisation, migrancy and industrialisation’ (Delius *et al.*, 2002, p. 39).

2.2.2. *The emergence of ‘youth’*

Where were youth situated within this upside down world? Whilst attention has been paid to these wider changes in gender and sexual relations, there has been less focus

on youth specifically at this juncture. I shall examine what knowledge there is within this section but in doing so it is important to distinguish between what we know about how young people came to be framed and understood by colonial and apartheid authorities, and how young people themselves understood their lives during these periods of transformation. As I shall argue below we know more about the former, and very little about the latter.

During this period young people found their behaviours and bodies coming under increasing scrutiny, generated in part by their migration to urban areas which offered opportunities for employment. Crucially, these areas were also spaces in which traditional and colonial powers could be challenged as they offered the 'attractions of relative freedom from lineage controls, money, clothes and material status' (Mager, 1998, p. 657). As a result young people came to occupy 'powerful spaces in the discourses of white officialdom and African patriarchs alike' (Mager, 1999, p. 146).

The gaze of this concern was primarily focused on the bodies of young women. For traditional leaders, spaces such as East London came to be regarded as places where women would be 'spoilt' (i.e. become pregnant out of marriage) with 65% of African births being born out of traditional unions and classed as illegitimate (Mager, 1998, p. 662; 1999). For colonial and apartheid authorities, the female body was supposed to be a symbol of domesticity and purity, something which these unmarried mothers directly challenged as their bodies emerged as sites of resistance and rebellion. Economically independent women, and particularly sexually active women, threatened to transgress the clear moral and racial boundaries which underpinned colonial and apartheid authority. Their presence drew a 'substantial state and private institutional response' as 'urban welfarists argued that urban dysfunction sprang from unrestrained female sexuality' (Waller, 2006).

Yet it wasn't just these women, but also their offspring, born out of traditional unions and marriages, which were viewed as a public concern. Their increasing number put a strain on the segregationist/apartheid ideal, and these children, along with the young people who were themselves migrating from rural areas, quickly came to be categorised under the heading of 'juvenile'. Their increasing visibility led to a government organised conference in 1938 on the topic of 'Urban Juvenile Native

Delinquency', which sought 'to try and find ways and means of combating the evil' (Delius *et al.*, 2002, p. 41).

This 'juvenile' label acted as a focal point for official concern and within it youth, and young people's bodies and sexuality, came to be constructed along lines of race and gender (Waller, 2006). Whilst white young people were teenagers, and masculinity was viewed as productive, young black people were 'youth' and 'juveniles', whose masculinity was dangerous and a spreader of disease. They were a threat to public health, public safety and moreover a threat to the Christian ideal upon which the colonial authority centred itself. It is therefore not surprising that their sexuality also came to embody a political threat as it came to be aligned with the anti-apartheid movement, with its politics 'a symptom of its sexual permissiveness and moral depravity' (Posel, 2005, p. 128).

This construction of youth was therefore crucial to the maintenance of colonial and apartheid power. The bodies of young people provided an official focus upon which wider concerns about the state of colonial society could be projected, and which could be used to legitimise the often violent actions taken, whether it be through policing or legislation. In doing so the colonial authorities reinforced their own positions as those with the power and knowledge to protect white society. This particular understanding of young people's identities and bodies therefore acted as a channel through which wider governance could be achieved.

Against this colonial construction, this silence of young people's voices, which speak about their own understanding and experience of negotiating the 'haphazard and uncoordinated' system of values left after traditional patterns of socialisation were disrupted, is deafening (Dilger, 2003, p. 272). How they came to understand their own (sexual) identities and practices is missing from the historical narratives as their voices are absent (Waller, 2006). Yet that does not mean it should be ignored, but rather raises a number of important questions for contemporary understandings of youth sexuality.

Firstly, in recognising how understandings of youth are embedded in wider social, economic and political relations, we are forced to ask, how is it that young people are being constructed within current policy discourse? Just as, during the colonial period, particular understandings of youth emerged which were reflective of the socio-

economic and political context, what is, or who is, shaping these narratives today? How are these embedded within wider social, political and economic structures?

Secondly, we must also ask, to what extent does this silencing of young people's own voices continue within contemporary narratives on youth and sexuality? How much do we know about the lived experiences of young people today in relation to the virus? These questions are at the heart of this thesis. However, before examining these further I will first explore how these historical narratives have come to shape sexuality and disease in South Africa in the post-apartheid era.

2.2.3 *South Africa and the development of contemporary 'sex talk'*

Posel argues that the post-apartheid era has seen a shift in sex talk as, no longer a private matter, it has been 'thrust into public prominence, in ways which would have been absolutely unthinkable and intolerable during the apartheid years' (Posel, 2005, p. 129). Within this new public discussion a number of different, and sometimes contradictory, ways of talking about sex have emerged. The first is that the regulation of sexuality is 'now first and foremost a matter of the allocation of rights... and responsibilities' (Posel, 2005, p. 129). These rights are stated within the constitution and are embedded within wider democratic, economic and social rights which have come to be claimed and asserted since 1994. As such, sexuality is intimately connected both to expectations on people's individual behaviour, and to the building of a free and unified nation in the post-apartheid era.

A second narrative that has emerged, Posel argues, is the 'eroticization of liberation' (2005, p. 130). With integration into the global economy South Africa now finds itself part of a global trend of increasing sexual explicitness among many facets of media and consumption. For younger generations consumption of (sexualised) global images of cool have led to the sexualisation of style and notions of self-hood (Nuttall, 2004). Style and accessories, such as phones and cars, have all become ways in which, particularly young men, are able to signify their own sexual bravado and 'accessories have become a statement of sexual capital as much as social style' (Posel, 2005, p. 131). Consumption of sex and sexuality has become a way in which the freedom of the post-apartheid era can be expressed, and for young people is 'a statement of the rupture between the apartheid and post-apartheid generations, as much as a symptom of the erosion of parental authority' (Posel, 2005, p. 132). It

becomes a way of constituting a particular notion of self at a particular temporal moment, in relation to a particular national and generational history.

Yet at the same time sex is also constituted as dangerous and a menace, as articulated through the emergence and experience of AIDS and sexual violence. Whilst the criminalisation of sexual violence in the constitution has raised the profile of violent sex, and is seen as a move forward in tackling gender inequities in the country, the continued association of sex with disease, stigmatization and promiscuity means that colonial and apartheid narratives continue to be present. Within these narratives sex has emerged as site of pain and conflict, as well as one of individual responsibility and action.

These different ways of talking about sex are reflective of a new era of sex talk within South Africa in which ‘the imagery of sex as freedom, as the symbol of a virile new lease on life, jostles with that of sex as menace, sex as death’ (Posel, 2005, p. 140). Yet sexuality remains embedded in notions of self and nationhood and intrinsically bound to the history of sexuality in the pre-apartheid era, and as such cannot be seen in isolation from it. Perhaps nowhere has this entanglement been more evident than in the emergence of HIV/AIDS as it provides ‘a powerful lens on post-apartheid society’ (Fassin, 2007, p. 10).

2.2.4. HIV and post-apartheid South Africa

How South Africa has approached tackling HIV, and in particular the stance of ex-President Mbeki, has been widely debated. The aim of this section is not to provide an in-depth analysis of these debates, but rather highlight the ways in these reveal how history and memory have come to be embedded within the narrative of HIV, and how these in turn have shaped how the epidemic has come to be understood and addressed.

As in other countries, after its identification in South Africa in 1982, HIV/AIDS came to be synonymous with gay communities in urban areas (Robins, 2004; Sher, 1989). The prominence of the virus within this group played into the hands of the National Party who condemned such relations as against the moral order, and as such were able to justify an initial period of inaction concerning its spread (Karim, Churchyard, Karim *et al.*, 2009). However, since 1990 ‘heterosexual transmission has been the dominant mode of HIV transmission between adults in South Africa’

(ibid: 2). In 1992 the National AIDS Convention of South Africa (NACOSA) was formed, leading to the development of a National AIDS Development Plan in 1994.

Yet despite much optimism the government struggled to respond as it was plagued by a number of scandals, the most notable of which was the Sarafina II scandal in 1995, which led to divisions between the government and civil society⁹. This was closely followed by the Virodene scandal in 1997 which saw the government be seen to bypass established scientific procedure in the development of potential (ultimately ineffective) treatment, leading to divisions between the government and the scientific community (Sidley, 1998).¹⁰

Divisions between the government and civil society reached a head in 1998 when the government opposed the introduction of antiretroviral drugs for the prevention of mother-to-child transmission, despite an increasing infant mortality rate (Heywood, 2003). This led to the formation of the Treatment Action Campaign who, utilising the discourse of human rights and drawing upon the South African constitution, successfully challenged this government policy through the Constitutional Court (Friedman & Mottiar, 2005; Heywood, 2009; Robins, 2004).

These debates brought into focus concerns about the growing support for AIDS denialism within the government, and in particular by President Mbeki himself. His decision to include known AIDS denialists, such as Peter Duesberg and David Rasnick, within the Presidential AIDS Advisory Panel caused outcry as it ‘elevated a fringe set of unsupported claims to the same status as the scientific consensus on HIV pathogenesis and treatment’ (Nattrass, 2012; Schneider & Fassin, 2002). Instead Mbeki chose to focus on the links between HIV and poverty, as exemplified in his opening speech at the International AIDS Conference in Durban in 2000 in

⁹ In 1995 Health Commissioner Dr Nkosazana Zuma commissioned playwright Mbongeni Ngema to produce a sequel to his musical *Sarafina* on the topic of AIDS, with the intention that it would be used for educational purposes. However this move faced criticism, firstly due to the lack of transparency of the tendering process (a subsequent investigation ascertained that none of the correct bidding processes had been followed), secondly, the amount of money (R14.27 million) being spent on a single intervention was seen to be too great, and thirdly, concerns were also raised over the content of the play with it largely being viewed as misleading and irrelevant.

¹⁰ In 1997 researchers at the University of Pretoria claimed to have identified an anti-retroviral drug, Virodene, and received support from leading officials, including Mbeki. Despite their tests being neither controlled or peer reviewed, Health Minister Zuma allowed the researchers to directly address the cabinet about the drug. However, human trials were blocked by the Medicines Control Council (MCC), and shortly after this the MCC was disbanded when several members were fired. There have also been allegations that a number of individuals, close to Mbeki, had invested heavily in the drug, leading to accusations of corruption.

which he stated that 'The world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty' (Mbeki, 2000). This focus was at the expense of the roll out of treatment, with Nattrass attributing these delays with 'hundreds of thousands of unnecessary deaths from AIDS' (Nattrass, 2012).

But why did the South African leadership in particular adopt this denialist approach? Here the historical analysis can offer some insights. As I have argued, during apartheid and the colonial period sexuality was closely aligned to racial categorisations and representations of, in particular, male African sexuality. These representations, and their meanings, could be found in Mbeki's own stance as can be seen from a speech he gave in 2001 in which he stated that, 'Convinced that we are but natural born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable moral end because of our unconquerable devotion to the sin of lust' (Streek & Forrest, 2001). For Mbeki, the timing of the virus, and also the way in which African male sexuality had once again become a topic of Western (and predominantly white) analysis, was important. Just at the moment it achieved democracy South Africa found itself relying upon Western pharmaceutical power to address a virus which was transmitted through an act which 'had been the object of so many racist representations and so much discrimination' (Fassin, 2007, p. 119).

This argument is supported by Posel who argues that Mbeki's stance revealed his perception that the AIDS debate was deeply racialised and rested 'on racist renditions of black sexuality', redolent not only on contemporary racial discourses, but also historical ones (Posel, 2005, p. 143). To accept HIV 'at the moment of national rebirth' would pose not only a biological threat, but a threat to the social body as a whole and the fragile nation building project (Posel, 2005). Within both of these discussions HIV comes to be more than just a biological virus, but is read 'through the colour-coded lens of colonial histories of discrimination and dispossession' (Robins, 2004, p. 654). It is entwined within national and individual narratives of self which are temporally and spatially situated.

However, this historical analysis should not be used to explain Mbeki's actions in their entirety. In her work Nattrass has challenged such arguments, in particular

picking out Fassin for criticism. She argues that ‘Explaining AIDS origin conspiracy beliefs with reference only to contextual factors cannot account for the fact that most people do not endorse them’ (Nattrass, 2012). Similarly Hunter argues that whilst Fassin’s argument is important, it cannot be used to solely explain Mbeki’s stance as to do so would mean a failure to acknowledge Mbeki’s own agency, and to fail to recognise that many others who were also central within the struggle against apartheid stood in opposition to his views (2010).

For Nattrass, what is important is the way in which Mbeki’s stance has shaped how HIV has come to be approached through policy stating that, ‘No wonder, then, that there is a lively debate about how much of the AIDS response should be targeted to “structural” (socioeconomic) factors which may underpin vulnerability to HIV infection versus explicitly biomedical and behavioural interventions.’ (Nattrass, 2012). Fassin also highlights this stating that as a result of Mbeki’s stance in the current climate ‘talking about poverty *and* AIDS in South Africa has similarly become obscene’ (Fassin, 2007, p. 190). Therefore whilst there has been increased interest in structural interventions, the historical and political context of South Africa has made this at times difficult.

2.2.5. Learning from the past

At the beginning of this section I set out three reasons why I thought an historical analysis was of value. The first of these was to gain a deeper understanding of the current context of the virus. Context here refers to not only the present experience of the virus, but also the histories, both personal and more widely, which shape young people’s experience of the virus. In outlining the transformations which have taken place in sexual relations, practices and their governance since the colonial period I have sought to show how historical narratives of sexuality and health are deeply embedded in the wider history of South Africa and are intimately connected to both personal identities and that of South Africa as a nation.

That is not to argue that history solely determines people’s experiences or how they will behave; to do so would to fall into the trap of path dependency which denies actors their agency, both historically and in the present. However, although the past does not determine the present, or future, it is constitutive of it as we draw upon our histories to make sense of our present. Historical context is critical for understanding

the spaces in which people understand their agency and that of others, how they exercise it, and the knowledge systems upon which they draw in doing so. When young people talk about sexuality and HIV they are doing so in a context in which these terms and actions are loaded with meanings beyond health, and stretch into questions of race, gender and generation, which in turn shape their actions and behaviours.

This acknowledgement supports my second reason for providing this historical narrative; that we need to understand this wider context in which interventions are implemented if we are to fully grasp the ways in which ‘they mix into the flow’ of history (Woolcock *et al.*, 2011, p. 26). For example, when seeking to implement interventions which reshape gender relations, it is important to recognise how particular gender relations have emerged and have a history, as this can help us to understand how young people may come to engage with, and interpret, these interventions in their own lives. I shall explore this in particular in chapter 6.

The third reason for this analysis was to reflect on why it is that we have come to conceptualise and understand young people in particular ways in relation to the virus. What becomes clear from the analysis is that ‘youth’ is not a given identity with a fixed meaning but rather is socially constructed and reflective of the temporal moment as well as the power relations underpinning it. For example the colonial construction of the ‘juvenile’ reflected the specific concerns of the authorities at that moment in history and the construction of this identity served a specific purpose.

This recognition forces us to ask to what extent we continue to draw upon these conceptualisations. Kothari has argued that among policy makers a ‘reified narrative of development’s history’ has served to distance contemporary discussion from its past, and in doing so fails to consider how ‘their activities might in some ways reflect colonial practices and perceptions’ (Kothari, 2011, p. 66). Whilst the term ‘juvenile’ is no longer regularly employed, the findings of Campbell *et al.* that young people continue to be framed as ‘mad, bad or deviant’, have clear echoes of this colonial discourse (Campbell *et al.*, 2005, p. 475). There is therefore a need to consider and interrogate the assumptions about young people which underpin policy discourse, and examine the relationship between these representations and classifications of youth and young people’s own everyday experiences.

2.3. Conclusion: where do we go from here?

In this chapter I have outlined the empirical and historical context of the thesis. Beginning with an analysis of current policy debates concerning HIV prevention and young people, I then examined the historical roots of discussions concerning sexuality and disease within South Africa. This historical analysis raises two important questions which I shall explore further in the next chapter.

Firstly, how do young people themselves understand, experience and engage with the virus. Bhana and Pattman note that there is still a knowledge gap in this area, stating that ‘we know very little about the world inhabited by young adults, how they see themselves, what they wish for, their desires and passions, their fears and the ways in which the performance of masculinities and femininities are constructed, how it is advantageous and how it can inhibit other potential experiences and how it is vulnerable to disease’ (2009, p. 69). Such insights are crucial for understanding how young people are engaging with prevention interventions, and why their impact has been limited.

Secondly, whilst these insights are important, they also require us to also interrogate how young people and their sexuality have come to be understood within policy discourse. There is a need to examine how we conceptualise young people and their sexuality in relation to the virus, and importantly, why it is that these particular understandings have come to dominate. This question can also be posed to the research community, as we employ particular understandings of youth that need to be critically reflected upon.

A number of authors have sought to address both the knowledge gap outlined above, as well as reflect on how it is that we think about young people and sexuality. It is to those which I now turn.

3. Conceptualising young people and HIV

This chapter provides the rationale for the research questions posed, as well as outlining the conceptual approach which is employed in the remainder of this thesis. It is split into two sections, beginning with a review of the current literature on young people and HIV in South Africa in relation to how it has tried to address the questions posed at the end of the previous chapter. Particularly focusing on how it is that young people are understood, and how their sexual agency is conceptualised, it identifies the remaining gaps in our knowledge which form the basis of the research questions. The second section situates the thesis theoretically, drawing upon a number of authors to outline, and justify, the approach taken.

3.1. Young people, sexuality and HIV

At the end of the previous chapter Bhana and Pattman questioned how much we really know about young people, their sexuality, and their relationship to the virus (2009). A number of authors have sought to address this gap, with a particular focus on why it is that, as yet, prevention programmes have not achieved the success expected. One example is a study by Gibbs et al who, in examining why interventions had not been taken up by young people, found that in a context of chronic poverty and unemployment HIV is not the focal concern for young people (2010). Rather, for these young people, concerns over their sexual health were secondary to their focus on finding employment and financial security, meaning that they were less likely to engage with the preventative messages and programmes aimed at them (*ibid*: 159). This has clear resonances with the structural approach outlined in the previous chapter.

This is reinforced in the work of Campbell et al who explore the ways in which poverty and unemployment leave young people feeling disempowered, leading to a sense of fatalism about their future (Campbell *et al.*, 2005, p. 473). In such circumstances young people often feel that they have no control over their future, and see little point in taking preventative measures to protect it, meaning that they are more likely to engage in risky behaviours (Campbell *et al.*, 2005). This feeling of disempowerment, which is compounded by the perception by others that they are ‘mad, bad or deviant’, runs in opposition to evidence which shows that young people

are more likely to be able to take control of their health and behaviours when they feel empowered to do so (Campbell *et al.*, 2005, p. 475; Kim *et al.*, 2008b). In seeking to address the structural factors shaping young people's experience of the virus we therefore need a more nuanced approach which sees these not solely as externalities, but rather takes account of how young people interpret, engage, and give meaning to them in the context of their everyday lives.

Young people's own meaning making processes, and in particular how they come to ascribe meaning to their own sexual identities and practices, is therefore key. In examining how young people talk to each other about sex, Narismulu argues that there emerges a clear clash between the discourse of education programmes and the discourses of young people which centre on pleasure, enjoyment and romance (2004). She argues that this clash is important as it means young people feel unable to communicate about the virus in a way that has meaning for them, 'what seems to be missing in the discourse of young people, particularly women but also men, is the ability to speak and act assertively on their interest and rights as people expressing themselves sexually in the context of the epidemic' (*ibid*: 465).

This importance of love, pleasure and trust has also been identified by other authors. Reddy found in her interviews with young women that they placed a heavy emphasis on their need to be loved which meant that 'the need to love and be loved is a powerful determinant of the extent to which they are prepared to assert or compromise their agency in a relationship' (2004, p. 449). For these young women relationships were constructed in terms of romance, love and trust, which often contradicted the safe sex discourse of interventions as girls constructed a link between unprotected sex and complete trust (*ibid*).

In contrast, boys are expected to conform to masculine ideals in which talk of love is equated with weakness, and sex talk is focused on physical contact (*ibid*). The way that young people therefore construct their sexual identities and exercise their sexual agency can be seen to perpetuate unsafe practices. Yet current interventions provide little in the way of alternatives leading Reddy to argue that the conventional sexual scripting that young adults receive in South African society (such as, "Just say 'No' to sex") needs to be challenged 'so that it resonates with the realities of young adults, taking into account the social confusions and contradictions' (2004, p. 452).

Another theme which emerges is the ways in which the meanings which young people attach to love intersect 'in complex ways with money, gender, culture and sexualities' (Bhana & Pattman, 2011, p. 962). Bhana and Pattman argue that love is constructed in particular economic and social circumstances 'confirming a ubiquitous braiding of love, sexuality, materiality and gender inequalities' (ibid; 964). This is supported by Hunter whose work argues that materiality and love cannot be separated and are not external to one another. Rather they need to be viewed and valued as being inextricably linked together, a linkage which I have sought to demonstrate has historical roots (2010). In particular for young women this means that love can be entangled with a desire to escape poverty and attain a middle class lifestyle. In doing so they place a high value on the economic status of their partner, establishing him as someone who can enable them to attain their goals, yet in doing so they uphold a provider masculinity and unequal gender relations which place them in a position of vulnerability (Bhana *et al.*, 2011).

This includes relationships with sugar daddies, which Leclerc-Madlala argues offer not only financial capital, but also the emotional, physical and symbolic capital which could contribute to 'young women's self-perception as modern, sexually liberated women' (Leclerc-Madlala, 2003; 2008, p. S20). In a context of increasing access to media imagery of prosperous lives outside of their communities, older partners are 'viewed as useful in helping them to meet these growing aspirations' (Leclerc-Madlala, 2008, p. S20). Even where knowledge of HIV risk was high, the benefits offered by such relationships are often viewed as being worth the potential risks in their pursuit to construct a particular sense of self and live a particular kind of life (ibid).

In contrast Bhana and Pattman found that boys were highly critical of girls' material desires (2011). Instead they sought females who tended to originate from the rural areas and who were more likely to be virgins with little experience of 'modern' life. In entering such relationships they were able to establish a subject position of prestige and knowledge, which was unavailable to them in the townships due to their economic marginalisation. Through this construction they are therefore able to reproduce male power and create a space in which their sexual agency is able to be expressed.

3.1.1. Problematizing young people's (sexual) agency

In examining how young people come to engage with the structures of their lives and give meaning to them, an examination of young people's agency cannot be avoided, as it is through the exercise of their agency that they come to engage with, and give meaning to, the contexts of their lives. This focus on young people's agency is supported by a shift over the last twenty years in how we view young people. Led by the work of James et al (1998) there has been a shift away from the developmental model, which sees childhood as a maturation transitional period from childhood to full adulthood, to one where children and young people are understood as both social constructs and social actors in their own right. The focus is therefore on understanding how young people 'locate themselves in their own terms' (Aitken, 2001, p. 8). In this paradigm childhood is a 'social space within which children also negotiate their own and each other's identity'(James & Prout, 1997, p. 85). Young people move away from being passive actors in socialization to being active in constructing their own identities and socially organized world of meaning.

However, whilst interventions have been keen to talk about young people's agency within a narrative of 'agents of change', a more nuanced understanding of sexual agency has proved more difficult to establish. This may be in part due to the ways in which talking about young people's sexual agency can be difficult as, despite the epistemological shift to seeing young people as social actors in their own right, there remains a reluctance to do so when it requires us to acknowledge young people's agency in places where we would not expect, or want, to do so. For example when examining why it is that young women continue to engage in unsafe sexual practices we need to have an understanding of not only why young women are unable to say no, but also why they say yes. Whilst uncomfortable, the distinction between the two is important as whilst the former places the emphasis on how young people are disempowered by their structural context, the later acknowledges and gives space for an exploration of young people's sexual agency.

One argument would be that to speak of young women having any choice, or agency at all, in such relationships is wrong, and that in fact the constraints on their lives are so great that such a choice does not in fact exist. Yet, whilst I am in no way seeking to minimise the constraints or experiences of young people, and in particular young

women, there is a need to accommodate young people's agency which goes beyond simply replacing 'negative stereotypes with positive ones' (and vice versa) (Straker, 2007; Sukarieh *et al.*, 2011, p. 688).

If we do not, how can we then reconcile this with young women who themselves articulate this as an active choice? How do we then equate such a narrative with the wider policy rhetoric which places young people's agency at the centre declaring that if engaged properly young people's agency can be a force for change? (Davis, de la Harpe Bergh, & Lundy, 2014; DFID, 2010; UNFPA, 2014; WorldBank, 2007) Should we then view young people's agency only as existing when it is able to be exercised in ways which fit with the behavioural script that is being promoted?

Bordonaro and Payne argue that this contradiction needs to be acknowledged if we are to avoid a situation where we 'bend children's and youths conduct towards morally and socially approved goals, transforming social agency into 'responsible agency' (2012, p. 369). They go on to state that 'This has made for a confused situation where researchers and international organisations appeal for children and youth's agency and participation, but leave aside any real consideration about how this would transform, in complex, disturbing and profound ways, the moral politics of childhood and the position of these actors in society' (ibid:369).

In order to better understand how young people are negotiating the contexts in which they are living and how it is shaping their sexual behaviours and vulnerability to HIV, there is a need to be open to a more complex, and at times challenging, understanding of young people's agency. Jewkes and Morrell argue for such an approach in their work on women stating that such an approach is crucial if we are to move away from treating women in a 'blunt and uncritical' manner towards an understanding which acknowledges the complexity of identity (2012, p. 1730). This, they continue, allows us to make sense of the 'contradictions between aspirations and actions' (ibid: 1730). Such an argument can be made for how we approach the issue of HIV prevention among young people.

3.2. Situating the thesis

One of the aims of this chapter is to present the case for, and justify, the research questions. It is this which I do now, before outlining the theoretical framework upon which the thesis draws.

3.2.1. The contribution of the thesis

The first gap in knowledge which this thesis seeks to contribute to is the need to interrogate who young people are and how they have come to be understood in relation to the virus within policy discourses. The literature outlined above compels us to move beyond an uncritical acceptance of the category ‘youth’ and ask, ‘what, or who, is youth?’, for as Durham notes, ‘a wide range of ages claim the space of youth, at specific times and in specific places’ (2000, p. 113). Who is it that is being talked about, and governed by, these policies?

Whilst some authors have started to unpack the global governance of the virus and the policy processes embedded within it, this has not yet been done looking specifically at the question of young people (Seckinelgin, 2005, 2012). Where there have been discussions of youth specific programmes, these have focused on technical evaluations of specific interventions, rather than asking broader questions which challenge the conceptual assumptions underpinning such policies and programmes.

It is these concerns which lead to my first research question:

1. *How are the sexual identities and behaviours of young people understood within HIV/AIDS policy, and by HIV/AIDS policy makers? How and why have these understandings been established?*

At the same time as asking how policy makers, and processes, have come to understand young people in relation to the virus in particular ways and why, we must also ask, how young people themselves situate themselves in relation to the virus. Some authors have started to explore this, but there remain large gaps in our understanding (Bell, 2012; Bell & Payne, 2009; Bhana *et al.*, 2009). In particular there is a need for a more critical exploration of how young people engage with the virus and exercise their agency in relation to it, within the specific contexts of their lives (Bell, 2012; Bhana *et al.*, 2013; Robson, Bell, & Klocker, 2007).

This leads to my second research question:

2. *What are the sexual identities and behaviours of young people in relation to HIV and what shapes them?*

The third and final subsidiary question seeks to bring the previous two questions together to ask whether these understandings are the same. If not, then what are the effects for both young people and the interventions which target them? How do young people engage with these programmes, and how do they navigate, contest and make sense of policy discourses? At the same time it seeks to examine how young people are themselves shaping policy discourses.

My third research question is therefore:

3. In what ways do young people engage with policies and programmes relating to sexuality and HIV? With what effect(s) on shaping both young people's identities and behaviours, as well as the policies and programmes themselves?

In answering these questions my aim is to answer my overarching research question:

'What does a localised understanding of young people's sexual identities and behaviours mean for HIV policy in the Eastern Cape, South Africa, and why?'

In answering this question I am not seeking to provide a list of technical recommendations for improving prevention programmes. Rather I will focus on broader implications which challenge the assumptions and conceptual underpinning of these programmes. By bringing this localised and in-depth understanding directly into the policy analysis and process discussion I will be asking what such an understanding means for how we conceptualise young people and their sexual identities and behaviours in relation to the virus, and in turn what this means for the policies and programmes seeking to address it. Rather than asking which bits of context matter for prevention programmes, I am asking what the implications are for how we conceptualise context, how young people engage with it, and how we come to understand this very process of engagement.

3.2.2. A conceptual model

When I began the thesis I intended to use a framework outlined by McGee, an academic working within development studies, to ground myself theoretically (2004). McGee outlines a policy analysis model which identifies three components of policy making; knowledge, actors and spaces, which I was hoping to utilise to

frame my analysis (2004). McGee argues that policy spaces have become colonised by ‘experts’ who claim objective ‘knowledge’ of particular groups, arguing instead that there is a need for a ‘range of actors and their diverse types of knowledge to explode the usual myths of legitimacy and rationalisation, and to counter and contest the usual enactments of politics’ (McGee, 2004, p. 25).

However, it became clear that my data did not easily map onto this model, and instead I found myself drawn to a number of theoretical approaches which I have used to frame my empirical findings. In outlining these discussions, my aim is not to provide a comprehensive literature review of each as such a task would take me beyond the scope of this thesis. Rather I seek to provide an overview of how my own research is situated within these wider debates. A more detailed analysis of their specific application will be included at the beginning of each chapter where they are employed.

3.2.3. Knowledge production and power

Throughout this chapter I have sought to draw attention to the ways in which there is a need to examine how it is that we have come to understand, and know, young people and their sexuality in particular ways. Drawing upon historical and then contemporary analysis, I have argued that there is a need to view sexuality and identities not as fixed, but as social constructions to which different meanings can be, and are, ascribed by different actors from different locations.

This approach resonates with the work of Michel Foucault in particular, and I draw upon his theoretical ideas to situate the thesis. In his work Foucault argues that when examining sexuality our focus should not be on understanding it as something which is biologically determined, but rather as a social construct, which can carry different meanings over time which are reflective of wider power relations (Foucault, 1998). For Foucault the focus is therefore not on sex itself, but rather how it is talked about, why it is talked about in this way, and what the effects of these discourses are;

‘The central issue, then...is not to determine whether one says yes or no to sex, whether one formulates prohibitions or permissions, whether one asserts its importance or denies its effects, or whether one refines the words one uses

to designate it; but to account for the fact that it is spoken about, to discover who does the speaking, the positions and viewpoints from which they speak, the institutions which prompt people to speak about it and which store and distribute the things that are said. What is at issue, briefly, is the over-all “discursive fact,” the way in which sex is “put into discourse” (Foucault, 1998, p. 11).

For Foucault, it is not just about what is being said about sexuality that matters, but who is saying it, and how they are saying it.

Central to Foucault’s approach is the need for a critical approach to knowledge. Knowledge, for Foucault, is not the accumulation of objective facts, but is instead intimately connected to questions of power. It is through knowledge that power comes to be expressed as sexuality has emerged as ‘an especially dense transfer point for relations of power’ (Foucault, 1998, p. 103). This is because knowledge about sexuality, or in the case of this thesis, youth sexuality, is not just a reflection of an objective reality. Rather, knowledge is productive as it produces particular understandings of sexuality which in turn are linked to practices of governance and regulation.

For example, in *The History of Sexuality* (Foucault 1998) he argues that in the nineteenth century sexuality became increasingly the subject of scientific enquiry which sought a ‘truth’ about sex which could be understood through scientific discourse, what he terms ‘scientia sexualis’ (p. 67). As a result, scientific knowledge about sexuality, and sexual behaviours, came to be used to construct medical categories and classifications of sexuality. This in turn enabled these categories to become the subject of regulation and governance (Foucault 1998).

This analysis can be applied to the historical context outlined above. For example, it was through the accumulation of ‘knowledge’ about the ‘juvenile’, through colonial reports and conferences, that the identity of the juvenile came to be constructed and known. It was through this knowledge, and being known, we can argue, that the juvenile became governable and the focus of apartheid regulation. In constructing the juvenile in this particular way, the apartheid regime was able to establish, and validate, the governance of young people’s bodies. Yet, as I have pointed out, there can be questions raised as to whether this knowledge reflected young people’s own

experiences of their sexuality and their behaviours. Rather, these ways of knowing the juvenile emerged as a reflection of concerns over gender and race relations in colonial society. Constructing this identity, and its subsequent governance, was therefore central to the perpetuation and reproduction of the colonial order.

Power and knowledge are therefore intimately related and Foucault's work draws our attention to the need to go beyond asking what is being said about youth sexuality. We must also explore what knowledge processes are underpinning these understandings, what knowledge they are based upon, and how these are embedded within, and reproduce, wider systems of power. Yet it is also important to note that whilst crucial to his work, Foucault's conceptualisation of power and how it is to be employed is far from clear as he explicitly refrained from providing a general theory of it. However, there are a number of ways in which what he does say is of relevance here.

Firstly, Foucault argues that power should be understood, and analysed, not as something which is possessed, but rather as something which exists only when it is put into action (Foucault, 1982). Our focus should therefore be on how it is exercised, such as through the construction of categories or discourse, and crucially what the effects of this exercise of power, through the deployment of these categories and discourses, are. Secondly, he also argues that we need to go beyond viewing power as a single top-down force, but rather as being diverse and dispersed throughout society. It is not just exercised through a monolithic state or government, but rather comes to be exercised through a multitude of channels, suggesting that we need to think in terms of powers, not a single Power. We therefore need, Foucault argues, to examine how power is exercised and reproduced in a localised and decentralised way through everyday practice. Thirdly, he draws our attention to the need to examine not intentions, but rather the effects of power and that we should study power 'at the point where it is in direct and immediate relationship with that which we can provisionally call its object, its target, its field of application...where it installs itself and produces real effects' (Foucault, 1980, p. 97).

What does this analysis mean in the context of this thesis? Firstly, it draws our attention to the need to not only analyse how young people are constructed within policy discourse, but crucially what these discourses do, through their deployment,

and what the effects of them are on young people themselves. Secondly, Foucault draws our attention to the need to look for these effects within the everyday practices of young people's lives. This includes examining the relationship between the young person (the object) and the implementation of policy to see how it comes to be both reproduced, and contested. This shall be the focus of chapter 6.

This latter point is key, for another key element of Foucault's analysis of power argues that in the exercise of power there will always be some form of resistance. Citizens are not powerless, but rather it is in the field of application where 'citizens are able to refuse, contest, challenge those demands placed upon them' (Rose, 1999, p. xxiii). This recognition of resistance is important for my own analysis, as it draws attention to the possibility of multiple ways of constructing and understanding sexuality, including those constructed by young people themselves. Young people are not passive subjects onto whom power is exercised, but rather actors with the potential to challenge, contest and resist these dominant narratives. This has clear resonances with the contemporary literature explored in this chapter which calls us to examine how young people themselves understand their sexuality and position themselves in relation to the virus. Foucault's work therefore opens up the conceptual space in which to locate young people's own ways of putting their sexuality 'into discourse'. It is in these spaces that chapter 5 and 6 in particular, are located.

In order to analyse this process of negotiation, reproduction and resistance I will draw upon the concept of the social interface which is put forward by Norman Long. The social interface, Long argues, is 'where different, and often conflicting, lifeworlds or social fields intersect' and where contestations over meanings and values take place (Long, 2001, p. 65). It is within this interface that we will find the localised exercise of power, as narratives about sexuality come to be deployed, within the lives of young people. It is also the place in which we will see how young people come to engage with these narratives as they come to reproduce, contest and adapt them. The implementation of policy is reframed as 'not simply the execution of an already specified plan of action with expected behavioural outcomes' but rather 'an ongoing, socially constructed, negotiated and experiential and meaning-creating process' (ibid: 25).

Yet in order to unpack and understand these processes, and the ways in which young people come to construct and give meaning to their own sexual identities and behaviours at this intersection, it is important to draw upon another key area of theoretical debate, that of agency and structure. These concepts are key if we are to understand how young people negotiate and make sense of their own sexuality, and the interventions seeking to shape it, in ways which are reflective of both the context of their lives and their own sexual agency.

3.2.4. Agency and structure: structuration, identity and the lifeworld

As detailed in section 2.3.1 in particular, there is a need to understand how, through their sexual agency young people come to engage with the virus and the interventions which target them within this social interface, whilst at the same time recognising the ways in which this is shaped by the specific spatial and temporal locations of their lives. Understanding how young people do this will therefore require an interrogation of the context of young people's lives, their agency, and the relationship between the two.

The debates concerning the relationship between structure and agency have long been debated. In this thesis I draw upon the work of Giddens to cross this divide, drawing upon his Theory of Structuration which posits that the 'theorem of the duality of structure...The constitution of agents and structures are not two independently given sets of phenomena, a dualism, but represent a duality (Giddens, 1986, p. 25). For Giddens it is through this conceptualisation of the duality of structure and agency that we can better understand social processes. We need to understand how the two come to shape social worlds together, and how they in turn shape each other. Criticising the approaches of functionalists, he argues for the need to recognise the role of agents, and actions, in the construction of the social world, whilst at the same time recognising how these agents, and their actions come to be shaped by that same social world.

Giddens is not the only person to recognise this duality of structure. In his work, and his concept of habitus, Bourdieu calls attention to what he sees as the mutually sustaining relationship between schemas (mental structures) and resources (the world of objects) (Sewell Jr, 2005). He argues that these schemas and resources serve to reproduce each other, and that change, and transformation can only come externally

(Sewell Jr, 2005). It is on this point that he differs from Giddens, who argues that rather than being a closed system, this duality of structure and agency is dynamic where change can occur through the ongoing iterative process between the duality of agency and structure (1986).

Given that within this thesis, the agency of young people is something which I am seeking to explore and highlight, including the ways in which they are able to shape the context of their lives, it is with Giddens that I find myself located. Yet here again it is necessary to go further down the ladder of abstraction to ask how it is that we can make sense of, and understand, this conception of duality in practice, particularly at the micro-level within young people's lives.

A number of authors have sought to do this, with a focus on young people's agency in particular (Bell, 2012; Bell *et al.*, 2009; Bordonaro *et al.*, 2012; Klocker, 2007; Maxwell & Aggleton, 2010; Robson *et al.*, 2007). Within these discussions there is recognition of the ways in which young people are exercising their agency, and the ways in which these are shaped by wider social, economic and political arrangements, which in turn are shaped by young people's agency. In order to conceptualise this, a number of authors have put forward a number of ideas, including 'agency in action'¹¹ (Maxwell *et al.*, 2010), subtle strategies¹² (Scheyvens, 1998) and 'thin' and 'thick' agency¹³ (Klocker, 2007). In each of these the focus is on finding a way in which we can go beyond theorising, to applying these conceptualisations of agency to empirical data.

This thesis builds on this work to further develop a nuanced approach to thinking about young people's agency and its relationship to power and identity. In order to

¹¹ In their work Maxwell and Aggleton seek to develop an understanding of young people's agency which goes beyond a theoretical idea or proposition, and instead is grounded in young people's own experiences of agency as they exercise it, 'agency in action'. Within this approach the focus is on how young women come to understand issues of power and control and their positions in relation to these. The aim is to provide an understanding which may 'open up possibilities for more sustained agentic practice' (2010, p.331).

¹² Grounded in her work on female empowerment, Scheyvens argues that rather than focusing on forms of empowerment and agency which can lead to confrontational situations, it can be more appropriate to adopt 'subtle strategies'. These refer to ways in which individuals are able to exert influence over their own lives in real ways, which although they may be smaller, can in themselves lead to profound and positive changes in women's (or in the case of this research, young people's) lives without challenging the broader social order directly.

¹³ Klocker describes a continuum of agency with 'thin' agency at one end, referring to those actions undertaken in highly constrained or restrictive contexts, and 'thick' agency at the other, referring to contexts in which a wide range of possible options for action are available.

do this, rather than identify with one conceptualisation specifically, I draw upon a number of them within the wider concept of the 'lifeworld'. I should be clear, that in utilising this concept I am not employing the complex models developed by phenomenological writers such as Schutz (1967). Rather, I use the term to denote the lived and experienced worlds of young people, which are shaped by the interaction of structure and agency. In utilising this concept the focus is on how young people construct, experience, and live their social reality in ways which are shaped by the wider structures of their lives. By using this concept of the lifeworld I am able to examine the duality, and interaction, of structure and agency as it is lived and negotiated by young people.

This is essential in particular for understanding how young people engage in their own meaning making processes, including the construction of their identities through the exercise of their agency. In order to explore these I draw on the work of both Goffman (1959) and Butler (1990) who both draw attention to the ways in which identities come to be constructed and performed in ways reflective of the spaces in to which they are being deployed. In drawing upon Goffman and Butler I seek to shed light on how these identities emerge within the specific settings and social scripts of young people's lives, whilst at the same time having the potential to contest and transform them.

In outlining these theoretical positions I have sought to provide a conceptual framework in which I will ground my empirical findings. Whilst brief, I shall expand on these further within the specific chapters where they are employed. Rather my aim here is to show how my use of these theories has emerged out of my reading of the literature, and the questions that I have posed. Whilst not perhaps not natural bedfellows, throughout this thesis I will seek to show how in drawing on Foucault, as well the debates concerning structure and agency, and placing them within the concept of young people's lifeworlds and performativity, new insights into young people's experiences of the virus and HIV prevention can emerge which will have important implications for future policy efforts.

3.3. Conclusion: bringing it all together

In this section I have reviewed the current literature on young people and HIV in South Africa and drawn attention to the remaining gaps in our understandings which

my research questions seek to address. The final section has outlined the theoretical framework in which the work is situated and in which I ground my empirical findings. In doing so I will seek to show how theoretical ideas can shed light on how the ‘effects’ of policies and interventions, and the discourses which underpin them, are multiple and being felt within the everyday lived experiences of young people in the Eastern Cape of South Africa.

4. Methodology

‘all knowledge is created from the actions undertaken to obtain it’
(Holstein & Gubrium, 2000, p. 141)

Our methodological choices are important as they are not neutral tools which simply describe the reality we are researching. Rather they ‘also help to *produce* the reality that they understand’ in ways which are reflective of our wider epistemological positions (Law, 2004, p. 3, original emphasis). It is therefore imperative that we examine how and why we make the choices that we do, and their implications for the kinds of knowledge which we produce. This chapter seeks to do this. I begin by exploring my reasons for adopting a qualitative and inductive approach before outlining how these methods were employed through the different stages of fieldwork and analysis. I then reflect on my own relationships with the participants and research assistants, with a particular focus on my own identity. The final section explores some of the ethical considerations which arose during the research and how these were negotiated.

4.1. Choosing a method: a qualitative approach

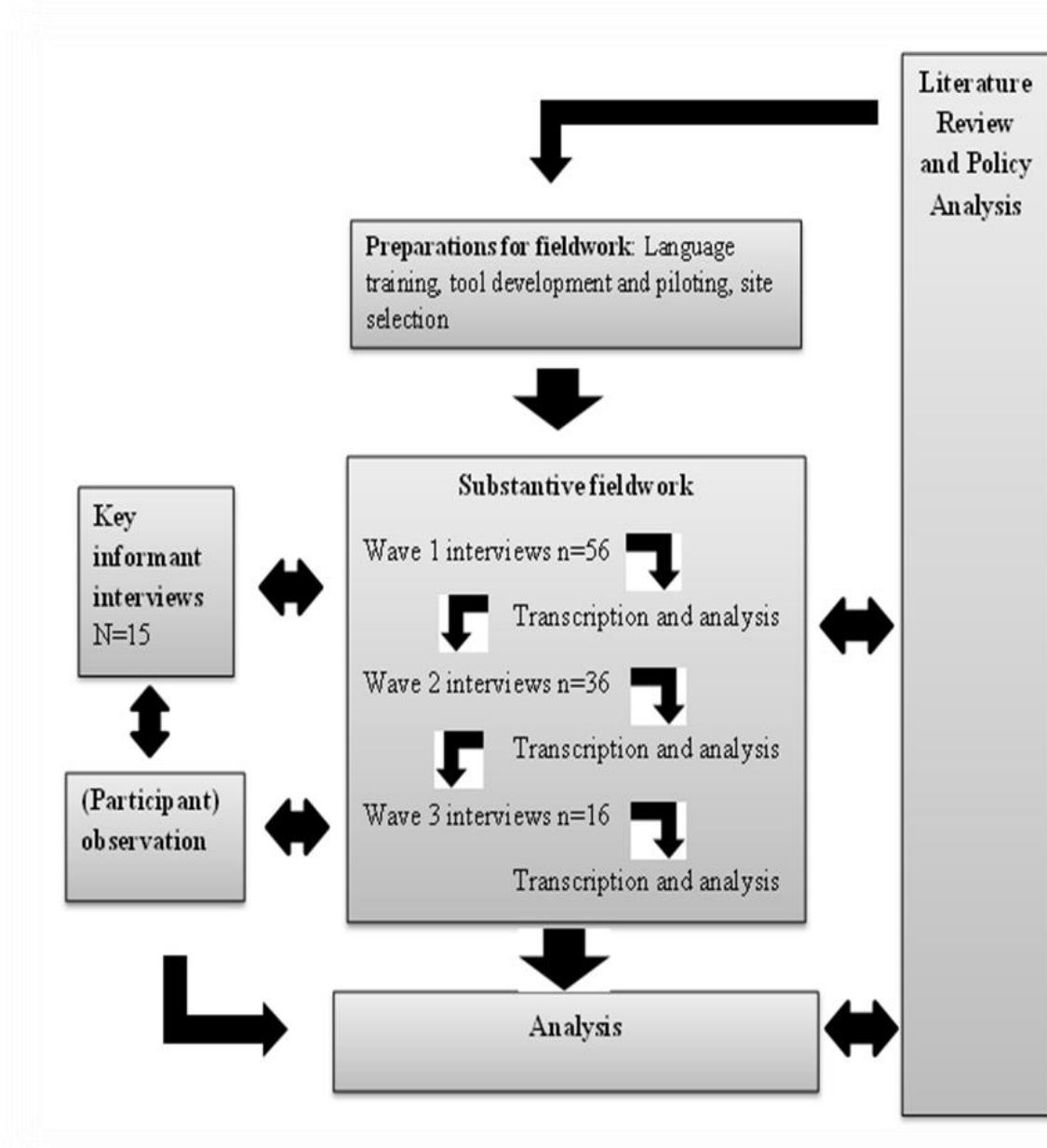
In chapters 2 and 3 I reviewed the current literature concerning young people and HIV prevention policy. In doing so I argued that we lack an understanding of how young people themselves construct and perform their sexual identities and behaviours in ways that are shaped by the specific social context of their lives. In arguing for such an understanding the focus shifts to young people’s own subjectivities and narratives as to why they act and behave as they do. Within this approach the ‘objects of study are not artificial situations in the laboratory but the practices and interactions of subjects in everyday life’ and start from ‘the subjective and social meanings’ related to the phenomena in question (Flick, 2014, p. 15).

In order to gain this kind of knowledge and understanding I decided to employ a qualitative approach which would seek to ‘study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them’ (Denzin & Lincoln, 2011, p. 3). The focus is not on establishing correlations between variables, but rather on understanding, and interpreting actions and things that happen, and the meanings attributed to these by social actors.

Brinkmann argues that in undertaking qualitative enquiry the focus is not to ‘explain what *happens* (as in quantitative research traditions), but rather understand how people *conduct their lives*, i.e., understand what they *do*’ (2012, p. 20). This approach therefore clearly speaks to my theoretical position which seeks to examine how young people ‘do’ their sexuality, and which seeks to gain an understanding which is grounded in the lived experiences of their lives. The need for such an approach is also noted by Obermeyer who argues that whilst quantitative work within sexuality research has been useful, there is a need to integrate qualitative understandings to gain a ‘more nuanced understanding grasp of knowledge, attitudes, and stigma, and lead to a better understanding of the complicated processes of risk perception, disclosure, and behavioural change’ (2005, p. 9)

Having decided upon this approach I utilised a multi-method approach, drawing upon policy analysis, repeat depth interviews and (participant) observation. A visual representation of how these were brought together is shown in figure 4.1.

Figure 4.1: The multi-method approach of the research.



4.1.1. Repeat in-depth interviews

I decided to utilise interviews within the research for a number of reasons. Firstly, interviews foreground the perspective of the participant, which is the focus of this research. As Jones notes, to understand someone's perspective 'we would do well to ask them (rather than assume we can know merely by observing their overt behaviour)' (Jones, 1985, p. 46). Interviews therefore provide an effective way in which to explore my interest in understanding how young people and key informants, understand their own identities and behaviours.

Secondly, interviews provide space for probing and explanation not present in other methods. For example whilst participant observation means that a researcher can witness behaviour first hand, it is not always possible to ask someone why they did what they did. Similarly, whilst closed questions, such as those found in surveys, may be able to be administered to a larger sample and analysed to locate statistically significant relationships, they do not offer the same depth of understanding as to why people act in particular ways.

Interviews with the young participants were conducted up to three times (see figure 4.1.) with each respondent. In doing so a process akin to that outlined by Glaser and Strauss was drawn upon as collection, coding and analysis was conducted simultaneously, with the findings from each stage being used to shape the future direction of the following interview, and the research more widely (1967). Whilst I am not claiming to have conducted 'true' grounded theory as described by Glaser and Strauss (for example I had clear research questions from the outset), this inductive approach was crucial in enabling me to pursue and explore themes as they emerged, and which I had not previously anticipated. The repeated nature of the interviews therefore enabled me to gain a deeper understanding of young people's lives.

These interview data have a number of limitations, a crucial one being the difficulty in identifying and interpreting the difference between what people say and what people do. For example, whilst one respondent may state that they consistently use condoms, it is hard to validate this. Interview data cannot therefore be taken as a definitive 'true' account with issues such as social desirability bias having been well documented, particularly when researching issues related to sexual behaviours where there is a strong perception of what amounts to 'good' and 'bad' behaviour.

I tried to address this in the research in a number of ways, including interview design, choice of research assistants and triangulation with other data. I examine each of these in more detail below.

4.1.2. (Participant) Observation

During the fieldwork I visited four field sites, three times each (see section 4.4. for details of the sites). On each occasion I stayed in a host home for a period between 2-3 weeks and during this time I often became immersed (albeit for a short time) in the lives of those in the host homes, as well as the wider community. Observation therefore became another method through which I was able to gather data on the lives of young people.

I am not claiming the kind of immersion achieved by those conducting ethnographic research. My identity, and my management of it, meant that I could not become a full participant within the communities (see section 4.7. for further exploration of this). However, these periods of time in the community did offer opportunities for me to learn through seeing and my observations provided me with key insights into the lives of the young people whom I came to know.

Such observations, Adler and Adler state, are of value as they draw ‘the observer into the phenomenological complexity of the world, where connections, correlations, and causes can be witnessed as and how they unfold’ (1994, p. 378). Unlike interviews, which are artificial constructions, observational data emerges from ‘the natural context of occurrence, among the actors who would naturally be participating in the interaction, and follows the natural stream of everyday life’ (ibid, p.378). Whilst in no way claiming that my observations were completely ‘natural’, for reasons I discuss later in this chapter, collection of this observational data did enable me to examine how young people constructed their everyday identities and practices, and in particular revealed the complexity of young people’s social lives and relations.

In doing so it enabled new themes to emerge which I could then explore further within the interviews, as well as providing me with deeper understandings on particular issues (such as gender relations) which assisted me in making sense of my interview data. This approach resonates with the argument of Becker and Geer who state that one of the strengths of observation is that it enables researchers, through

spending time with the participants, to ‘see the very things which might not be reported in an interview’ (1957, p. 30)

My observations therefore also offered the opportunity for me to triangulate my interview data both in terms of participants’ behaviour (where possible), and crucially, my interpretation of it. This latter point was particularly key for, as Becker and Geer note, observational data can assist in the process of inference. In undertaking the data collection the researcher is embedded in ‘a social context rich in cues and information of all kinds’ and as such ‘he builds an ever growing fund of impressions...which give him an extensive base for the interpretation and analytic use of any particular datum’ (1957, p. 32). Crucially, where inconsistencies emerged these could be explored, revealing either my own misinterpretations, or the multiple identities performed by the participants, a key theme throughout the thesis (see chapter 7).

These data are not without limitations. One of the principal issues that arises in its collection is the position of the researcher. Gold (1958) outlines a typology of participant roles, and I found myself moving between these as I spent time within the communities, with my role being dependent upon, among other things, the openness of each community as well as the status of my host home within it.¹⁴ Whilst I shall explore my identity within the communities more fully in section 4.7, here I want to note that I was constantly aware of how my own identity and subjective position was ‘part of the context being observed’ and that it was both modified, and ‘influenced by this context’ (Schwartz & Schwartz, 1955, p. 344).

Another limitation of these data is that they are dependent upon my own subjective interpretation. Whilst I drew heavily upon my research assistants to help me make sense of, and explain, some activities which I observed, my observations reflected a process of ‘*registering, interpreting, and recording*’, all of which were shaped by my own subjective understanding of what I saw and deemed to be of interest (Schwartz *et al.*, 1955, p. 344, emphasis in original). It is likely therefore that in doing so I did not fully examine particular events or incidents which may have provided further insights.

¹⁴ Gold outlines four roles; the complete participant, the participant-as-observer, the observer-as-participant, and the complete observer.

A final limitation which it is important to note is that, as with all observation, I could not see all activities which would have been of interest to me. This is particular the case regarding sexuality research, where my presence at key moments would have not been possible, or desirable, for obvious reasons! Yet this partiality was also driven by my own identity, which shaped what I could and couldn't see. Again, this is something which I explore more fully below in section 4.6.

Yet despite these limitations the insights provided through observation proved to be invaluable in helping me to make sense of my interview data, as well as being insightful in and of themselves. It was often through observations that I found moments of clarity on certain issues that had been puzzling me and opened new avenues for exploration. I therefore draw upon it throughout the thesis.

4.1.3. Limitations of a qualitative approach

Whilst I have highlighted some of the specific limitations associated with my particular methodological choices, there are other limitations which can be applied to qualitative methodologies more widely. Perhaps the main criticism which can be levelled at this approach, and at qualitative enquiry more widely, is that it lacks objectivity, is context-dependent and therefore, it can be argued, has limited utility outside of the context in which the research has taken place, in this instance, the Eastern Cape (a position which I shall discuss in more detail in the next chapter).

Yet this argument can be challenged on a number counts. Firstly, it places generalisability as the key criterion upon which contribution to knowledge should be measured. Yet I would argue that an in-depth understanding of the specific context of the Eastern Cape is a valid contribution in and of itself. This is supported by the work of Flyvbjerg who argues that the more nuanced understanding of reality that context-dependent knowledge produces is not only of value, but is crucial for social science as it is through such knowledge that learning takes place, rather than through predictive theories or universals (Flyvbjerg, 2001, 2006).

Such knowledge, which examines young people's subjective and context-specific viewpoints, sheds light on 'why persons act as they do' which 'we need to understand the meaning and significance they give to their actions' (Jones, 1985, p. 46, original emphasis). Such an understanding is important if we are seeking to change and shape

young people's behaviours, yet our ability to acquire it through quantitative methods is limited. Importantly, such understandings can disrupt hegemonic epistemologies which objectify and 'other' the subjects of study. Ndimande argues that such a process is needed if knowledge, its construction and usage, is to be decolonised (2011).

Secondly, it does not account for the ways in which such in-depth research can generate theoretical ideas, which can in turn be generalised. The approach is not a deductive one of theory testing, but rather is an inductive one where the focus is on the generation of new theoretical ideas and concepts, which are more difficult to achieve using quantitative approaches (Flyvbjerg, 2001).

Another limitation of using a qualitative approach is that, unlike quantitative methods, this approach foregrounds not only the subjectivity of the participants, but my own role within the construction of knowledge. My role was not external to the research process, but rather I, and my identity, were present within it and undoubtedly shaped how people responded and how they came to represent themselves and their lives. However, I argue that this criticism can also be challenged as again it posits objectivity within the research process as the gold standard against which the validity of research findings should be assessed. Yet I will argue throughout this thesis that the ways in which my identity shaped young people's responses, and shaped the research, is of interest in and of itself. How young people came to perform their identities in relation to me, compared to, for example, my research assistants, reveals something about the context of their lives, how they understand their own identities and how they attach meaning to them. I shall explore this further both in this chapter and in chapter 8.

The remainder of this chapter will firstly outline the initial stages of the research process including policy analysis, tool development, language training and the recruitment and training of research assistants. It will then detail the data collection and analysis process, before reflecting on my own position within this and the ethical issues which arose.

4.2. Policy document analysis

Policy document analysis was undertaken prior to the fieldwork to enable my initial findings to develop my interview guides. However, it should be noted that this process continued throughout the research as new policy documentation was published. The analysis process can be split into three stages; identifying the documents, thematic coding and evidence tracking.

4.2.1. Document identification

Relevant documents were identified through desk based research, conversations with key contacts, and during the fieldwork, through key informant interviews. In undertaking this search I sought to identify those documents that related specifically to young people and HIV/AIDS, as well as the relevant sections of broader documents, such as the UNAIDS strategy.

Once this initial search had been completed a process of sifting was undertaken to identify any documents which were not relevant to my research. For example, whilst important, those documents which focused specifically on the treatment of children with the virus (not as a method of prevention) were excluded. In this process I also divided the documents along geographical lines, identifying those which were related to international frameworks or guidance, and those which were nationally or regionally produced. This division allowed me to see how discourses differed, or were reproduced, at the different levels of the policy process.

Despite this sifting process I was still left with a large number of documents. Whilst I therefore sought to read each, I identified a number on which to focus my more detailed analysis. This was achieved in two ways. Firstly by identifying those documents which were specifically referred to by key informants. Secondly, by identifying those which were most frequently cited within the policy literature. In undertaking this latter process a point of 'saturation' was reached when it became clear that no new documents were being cited or referenced outside of the key group that I had already identified. A full list of these documents can be found in Appendix A.

4.2.2. Thematic coding

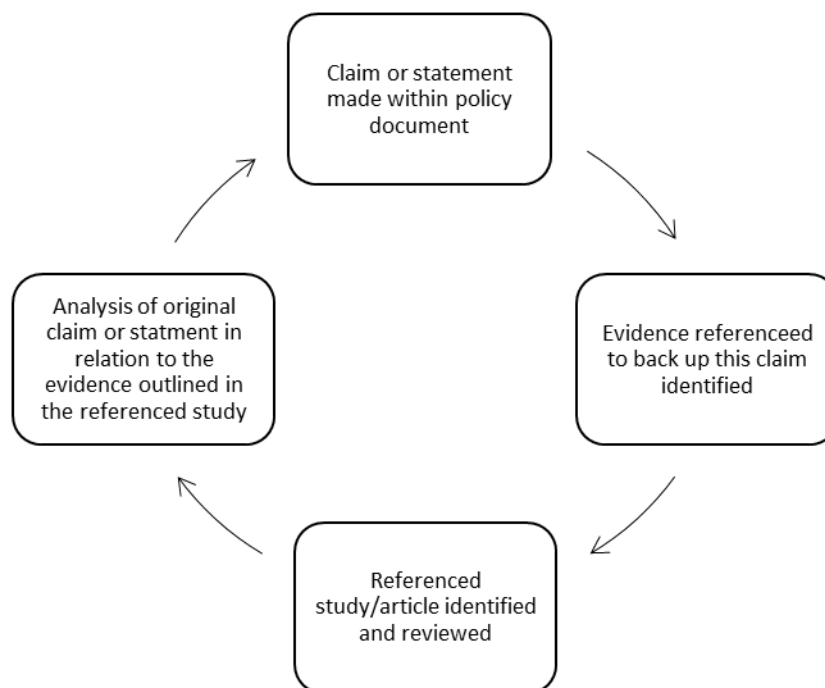
Those documents identified for detailed analysis were analysed using thematic coding. This process involved reading through each document and identifying key themes. These themes were then used to develop a code book for further analysis. Each document was then read again and coded in NVIVO, using this code book. This was an ongoing iterative process which took place over the course of the research project, as new documents were published and new themes emerged. The final coding framework can be found in Appendix B.

4.2.3. Evidence tracking

I also undertook a process of ‘evidence tracking’ which sought to identify the key sources of ‘evidence’ upon which policy decisions were made and justified. This saw me first identify knowledge claims and statements within the policy documents, such as ‘we know that X intervention works with young people’. I then searched for and located the referenced studies that were being used to support this claim. Having located these studies I then reviewed them myself, examining the nature of the study, the context, the argument it makes and crucially the evidence that it provides. Having done this, I then reviewed the original knowledge claim, identifying whether in fact the reference evidence did support the statement that was being made.

Figure 4.2. illustrates this process.

Figure 4.2. The Evidence Tracking Process



My findings from this process were recorded on excel spread sheets, an example of which can be found in Appendix C.

4.2.4. Limitations

The main limitation to this approach is that, given the enormity of literature in this area, and the resource and time constraints under which the analysis was conducted, there may be key policy documents which I have failed to identify, or that I have chosen to not analyse in detail which would have been of significance. I therefore may have missed key themes or issues, or key sources of evidence.

In order to reduce the risk of this I undertook thorough and ongoing desk based research, as well as following up with any policy documentation which was suggested to me by either key contacts or informants. In my thematic analysis I continually updated and reassessed my code book adapting it as new themes and ideas emerged. In doing so, my hope is that whilst there may be documents which I have missed, the common themes within the policy discourse will have been identified.

4.3. Preparations for fieldwork

Prior to commencing my substantive fieldwork I spent three months at the University of Cape Town (UCT) undertaking language training, developing my research tools and recruiting and training research assistants.

4.3.1. Language training

Whilst at UCT I undertook an intensive isiXhosa language training course and worked with a student at the University, originally from the Eastern Cape. Through twice weekly meetings, she assisted me in further developing my conversational skills as well as providing specific guidance on the language used by young people when talking about HIV and sexual and reproductive health. Whilst I remained far from fluent, my training enabled me to reach a level where I was able to converse with those in the communities on everyday topics, and to follow the interviews as they were being conducted.

4.3.2. Research assistants: recruitment

In order to conduct the research I recruited two (one male and one female) research assistants (RAs) to assist me in conducting and analysing the interviews. They were recruited from within the Eastern Cape using my existing networks of ex-colleagues and contacts. In particular I asked for candidates who were ‘young’ and had previous experience working, and talking, with young people on issues of sexual health and HIV. It was hoped that this prior experience, and peer identity, would assist in the development of rapport with participants. As a result I was given a list of six possible candidates whom I met and conducted interviews with. The interview included general questions as well as a practice interview.

As a result of the process I recruited a female assistant called Nolusindiso, also known as Cindy, and a male assistant called Zweli. Both had previously been peer educators on a number of youth sexual and reproductive health projects, as well as spending time as local youth advocates and councillors.

4.3.3. Research assistants: Training

Two periods of training were undertaken which covered an introduction to the research, the research process, interviewing techniques, and ethical issues. In

between the training periods (a month) I gave both two small Dictaphones and asked them to conduct short interviews with their friends on a subject of their choice.

During the second phase of training these interviews were reviewed and discussed as well as any other issues that had arisen. This gave both Cindy and Zweli an opportunity to gain some practical experience as to what it meant to be an interviewer and to discuss how they felt about this position. Throughout the fieldwork I sought to provide both Cindy and Zweli with continual feedback, picking up on any issues that emerged. This focused on encouraging them to probe further within the interviews and allowing time for silence.

4.3.4. Tool development

My initial topic guide was developed whilst still in the UK and was based on my policy analysis and reading of the literature. Once developed, I undertook two phases of piloting and refinement. The first of these took place in Cape Town and saw me undertake an initial 5 pilot interviews with students at the University, who were from the Eastern Cape. The purpose of the interviews was explained to the participants prior to their taking part and their written consent gained. After each interview the recording was reviewed and the interview was discussed with the participant to gauge how they felt about it and any particular questions they felt needed adjusting.

As a result of these pilot interviews I made a number of changes to the interview guide. Firstly I added a number of structured questions to the topic guide. The reason for doing this was that in the pilot interviews some participants struggled with the open nature of the questions, in particular those questions concerning male circumcision and the reliability of information about HIV. They felt that these issues were particularly sensitive, and as such participants may find broad open questions difficult to answer. These more structured questions were taken from the Cape Area Panel Study (a study carried out in the Western Cape)¹⁵. I decided to use these as I knew, having spoken to those who conducted the survey, that they had undergone their own process of development and refinement.

¹⁵ More information about the CAP Study, including links to documentation, can be found here: <http://www.caps.uct.ac.za/wave5.html>

A second change was the addition of a number of typical ‘Knowledge, Attitudes and Behaviours’ questions at the end of the interview. I decided to do this following further reading and discussions within South Africa around questions relating to methodology usage in research in this area. Using these questions allowed me to interrogate any discrepancies (modal effects) between the answers young people gave to these questions and those in the less structured interviews. This offered an opportunity for greater understanding of how young people engage with different research methodologies, something which I will explore in chapter 8.

A second phase of development was undertaken during training with my research assistants (RAs) during which we spent time reviewing the questions, with both RAs being given the opportunity to raise any thoughts or concerns. The only area which did raise concern related to the topic of male circumcision, particularly discussing this with girls who are typically excluded from discussing it. Yet, as mothers, sisters and girlfriends of young men going to be circumcised I was keen to get their views on the procedure, particularly given its centrality to HIV prevention programmes. I therefore spent time discussing how this should be approached with my research assistants, with the conclusion being that we would use the format of more structured questions followed by further probing if it was felt that the participants were comfortable discussing the issue further.

The final topic guide can be found in Appendix D.

4.4. ‘Getting in’: Field site selection and gaining access

The field site selection took place over a period of two months. I began by developing criteria for selection, based upon my research questions and my reading of the literature. I then worked with my network of contacts within the area to identify potential sites.

The Eastern Cape is split into eight municipalities. Two of these are metropolitan, covering the cities of East London and Port Elizabeth, with the remaining six district municipalities covering the rural areas and smaller towns. These six are in turn divided into a further thirty-seven local municipalities. In these areas the responsibility for local government is shared between the District and Local

Municipalities with each having an administrative seat at which local decisions are made.

Fig. 4.3. Map of the Eastern Cape with the metropolitan and district municipalities marked. The borders for the local municipalities, within the district municipalities, can also be seen.



Within each local municipality there are a number of geographically defined communities and it was at this community level that the research was based.

Figure 4.4. Photo taken from the hall at one of the field sites (Boomplaas). In it you can see two further communities in the distance to the left, and another even further back on the right hand side. Although geographically defined the proximity of communities meant that people often travelled between them, to attend school or health centres.



4.4.2. Field site selection

In selecting field sites my aim was not to identify a statistically representative sample, but rather identify those which were theoretically relevant to my research. I therefore developed broad criteria for identifying suitable sites (Table 4.1). These broad characteristics were then considered alongside practical considerations including time constraints (in terms of the distances I was able to travel) and health and safety issues.

Table 4.1. Site selection criteria.

Criteria	Description/explanation
Rural	I wanted to focus on rural locations as there has been less attention paid to the sexuality of rural youth in South Africa compared to urban and peri-urban youth.
Intervention	As I wanted to look at how young people engaged with and interpreted policy and programme interventions I wanted my sites to have received an intervention previously. I was hesitant to situate myself in a site which had an ongoing intervention for two reasons. Firstly I did not want my research to become an evaluation of that specific programme. Secondly were an NGO to be present in the community at the time of my research I

	<p>thought that it would be increasingly difficult to distance myself and my identity from that of the NGO worker.</p> <p>I therefore looked for sites which had received interventions within the last 2 years. I decided upon this time span as it was long enough to ensure that some of the young people within the communities who were present during the intervention were still present. Given the high levels of youth migration to the cities I did not feel that any longer elapsed time would have allowed this. At the same time I did not want it to be immediately after a completed intervention as again, I felt that this would impact on my ability to position myself outside of the NGO category.</p>
District	<p>There are eight districts within the Eastern Cape with estimated HIV prevalence ranging from 26.3% to 31.6%. Given the focus of the research I sought to situate my sites in those districts which had the highest prevalence rates. These are Amathole District (31.6%), O R Tambo District (31.5%), Chris Hani District (30.1%) and Joe Gqabi (30.2%) (ECAC 2012:22).</p> <p>Unfortunately I was not able to identify a site in Joe Gqabi district. This was due to a lack of contacts in this area as well as the long distance of this district from my base in East London. I therefore decided to have a second site within the Amathole district as I knew that this district was of increasing interest to policy makers (UNFPA announced it as its priority district for implementation in the Eastern Cape during this period)</p>

I identified an initial six sites, yet I decided to reduce this number to four to allow me to ensure I had enough time in each. The two sites which it was decided would not be visited were Tyeni in Tsolo (OR Tambo district), and Ngxingxolo in Mooiplaas (Amathole district). Both had similar characteristics to other sites and both had received the same interventions as other sites (Tyeni and Tyara had both received the same interventions, as had Ngxingxolo and Tuba) as well as being geographically

similar as Tuba and Ngingxolo are both close to East London whilst Tyeni and Tyara were also similar distances from Mthatha.

4.4.3. Situating the field sites

Key features and characteristics of each site are detailed below along with a map indicating their location.

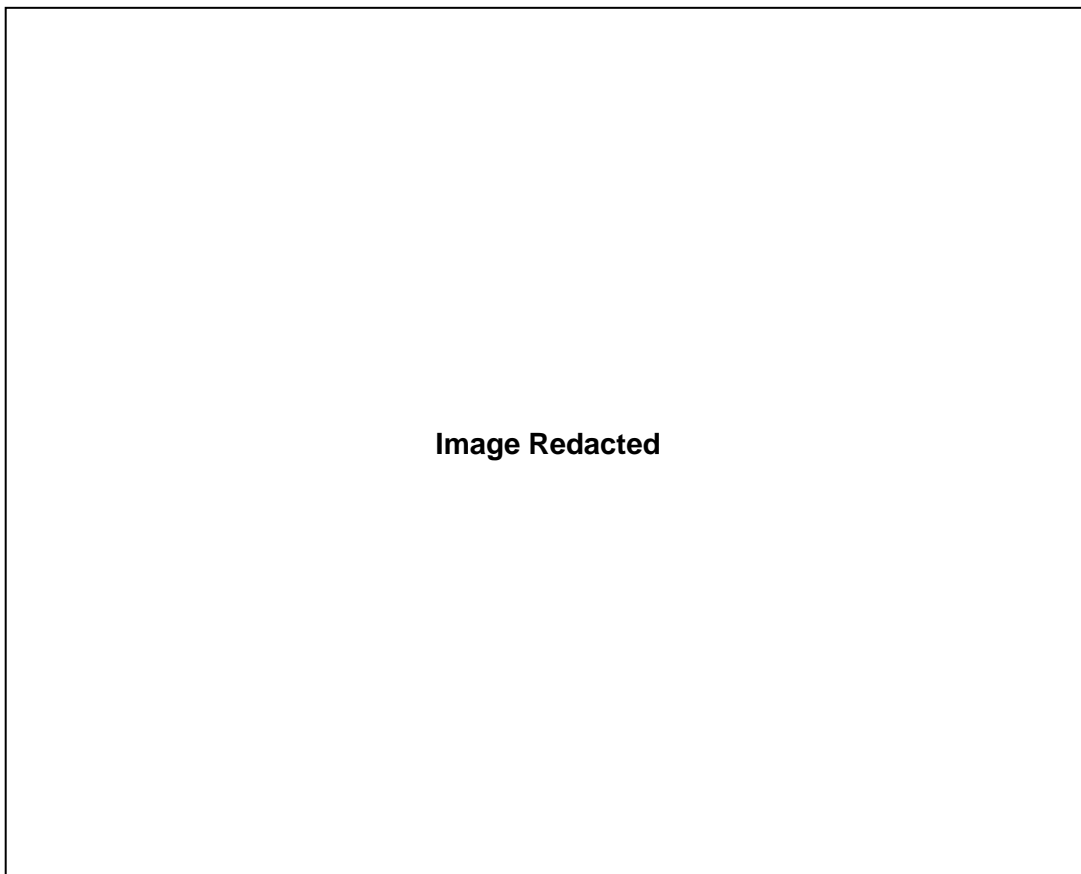


Figure 4.5. Location of Tuba and Madwaleni field sites in Amathole district

The first community in Amathole district is that of Tuba which is situated approximately 30km from East London and forms part of the Great Kei Local Municipality. The community has both a primary school and a secondary school although it does not have its own clinic; the nearest one is in 5km down a gravel road. Given its proximity to East London there is a higher proportion of people going to town to work, usually to work in either construction or service focused jobs (supermarkets/domestic workers). However, unemployment remains high among young people.

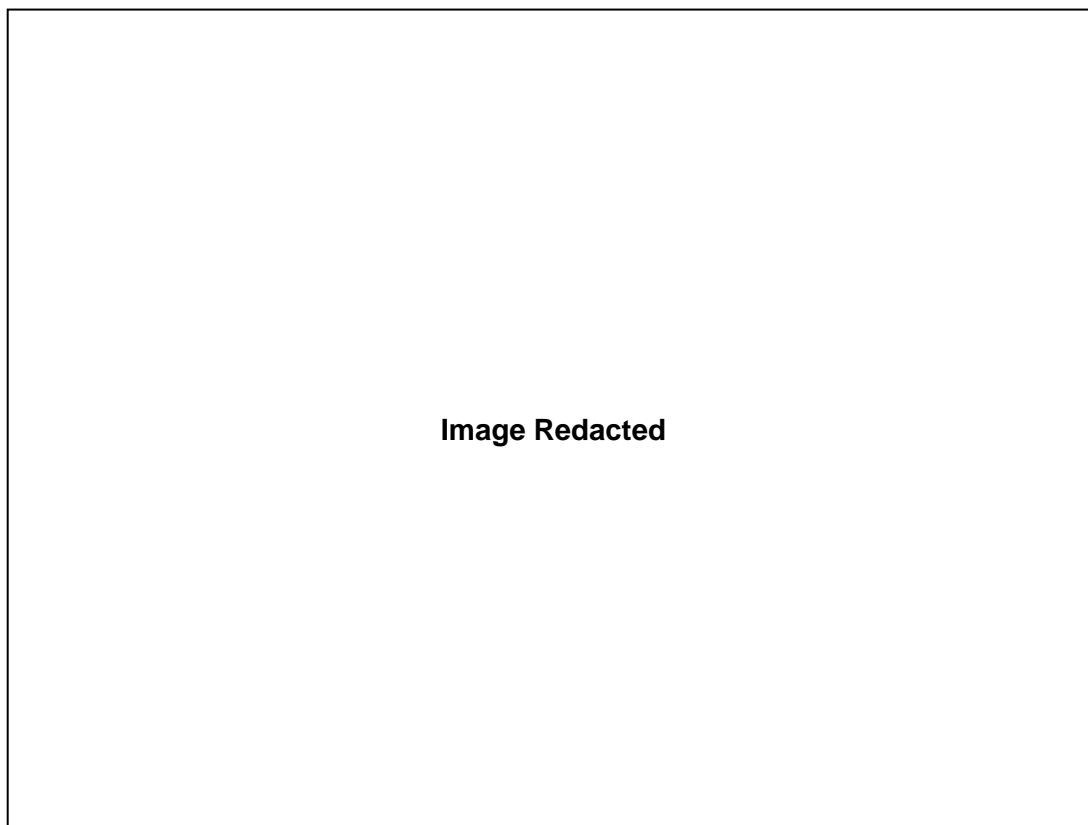
Crime in Tuba is a large concern and during my time there two men were shot at the local Spaza shop after a fight broke out, and there were a number of reports of rape. Given the deteriorating security situation for my final visit I did not stay in the community but rather commuted on a daily basis from East London. The population is predominantly Christian although there is no church in Tuba, with people walking to nearby Jongilanga on Sundays. There is a Sangoma in another nearby district, Gwaba, whom community members visit.

Tuba has received a number of HIV intervention programmes, most notably from one international NGO which has had a presence in the community since 2008. At the time when I entered the community this NGO had pulled out due to the deteriorating safety situation but continued to operate elsewhere in the area. A number of the young people that I spoke to had continued to attend a number of events and one secured a volunteering role with the organisation over the course of the fieldwork.

The second community in Amathole was Madwaleni which is located 30km down a gravel road from the nearest town, Elliotdale, 50km south of Mthatha, and falls within the Mbashe Local Municipality. The area is dominated by the nearby hospital which has 8 feeder clinics spread out across the nearby communities. The hospital suffers from poor infrastructure and has difficulty recruiting staff (during my time there, there was one part-time doctor for the hospital).

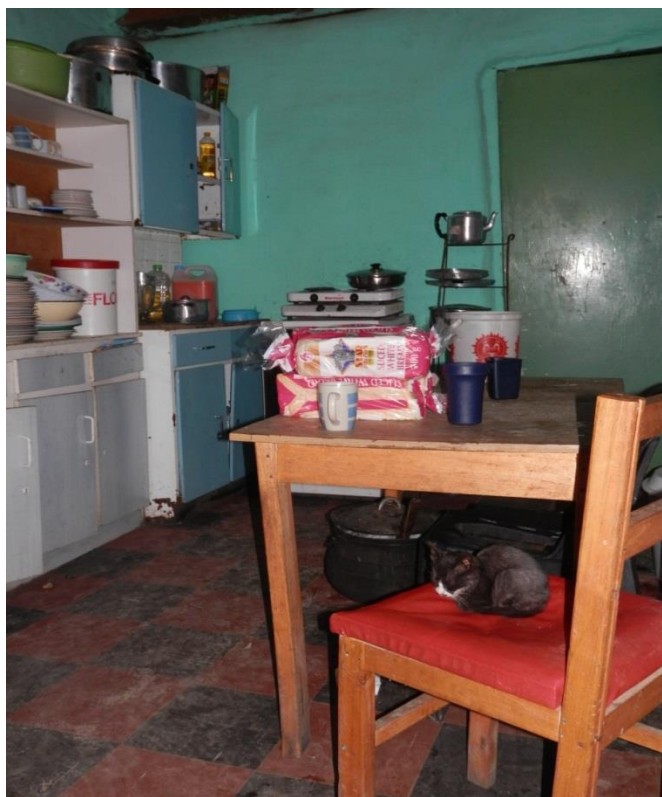
There are a number of HIV programmes which are run out of the hospital with a large focus on orphans and vulnerable children. These programmes are supported by a national NGO which has its head office 10km from the hospital. During the fieldwork a new project focused on home-based care covering the entire area began.

Figure 4.6. Location of Tyara within OR Tambo District Municipality



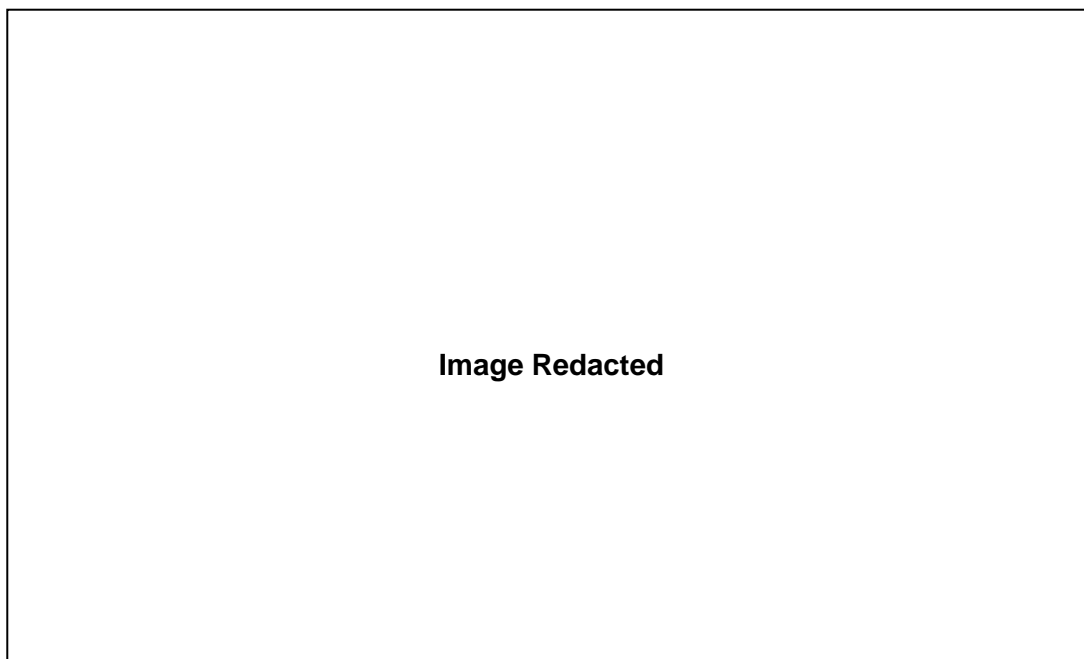
The third community visited was Tyara which is located 10km down a gravel road from Libode town. Libode is the seat of the Nyandeni local municipality and has a large office there, alongside a large police station and a growing number of shops. Tyara has one primary school, with a secondary school located in a nearby community. For those families that can afford it, school-age children are sent to schools in Mthatha. Unemployment is high with those that are in work often finding employment in Libode or Mthatha.

Figure 4.7. The kitchen of our host home in Tyara. I would often assist in cooking evening meals although I was frequently reprimanded for not using enough salt.



Tyara has an active church membership who have been vocal in their support for people living with HIV, and have tried to organise events with young people in the past, with limited success. The community had received an intervention from the same INGO as in Tuba, but this finished two years prior to the fieldwork. It was not clear why the organisation had decided to leave, but they continued to work elsewhere in the area.

Figure 4.8. Location of Boomplaas in Chris Hani District



The fourth community visited was Boomplaas, 30km from Lady Frere along a gravel road which for most of the year can only be tackled in a 4x4 vehicle. It falls within the Emalahleni local municipality. The area is mountainous and the difficult road means that many residents only go to town once a month for shopping and pension day. The community has one primary school with a secondary school located in a neighbouring community. The nearest clinic also sits in this neighbouring community, about a 45 minute walk away.

There is a Community Trust established which acts on behalf of all of the communities in the area. The trust is chaired by the charismatic Mr Madywabe who was very keen to see the research take place. The Trust had been supported by an EU grant to oversee the environmental management of the resources in the area. However, this grant recently came to an end with the NGO who supported this pulling out, causing some upset amongst residents. A youth working group has been set up as a subsidiary of the Trust executive board. However, they are struggling to engage with young people and a recent event organised for Youth Day was poorly attended. There have been a number of HIV specific interventions, most recently a door knocking campaign aimed at raising awareness and encouraging people to go and test for HIV. This finished around three months prior to my arrival.

4.4.4. Gaining access

In each location an initial meeting between myself and a young person in that community was held, which was arranged by my key contact person. I attended this initial meeting on my own so as to separate myself at an early stage from my contact, who often was an organisational representative. During the meeting I talked about the research and what it entailed, and we discussed the feasibility of conducting it in that community. In each of these initial meetings I was met with nothing but openness and encouragement from the young people who, all unemployed, expressed a desire for ‘something to happen’ in their communities.

After this initial meeting I, with the young person and my research assistants, met with the community leaders. These differed in each setting but included ward councillors, headmen and the chairperson of the community Trust in Boomplaas. At this meeting the purpose of the research, as well as the activities which it entailed, were discussed and any questions answered. Once an initial agreement had been reached with the community leader in question I, along with the research assistants, attended a general community meeting during which the research was introduced to the rest of the community, host homes were identified and dates for the research set¹⁶.

A number of issues arose during this process. For example, in Tyara the heavy rains combined with the absence of a community hall (meaning all meetings are conducted outside) meant that no community meeting was held for 6 weeks, in turn delaying the research there. In Boomplaas the community meeting was accidentally scheduled (not by myself) on the same day as pension day. This meant that the older members of the community were not in the community that day as they had gone to town and therefore a second meeting had to be scheduled. At no point in any of these meetings did I face any opposition to the research, nor were any concerns raised.

¹⁶ All host homes were reimbursed at a rate agreed with the community. There was also an expectation, which I happily fulfilled, that whilst I was staying with the family I would provide not only the food for myself and research assistants, but also the other household members. Whilst I bought the food, I should add that I was never allowed to cook it.

4.5. ‘Getting on’: Substantive data collection

Data collection took place from January to October 2013. This section examines each of the stages of this process, beginning with participant selection and recruitment.

4.5.1. Sampling approach

Flyvbjerg has argued, ‘When the objective is to achieve the greatest possible amount of information on a given problem...a representative case or a random sample may not be the most appropriate strategy’ (2006, p. 229). He goes on to argue, supported by Rothman, Gallacher and Hatch, that this is because ‘it is often more important to clarify the deeper causes behind a given problem and its consequences...Random samples emphasizing representativeness will seldom be able to produce this kind of insight’ (2006, p. 229; Rothman, Gallacher, & Hatch, 2013). For both these authors, understanding comes not through ‘typical’ cases, but rather the deeper understanding gained through a variety of carefully chosen cases.

Given my interest in developing this deeper understanding of HIV in young people’s lives, whilst also recognising that young people are not homogenous, I employed a theoretical sampling approach which would enable me to gather a variety of experiences. Who would and should be included within this sample was based upon my reading of the literature, policy analysis and research questions, as well as my own understanding of the context (Table 3.2). This approach was not static and was modified and expanded during the research as new areas of interest emerged.

Table 4.2. Theoretical sampling framework

Variable	Explanation/Detail
Age	Defining who is ‘young’ is not easy. Whilst the UN use the definition of 15-24 (UN, 1995, p. 10), in South Africa a wider definition is employed which includes those aged 14-35. I chose to employ this wider definition for a number of reasons. Firstly, at a practical level I wanted to be able to recruit a large enough sample from my four communities. Secondly, I did not think that ethically I could justify excluding those aged between 25 and 35 given the definition provided in the

	<p>South African constitution.</p> <p>Whilst employing this wider definition I decided initially decided not to interview anyone under the age of 18. The reason for this is that I felt that to do so I would have to obtain consent from a parent or guardian and that this would be difficult to do in this context.</p> <p>During initial interviews a number of young people under the age of 18 approached me asking to take part in the research. I therefore decided to prepare some consent forms for their parents or guardian to sign. However, when I approached them with these they were no longer keen to take part.</p> <p>This made me reflect on my approach to consent and what it means within this context and who has the right to give it (something I explore further in section 4.7.1.). Whilst adhering to ethical guidelines, as prescribed outside of the context of research, I had excluded a key group of young people, placing a key limitation on my findings.</p>
Gender	The research sought to achieve a balance of both males and females.
Sexual orientation	The communities are very heteronormative environments, meaning young people who identify with a different sexual identity find it difficult to express this openly. However, where possible, I sought to speak with those who did identify outside of the heterosexual binary to understand their experiences.
Relationship status	Young people's relationships in the community are fluid and often multiple. I sought to identify and capture these different relationship types, including speaking to those who had long-term partners, those

	with multiple partners, those whose partner had multiple partners, those who were married and those who were single (of which there were few).
Employment status	Young people who were both working and unemployed in both the formal and informal sectors were sought. This was difficult due to the fact that those who were working were often doing so in the cities meaning that they were less available for interview. My sample therefore became dominated by those young people who were unemployed.
Parental status	Through the interviews the theme of young parenthood emerged. Young parents (both mothers and fathers) were therefore added as a key target group for interviewing.
Educational status	Young people in the communities have a range of educational backgrounds and I sought to recruit participants from across this spectrum.
Involvement in HIV programmes	The communities had all received HIV programmes and interventions in the past (see field site selection table 4.1.). In order to explore how young people engaged with these programmes, and why they did so, participants were recruited who had a range of different experiences in relation to HIV programmes from attending individual events to being volunteers.

4.5.2. Participant recruitment

Anticipating challenges with participant recruitment, I developed a number of recruitment strategies prior to entering the field sites. This included making ourselves (myself, Cindy and Zweli) visible in the community by attending meetings and visiting places where young people gathered, such as taxi ranks and shebeens (community ‘pubs’). We also placed a number of posters in these areas advertising the research and where young people could come to find out more details (an example of such a poster can be found in appendix E). Our contact within the community also introduced us to young people who they felt would be interested,

such as young people who had previously been involved with HIV programmes. Once these initial contacts had been made we employed a snowball sampling approach whereby those who had been interviewed were asked to place us in contact with someone else who we could interview, who again in turn would do the same. Whilst we found this method effective, there are a number of limitations, which I examine below.

Despite initial concerns, it was only in Madwaleni where we had difficulty recruiting participants with young men being particularly under-represented. When I asked a male participant why this was, he explained that the young men thought that we were linked to the local hospital. This may have been because our initial contact was someone working at the hospital and this relationship had become known, resulting in perceptions that the research was part of a hospital project.

Given this perception it was not surprising that fewer men were willing to talk to us given the feminised spaces which clinics and hospitals represent. This physical and social barrier was clear for all to see on visits to the hospital, where on one side of the entrance barrier were rooms filled with female volunteer peer educators, and on the other side, one metre away, stood groups of men. In order to address this I spoke at length to the males that we had been able to recruit, requesting them to ask their contacts to talk to us. Whilst this did lead to some more men coming forward we were not able to achieve a gender balance at this site.

A table providing details of the youth participants, including details of gender, age and location, can be found in Appendix F.

4.5.3. Limitations of recruitment

An important limitation of a snowball sampling approach is that it can lead to the sample being recruited from one social group, as recruitment takes place along already established social networks (Browne, 2005). In order to address this I sought to recruit from a number of different social groups within each community. Time was also taken to identify, and then fill, specific gaps within our sample to ensure that a diverse range of experiences were captured.

Two groups which did prove difficult to access were young mothers, and young married women, who both found it more difficult to leave their homes for interviews.

In order to address this we were able to identify possible participants and visit them directly in their homes to see if they were interested in taking part. If they were interested, we would arrange another time to come and visit. Whilst this approach seemed to work with young mothers, this was less so for young married women, for two reasons. Firstly, they felt and expressed unease about undertaking the research without their husbands present. Secondly, they failed to see the relevance of the research for their lives as, now married women, they no longer identified themselves as young. This was the case despite the fact that they were often younger in age than some of the other participants (something I explore in chapter 7 and 8). Interestingly young married men did not report the same concerns.

4.5.4. Second and third wave recruitment

At the end of each interview each participant was asked if they would be happy to speak to us again, with only three participants stating that they would not. Of these, two stated this was because they knew they were moving away, and the third gave no explanation. On returning to the field sites for the second wave of interviews we were able to re-interview 36 of the original 56 participants, and a further 16 of these during the third wave. The main reason for not re-interviewing was that the participant was no longer in the community. This was for a number of reasons and included having left to search for employment (n=6), visiting friends or family elsewhere (n=10) or having secured employment outside of the community (n=4).

The topic guides for these interviews were individually developed based upon an analysis (see section 4.6.) of the first interview. In these further interviews, themes were explored and questions followed up with further probing. Other topics which had arisen since the previous interview were also introduced. An example of a topic guide can be found in appendix G.

4.5.5. Conducting the interviews

All but one interview was conducted in isiXhosa, with the exception being one male who wanted to speak English, and each lasted between 45 minutes to 1 hour 45 minutes. Although the interviews were led by the research assistants, I was present to ensure quality and to assist if needed. There were only three interviews where I was not present. These were all male interviewees who expressed a desire for me to not

be present whilst they were discussing the issue of circumcision as this made them feel uncomfortable.

On a number of occasions during the interviews sensitive issues arose which required careful handling by both the research assistants and the lead researcher. One of these was when a young male participant ‘came out’ during the interview. Given the stigma surrounding homosexuality within rural communities this showed a high level of trust by the participant in both Zweli and myself. Other occasions occurred when participants chose to disclose their status to the interviewer. In all instances both Cindy and Zweli handled the situation with sensitivity and we discussed how to handle such situations in the future after the interview.

After each interview we conducted a short debrief to discuss any issues that had arisen and key themes. The notes of these meetings were recorded in my field notes. A similar debrief was also conducted at the end of the site visit, usually in the car on the long drive home on the N2 motorway to East London.

4.5.6. Data saturation

Deciding how many interviews is ‘enough’ is an imperfect science, and before the fieldwork I did not know at what point this would be achieved as qualitative research often leads the researcher to ‘emergent empirical and conceptual findings in unexpected ways’ (Adler & Adler, 2012, p. 8). Whilst Glaser and Strauss argue that saturation has been reached when no new data is emerging which can lead to the further development of the category, this is not always easy to identify (1967). As Bryman notes ‘saturation is often claimed when there is little evidence that it has been employed as a criterion for deciding when to stop sampling (2012, p. 18).

It became clear that we had reached something close to saturation when, talking after we had conducted 50 interviews, Cindy stated that she felt there was nothing new emerging, with Zweli agreeing. In order to corroborate this feeling we conducted a further 6 interviews but all three of us agreed that these, whilst interesting, did not raise any issues or themes that we had not already discussed.

4.5.7. Participant observation

Observational data was collected throughout the time I spent in the communities which provided a rich source of data. Although never an insider (see section 4.7) I

was able to take part in a number of activities in the community, such as attending traditional events, going to church with my host family and spending time with Cindy and Zweli walking round the community. On days when we were not conducting interviews we would spend time either in the host home or in the homes of young people talking, watching television or going to the sports ground. The data was recorded in two field diaries. The first recorded day to day activities whilst in the second I recorded thoughts and reflections and developed ideas and themes which required further exploration.

The informal conversations which this time allowed were crucial in enabling me to contextualise the data which emerged from the interviews and gain a deeper understanding of the lives of the young people. These observations also revealed the way in which young people's behaviours are shaped by wider social and cultural processes both within the community and outside it. For example, observing traditional practices and ceremonies gave an insight into social relations and the patterns of socialisation, particularly around gender, which young people had been exposed to.

These informal conversations also provided me with an opportunity to ask further questions on themes which had emerged. I would often ask a general question, for example around gender roles, which would then lead to quite a heated debate between participants, young and old. Finally, these data also gave me the opportunity to triangulate my data by examining how young people's behaviours seem to corroborate with their presentation of self within the interviews. What quickly emerged was the way in which young people present multiple identities, in different social settings, a theme I explore in chapter 7.

There are limitations to these data, some of which I explored in section 4.1.2. In particular I was aware of how my presence influenced young people's behaviour. For example I was concerned that, as they knew I was conducting the research and aware that I was observing them, the young people would be concerned that I would judge their behaviour and as a result self-censor whilst I was around. I was also aware of the interaction between my methods, as I felt that those whom I had also interviewed may have felt required to 'live up' to the identity which they had presented in the interview.

Yet despite these concerns I found that as my relationships in the communities developed, the young people were increasingly open with me. For example I would often sit, with Cindy and a group of girls in Tuba and they would quite openly talk about what they had been doing, and with whom, at the shebeen the previous evening. Their candidness at times could be quite eye-opening!

However, despite this openness I was continually aware of my own presence as something which shaped the research and how people engaged with me. Therefore whilst drawing upon these data I am aware that it is only a partial account of young people's lives, and in particular an account which they felt it was possible to share within the particular social space which my specific identity created. Therefore I am aware that there are areas of young people's lives that were not accessible to me either through myself being unable to physically observe them, or those which my identity meant young people did not feel able to share with me. I discuss these issues in more depth in section 4.6.

4.5.8. A participatory approach?

In recent years there has been an increased interest in the use of participatory methods with children and young people (Boyden & Ennew, 1997; Cahill, 2004, 2007). These methods seek to shift the focus from conducting research on young people, to research which is produced with young people. Utilising techniques such as drawings or drama, often in group settings, the aim of the approach is twofold. On the one hand it seeks to produce data which are empirically grounded within young people's lives, whilst on the other the potential for the empowerment of young people through their engagement in the research process is also foregrounded (Cahill, 2004).

Yet as Ansell et al note, 'It is not the methods themselves that make the research participatory, but rather the social relations involved in the data production and analysis, particularly with respect to where the locus of control and power lies' (2012, p. 169). Ideally, young people should be directly involved in all, or at least some, of the research process, from design to analysis and dissemination. Yet, as Cleaver notes, this ideal is rarely achieved (2001).

Whilst this research did not set out to be an example of 'ideal' or 'deep' participation, over the course of the research a number of the principles of

participatory approaches came to the fore. This occurred most significantly during the fieldwork whereby I found myself undertaking typical participatory techniques with young people. These were not intentional, but rather emerged through discussions that were going on during our stay in the community. For example, on one occasion a trip to visit a group of girls one afternoon tuned into a walk around the community whereby they showed me all the places they had sex, followed by a discussion in which they ranked the issues that they faced in the community. In this instance, and with others, these were led by the young people themselves who seemed keen to share this information with me, and my role became one of facilitation.

These ‘pop-up’ workshops occurred in each of the communities and provided valuable further insights into the lives of young people, in particular the complexity of relations and power dynamics at work. They also offered the potential to speak to other young people who had not been interviewed and engage with them directly on the topic of the research. What also became evident was the way in which different participants engaged differently with alternative research techniques. For example one participant who had previously been reticent within an interview spoke much more freely within one such discussion, apparently finding this research space one in which she felt more comfortable.

Yet, whilst valuable, these discussions also had their limitations. Firstly, they were not ‘truly’ participatory as the young people had not been involved in the complete process of the research, the shape of which had ultimately been decided by me. Secondly, the group nature of these discussions meant that participants were less likely to talk openly about their own, particularly traumatic, personal experiences, compared to the in-depth interviews.

Despite these limitations, and whilst far from true participation, these ‘participatory’ discussions did provide useful insights. The complexity, and at times unpredictability, of the research encounter was also revealed, and I quickly learnt not to leave the house without a combination of my Dictaphone, pens, paper and post-it notes. They also raised, and saw me grapple with, important questions concerning voice, agency and impact which I explore in more detail in chapter 7.

4.5.8. Key informant interviews

Key informants were secured by identifying individuals involved with the development, or implementation of, policies and programmes relating to young people and HIV and were located both within, and outside of, the communities. In total 15 interviews were conducted alongside the fieldwork. An anonymised list of those interviewed and their roles can be found in Appendix H.

Topic guides were developed and tailored to the specific role of the informant and focused on issues that had risen out of the policy analysis, as well as the interviews. These included things such as the treatment of young people by clinic staff which I discussed with a community nurse. Example topic guides can be found in appendix I.

Recruitment took place within the communities by identifying, and then approaching, potential participants directly (community nurses, ward councillors, youth workers etc). In all cases those approached consented. At the regional and national level I sought to recruit from across government and non-governmental organisations. This was a slow process which entailed the development of networks and relationships over the course of the fieldwork. I began by drawing up a 'hit' list, based upon my reading of the literature and through speaking to my key contacts. I then approached those on my list directly. Of the 20 people I approached I completed interviews with 15. The reasons given by the 5 I did not interview included: didn't have the time (2), didn't feel it was appropriate to talk to me given their position (2) and one who did agree to meet with me, but due to logistical issues the interview did not take place.

I conducted all of the interviews at a location of the participant's choice, with each lasting between 20 minutes and 1 hour 30 minutes. The aims of the research were explained prior to the interview after which the participant's written consent was obtained. A number of participants requested that their organisational name or position not be included within the research to which I agreed as without this they would not have completed the interview.

4.5.9. Transcribing the interviews

Aside from the key informant interviews, which I transcribed myself, the interviews were transcribed by two external transcribers (one male, one female) who were recommended by academics at the University of Cape Town. The necessity for both

male and female transcribers was highlighted when the female sent one transcript back explaining that she had not been able to transcribe the section on circumcision because, as a Xhosa female, she didn't understand the terms which the participant was using. After this I sought to match the gender of the participant being interviewed to the gender of the person conducting the transcription.

To ensure the quality of the transcriptions I took a random sample of the transcripts (20% for each wave of interviews) and asked Cindy and Zweli to listen back to the recordings, checking that they agreed with how the interview had been transcribed. This was done separately with each transcript being checked twice, once by Cindy and once by Zweli. Throughout this process no major issues emerged, with the only mistakes being over the spelling of names. In order to ensure confidentiality all recordings were stored on an encrypted drive, only accessible by myself. The transcripts were also anonymised as soon as they were returned to me by the transcriber.

4.5.10. Analysis

Two stages of analysis were conducted. Initial analysis of the interviews was conducted during the fieldwork, using a thematic analysis approach. Transcripts and field notes were first read and key themes identified. These themes were then used to develop further individual topic guides and lines of enquiry, specific to the individual being interviewed.

On my return to the UK all of the transcripts, policy analysis and field notes were imported into NVivo for final, and further, thematic analysis. This was done in two ways. Firstly I read the interviews of 20 participants, from which a list of key themes was drawn. This was then developed into a code book, which was then used to analyse all of the interviews thematically, including those which had already been read. This was an iterative process during which time I added further themes as they emerged. A list of the final codes used during this analysis can be found in Appendix J.

Alongside this thematic analysis I also used the framework model within NVivo. This method allowed me to develop 'cases' for each of the participants, enabling me to examine changes across the fieldwork period through the multiple waves. For example I was able to track how a participants' relationship status changed across

time, or how the theme of gender emerged through the multiple interviews. An example template of how this data was recorded can be found in Appendix K. Although temporal change was not the focus of the research it added an extra dimension and richness, allowing me to see how and why things change over time in young people's lives.

4.6. Research reflexivity

It is important to admit that we study things that trouble or intrigue us, beginning from our own subjective standpoints (Hertz, 1997, p. xvi)

Throughout the fieldwork it was very clear that I needed to reflect upon, and manage, my identity as it was an inescapable presence which shaped how I came to 'know' in the field. As Pillow notes, within research there is a need to reflect upon our 'self-location' and how this 'influences all stages of the research process' (2003, p. 177). This included not only my relationship to the research itself, but also my relationships with my research assistants, and their relationships with the research participants. I examine each of these below.

4.6.1. My identity

In conducting the research two issues in particular emerged regarding my identity. The first of these concerned the subjective standpoint that I took to the field. As Hertz notes above, it is important to be aware of why we research what we do and that 'we should expect our colleagues and our respondents to question us about our motives, not just our methods' (Mann, 1996, p. 70). For myself, this means acknowledging how my own background as a feminist and advocate for young people's sexual and reproductive health has influenced my own research. To claim that I was coming from an objective standpoint would be false and I was aware of how my own subjectivity at times directly shaped the fieldwork. For example at times I found myself placing expectations on the participants as to how I thought they should be engaging with the virus. I explore these issues in more detail in chapter 8 (section 8.3).

Alongside my subjective standpoint, my race, gender and socio-economic status in particular, among my other identities, all had important implications for the 'social distance' that would emerge between the participants, myself and their communities. As a white, female and northern researcher working in a resource-poor setting my

own body, and the meanings that people ascribed to it, acted as a barrier between myself and the participants. In doing so it influenced not only who I could speak to, but *how* I could speak to them and in turn how they spoke to me.

One of the key ways in which these issues arose was in seeking to distance myself from the identity of a practitioner. This distinction was not always clear cut and was shaped by my own history of working in South Africa previously, which meant that I had an understanding of the context in which the research was situated. This was reflected in my understanding of Xhosa traditions and customs, as well as my (reasonable) grasp of the language. Whilst I was therefore a stranger I was also someone with 'insider' knowledge, meaning that many participants struggled to place me.

For many I clearly resonated with that of an NGO worker for, as a white female who talked about AIDS and had a car, I clearly fitted into this narrative. Indeed many community members could not fathom any other reason why I would be doing what I was doing unless as I was from an NGO. The strength of this association was revealed by the number of people who asked me when I was going to conduct the 'training' and whether I would be doing 'peer education'. It took a long time to break this perception down, due also to the fact that a 'researcher' was not an identity that was common currency to most people as I was likely to be the first that they had met. A PhD also had little meaning in this context so I most often described myself as still being at 'school' which seemed to be a situation most could relate to.

I was concerned about this perception for two reasons. Firstly, I was concerned about the impact that it may have on my data and how the young participants 'performed' in relation to me. One of my key interests was in getting young people's views and perceptions of NGO programmes which would be difficult if the young people thought I was from an NGO myself. Secondly, I was aware how my identity created a relation of vulnerability between myself and the participants and community members. The history of apartheid means that for many a white identity had a particular resonance, which often invoked feelings of vulnerability and fear, as well as hostility. Similarly, my higher socio-economic status, and the potential expectations that this gave to people about what I might provide to the community

(despite my repeated explanations to the contrary), risked leaving the participants and community members disappointed.

I undertook a number of steps to relocate my identity. These included building on my language skills and seeking to integrate myself into the cultural life of the community where possible. Attending rituals I took on the role of the uninformed outsider, having things explained to me on multiple occasions, but in doing so I was able to transfer power back to the community member or participant in question as they positioned themselves as the voice of authority.

Fig. 4.9. My car outside our host home in Tyara. My ownership of this was a key marker of my identity in the field.



As well as trying to increase my ‘insiderness’, I was also aware of the advantages that my ‘outsiderness’ provided. As someone who was not from the Xhosa community it became clear that the interviews, and informal conversations, became a space where young people felt that they could be openly critical about their culture, and raise their concerns about issues which would not be permitted elsewhere. One

such example was a young woman who came and spoke about her experience of a forced marriage, which she was still in. Before speaking with us she had previously not had the opportunity to open up about her experience and to speak frankly about the trauma it caused.

This supports Simmel's argument that an outsider 'often receives the most surprising openness – confidences which sometimes have the character of a confessional and which would be carefully withheld from a more closely related person' (1971, p. 144). Whilst I do not agree that as an outsider I was able to view the community with 'the specific attitude of "objectivity"', the value of being from 'outside' in order to gain an in-depth understanding of 'inside' was demonstrated on a number of occasions (ibid).

In this sense my position reflects Naples's analysis of the insider/outsider in which she argues that 'the bipolar construction of insider/outsider also sets up a false separation that neglects the iterative process through which 'insiderness' and 'outsiderness' are constructed' (2004, p. 373). My position in relation to the participants was therefore not something which was static, nor was it solely defined by my own personal characteristics as a researcher. Rather it was a dynamic process which took place over time *between* my own position (which I am managing in relation to the participant) and that of the participants (which they are managing in relation to me).

In reflecting upon my position in relation to the data and their construction the aim is not to neutralise this position. It would not be possible to achieve such an extraction of my subjectivity and I recognise that what I have collected is partial (I could only see what I was allowed to see given my position in relation to the participants), time and context-bound and refracted through my own interpretation, which in turn is shaped by my own subjective positioning. Yet, this does not mean it is not valid. Rather, I would argue, this process of reflection has an epistemological value in and of itself, as it sheds light on the messy complexity of social life and the identity and meaning-making processes within it. At the same time as revealing this complexity it also exposes our limits in 'knowing' and 'representing' it. This is what Pillow terms a 'reflexivity of discomfort', which 'seeks to know while at the same time situates this knowing as tenuous' (2003, p. 188).

4.6.2. *My relationship with my research assistants*

During my fieldwork I was dependent on both Cindy and Zweli as they helped me to negotiate my way into the communities and conducted the interviews. Throughout this period we worked as a close team, often living together for extended periods of time and often undertaking long car journeys together up and down the N2 highway. This was not always easy as our encounters with both each other and the participants was marked not only by our own personal histories and subjectivities, but also the wider South African context where identities of race, gender and socio-economic status remain politically salient.

These issues became evident during an incident at the beginning of the fieldwork. After a preliminary visit to one of the field sites we stopped off at a pizza restaurant in Mthatha. I describe what happened in my field notes:

*We got into the restaurant and I knew straight away that it wasn't a good idea. Everyone in there was white so of course Cindy and Zweli attracted looks which I could see was making them very uncomfortable. They told me to order them something rather than ordering themselves which they have never done before. I asked if they wanted to leave and they said no, but I'm sure they just didn't want to offend me. We got through the meal and Cindy and I went outside to wait in the car whilst Zweli went to the loo. He seemed to be taking ages so I went in to see where he was. I asked another customer who was coming out of the toilet if they had seen him. Just at that moment Zweli came out and he pointed at him and said 'is that your boy there?'*¹⁷

This incident left all three of us very unsettled. Not only had they been made to feel uncomfortable but Zweli had been outright insulted and the distance between us, economically and in terms of our skin colour, had only been reinforced.

It was not just the wider context of South Africa which shaped these relationships, but also our own personal histories and identities that we brought to the research. Whilst I quickly formed a strong bond with Cindy my relationship with Zweli was at times more difficult as at times he sought to assert his Xhosa masculine identity and be the 'man' of the team. He did this in a number of subtle ways, such as not

¹⁷ Historically 'boy' has been used in South Africa in a disparaging way, indicating a man of colour, and reinforcing his subservient status.

revealing if he didn't understand something during training or occasionally talking over Cindy during discussions.

This came to a head during the first wave of interviews when I returned to where we were conducting some interviews after retrieving something from my car to find that Zweli had gone off to conduct the interview without me. When he returned I challenged him on this, explaining that I was to be present at all the interviews. He responded by apologising but went on to state that he didn't feel like he needed 'supervision' anymore and that he felt he could do the interviews on his own.

Although we overcame these issues there remained at times a sense that Zweli was not always comfortable with his position within the team. Whilst I found this frustrating I also recognised that this reflected his own personal experience of being a young man who lives in a context where in many other aspects of his life he feels emasculated (unemployed, unable to provide for his child or girlfriend). While working with me gave him the opportunity to change that, this was inhibited by my position as his 'boss' which had further resonance given my skin colour and gender. In the end understanding Zweli's position, and the protracted conversations we had about it, was invaluable in enabling me to fully understand many of the narratives around masculinity that were emerging from the data.

Figure 4.10 Cindy waiting for participants to arrive. As with most young people time was passed by talking on social media on her phone.



4.6.3. The participant/research assistant relationship

The importance of positionality also emerged as an issue between the research participants and Cindy and Zweli as they tried to locate themselves in a new social position between myself and the research participants. Despite my best attempts Cindy and Zweli were always going to be my ‘insiders’, just as for the participants they were their ‘insiders’. They often had to take up the role of intermediary between us, the difficulty of which can be seen from the following example from my field notes:

Had a horrible moment today. Two girls from a village nearby had come down to talk to us as we couldn't get to them because of the state of the road. I said that I would pay for their transport costs and I asked Thembi [one of the adults in the community] how much it should be and she said R10 each way. The girls came down and were great, really enthusiastic and happy to talk. When they went to leave I gave

them their money. One of them seemed happy enough but the other one went to speak to Cindy. Cindy then came and said that she wanted more money, that it was actually R30 each way. I checked with Mr Mafusa and Mrs Soncega about the price but they said the girl was just trying to cheat me. Cindy also said that she felt the girl was just trying it on. I went to the girl and tried to explain but, despite talking to me in English perfectly fine before, she would only look at Cindy. It was clear that she was telling Cindy that she should get more money from me. It was clear that she felt awkward about it and I felt bad about putting her in that position. The girl left, clearly not very happy. Cindy was a bit upset as well.

This incident highlights the problematic position in which Cindy found herself. Whilst agreeing with my decision and feeling an obligation to me as her employer to support it, Cindy also felt a strong affinity with the girl, with whom she shared a common history and identity. The feeling that she had somehow chosen a side, and that it was the side of the wealthy/white/foreign/adult, clearly hurt as such an accusation, however implicit, clearly resonated within the context of *her* South Africa.

The relationships between Cindy and Zweli, and the research participants also problematized the assumption of peer relationships within research. Whilst on paper they shared both ages and background with the participants (both Cindy and Zweli were from rural communities themselves) they were still ‘outsiders’ to that community. Therefore whilst they were able to get ‘inside’ much more easily than I, their complete submersion was not possible. This was particularly the case for Cindy who now resided in East London and therefore had a higher level of exposure to city life, reflected in her dress sense which was seen as much more ‘trendy’ than other girls. On one occasion, in the local spaza shop, she told me that she felt everyone was looking at her because of her clothing. When talking through this she acknowledged that she found it took her longer to build up rapport with some participants, particularly with those in the very rural areas of Boomplaas and Madwaleni and she often found herself adjusting her clothing to fit in.

Cindy’s relationship with the participants also changed later in the fieldwork when she got married. The reactions of the participants were often interesting to watch, with most expressing excitement on her behalf, as well as quite a lot of jealousy that

she had managed to do what they had not. However, there was also a change in the way that they treated each other (Cindy herself spoke about this) as Cindy took up a new role and was no longer their ‘peer’ in their own terms. As this occurred towards the end of the fieldwork, by which time she had established a good relationship with many of the participants, it did not seem to affect the way in which she spoke during the interviews. However, it raises a number of questions regarding the assumptions which underpin the ‘peer-to-peer’ approach in both research and interventions which draw upon this narrative.

4.7. Doing no harm? The reality of fieldwork ethics

‘A chasm opened up beneath me as I searched for some firm moral ground. I was not looking for the high ground but a position, a standpoint, that would enable me to decide what was, or was not, ethical research’ (Mann, 1996, p. 63)

To ‘do no harm’ is ‘a guiding principle in both the formal ethical requirement process and in conducting research itself’ (Morrell, Epstein, & Moletsane, 2012, p. 616). Given this, and to adhere to this formal requirement, before commencing my fieldwork I completed the ethical questionnaire provided by the LSE, following both their guidelines and those laid out by the Social Policy Association. This saw me adapt my methodology to take account of any such concerns, in particular focusing on those of consent, confidentiality and the potential vulnerability of the research participants. I submitted this to the LSE research ethics process, and was granted approval.

Yet once I reached the field I realised that these provided little guidance in the face of a messy, complex and at times unpredictable research process. I often found myself in a similar position to Mann, struggling to determine what exactly ‘ethically sound’ research in this context meant. Whilst following the ethical guidelines laid out I found that these were not suited to the complexity of the research process which I was undertaking and whilst thrilled by the data I was gathering, I grew increasingly uneasy with what, and at times how, I was being told. This left me feeling uncomfortable and conflicted, a position which recourse to ethical codes did little to alleviate.

In this section I will explore some of these dilemmas, highlighting how and why they emerged and how I dealt with them. I reflect on what this means for how we

understand ‘ethically sound’ qualitative research within such contexts in ways which ‘take into account the emotions that arise from both the immediate personal situations of the participants and also wider contexts of injustice’ (Ansell & van Blerk, 2005, p. 68).

4.7.1. Consent

Informed consent stipulates that all research participants ‘must be informed fully about the purpose, methods and intended possible uses of the research, what their participation in the research entails and what risks, if any, are involved;’ and that having been informed they must ‘participate in a voluntary way, free from any coercion’ (LSE, 2014). In order to ensure I met these criteria I developed, and then translated, information sheets which detailed the purpose and methods of the research which were presented to the participants (see appendix L). I also developed and translated consent forms for each participant to sign (see Appendix M). These were provided before the start of the interview and all participants were offered the opportunity to ask any questions they had about the research before they signed. It was also made clear that the participants could leave at any time during the interview.

However, issues around this understanding of ‘informed consent’ arose in two ways, the first concerning the relevance of this process within the context in which the research took place. My reason for this concern is evident in this excerpt from one interview:

I: So if you could just sign here-

P: Why do you need me to sign anything, I’ve just said yes haven’t I?

I: I know, but we still need you to sign here if that is ok?

P: Don’t you trust me? I said yes. Why do you need me to sign this thing, I don’t like it when people ask me to sign things.

[Gcobisa, 27, female, I1]

This way of gaining consent clearly did not fit with how consent was normally gained, and as a result left the participant feeling nervous. As a result, rather than

gaining the participant's trust and developing rapport, Cindy found their relationship came to be shaped by one of suspicion leading to a difficult interview.

Whilst no other participant reacted quite this strongly both Cindy and Zweli remarked that they felt the information sheets were not required, and that consent would be best gained orally, on the Dictaphone. Both felt that the consent forms made people feel uneasy as the only other times they really signed anything was in relation to the government. As a result, for the second wave of interviews consent was gained orally and the information sheets became superfluous as Cindy and Zweli explained the research in ways which were easily understood and accessible to the participants.

Alongside this, through the fieldwork, I became increasingly aware, and uneasy, about the problematic nature of claiming true 'voluntary' consent. Tyldum notes that we should not be asking why participants don't take part in research but rather 'why do respondents want to participate in our studies at all?' (2012, p. 199). Rather than just assuming altruism we need be realistic and recognise the multiple ways in which participants feel or experience pressure (ibid).

A number of these different forms of pressure were evident within the research. The first was that, even though I did not offer the participants money, the food that I provided as compensation needs to be seen within the wider, resource poor setting in which the research took place. It undoubtedly had an incentivising nature, indeed, that was part of its purpose.

Secondly, I became aware during the fieldwork of pressure being applied by those outside of the research. The most notable example of this was in Boomplaas where one of the community leaders proudly announced to me that she had found me two participants. When the girls arrived it was clear that neither of them had really been informed about the research and had felt pressurised to attend. Whilst, after an explanation of the research, both participants agreed to participate, it can be questioned as to whether this was truly voluntary.

Thirdly, I was aware that during the interviews Cindy, Zweli and myself worked to create an environment in which participants were able to freely tell their stories. Whilst I would not say that this amounted to 'faking friendship' it could be argued

that such adaptation of tone and environment could constitute emotional pressure as participants are induced to ‘provide their stories, perspectives or narratives’ (Tyldum, 2012, p. 204).

Having raised these concerns it can be asked to what extent truly free informed consent can exist. Tyldum argues that the issue is not whether any pressure is indefensible, but rather when some is, and when it isn’t (2012). While not completely ‘voluntary’ I would argue that within this context at no point did this pressure become indefensible, yet negotiating this boundary requires a deep understanding and awareness of the context, and a willingness to look beyond when a participant simply says ‘yes’.

4.7.2. Confidentiality

All efforts were made to keep the data confidential and anonymized (section 4.5). However, despite these actions it was the issue of confidentiality around which I found myself most conflicted by ‘the code of ethics we adhere to and our own personal, internal ethical attitude’ (Wiener, 2001, p. 438). This conflict came to the fore in two particular ways.

Whilst I was committed to keeping participant data confidential, this was not always something which was easy to reconcile myself with. For example, during an interview with young one male he talked openly about the three girlfriends he currently had, and also admitted that at the time he did not use protection with any of them. Whilst this information on its own did not raise any (ethical) concerns, the fact that two of his three girlfriends also took part in the research did. In both interviews the girls professed their love for their boyfriend, seemingly oblivious of the other women in his life, and again, admitted that they did not use protection whilst having sex. Over the course of the fieldwork, knowing this information made me feel increasingly uncomfortable, and whilst I never broke the young man’s confidentiality, maintaining it was not always easy.

Social media was also an area where issues of confidentiality arose. Most of the young people I spoke to were active users of social media and after my first visit to Tuba, I started to receive ‘Friend requests’ from them on Facebook alongside requests for my ‘Whatsapp’ details. These requests raised two concerns. Firstly, if I

were to accept their friend requests I would have access to details about their lives, such as photos, their conversations with friends and their general updates. Whilst these requests were made from a position of friendship, they raised the issue of how to balance my growing connection with the participants, and my position as a researcher of their lives.

For myself I felt uncomfortable about the position these requests placed me in. Could I use what I read or saw on social media as data? What would happen if someone said something in an interview which was contradicted on social media? Did their 'request' constitute consent? Even if I decided not to use the data how would my opinions and views of someone be changed by their social media presence and as such influence the research? Yet I also had to be aware of the cost of not accepting these requests. In a context where social media is such a huge part of the participants' social worlds what impact would my denying them access have on our relationships?

Secondly, in accepting their requests I would also be granting them access to aspects of my own life which until that point I had kept private. Although I did not have anything to 'hide', I did feel that by granting participants such access may undermine the field identity that I had worked hard to create. Within the interviews themselves I was able to control (to an extent) the level of self-disclosure, yet online this would not be the case. However, at the same time it felt unfair that I was asking them to be so open with me, yet I would not grant them access to my 'newsfeed'.

Thankfully I was able to negotiate these issues by explaining that my phone was not capable of having the Facebook 'app' (which it wasn't). Whilst this brought me ridicule from most of the participants, it enabled me to explain away my lack of 'activity'. They were aware that I had a laptop but I explained that I had limited access to the internet whilst back in East London and therefore didn't go onto my page very often during the time that I was away from the communities. Whilst this provided me with a 'get out clause', this experience clearly resonates with Dickson-Swift et al who note that qualitative research by its very nature leaves researchers 'ultimately more vulnerable to crossing the boundaries from research into friendship' (Dickson-Swift, James, Kippen *et al.*, 2007, p. 338). As the use of social media

increases this will open up new ways in which this boundary may be crossed and will require management.

4.7.3. Addressing vulnerability

Underpinning these approaches to consent and confidentiality is an underlying concern of the researcher for the vulnerability of the participants. One of the biggest concerns that I had regarding my interviews is that it could lead to 'retrauma', as young people were asked to recount and relive traumatic periods in their lives. Not only would I feel responsible for causing the participants further pain, but I was also acutely aware of my own (as well as Zweli and Cindy's) inability to handle such emotion in the interview. As a researcher I have little knowledge of how to deal with such scenarios for we are trained to minimise emotion in interviews, not how to deal with it when it occurs (Ansell *et al.*, 2005). I therefore undertook a number of steps to reduce the possibility of 'retrauma' such as holding the interview at a location of the participant's choice and ensuring that interviews were conducted with someone of the same sex.

However, despite at times talking about difficult periods in their lives, or distressing incidents, no participant asked for the interview to be stopped. One such example was a young woman who talked openly about her forced marriage and the unhappiness that she suffered as a result of it. Yet despite this apparent distress she was keen to tell her story, having not been able to speak openly about this experience before within the constraints of the community context. For her, and many others, the opportunity to talk freely, outside of the social constraints of their community, was a cathartic experience. As Ansell and van Blerk note, there is a difference between causing distress, and bringing some pre-existing distress into the open (Ansell *et al.*, 2005). However, it should also be noted that this demarcation is not always clear and that deciding what is and isn't harmful is not always easy (Ansell *et al.*, 2005, p. 72).

Another concern was around the possible stigmatisation which participants may experience as a result of taking part in the research. HIV remains a stigmatised condition, particularly within the rural areas of South Africa, so I was therefore worried that by taking part in the study young people themselves may become stigmatised. I therefore sought to reduce any impact by making it clear from the start that the research was for any young person in the community, not only those directly

affected or infected. I also made sure that I, Cindy or Zweli talked through with the participants any concerns that they had about taking part and particularly in the later interviews, any experiences they had had since our previous visit.

During the course of the fieldwork at no point did we come across any such stigmatisation, for reasons which I feel are twofold. Firstly this is an area where there have been a range of NGO programmes working on HIV/AIDS issues with young people, and so the rest of the community assumed this is what we were also doing (despite my repeated denials). As such the research was seen as something which young people *should* be engaging with. Secondly, although HIV is stigmatised, its prolonged presence in the communities and people's lives mean that it is now part of the public discourse and is perhaps talked about more easily than in other settings. Many of the people that I met, both young and old, spoke freely about the impact of HIV on their communities.

Whilst encouraged by the participants' responses to my efforts to mitigate their vulnerability, I came to increasingly question how 'vulnerability' is understood within ethical discussions. It was clear that vulnerability was much more nuanced than the structures of the ethical guidelines would allow for. Rather what emerged was a need to be aware of the way that 'vulnerability' is a socially constructed category, and that the way in which it is utilised within research may not fit with how participants themselves locate, and understand, their vulnerability. Fisher argues that 'the protective benefits accorded to vulnerable groups in research may need to be reconsidered alongside other human goods, such as the promotion of voice, agency and active citizenship' (2012, p. 7). By focusing on young people's vulnerability we must be careful not to deny them the opportunity to exercise their agency and find their voice, and in doing so provide us with a better understanding of what exactly 'protection' can and should look like in the context of their lives.

4.7.4. Emotional ethics?

These ethical concerns forced me to reconsider how I came to understand 'ethics' within research, and the basis upon which such decisions should be made. As Morrell, Epstein and Moletsane note, 'choices often involve dilemmas that remind us that we cannot be neutral' and that 'the judgements to be made are not clear cut' (2012, p. 624, see also Edwards & Mauthner, 2012, Halse & Honey 2007). The

dilemma therefore became about how to make these decisions, and how to deal with the possibility of getting it wrong. What became increasingly clear through the fieldwork was the way in which I increasingly found myself reacting and engaging emotionally with the research in ways which shaped my ethical standpoint. That is not to say that the decisions I took were taken without a sense of what would be 'rational', but that I found myself agreeing with Silk who states that 'To act ethically requires a person to listen to both head and heart' (2000, p. 306).

As I came to know the communities in which I was living, as well as the participants of the research, I came to engage emotionally with them, and it was through these emotions that I came to better 'know' about their lives. It would not have been possible, nor did I try, to conduct the research in a detached way, devoid of the context and what it meant, for 'if we undertake to study human lives, we have to be ready to face human feelings' (Ely, Anzul, Friedman *et al.*, 1991, p. 49). Ansell and van Blerk put forward an argument for an 'ethic of care' which 'takes account of the emotional context of interpersonal relations' (2005, p. 79). I would argue that this comes close to how I came to understand, and know, my ethical responsibility to the participants. My decisions remained rationally justifiable, and adhered to the guidelines provided, but they were also shaped by the need for an ethics that was context dependent, continually negotiated, emotionally aware and sought to take account of the participants' own understanding of 'ethical' research.

4.8. Conclusion

In this chapter I have outlined the approach taken to answer my research questions, and demonstrated how it is grounded in theoretical positioning which shapes the research. I have explored each of the methods I utilised, and in doing so sought to provide the reasoning for these choices, as well as an awareness of the limitations that these place on my research.

Alongside detailing how these methods came to be employed within the research process I have also considered critically my own position within this and how it came to shape the research. In the final section I have reflected upon the range of ethical concerns which arose during the fieldwork, and how I overcame these as well as what they might mean for how we consider them within such research more widely.

5. 'We know young people and we know what works': young people, HIV policy and knowledge claims



UNAIDS | 2011

SECURING THE FUTURE TODAY

Synthesis of Strategic Information on HIV and Young People



18

¹⁸ Images taken from UNESCO (2013) and UNAIDS (2011b)

This chapter will draw upon my document analysis and key informant interviews to answer the first of my research questions; *how are young people, their sexual identities and behaviours, understood and known within HIV/AIDS policy, and by HIV/AIDS policy makers?* In answering this question I seek to fill the gap in knowledge identified in chapter 2, namely that there is a need to examine how young people, their sexual identities and behaviours, have come to be constructed within policy discourse. Drawing upon the conceptual approach of Foucault, it examines how policy narratives have put youth sexuality ‘into discourse’, why these particular narratives have emerged and with what effects for young people and the interventions which target them.

To do so I examine how knowledge about young people, their sexual identities and behaviours has come to be produced and utilised in particular ways through the policy process. Knowledge itself has become a central theme within HIV prevention policy discourse. Led by UNAIDS, the call to ‘Know your epidemic, know your response’ has become a unifying banner for the global HIV movement in recent years (UNAIDS, 2008b; WHO, 2013). Premised upon the idea that a better understanding of the epidemic within the population will lead to a more effective response, such knowledge is actively being used to shape and drive forward prevention policies and programmes. The knowledge claims that we know *who young people are*, and *what works* for them, have therefore become two of the central components of prevention policy.

It is interrogating these knowledge claims which will be the focus of this chapter. In doing so I will examine how these claims are being produced, the evidence upon which they are based, and crucially what they in turn produce in terms of constructing a particular understanding of youth sexuality. My focus therefore is not only on describing how young people and their sexual identities and behaviours have come to be understood within policy discourse, but to also ask how and why these particular understandings have emerged, and their implications for both HIV policy, and young people themselves.

The chapter is split into four sections. I begin by briefly exploring how questions of evidence and knowledge have come to play a central role within prevention policy, before contesting the uncritical way in which they have come to be utilised. In the

next two sections I unpack two of the central knowledge claims made about young people. The first of these is that that ‘we know what works’, for young people and HIV prevention. In this section I draw attention to the way in which particular forms of evidence have come to be utilised in constructing these claims, and the limits that these place on our understanding of young people’s everyday experiences of the virus. The second claim, that we ‘know’ young people, is then examined. In doing so I analyse how the bodies, identities and behaviours of young people have come to be constructed in a particular way in relation to the virus. I conclude the chapter by arguing that these claims are fragile and draw on my key informant interviews to explore some of the ways in which they are being contested as they are deployed within the context of the Eastern Cape.

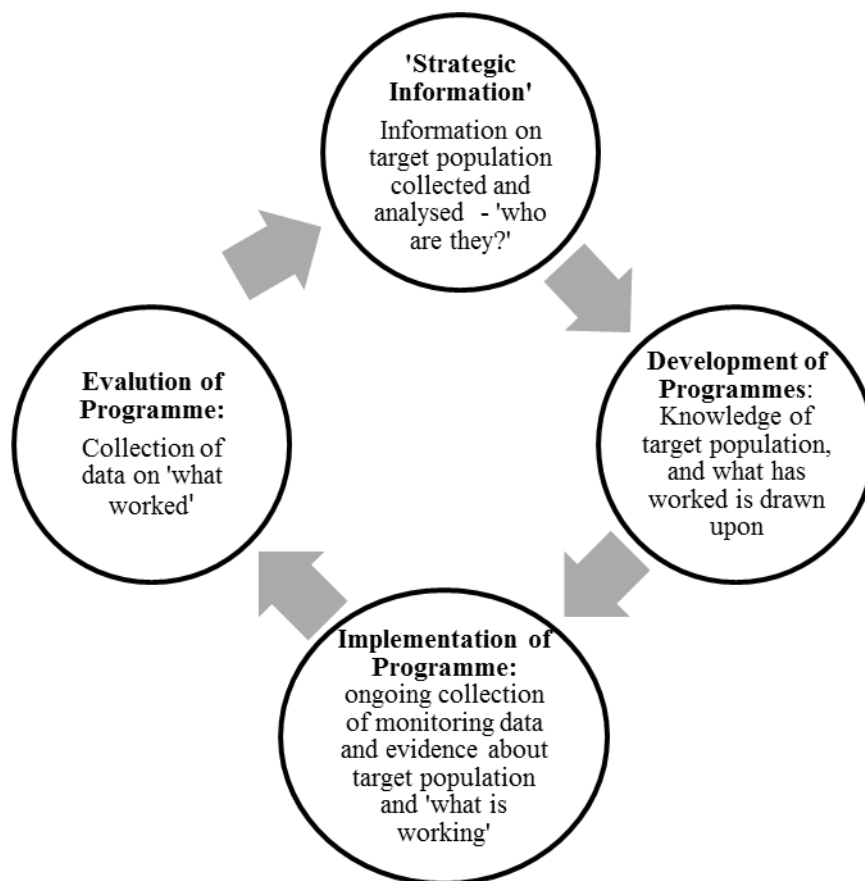
5.1. ‘Know your epidemic, know your response’: Evidence based policy and HIV

Knowledge, and in particular evidence, has become a recurring theme within HIV policy discourse. This reflects a wider shift within the social sciences and policy towards an evidence based policy narrative, more traditionally found amongst the medical sciences (Oakley, Gough, Oliver *et al.*, 2005). This shift has been argued for on a number of counts. Firstly, knowledge about the problem at hand, as well as those which you are seeking to target, is seen as a pre-requisite for establishing an understanding of ‘what will work’. In the case of young people, this means ‘knowing’ young people, and with it the issues that they face, so that you are then able to deduce the best way to tackle these. If you don’t know young people, it is argued, you may end up developing interventions which don’t address their real needs. ‘Evidence’ and ‘strategic information’ about young people has therefore come to be viewed as critical to an effective response to the epidemic (UNICEF, 2013, p. 39).

Secondly, evidence and knowledge is also important for identifying ‘what has worked’ and therefore underpins the knowledge claim ‘we know what works’. Monitoring and evaluation processes have become development activities in their own right as collecting data on the impact of programmes, both during and at the end, is viewed as essential to programme success. They are critical pre-requisites for ‘management for results’ as they enable practitioners and policy makers to assess ‘progress towards meeting target programme outcomes’ (Bell & Aggleton, 2012, p.

797; Mueller-Hirth, 2012). This knowledge can then be fed back into the policy process to provide guidance on further interventions under the banner of ‘sharing best practice’ as it is ‘collected and analysed in order to inform and improve programme planning and implementation for this population’ (UNAIDS, 2011a, p. 7).

Figure 5.1. Knowledge use within the policy process (own diagram)



The importance of knowledge can be readily found within the HIV policy narrative and is seen as crucial to ensuring that the resulting policy, programme or intervention is effective and cost-efficient,. For example, in the design of programmes, information and knowledge about the target population is seen as key ‘at both the national and international level so that the response to the global HIV epidemic can be tailored better to engage young people and address their age-specific needs’ (UNAIDS, 2011a, p. 3). Indeed, ‘a lack of data and monitoring related to adolescents and youth’ is seen as one of the key implementation challenges as it limits decision making (UNAIDS, 2014d, p. 7).

This reflects the wider global strategy on the virus for, as stated in *UNAIDS Strategy 2011-2015: Getting to Zero*, there is a call to reshape the prevention response through ‘intensifying what we know works and focusing efforts where they are most needed. Analysing the severity, scale, scope and impact of the epidemic can guide us to the settings in which we can deliver maximum results’ (UNAIDS, 2010b, p. 22). Knowledge is at the heart of this response as it is through ‘using the most current epidemiological data on modes of transmission, the latest information on social context and a fuller understanding of the strengths and weaknesses of the existing response, countries can focus and intensify efforts where they will produce the greatest impact’ (ibid, p. 23).

5.1.1. Evidence based policy in South Africa

This discourse is also found at the national and local level within South Africa and is evident in the South African NSP (SANAC, 2011). The emphasis on identifying and then scaling up ‘what works’ is clear from the outset as it is stated that ‘Interventions that have worked will be scaled’ while ‘at the same time proven new interventions will be implemented’ (ibid, p.1). Evidence as a key driver of programming is noted as researchers and policy makers alike are called upon to ‘commit jointly to an evidence-based approach and a common understanding of the country’s HIV, STI and TB response’ (ibid, p.17). This is again reinforced by two of the principles underpinning the plan. Firstly that ‘preference should be given in planning and implementation to high-value, high-impact and scalable initiatives (ibid, p.21). Secondly that plans ‘should be based upon evidence and implementation should focus on the achievement of well-formulated objectives and targets’ (ibid, p.21).

The need for strategic information is also noted as ‘the lack of basic information to improve the impact on these diseases needs to be addressed’ (ibid, p.73). Such information is viewed as critical to policy making and planning as ‘Data needs to be collated and synthesised so that researchers and policy-makers can make informed decisions and priorities’ (ibid, p.73). Such information will be gathered through a comprehensive monitoring and evaluation framework which will ‘ensure continuous feedback of relevant and accurate information’ (ibid, p.16). Within all of this it is noted that ‘scientific excellence must remain the benchmark’ (ibid, p.74).

This alignment to international approaches is not surprising given that the South African government is directly supported by international organisations that also emphasise the strength of this approach, such as PEPFAR. In their ‘Partnership Framework Implementation Plan in Support of South Africa’s National HIV, STI and TB Response 2012/13 to 2016/17’, PEPFAR identify how their workstreams support the NSP, the first of these being to ‘Strategically focus prevention interventions’ which includes supporting the government through their ‘evidence based comprehensive prevention portfolio’ and to support the introduction of ‘new prevention interventions as they become cost-effective and part of international best practise’ (2012, p. 18).

This discourse was also evident in the interviews with key informants who stressed the importance of both programming based upon evidence, as well as ongoing monitoring and evaluating processes to ensure progress against the indicators and targets which they had been set.

‘Before you start any programme you know, you need to think about what you are doing, you know, doing needs assessments and what not. You need that information so you can build your case for why you are doing something and who you are doing it with.’

[Male, 34, national NGO programme manager]

Tackling the epidemic amongst young people therefore is presented as a question of improving our knowledge of the epidemic through a renewed focus on both the gathering of ‘strategic information’ on young people, and the collection of evidence on ‘what works’, which in turn will lead to the development of more effective programmes, which can then be identified and scaled up.

5.1.2. ‘Evidence’ as a contested concept

Information and evidence, and the knowledge that they produce, are therefore central to the current policy narrative around young people and HIV prevention in South Africa. Viewed as a logical model, it can be hard to argue against the narrative that the more we ‘know’ about young people and the epidemic, the better, and more appropriate our response will be. Yet the work of Foucault draws our attention to the need to critically analyse what we come to use as ‘knowledge’ and ‘evidence’ within

policy. Knowledge does not just exist, but is actively produced in particular contexts in ways which are reflective of wider power relations (Foucault, 1998).

Rather than understanding this knowledge about young people as self-evident we therefore need to ask how it is that this knowledge has come to be constructed, presented and drawn upon in particular ways to make knowledge claims about young people and HIV, and what the effects of these claims are. Examining how knowledge comes to be produced is therefore also about examining who comes to speak about an issue, what they are able to say, how this shapes what we know, and what other ways of knowing may exist. In the words of Foucault we need to examine how young people have come to be 'put into discourse' and by whom (ibid, p.11).

Knowledge construction can therefore be understood as a process of inclusion and exclusion, as particular kinds of knowledge, and voices, come to be foregrounded. For example, UNAIDS state that 'latest information on social context' is crucial for the development of effective policies (2010b, p. 23). Yet, as I explored in chapter 2 what this social context is, and how it is to be understood is far from clear. What aspects of context are relevant here? How are they to be measured? What data should be used?

Similarly, there is a focus on 'strategic information'. But what constitutes strategic in this context? What information is to be included about young people, and what is to be left out? Underpinning these questions are deeper ones concerning who is it that makes these decisions, how they are made, and crucially, how does the inclusion or exclusion of particular information impact on our understanding of the issue? Who decides what 'evidence' in this discussion is? For Denzin this is 'a question of who has the power to control the definition of evidence, who defines the kinds of materials that count as evidence, who determines what methods best produce the best forms of evidence' (2009, p. 142; see also Morse, 2006).

How we come to 'know' in different ways is important because it produces a particular understanding of the issue as 'people are made in what we know and how we know' (Seckinelgin, 2008, p. 121). In producing these understandings it therefore shapes our actions, and for Foucault the forms of governance and regulations which emerge, as 'knowing gives direction to what is to be done, that is, to action in a particular realm that is also known' (ibid, p.98). For example, how

young people come to be understood and known within policy discourse will impact on how they are understood in relation to the virus, and as a result, the approach that will be used within interventions to target them.

Yet, as I argue throughout this thesis, the ways in which this knowledge is constructed means that these understandings of young people often do not reflect young people's own understandings of their identities and behaviours. I argue that in constructing young people and their sexuality in particular ways, we expect them to behave in particular ways in relation to interventions and the virus.

Within this discussion my objective is not to discount the use of evidence-based policy per se. Evidence, information and knowledge should all play a role in shaping and informing policy. Rather my aim is to draw attention to the contested nature of evidence and knowledge, and to highlight how what evidence we use, and how we come to use it, matters for HIV prevention.

5.2. Unpacking knowledge claims: 'We know what works'

The first knowledge claim which I seek to interrogate is that which claims that 'we know what works' for young people in HIV prevention. In doing so I will examine 'the relationship between the claim 'we know' and the knowledge base upon which these claims are made. I begin by examining the evidence upon which the claim that 'we know what works' is based, before examining how this particular use of evidence impacts on, and limits, what we are able to know about young people's own experiences of the virus.

5.2.1. What do we know?

Within the policy literature it is claimed that we know 'what works' within HIV prevention and young people. For example, in *Securing the Future Today: Synthesis of Strategic Information on HIV and Young People*, it is stated that 'After a decade or more of initiatives, there is sufficient evidence that there are effective services and programmes to prevent HIV infection in young people' (UNAIDS, 2011b, p. 45). This document goes on to state that 'For example, a review of the effectiveness of programmes in sub-Saharan Africa to improve sexual behaviour and health outcomes, with regard to HIV, STIs and unintended pregnancy, found that there are promising programmes that do work' (ibid, p.45).

This contrasts with the literature outlined in chapter 2, where authors have argued that what works is far from clear (Auerbach *et al.*, 2011; Gibbs *et al.*, 2012). However, within policy documents this concern is absent. For example, in *Global Guidance Briefs: HIV Interventions for Young People* it is stated ‘We know what works in preventing HIV among young people, and an essential package of HIV prevention, treatment, care and support interventions should now be in place as part of efforts to ensure universal access’ (UNAIDS, 2008a, p. 2).

Given this contradiction, it is important to ask what the evidence these claims are made upon. Let us take the first example to start with, which cites two sources in making this claim. These are both systematic reviews complied with the aim of reviewing the ‘evidence on the effectiveness of youth HIV/AIDS prevention interventions in sub-Saharan Africa (SSA)’ in order to ‘make evidence-based policy recommendations to guide efforts towards meeting the United Nations General Assembly Special Session on HIV/AIDS goals’ (Mavedzenge *et al.*, 2011, p. 568; Ross, Dick, & Ferguson, 2006a). Both widely cited, the first review was published in 2006, and then updated in 2011.

As with all systematic reviews criteria for inclusion in the review is provided. These were:

- Intervention targeted 10-24 year olds and was carried out in a group ≥ 100
- Evaluation was conducted ≥ 3 months after the start of the intervention
- Evaluations measured effect on biological outcomes, sexual behaviour outcomes and/or use of health facilities.
- Evaluations of interventions in school had to use an experimental or quasi-experimental design
- Evaluations in other settings could be cross-sectional with comparison group or before-after analysis in intervention group only (Mavedzenge *et al.*, 2011, p. 570).

Once identified the studies were categorised according to their type. These are interventions within schools, interventions to increase use of health services, mass media, geographic community interventions and interventions for those most at risk (sex workers, injecting drug users and men who have sex with men). In each

category the evidence is reviewed before recommendations for further action are made. These recommendations are either ‘steady’ (more research and development is still needed), ‘ready’ (there is some evidence but implementation needs to be accompanied by further monitoring and evaluation) or ‘go’ (sufficient evidence exists to recommend widespread large-scale implementation) (Mavedzenge *et al.*, 2011, p. 584).

Given this framework let us look at one particular type as an example, in this case the data for community interventions as these were the ones which I most often came across during my fieldwork. In the 2006 review 22 studies within this category were identified. 9 of the evaluations used experimental designs, 5 utilised other before/after evaluation methods whilst 8 provided evidence based on informed judgement. In these instances this evidence was used ‘only when they provide useful information, and they are identified as coming from less rigorously designed evaluations’ (Maticka-Tyndale & Brouillard-Coyle, 2006, p. 258).

The results provide a mixed picture. Whilst 20 out of the 22 studies reported gains in knowledge, in 13 of these this evidence was ‘weak’ (ibid, p.273). In reporting on behaviour outcomes such as sexual activity and condom use again only 4 reported strong evidence (with this being mixed between women and men) whilst 7 reported weak results. There was only one study which measured HIV incidence and this reported an *increase* in incidence over the period of the intervention (based on sentinel surveillance data). As a result none of the studies produced ‘strong, unequivocal evidence of positive effects’ (ibid, p.273).

Moving forward to the 2011 review a further 11 studies were identified, three of which were in South Africa. Whilst deemed to be of a higher quality than during the previous review, they were still thought to be weak as they lacked control populations and baseline information (Mavedzenge *et al.*, 2011, p. 582). As a result it was adjudged that the weak study design meant ‘most studies did not provide strong evidence on effectiveness’ (ibid, p.582). As a result no interventions were awarded a ‘go’ recommendation. Whilst there was one study which offered positive results, including a finding that HIV prevalence was lower in those who reported exposure to the programme, this was not viewed as adequate as ‘the observational design makes this study open to potential bias and confounding’ (ibid, p.583).

This lack of evidence and mixed results is not unusual and is a common theme across a range of other systematic reviews which are often cited to provide evidence that ‘we know what works’ (Fonner, Armstrong, Kennedy *et al.*, 2014; Foss, Hossain, Vickerman *et al.*, 2007; Harrison *et al.*, 2010; Kim & Free, 2008a; Kirby, Laris, & Roller, 2007; Maticka-Tyndale & Barnett, 2010; Medley, Kennedy, O’Reilly *et al.*, 2009; Michielsen, Chersich, Luchters *et al.*, 2010; Paul-Ebhohimhen, Poobalan, & van Teijlingen, 2008; Tolli, 2012). Within these, whilst some evidence indicates improved knowledge of the virus, and in some increased demonstration of life skills, there is also increasingly acknowledgement that this does not readily equate to behaviour change (Harrison *et al.*, 2010). Another concern is over the use of self-reported data with a number of authors raising concerns over validity and the question of social desirability bias (Mensch, Hewett, Gregory *et al.*, 2008; Plummer, Ross, Wright *et al.*, 2004). This has led to a number of authors stating that the drivers of behaviour change in young people remain poorly understood (Maticka-Tyndale *et al.*, 2010; Michielsen *et al.*, 2010).

A clear gap that has been identified is the failure to use biological outcomes, which ‘remains the most important – and essential marker of intervention success’ (Harrison *et al.*, 2010, p. 10). Yet in the Mavedzenge study only five interventions were identified which attempted to do this. Aside from the one mentioned above, over which there were concerns regarding the study design, none of the others reported an impact on HIV incidence (2011).

However, these concerns over our ability to identify ‘what works’ are not reflected in the policy discourse. Indeed even within the WHO report it states that ‘while studies have not yet demonstrated that these interventions in the developing world significantly reduce the rates of STIs and HIV, many studies demonstrated that their intervention produced positive behaviour changes that logically should lead to reductions in STIs and HIV’ (Kirby, Obasi, & Laris, 2006, p. 145).

Following such ‘logic’ allows claims about ‘what works’ to continue to be made even though there is an absence of evidence. This is despite an acknowledgment by the authors that evidence on the most appropriate way to deliver health care to young people remains incomplete (Mavedzenge *et al.*, 2011). To address this they call for more evaluations to be conducted and ‘future research should plan for as rigorous

evaluation as possible' (ibid, p.585). However, in the next section I will argue that it is not just a lack of data which poses a problem to our understanding of young people and their engagement with HIV interventions, but also the kind of data which comes to form the basis of these knowledge claims.

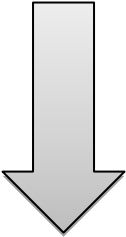
5.2.2. *What can we know?*

Having established that there are limits to what we 'know works', in this section I will reframe the question to ask, what 'can' we know? I seek to examine not only what information is being used to produce knowledge about young people, but also ask, what *kind* of information is being used, and how does this impact on our 'knowledge' of young people and their behaviours.

As can be seen from the systematic reviews outlined above within policy discussions there is a clear emphasis on the importance of study design for ascertaining the strength of the evidence which can be drawn from an evaluation. Within this, the greatest weight is given to those studies which draw on statistical methods, most notably randomized controlled trials (RCTs), experimental methods or other methods which use an appropriate control group so as to be able to provide a way to 'obtain credible and transparent estimates of program impact' (Duflo, 2004, p. 342; see also White, 2009).

For example, in the WHO report discussed in the previous section a hierarchy of evidence is clearly stated (Ross, Wight, Dowsett *et al.*, 2006b). Here RCTs are placed at the top, and other 'anecdotal and experiential' data at the bottom (see Fig 5.2.) (ibid, p.94).

Figure 5.2. Hierarchy of evidence (ibid, p.94).

<p>Greatest</p> <p>Strong evidence</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>Least</p> <p>Weak evidence</p>	<p>Weight:</p> <p>Very</p>	<ul style="list-style-type: none"> ➤ Probability evaluations: RCTs ➤ Quasi-experimental evaluations with one or more contemporaneous groups ➤ Before/after or times series evaluation studies ➤ Reports of anecdotal or experiential evidence or informed judgement
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Cartwright and Hardie argue that this ranking should not be surprising as RCTs, and experimental and quasi-experimental studies more generally, have come to be understood as the ‘gold-standard’ within evidence-based policy meaning ‘good evidence for a policy has come to mean a good RCT’ (2012, p. 121).

A number of reasons can be identified for the foregrounding of these methods. The first is that they are viewed to be scientifically robust with high internal validity (ibid, p.122, Seckinelgin, 2007). Secondly, they are viewed as having high levels of external validity, meaning that the causal inferences identified can be generalized to other settings. This is crucial within HIV prevention where there is a growing emphasis on the need to identify and scale up interventions that have been proven to work meaning generalisability emerges as ‘the policy relevant criterion for evidence’ (Seckinelgin, 2007, p. 1226; UNICEF, 2013). In being able to scale up these interventions it is argued that there is the opportunity to ‘leverage the impact of international organisations well beyond their ability to finance programmes’ and have the potential to ‘revolutionize social policy during the 21st century’ (Banerjee & Duflo, 2011; Duflo, 2004, p. 365).

Yet it is important to ask what the impact is of the dominance of this approach within policy discourse and whether this is ‘the appropriate framework for producing evidence within this area’ (Seckinelgin, 2010, p. 374). Here the work of Cartwright and Hardie is useful as it draws attention to the question of relevance within these studies as they ask, ‘under what circumstances is an RCT evidentially relevant to an effectiveness prediction?’ (2012, p. 33). In other words, in the case of young people and HIV prevention policy, what is the relevance of RCTs for being able to establish the knowledge claim ‘we know what works’ for young people, and in particular ‘we know what works for young people in the rural Eastern Cape of South Africa’? Is this the information the most relevant to our needs?

One way to address this question is to ask what don’t we know when you draw on this information? What understandings, and ways of knowing, are we missing and what are the implications of these gaps for our knowledge claims?

5.2.3. What don’t we know?

Here I outline three specific ways in which our understanding comes to be limited by our focus on these forms of knowledge. The first of these concerns our ability to understand how, and why, interventions come to work, or not work, and how and why young people come to engage with them, or not engage with them. One of the perceived strengths of experimental methods is that they are able to identify causal inferences and mechanisms, enabling us to identify the effect of one variable on another. These causal inferences can then be abstracted into causal principles which can then be applied in other settings (Cartwright, 2010).

A good example of this within HIV prevention policy is the Stepping Stones programme discussed in the Introduction to this thesis. The programme focuses on addressing gender based violence and inequality, as well as attitudes towards young people, as part of a wider approach to tackling the virus in communities the programme. Its core principles, such as participatory learning, have come to be ‘used across every continent and has been translated into around 30 languages’, including in South Africa (SteppingStones, 2011). However, in South Africa the programme has had limited success with an RCT finding that whilst there was a reduction in HSV-2 infection amongst the treatment population, and some reduction in self-

reported risk behaviours of men, there was no evidence to suggest that the intervention had any impact on HIV incidence (Jewkes *et al.*, 2008).

Cartwright and Hardie argue that this failure for programmes to ‘translate’ across settings should not be surprising as they argue that whilst an ideal RCT can tell you that ‘*the policy played a positive causal role*’, this ‘*is all it establishes*’ (2012, p. 35, original emphasis). This point has also been picked up by Deaton who argues that RCTs and experimental methods are limited in their utility ‘unless they tell us something about why the programme worked, something to which they are often neither targeted nor well-suited’ (2010, p. 448). We need to know about not only outcomes, but processes as well.

This therefore leaves a large gap in our understanding. For example in the RCT of the Stepping Stones programme, whilst the lack of impact is documented, this evaluation is not able to explain why the programme was not more successful, or why it appeared that men changed their behaviours and women didn’t. That is not to say this information does not exist, indeed it can be found in a different study, where the participants were interviewed about their experiences (Jewkes, Wood, & Duvvury, 2010). In this study it becomes clear that despite the programme women were unable to challenge the patriarchal and cultural norms which governed their lives (*ibid*). Yet the evidence quality ranking system in place means that these insights are notably absent from the systematic reviews which draw upon the Stepping Stones evaluation as ‘evidence’.

This is also noted as a gap in our understanding within the systematic reviews discussed above. For example Mavedzenge *et al* note that it is not possible to disentangle how differing components of interventions work together, and more critically which components are effective and why (2011). Others have also drawn attention to the need for such an understanding, arguing that more needs to be known about the ‘implementation factors that led to the most success in shaping and changing subsequent HIV-related risk behaviours’ (Fonner *et al.*, 2014, p. 16; Medley *et al.*, 2009).

This leads to the second limitation which I seek to highlight: that unless we are able to understand how and why interventions do or do not work, it will not be possible to identify the support factors which need to be in place. Support factors, Cartwright

states, are ‘those factors without which the policy variable cannot act’ (2010, p. 12). In their work Cartwright and Hardie compare support factors to the ingredients of a cake, where the policy is only one ingredient, and is reliant upon the others to produce the end result (2012).¹⁹

As I noted in chapter 2, within youth HIV prevention policy there has been an acknowledgement of the need to identify these ‘other factors’ which impact on programme success. In their review of the theoretical basis for HIV prevention programmes, Michielsen et al note that sexual behaviour is far from uniform and is a ‘collection of several relatively distinct behaviours that can be shaped by different factors in different contexts’ (2012, p. 14). This has led to an increase in the number of interventions utilising ‘combination prevention’ approaches, alongside addressing the structural issues which shape young people’s experience of the virus, such as gender based violence (UNAIDS, 2010a).

Whilst recognition of the multiple factors at work in HIV prevention is important, there remain limitations to this approach. Some of these have been identified by UNAIDS which acknowledge that ‘further research is needed to better understand the barriers to effective HIV responses and factors enabling them; to quantify key enabling interventions; and to demonstrate their cost-effectiveness’ (2011a, p.6). Yet whilst recognising this need, there is also a need to recognise the limits of the current approach to obtaining this knowledge as outlined above: that within these studies we lack the ability to ascertain the ‘how’ and ‘why’ of interventions.

By this I do not seek to take away from the importance of evaluation studies which seek to establish causal links between variables which impact on young people’s HIV prevalence, as well as their engagement with interventions. Rather what I am arguing is that to be of use, we need to take this analysis further and understand how, or why, something is or is not impacting on young people. We need to acknowledge that these relationships are messy, complex and change over time, rather than viewing, or at least seeking to view, each structural element as another variable with a quantifiable causal relationship with HIV incidence.

¹⁹ Cartwright and Hardie provide a number of examples, such as efforts to introducing cycle helmets in order to reduce head injuries. Whilst helmets constitute one factor a ‘horizontal’ search also reveals that driver behaviour, as well as cyclist risk taking, are also important factors and other ingredients within the policy ‘cake’.

This leads to the third limitation which I seek to explore, that by foregrounding these forms of knowledge not only do we limit our ability to say how or why something works, but also we lose sight of the importance of context in the effectiveness of interventions. Rather than asking ‘what works’, we need to also be asking ‘what works for whom in what contexts?’ (Pawson, 2013, p. xii; Pawson & Tilley, 1997). However asking such questions is difficult as the removal of context is central to the model as it is through this which interventions are able to be framed as generalisable. If the causal mechanisms and principles are context specific, this will limit, it is argued, their utility outside of the context being studied.

Cartwright talks of straight sturdy ladders which enable policy makers to get from ‘it works here, to it works in general, to it works there’, as they allow you to ‘climb up and down the levels of abstraction without mishap’ (2010, p. 16). For example, during an evaluation a causal principle is identified. Through a process of abstraction it is then established as applying ‘in general’, and as such can then be used to predict what will happen in a similar, but different situation. So, for example, if in site A an intervention which economically empowers women leads to a reduction in HIV incidence, then a causal principle (female economic empowerment leads to reduction in HIV incidence) is abstracted, which can then be applied to site B through an intervention, and the same result can be expected.

This process underpins much of the policy narrative on identifying best practice and scaling up interventions ‘which work’ already noted in this chapter. For example, in *Securing the Future Today: Synthesis of Strategic Information on HIV and Young People* it is stated that ‘With effective programme models available, the next step is to scale up the response for young people. To support the design and implementation of HIV programmes for young people, the Inter-Agency Task Team on HIV and Young People put together a series of Global Guidance Briefs that outline what needs to be implemented in different sectors to prevent the spread of HIV among young people. (UNAIDS, 2008a; 2011b, p. 45).

These briefs (which cover the education sector, health sector, humanitarian emergencies, the work place, young people most-at-risk, and community based

interventions) outline the ‘specific actions that need to take place to respond effectively to HIV among young people’ (UNAIDS, 2008a, p. 1). Yet whilst being specific, these guidelines must remain abstract enough to enable them to be used across different settings (ibid).

High-level, abstract principles such as these can be found throughout the policy literature. In their review of sex and HIV education programmes, for example, Kirby et al establish 17 characteristics of effective programmes (2007, p. 213)(2007, p.213). Likewise Maticka-Tyndale and Barnett identify six factors identified as contributing to the success of peer-led intervention programmes (2010, p. 109).

Identifying such principles is central to making the knowledge claim that ‘we know what works’. For example consider the following guidance provided in two documents. The first is a joint UNICEF, UNAIDS and WHO document published in 2002 titled ‘*Young People and HIV/AIDS: Opportunity in Crisis*’(UNICEF, 2002). The second is from nine years later in 2011, a UNICEF document, similarly titled, ‘*Opportunity in Crisis: preventing HIV from early adolescence to young adulthood*’ (UNICEF, 2011). In both recommendations for action are provided which are outlined in Table 5.1.

Table 5.1. Recommendations for action

<i>Young People and HIV/AIDS: Opportunity in Crisis (UNICEF, 2002, p.25)</i>	<i>Opportunity in Crisis: preventing HIV from early adolescence to young adulthood (UNICEF, 2011, p.28)</i>
End the silence, stigma and shame	Establish laws and policies that respect young people's rights
Provide young people with knowledge and information (particularly through schools, communities and mass media)	Provide young people with information and comprehensive sexuality education
Provide youth friendly services	Scale up proven interventions for HIV prevention
Promote counselling and testing	Increase the number of adolescents and young people who know their HIV status
Work with young people, promote their participation (particular through their participation in programmes such as peer education)	Engage young people
Engage with young people living with HIV	Expand comprehensive services for young people living with HIV, paying special attention to adolescents,
Create safe and supportive environments	Engage communities in shaping positive social environments that promote healthy behaviours
Strengthen partnerships, monitor progress	Strengthen monitoring, evaluation and data reporting on young people, especially adolescents
Reach out to young people most at risk	Strengthen child protections and social protection measures to prevent exploitation of vulnerable children and adolescents
Equip young people with life skills to put knowledge into practice	

In examining these, two things are striking. The first of these is how little has changed in the ten years between their publication. The second is how these are presented as a given within the policy discourse, as self-evident principles, with little guidance on how they are to be utilised in practice and translated into lower level operational mechanisms.

For example, take the recommendation to ‘engage young people’. This may seem like a good recommendation, and is increasingly argued for on the basis of young people’s right to participate. But how is engagement to be interpreted? How is it to be implemented on the ground? Who will decide what forms of engagement are considered relevant? This is made harder by, as I have argued above, our lack of understanding of how and why things do or do not work, which are crucial in understanding how things are to be implemented at a local level.

It should be noted that within these documents there is reference to the need for ‘locally appropriate’ or ‘context-specific’ implementation. In the guidance briefs mentioned above, for example, there is a recognition that these do not provide a “how to” of how to implement the programmes, and that there will need to be ‘further adaptation and translation’ in order to be used as they note that they ‘do not attempt to address the many cultural, institutional and structural specificities and factors (UNAIDS, 2008a, p. 1).

Yet, even though there is this caveat, it is important to recognise that although room is left for ‘adaptation and translation’, the parameters of the debate, and space in which actors are able to move and negotiate are already set. As the document itself notes, the aim is to provide the ‘specific actions’ that are needed to address the epidemic amongst young people. Therefore whilst implemented in a context specific way, the shape of the interventions themselves remain a top-down policy arrangement which, as I have argued, is based upon a questionable evidence base.

Establishing ‘what works’ therefore is not an uncritical task of impact measurement but rather one which reflects particular understandings of what counts as *useful* evidence and knowledge within this context. In raising these issues the aim is not to argue that we do not know *anything*. Nor am I arguing that that studies which explore *how* and *why* programmes work, or don’t work, don’t exist. Rather, what I

am arguing here is that within the current policy model such studies fail to reach the desired criteria for what constitutes ‘evidence’ and as such are excluded during the policy process. My aim is therefore to draw attention to the limits on what we can say, and know, and the way in which these limits are embedded within the way in which evidence is currently constructed and framed.

5.2.4. Producing ‘success’?

Given the limits outlined above it can be asked how it is possible to continue to make the claim that ‘we know what works’. Yet in this section I shall argue that this is in part due to the way in which in this model a particular idea of what constitutes success comes to be produced, which in turn comes to validate, and reproduce the model.

Throughout the document analysis, and my interviews with key informants, it became clear that success was to be measured and understood through externally defined targets. These are set at the international level, and then transposed to the national and local level, and are those to which organisations, national and local, are expected to report.

For example, within the 2014 Global AIDS Response Progress Reporting, which all countries are expected to report on, 31 core indicators are outlined (UNAIDS, 2014c). Of these 11 are specific to youth and/or adolescents (ibid, p.23). These are detailed in table 5.2. below.

Table 5.2. Youth specific indicators for Global AIDS Response reporting (UNAIDS, 2014c)

Target 1: Reduction of sexual transmission of HIV in the general population

- 1.1. Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, disaggregated by sex and age (15-19 and 20-24)
- 1.2. Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15, disaggregated by sex and age (15-19 and 20-24)
- 1.3. Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months, disaggregated by sex and age (15-19, 20-24 and 25-49)
- 1.4. Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse, disaggregated by age and sex (15-19, 20-24 and 25-49).
- 1.5. Percentage of women and men aged 15-49 who received and HIV test in the past 12 months and who know their results, disaggregated by sex and age (15-19, 20-24 and 25-49).
- 1.6. Percentage of young people aged 15-24 who are living with HIV (no disaggregation)
- 1.7. Male circumcision indicators
 - 1.22. Percentage of men 15-49 that are circumcised, disaggregated by age (15-19, 20-24 and 25-49).
 - 1.23 Number of male circumcisions performed according to national standards during the last 12 months, disaggregate by age (1, 1-9, 10-14, 15-19, 20-24, 25-49, and 50+)

Data are expected to be collected on each of these indicators, which are then used to determine whether a country is succeeding in reducing sexual transmission of HIV.

However, in unpacking the logic, and framing, of these indicators two questions emerge. Firstly, who is it that is deciding upon these indicators as the correct criteria upon which success should be judged? The clearest response to this question would

be that it is the knowledge of ‘we know what works’ which is drawn upon to construct them. For example, if we know that male circumcision reduces the rate of transmission, then the indicator 1.7 makes sense, as an increase in the number of men who are circumcised should logically lead to a reduction in incidence. As such, these indicators are constructed as logical links within the causal chain.

Yet, as I have argued, the evidence upon which these indicators are drawn, reflects only a partial understanding of the virus in people’s lives and as such the causal links which they represent are not always stable. Rather than being grounded in the realities of young people’s lives, and the specific contexts in which they live, these indicators, like the evidence, are developed externally by those who ‘know’ the virus and how it works, not by those experiencing it.

The second question, linked to this, is that we must then ask is what is being satisfied by this criterion of success? (Seckinelgin, 2012). This question is crucial as it draws our attention to the ways in which ‘underlying assumptions produce and support a particular view of success’ and as such these ‘narratives of success in turn maintain the status quo for a given policy position’ (ibid, p.454).

In drawing upon a particular kind of evidence, the problem, and solution, comes to be framed in a particular kind of way and as a result success also comes to be framed in a way which supports and validates this approach. For example, indicator 1.1 is underpinned by an assumption and construction of youth agency that, if provided with the right information, young people will act rationally and use it (an assumption which I will explore further in the next section). As a result, a suitable intervention which reflects this understanding is developed, implemented, monitored and then evaluated according to this indicator. ‘Success’ is therefore achieved when young people’s knowledge increases, reflecting an increase in their capacity to act as a rational sexual being. In this way, success works to reaffirm, and validate, the overall model and the assumptions, including those about young people and their sexual agency, which underpin it.

Yet within this approach, and definition of success, where are the experiences of those who are engaging with these interventions? Where are their understandings of success? They are notably absent as they, and their behaviours, are only considered and interpreted ‘in relation to the already set limits of the expected success’ (ibid,

p.454). What ‘success’ looks like to the young people living with the virus in their everyday lives is not understood as being relevant, unless it resonates with this model. Yet as I shall explore in the remaining chapters of this thesis, success is a much more complicated and nuanced concept and is dependent upon the subjective standpoint of the person defining it.

In examining policy ‘success’ in this way I am not seeking to argue that all such indicators are of no use and should be abandoned. These data, as with much quantitative data, plays a crucial role in helping policy makers to understand the overall picture of the virus within the population. However, I want to raise two issues. Firstly, I would argue that this isn’t, and shouldn’t be, the only picture that we use for, as I have argued above, it is incomplete. Secondly, it is also important to recognise that the way the policy model and success is currently constructed means that it is difficult to contest or challenge this model and the assumptions embedded within it, as it becomes self-validating.

It is not just at the international level that these understandings of success operate, as can be seen through the international funding and reporting systems to which the South African government must adhere. For example, within the NSP it is stated that ‘much of the current research done by South African researchers is determined by the agendas of international donor agencies that provide the bulk of the research funding’ (SANAC, 2011, p. 17). Likewise, the document states that the plan is aligned to international and regional obligations, commitments and targets related to HIV (ibid, p.12).

Mueller-Hirth examines these monitoring, evaluation and reporting processes, arguing that they can be ‘understood as technologies through which governing is accomplished in the trans-scalar post-apartheid development domain’ (2012, p.649). She goes on to state that ‘Decisions about what and how to monitor reflect the power relations that also underpin other development activities and relationships’ (ibid, p.659). This can be seen not only in the funding arrangements (whereby funding can be withheld if targets are not met), but also in the public nature of these targets. Reporting is not an internal matter but one which is within the public domain through the ‘Global AIDS Response Progress Reporting’ system (UNAIDS, 2013). With the power to expose ‘failing’ countries the distribution within this power relationship is

clearly evident. Accountability therefore comes to be focused upwards, to the funding bodies and target setters. This therefore raises questions concerning where this leaves accountability to those whose lives are being quantified.

These issues were (vehemently) articulated by one key informant. An international member of staff working for an international funding organisation, she was placed within a national governmental body having spent a number of years working with local community based organisations. In our conversation she expressed her frustration at the external expectations and demands that were placed on her, which she felt lacked relevancy to the situation on the ground;

'They expect me to report on all of these targets, like I have done X activities with X females on the issues of sexual violence...but what does that actually mean? Other than that they can tick some box in their office in Pretoria of course and say oh, aren't we doing great stuff in the Eastern Cape'

[Female, programme coordinator, NGO, 32].

They were also expressed by a programme manager who had similarly started out within a community based organisation, and was now based at a national level programme with international funding:

'All they want is numbers, they want to know how many people I spoke to, how many homes we visited and all that. But you know I could visit 100 homes and nothing could change, but they wouldn't know that, that's not the number they are after [laughs]'

[Female, programme manager NGO, 29]

Whilst this manager recognised the need to monitor activities and track progress, she did not feel that this was being done in a way which was relevant or reflective of the meaning of these activities in the lives of young people. Yet both of these informants found they faced resistance when they sought to challenge this approach, with the former being informed that she was *'shouting at a bulldozer and expecting it to change course'*.

In raising these concerns I am not saying that monitoring and evaluation processes are not important, or that the data that are currently collected and drawn upon to

recognise ‘success’ are not of use. Rather I wish to note that this is often at the expense of other knowledge for as Eyben notes, within current development ‘there is an ever-increasing pressure to design projects/programmes and report on performance in a manner that assumes all problems are bounded/simple’ (2010). Yet what I will seek to demonstrate in the remainder of this thesis is that HIV prevention among young people is far from ‘simple’ or ‘bounded’, and that it is messy, complex and spatially and temporally situated. I also seek to demonstrate how and why recognition of this will be essential to an effective HIV response.

Before doing so I will first turn to the second of the knowledge claims which I wish to examine, that ‘we know young people’. In doing so I seek to examine how young people come to be ‘known’, and how this construction of a particular sexual youth identity is intertwined with the policy model outlined above.

5.3. Unpacking knowledge claims: ‘We know young people’

As outlined in section 5.1, ‘knowing’ young people is central to current policy processes as it is from this that effective policies will be developed (UNAIDS, 2011b). Yet, as I outlined in chapter 2, we need to go beyond the acceptance of this knowledge and examine how it is being drawn upon to construct young people and their sexual identities and behaviours in particular ways in relation to the virus. That is the focus of this section where I will explore how young people’s sexuality, agency, and gender have come to be understood and the implications of this for HIV prevention policy. I finish by asking who it is that is constructing, and making, these knowledge claims, or in Foucault’s terms, putting them and their sexuality into discourse. In doing so I draw attention to the relationship between those who make these knowledge claims, and those whom they are made about.

5.3.1. Targets for intervention or agents of change: ascribing youth agency

The increased interest in young people has led authors to conclude that young people are now a well-established development category (Jones & Sumner, 2011). As noted previously, this has also seen a reframing of young people from targets for intervention, to being understood as key players whose ‘meaningful participation’ is ‘critical to the success of any intervention’ (UNAIDS, 2014d, p. 16; WorldBank, 2007). They have the potential to ‘become powerful agents of change and active citizens’ and as such youth engagement has become one of the guiding principles of

the HIV response at the international, national and local level (Davis *et al.*, 2014, p. ii).

Yet whilst there has been increased recognition of young people's agency, it can be asked whether the way in which this has come to be understood reflects how young people themselves come to understand, and exercise it, in their daily lives. This issue has been raised by Sukarieh and Tannock who argue that this new approach to young people, which they term 'the new youth development movement', represents little more than reframing of young people in which they have come to be viewed as sources of capital which can be 'tapped into' to support a neoliberal agenda (Sukarieh & Tannock, 2008).

They state that 'promoting youth, proclaiming their power, strength or virtue...is not inherently any more progressive, critical or radical – or just or accurate – than is condemning youth, complaining about youth, disregarding youth or focusing on their short comings, problems and deficits...the challenge for critical analysis is...to go beyond simply inverting stereotypes to critically interrogating the material and social conditions of the construction of these broad categories of identity' (Sukarieh *et al.*, 2011, p. 688). They argue that without interrogation we risk perpetuating a universal category of youth where the 'specifics of local history, culture, social relations and political conflicts are essentially absent' (Sukarieh *et al.*, 2008, p. 306).

Crucially, within this universal model, young people are expected to exercise their agency in ways which follow the policy narrative of 'agents of change' in development. The strength of this narrative can be seen within policy documents which repeatedly call for investment in youth to stop their 'untapped potential' being expressed in ways which are problematic and which may result in 'economic and social instability' (UNFPA, 2010, p. 31; WorldBank, 2007, pp. 4, 9).

This ascription of young people's agency was revealed on a number of occasions during my fieldwork, such as when I attended a youth event in one of the communities. Designed to engage young people in the topic of human rights, the event consisted of a series of speakers talking to a hall full of young people who were clearly becoming increasingly bored. Slowly, starting from the rear of the hall, the young people slipped out, only to gather outside the hall where they engaged in their own conversations. Those who remained within the church could be seen to be

silently texting or playing on their phones. After the event I drove one of the organisers home and asked her about her opinion on the event. She stated that it was *'wonderful'* and that it was good to *'see the young people come and be engaged and for them to learn'*. I was quite surprised by this as it did not match up with what I had seen, and so I asked her about those young people who had gone outside during the event. Her response was fairly condemnatory *'Eish, those young people don't want to be helped. They are just behaving badly, and not listening, they are not good young people you know, they are the ones that cause trouble'*.

In the years that I have been working with young people I have been to countless such events, and the pattern of this one was not new. Yet rather than questioning the organisation of the event, or the way in which it assumed the attendance of a particular kind of young person (who would listen and then act accordingly) there was a clear narrative and behavioural script which young people were clearly expected to follow, namely that of *'agents of change'* for development as defined in the policy narrative. Those who did not follow this were not exercising their agency in an alternative way, but rather *'causing trouble'*.

5.2.2. Youth sexual agency

This ascription of agency has important implications for how youth sexual agency has come to be constructed and understood within policy discourse. Within these policy narratives young people have come to be positioned as rational sexual beings who, when provided with the right information, are expected to make rational choices based upon concern for *'the protection and enhancement of his or her health'* (Giami & Perrey, 2012, p. 356; Posel, 2004). This has clear resonances with the work of Foucault who argues that regulation of sexuality came not only through government or the medical profession, but also through the establishment of processes of self-regulation, as people are expected to be self-scrutinizing subjects who regulate their own behaviour (Foucault, 1998). This is a practice which Posel recognises in contemporary sexual health interventions where young people are expected to become knowledgeable and responsible citizens, capable of monitoring and governing their own behaviour (Posel, 2004, p. 58).

Safe sex therefore becomes akin to living a responsible and healthy life, and young people who behave this way are cast as *'good citizens'* (ibid, p.58). Within this

approach those young people who do not follow these scripts are seen as being irresponsible as ‘once preventative medicine policies make information about illness and avoidable risks available, the responsibility for illness seems to shift to the individual’ (Seckinelgin, 2008, p. 97).

This emphasis on individual behaviour could be seen in my key informant interviews, such as during my conversation with a community nurse:

‘What else are we supposed to do? We are here, the services are here, and you know we have worked to try and make it youth friendly. The schools tell them that we are here and what we can do, but still they don’t come. For me it is up to them now, we are doing our bit. It is their choice’

[Nurse, 30, female]

For her, she had done her part as she had ‘informed’ the young people of the health services available, and she had sought to make them ‘youth-friendly’. Now it was up to them to take them up, as she stated in a phrase which I heard frequently during my fieldwork ‘*you can take a horse to water but hey, you can’t make them drink*’.

Whilst there has been recognition of the ways in which young people’s agency is structured, through such factors as economic disempowerment and gender based violence, within these the central understanding of the rational individual who will behave in a particular way remains. Tackling these wider issues is a way to ensure that young people are able to act as defined within the behavioural script, as can be seen from this discussion with a programme manager:

‘It’s about making the changes... so you know that young people can access the information they need, and the services, youth friendly services...and giving them the skills so that they can make the right decisions for their lives...so that they can be happy and healthy

[Male, international NGO worker, 32]

Within this model, the particular understanding of agency which has been ascribed to young people is not questioned. Once any (assumed) barriers to why young people may not behave in a particular way are removed, they would do what was ‘right’ for them. There is no recognition that young people may have a differing understanding

of their agency, of how they want to express it, or of the ways in which this is contextually understood, is absent.

This can help us to make sense of Gallagher's claim that young people are now 'one of the most intensively governed groups in modern societies' (2008, p. 401). For Gallagher, who draws on the work of Foucault, the increased interest in young people has seen them become increasingly known and knowable, meaning that they are increasingly subject to both external, and internalised self-regulation (ibid). Crucially, if young people want to be engaged within the policy process they must ascribe to the subject position of youth which has been constructed, that of the rational, self-scrutinizing and disciplined sexual being. This could be seen in a number of projects which I observed where either peer educators or youth leaders were carefully chosen so that they adhered to the required behaviours reflective of these narratives. In one instance this included an extensive code of conduct which participants were expected to follow. Participation was therefore dependent upon subscribing to this identity, which in turn reproduced this understanding of youth, and limited the ability of young people to challenge it.

5.2.3. Youth and HIV

This construction of youth sexual agency intersects with understandings of HIV in particular ways. In this section I will argue that this has followed a narrative of medicalisation where young people's sexuality and sexual behaviours have been framed as decontextualized biological processes, and HIV has come to be framed within the scientific discourse of disease prevention. Within this, the contextual meanings which young people ascribe to their sexuality and HIV (and which shape how they exercise their sexual agency) are lost.

The topic of medicalisation is not new, and has been examined by a number of authors (Conrad, 1992; Zola, 1972). Defined as 'the definition of a problem in medical terms, the use of medical terminology to describe it, the adoption of a medical conceptual framework to understand the problem, and the use of medical interventions to treat it', medicalisation has led to sexual behaviours coming to be understood, and categorised, from a medical or health perspective (Conrad, 1992; Giami *et al.*, 2012, p. 353). Within this, sexual practices are understood 'as a source of hazard and harm; sex is reduced to a risk-laden practice that is a cause of disease,

overpopulation and untimely death' (Jolly, Cornwall, & Hawkins, 2013, p. 5). That is not to say that HIV is not a medical problem, or that sexual practices are not in some way biological. Rather I want to argue that viewing it solely from these perspectives misses the ways in which sexuality and HIV are lived and experienced in everyday lives.

One way in which this medicalisation can be seen is in an increased focus on biomedical interventions, such as medical male circumcision, pre-exposure prophylaxis and treatment as prevention, which have become central to the prevention response (Giami *et al.*, 2012; Nguyen, Bajos, Dubois-Arber *et al.*, 2011; UNAIDS, 2014a). Viewed as heralding a new era of prevention, and a key component of combination interventions, it is hoped that these new strategies will help to address the lack of progress of behavioural programmes up to this point.

Crucially, compared with 'behaviour change' approaches, these programmes purport to overcome many of the problems faced when seeking to change individual behaviours as 'the "human factor",' namely individual subjectivity, 'is being brought under control' (Giami *et al.*, 2012, p. 357). Similarly, the 'social' and 'cultural' factors which are viewed to have impeded interventions previously are no longer viewed as a critical concern (Nguyen *et al.*, 2011, p. 292). Instead these interventions rely on, and foreground, a universal biological model: if medical circumcision reduces the rate of transmission for one male, it will also do so for another.

That is not to say that medical interventions do not pose their own challenges and that these are not recognised. However, these are framed as questions of political will and financial commitment, as organisations, and national governments, are asked to invest in these interventions that are proven to work (UNAIDS, 2014a). The issue is therefore framed as one of scale, rather than the intervention itself. In contrast the 'local epidemiological, political and socio-historical context is once again being ignored, surely only to resurface later as 'culture' once much-heralded interventions fail to deliver' (Nguyen *et al.*, 2011, p. 292).

Whilst there is no doubt that these biomedical prevention methods do have a role to play within HIV prevention, I identify a number of concerns. The first is that these methods are not 100% effective and as such cannot, and should not, replace social

and behavioural interventions. Whilst medical male circumcision can reduce the chance of transmission, it cannot guarantee it.

Secondly, and stemming from this acknowledgement, is that in the construction of a medicalised model of HIV based upon a universal biological body and understanding of sexuality, the importance of local context in shaping patterns of sexual relations is ignored or lost (Cornwall, Correa, & Jolly, 2008; Seckinelgin, 2009). Indeed, discussion of sex itself, of how it is done and experienced, is largely absent, unless it is taking place within a context of reproduction, (gender based) violence or economic gain. That is not to say that within policy discourse sex is not discussed, but rather that, when it is, it is the medicalised model which dominates, not the way in which it is experienced by young people in embodied and context-specific ways. Rather, a discussion of sexuality in these terms is viewed, Cornwall, Correa and Jolly argue, as a ‘distraction from the real issues’ (2008, p.5).

This was brought home to me during one discussion with a CEO of a HIV prevention programme whilst discussing the organisational plans for SRH programming over the coming months. When I asked him whether he had considered the wider issues of sexuality he dismissed this, stating bluntly that:

‘I don’t have time for those things, those debates. They aren’t what is relevant here, what is important’

[Male, 38, International NGO]

Yet these wider understandings of sexuality are crucial for HIV prevention. For example, discussions of why it is that young people engage in sexual intercourse in the first place can help us to understand young people’s behaviour and reasoning. As Lewis and Gordon note, ‘what % of sexual interactions between partners in a lifetime is motivated by the reproductive necessity?’ (2008, p. 203).

There is therefore a clear gap in our understanding of sexuality, an understanding which grounds experiences of sex, and with it the virus, in the lived realities and bodies of young people in the specific contexts of their lives. This is most clearly evident through the silence within policy discourses on the topic of sexual pleasure (Bakare-Yusuf, 2013; Jolly *et al.*, 2013; Lewis *et al.*, 2008). As Jolly *et al* note, ‘in

the midst of all this noise, there is a silence over what might be positive, pleasurable and empowering about sex and sexuality' (Jolly *et al.*, 2013, p. 5).

This silence over sex, outside of the medical discourse, was noted by one of the programme managers with whom I spoke. For her, there was a clear need to address this gap, but when she had spoken to her superiors she had met resistance:

'You know, it's so frustrating, I have been telling them about this for so long. Yet they don't listen, they're not interested, that as an organisation this is not the things we talk about, we talk about health. Yet when I talk to young people what do they want to talk about? It's not HIV, they want to talk about sex and that to them is not just about HIV you know?'

[Female, 32, national NGO, Programme Manager]

To talk about such things was deemed as neither acceptable, nor relevant. Yet it can be asked to what extent this medicalised understanding of sexuality is relevant to young people's everyday experiences of the virus. This is something which I will explore further in the next chapter when I look at how young people themselves come to give meaning to their sexuality.

5.2.4. Ascribing gender roles

This construction of youth, their sexual agency, and its intersection with HIV, is also centred around particular understandings of gender roles. As noted in chapter 2 (section 2.1) gender is often cited as a cross-cutting issue within HIV policy discourse, with a particular focus on gender inequality as a driver of the epidemic (UNESCO, 2013, p. 39). Yet despite this the absence of discussions of gender is striking. For example within the WHO report *Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries* gender is mentioned a total of 10 times within the 348 pages (Ross *et al.*, 2006a).²⁰ This is a stark contrast to the narrative within policy documents where gender is viewed as a critical component of programmes which require 'rethinking to adequately address

²⁰ Within this are included other possible terms for gender, so for females this also included women, woman and girls. For males this also included men, man and boys. The only instances which were not counted where the terms female or male were used as a reporting category within the presentation of data (eg. x females and x males took part in intervention y).

gender inequality, gendered norms and gender-based violence' (UNESCO, 2013, p. 42).

Where gender is mentioned and discussed, it is in particular ways, as specific gender roles come to be ascribed to young people. Take for example this statement made in a recent UNESCO document calling for comprehensive sexuality education for young people: 'While boys and young men gain rights and social power in this transition to adulthood, in contrast, girls and young women growing up in many societies lose their rights and struggle to build the assets they need for later life' (ibid, p.8) Within this statement young women are assigned to a position of vulnerability in relation to men, and this will be addressed through their empowerment. In contrast young men are automatically ascribed a position of dominance over women.

These constructions are closely tied into understandings of young people's sexual agency as within this discourse young men are constructed as 'virile' and 'violent', the source of rampant heterosexual HIV transmission, and women as powerless victims in need of rescue' (Bhana *et al.*, 2009; Mindry, 2010, p. 555). As a result of this women are confined to a 'totalizing narrative on patriarchy and inequality' as they lack sexual agency and need to be empowered in relation to men (Bhana *et al.*, 2013, p. 549).

A clear example of how this discourse fed into interventions was demonstrated during National Youth Day when a regional government body decided to organise a workshop on teenage pregnancy for young people. However, whilst schools in the local area were invited to send pupils, it was only female pupils who were expected to attend. It was they who needed empowering, 'against', or in relation to men. Young men themselves were not seen as being relevant to this discussion as it is they, and their sexuality, who are the problem.

In drawing attention to these gendered subject positions I am not seeking to detract from the very real experiences of violence and dominance which many young women in the Eastern Cape experience at the hands of their male counterparts. I am very aware that this is a reality for many young women, and men, and it was often spoken of in my conversations with young people (see chapter 6). Nor am I saying that there isn't value in creating single gender spaces for discussion and intervention.

Rather, in drawing attention to the ways in which these subject positions are constructed here, I wish to highlight the ways in which they fail to reflect the lived realities of young people, and therefore place limits not only on our knowledge, but also our capacity for action.

The first of these limits comes from, what Foucault has argued, is our failure to 'decolonise' our knowledge systems within development, something supported by Mindry who argues that 'globalising discourse on the problems of gender inequalities in African societies frequently fail to take into account the specific historical processes...that have shaped masculinity and gender roles'(2006; 2010, p. 559). She argues that the gender stereotypes that continue to prevail 'are reminiscent of globalising colonial discourses on African women as beasts of burden and of indolent African men preying on White women' (ibid, p.555).

Challenging these stereotypes is therefore also a question of decolonising our knowledge of young people, and questioning how and why we have come to frame gender roles and relations for young people in particular ways. This will be done by grounding our understandings in the lived realities of young people themselves, where, as I will argue throughout chapter 6, a more complex set of gender relations and gender performances emerge.

5.2.5. Who does the 'knowing'? Examining the position of 'experts'

How is it that these constructions emerge? Whilst in the first half of this chapter I examined this question by exploring how particular knowledge processes come to produce particular forms of knowing, in this section I will examine the role of the 'experts' who come to construct, and are invested in, these understandings of youth. Experts, argues McGee, are those who come to frame, and direct, the policy discourse (2004). Who comes to be an expert is therefore key, as whom these people or institutions are shapes our understanding of the issue and the narrative of how it can, and should, be addressed. From a Foucauldian perspective, experts are those who draw upon particular kinds of knowledge to produce understandings of sexuality which are then 'put into discourse' (1998).

Within the interviews this subject position of the expert came to be characterised by two things. The first was an ability to lay claim to the knowledge required to make

‘informed decisions’ for policy. To be an expert you had to ‘know young people’ and ‘know what works’. This was clear for one programme manager with whom I spoke:

‘We are the experts on young people, we have to be.....that is our brand, our USP. Whenever I go into a meeting with someone I know that that will be my opening line.... We are XXX and we are the leading experts on young people’

[Male, International NGO, 31].

Yet this is not just any knowledge, but has to be reflective of the way in which these knowledge claims are constructed within the policy discourse. As I shall argue in the next section of this chapter this is restricted to particular forms which rely on a level of expertise that excludes important programme stakeholders, such as young people and local people in the communities who are the subjects of this knowledge (Bell and Aggleton 2012, p.797). This is in contrast to what McGee calls for in her analysis of policy processes within development discourse (2004). She argues for a ‘range of actors and their diverse types of knowledge to explode the usual myths of legitimacy and rationalisation, and to counter and contest the usual enactments of politics’ (ibid, p.25).

Her argument draws our attention to a critical question – what is the relationship between these experts and the knowledge claims which they make, and those about whom these knowledge claims are made? In the remainder of this chapter I will argue that this relationship is problematic. This is due to the fact that in order to gain access to these policy spaces experts have to lay claim to the knowledge required to make policy decisions. Yet as I will argue below within these spaces a particular kind of knowledge is foregrounded which is inherently decontextualized and is not grounded in the lived realities of young people. Therefore the relationship between the claims that ‘we know young people’ and ‘we know what works’ on the one hand, and young people’s own experiences on the other, can be questioned on the grounds of relevance for young people’s lives.

The practitioners with whom I spoke were not unaware of the lived realities of young people, but rather they were often unable to draw upon this knowledge within these policy spaces as it did not fit within the dominant policy model. This resonates with the frustrations expressed by practitioners at the ways in which their actions were governed which I explored in section 5.2.4. There was a sense of conflict for those

with whom I spoke who were aware that in order to gain access to these spaces (and the funding which came with them) they had to occupy this particular subject position, making contesting these narratives difficult. However, a number of them did find a way, and it is those which I examine below.

5.4. Contesting knowledge claims

Throughout this chapter I have drawn attention to how and why young people, their sexual identities and behaviours, have come to be constructed in particular ways, and the ways in which these constructions are embedded in the policy process. In this final section I turn to how these knowledge claims are being contested and how the key informants with whom I spoke are finding spaces in which to challenge them.

Throughout my fieldwork it became clear that these knowledge claims, and subject positions, were not simply accepted, but rather were constantly being negotiated along lines which were reflective of both global, and local, power dynamics. One such example occurred during a discussion between a Xhosa member of staff working for a local organisation, and an international member of staff working for an international NGO who was visiting the community.

The discussion became heated around the issue of rolling out VMMC across the population. Traditionally an area of cultural practice which belongs to male members of the community, male circumcision is increasingly a topic of public debate (Auvert, Taljaard, Lagarde *et al.*, 2005). Within this discussion the international male was advocating for a move towards MMC as is outlined within international and national policy targets (UNAIDS, 2014a). Within the Eastern Cape it is not only the reduction in the rate of transmission which is put forward as an argument for MMC, but also it is hoped this will reduce the number of deaths caused each year during the traditional Xhosa practice²¹. During this discussion he found himself challenged by the Xhosa staff member, who resisted this change to ‘his cultural practice’. As both parties sought to gain authority on the issue they called upon different discourses. Whilst those advocating MMC drew upon medical knowledge and statistics around

²¹ A review of the circumcision season which took place during the South African summer of 2013 found that there were 311 hospital admissions, including 9 penis amputations and 43 deaths. This data was presented to the parliamentary monitoring group <http://www.pmg.org.za/report/20140205-circumcision-deaths-in-2013-reports-from-eastern-cape-mpumalanga-provincial-departments-health> . Mgqolozana, T (2009) *A Man who is Not a Man*. University of KwaZulu-Natal Press provides a unique insight into the process of traditional male circumcision, and the dangers it poses.

the levels of mortality, for others this was a question of the protection of culture and tradition. Within the exchange it became clear that more than just a contestation about MMC, this was also about who had the right to claim knowledge of the issue, what evidence ‘counted’ in this situation and how the answers to these questions are tied into local narratives and individual subjectivities.

Another example came during a discussion over the issues of ‘sugar daddies’. In a similar setting the conversation again became heated as a number of Xhosa men stated that tackling the issue would necessitate an acknowledgement of the girls’ active role in approaching older men. This was perceived by other members of the group, predominantly non-Xhosa and white, as an attempt to absolve older men and therefore a (self-interested) defence of the Xhosa male identity. They argued that this was a ‘human rights’ issue and that, as ‘children’, young girls need to be protected, not to be accused of being predators. In response this view was perceived to be the imposition of a framework (human rights) which within this context did not necessarily work or fit. This was then responded to with accusations of cultural relativism. Again, the discussion revealed how claims to knowledge of young people and their behaviour, were contested in discourses which were refracted through the local landscape of race and gender.

The purpose of these descriptions is not to state whom I felt was right or wrong, but rather to highlight the ways in which these policy spaces are inherently fragile and are constantly being contested. Despite how it is ‘performed’ the policy narrative is not a given, and whilst it has come to dominate, through the mechanisms outlined in this chapter, it is challenged as it is implemented in specific contexts which do not always fit with how they have come to be known and understood within policy discourse.

5.5. Conclusion

At the beginning of this chapter I stated that my aim was to answer my research question: *how are young people, their sexual identities and behaviours, understood within HIV/AIDS policy, and by HIV/AIDS policy makers?* In the analysis which has followed I have sought to answer this by examining not only the specific understandings of young people, their sexual identities and behaviours, which are

constructed within policy discourse, but also how and why these particular understandings have come to be produced.

I began by examining the role which knowledge has come to play within HIV policy discourse, and the unproblematic way in which it has been approached. In the rest of the chapter I interrogated two of the knowledge claims which are made within this discourse, that 'we know what works for young people' and that 'we know young people'. In doing so I have sought to reveal the ways in which knowledge processes work to produce particular understandings of young people and policy success, which are constructed in abstract from the lives of young people.

This way of understanding is central to the policy model which requires interventions to be generalizable, and this has become the dominant criterion for relevance when determining 'what works' with young people. I have shown some of the problems which arise from such a model, and how significant gaps in our understanding not only remain, but are perpetuated through these knowledge processes.

Throughout I have drawn attention to the relationship between these knowledge claims, and those about which they are made, the young people in the Eastern Cape. In the following chapter I will explore this further by examining how young people themselves understand and give meaning to their sexual identities and behaviours through their everyday lives.

6. ‘Young people, they love sex...as long as they’re having sex they’re fine with it’: sexual behaviours and sexual identities of young people in the Eastern Cape

In this chapter I explore how young people come to construct and practise their sexual identities and behaviour, the meanings that they ascribe to them and the ways in which they are embedded within the contextual structures which shape their lives. In doing so I seek to answer my second research question; ‘*What are the sexual identities and behaviours of young people in relation to HIV and what shapes them?*’

In order to introduce some of the themes which will form the focus of this chapter I begin by recounting the story of Phumza, an 18 year old female living in Madwaleni, whom I met several times over the course of my fieldwork.

I first met Phumza at the end of January 2013. At the time she was volunteering at the local hospital on an OVC programme having moved from Klerksdorp in the North-West province. Although in a relationship, Phumza was a virgin when we first met. This had changed by the second interview as she had had sex with her then boyfriend. Despite not feeling ready ‘*he kept buying me things...he also gave me money for the hair salon*’, and sex became a way to show that she ‘*liked the way he was treating me. It was a way for me to show him love*’.

This relationship didn’t last and they had split up over Easter when Phumza lost her phone and, unable to reach her for three days, her boyfriend had assumed that she had been cheating and ended it. Whilst upset Phumza had entered into another relationship, although this one was different as ‘*we were those kind of people just drawn together by sex*’. She found it unfulfilling, ‘*I wanted him to touch me nicely and not just stick his thing inside me. He never used to kiss me; he used to just do it*’.

Phumza was still in this relationship when she began seeing another a young man that she had met at the taxi stop. However, he was at that time residing in Rustenberg looking for employment. As such, his physical distance meant that she continued to see the other guy as she ‘*wanted someone to fill the gap*’. When asked as to why she

had had more than one partner she reflected that *'my boyfriend was far for a long time...and here was this one who kept proclaiming his love to me.'*

That relationship eventually ended when the guy realised that she was not that interested in him *'he said "you are not serious about this", and I couldn't lie. I didn't even want to be seen with him. I wasn't showing him affection, I just used to have sex with him'*. Her 'taxi man' also returned from Rustenburg and, having a car, was able to meet her and take her places unlike her previous boyfriend. She said that they use condoms *'most of the time'* as she doesn't *'want a baby yet'* and also she doesn't know *'how much he cheats. I told him I don't want him to bring me HIV'*.

Phumza frequently used social media to talk with friends and make new ones. Facebook, WhatsApp, 2go and Mixit were all ways in which she *'passed the time'*, although this had caused problems in all her relationships as she is frequently *'proposed'* to whilst online²². She had recently stopped going in 'singles' rooms because *'people expose their bodies a lot, you know pictures of their breasts, genitals.'*²³ She did admit that she and her friends frequently presented different personas online, portraying themselves as people who lived in the cities and had well paid jobs.

By the last time I saw Phumza she had got a short-term job working on a local health project which, funded by USAID, was being carried out in her community. Phumza said that the money wasn't much but it meant that she could buy *'airtime'* so she could speak to her boyfriend, *'it's like gold dust you know'*.²⁴ She was candid in her scepticism regarding the impact of such programmes. Believing that people have the information she feels that there is nothing *'that can be done to change their behaviour, they should know better.'*

²² Facebook, WhatsApp, 2go and Mixit are the social media platforms most commonly used by young people in the study communities. They are a mixture of personal pages (Facebook), direct messaging (WhatsApp) and more online community based platforms (Mixit, 2go) where users can join different groups depending on their interests.

²³ 'Singles' rooms are virtual spaces in which young people who are 'single' are able to meet online. Whilst you are supposed to only enter if you are not in a relationship, there is no way of checking.

²⁴ Airtime refers to prepaid phone credit which could be bought at the small 'spaza' shops throughout the community. The increasing availability of mobile phones and cheap data bundles mean that many young people are now online in their communities.

Phumza felt that *'what ruined it for us was having all this information on TV, that is why we want penetrative, full blown sex. We want everything that we have seen. And magazines which portray pornography.'* It was this exposure which she felt had made young people hungry and greedy, and it was this that she saw as one of the drivers of relationships with older people, *'They see other people having good stuff and they want the same. Sugar daddies will give you everything you want.'* Whilst she felt that *'the guys will approach the girls'*, the *'girls will give them plenty of encouragement'*. Likewise she felt that it was the younger guys who were seeking older women, *'this boy is just happy to drive this old women's car and spending her money'*.

Phumza wanted a return to traditional practices around sex, *'our mothers used to do things properly and I would like today's youth to follow them. Today you can find people doing it by the beach without any care of being seen by people'*. Respectability and privacy are combined in her narrative, and if this way of doing things was followed she felt *'diseases would decrease and teenage pregnancy would also decrease'*.

Fearful she would contract HIV in the future, *'probably through rape'*, Phumza feels that in the future she will give up her *'youthful activities'*. She wants to open an orphanage and get married and have children, but most of all one day she wants to *'wake up and things will be different in my area'*.

Phumza's story reveals many of the themes which came to dominate the interviews and conversations I had with young people throughout the research, and which form the focus of this chapter. Her story is a good representation of those of the other young women interviewed, revealing many of the issues that both they and young men faced within their sexual lives and practices. I shall explore these within this chapter, examining what comes to shape them and how they come to engage and interact with HIV. I begin by briefly outlining the conceptual framework used to situate the chapter. I will then examine how young people come to construct and give meaning to their sexual identities and practices within the context of the resource-poor setting, as well as how the spatial and temporal dimensions of young people's

lives impact on how sex and sexual behaviours come to be understood. The final section will examine HIV within these narratives, locating and exploring how young people come to understand and give meaning to the epidemic, if at all, within this context.

6.1. Context, sexual identities and sexual agency: a theoretical framework

In the previous chapter I argued that a particular medicalised understanding of the virus has emerged, within which young people's identities are constructed in relation to particular gendered subject positions to which agency is ascribed. Crucially, I argue that these understandings have emerged, and been produced, by knowledge processes which fail to take account of the specific contexts in which young people live their lives. It is this context which I will examine in this chapter, arguing that a deeper, and broader, understanding of it, and how and why young people engage with it, offers up new ways of understanding young people's sexual behaviour.

Utilising the concept of the lifeworld, as outlined in chapter 3, I examine how young people experience and give meaning to their sexuality in ways which make sense of this everyday experience. For example, for Phumza in her relationship with her first boyfriend sex had multiple meanings. Firstly, with few other assets available, sex and her sexual identity and behaviours became assets which she could utilise to express herself and show her 'love' for her boyfriend. Secondly, in doing so, sex became not only a way for her to maintain her relationship, but also gave her access to a standard of living, through his 'providing', which she would otherwise not have been able to achieve. For Phumza, the value of this standard of day to day experience had more meaning than her own concerns about not feeling ready to have sex. For her this was a decision she made based upon her own understanding of what mattered at that moment in the context of her daily life. In this sense, how she valued the relationship reflected not just the resource-poor nature of the context, but rather her interpretation and interaction with it.

This approach resonates with the work of Gagnon and Simon who state that 'Rarely do we turn from a consideration of the organs themselves to the sources of the meanings that are attached to them, the ways in which the physical activities of sex are learned, and the ways in which these activities are integrated into larger social scripts and social arrangements, where meaning and sexual behaviour come together

to create sexual conduct' (1974, p. 5). For Gagnon and Simon it is not sexuality or sex in itself which is of interest, but rather the patterns of meaning attached to them and how these patterns of meaning are learned and interwoven with wider social structures (1974). Here the focus is not on the sex act itself, but how we come to understand sex in particular ways within the particular interpersonal contexts and relations which constitute young people's lifeworlds.

At the same time, in examining how young people come to construct and give meaning to their sexual identities and behaviours, we need to acknowledge that these are not merely dependent upon young people's presence within a context, where context is conceptualised as 'external to human action, as a source of constraint on the free initiative of the independently constituted subject' (Giddens, 1986, p. 16). Rather young peoples' sexual identities and behaviours are dependent upon their *interaction* with this context through their daily lived experiences, and that how they do so will depend upon their own subjective positionings. These in turn will stem from their own biographies and those of their communities. As such we need to also be aware of the ways in which these interactions are temporally and spatially situated and come to form their lived and embodied lifeworlds.

This is particularly pertinent in South Africa where, as I argued in Chapter 2, the apartheid regime, and the colonial encounter more widely, have shaped political and social attitudes towards the epidemic (Fassin, 2007, see chapter 2, section 2.2). Also, the shape of economic development, and large inequality within the country, has also shaped young people's sexual relations. For Phumza, for example, economic migration meant that her relationships were sometimes conducted across distances, as young people seek employment in urban centres. As a result she, and a number of the young people to whom I spoke, developed relationship strategies in order to adapt to this landscape, often taking on more than one partner. At the same time Phumza stated that she believed the virus had been sent to kill black people due to the fact that she had never seen a white person at her clinic, revealing the ways in which the spatial separation between the black African and white populations, as well as the historical narrative of the community, shaped her engagement with the virus.

That is not to say that young people's behaviour is entirely dependent upon their subjective positions. Rather I argue it is the interaction between young people and their context which is key, and that this interaction depends upon more than just their age as a young person. Importantly, by focusing on how young people's identities emerge within, 'not separate from, the various situations of everyday life' and are a product of both social input and their own interpretive practice, there is space for the recognition of the role that young people have themselves within this construction (Holstein *et al.*, 2000, p. 36).

Yet in doing so the necessity to understand agency, context and identity together is highlighted. If young people are seen as being active agents in the process of their identity construction, then the exercise of their agency becomes the central mechanism through which this is done. At the same time these agentic practices are, as Goffman notes, shaped by the specific settings in which individuals are 'actively engaged' (1959, p. 89). They are circumscribed by the 'scenic' features and the discursive vocabularies available to them as young people construct what they are capable of within the social scripts and spaces which they inhabit (1959).

This can lead to identities which remain unexpressed as an individual must 'suppress his immediate heartfelt feelings' in order to ensure that his identity is accepted within that setting (*ibid.*, p.20). One such example may be in a setting which is not accepting of the expression of an identity outside of the heterosexual norm. Therefore whilst examining agency as an expression of, and constitutive of, identity, we must also be aware of the ways in which this is constrained and identities come to be concealed (see chapter 7 for a further discussion of this in relation to the research encounter).

Given that identities are performed within multiple sites of interaction and engagement the possibility for multiple identities to emerge is opened up. Goffman argues that in performance, a process of audience segregation occurs to ensure that the identity performed by an individual will be different for other individuals for whom 'he plays a different part in another setting' (1959, p.56). Within the context of this research, how young people come to exercise their agency and perform their identities, within different settings, such as at home, with their peers or indeed within the interview, will be explored as they reflect the different expectations which these

settings have, as well as how young people themselves wish their identities to be understood.

Here the work of Judith Butler, and her theory of performativity in relation to gender, is of relevance. Butler argues that 'gender is in no way a stable identity or locus of agency from which various acts proceed; rather, it is an identity tenuously constituted in time – an identity instituted through a *stylized repetition of acts*.' (1988, p. 519, emphasis in the original). For Butler, we need to understand identity as being both socially constructed through social and political arrangements, but also as being constructed through performances. Actions, or performances, are not just expressions of identity, but rather construct it as 'one is not simply a body, but, in some very key sense, one does one's body' (ibid, p.521, also see Butler 1990).

Importantly for Butler, as identity is practised and performed, and not a stable biological given, the possibility for multiple identities which can either reinforce, or challenge social and political arrangements emerges as 'In its very character as performative resides the possibility of contesting its reified status' (1988, p. 520). She goes on to add, 'Just as a script may be enacted in various ways, and just as the play requires both text and interpretation, so the gendered body acts its part in a culturally restricted corporeal space and enacts interpretations within the confines of already existing directives' (ibid, p.526). This resonates with Goffman who notes that in all performances there is 'room for improvisation' (1959).

Whilst Butler's work focuses on gendered performances, within the context of this research her work is useful as it enables us to understand young people's sexual identities as not fixed, but rather performances which can both challenge, and reaffirm, the ways in which 'youth' as a category are understood. It draws our attention to the ways in which the practice of identities therefore offer up the opportunity for the disruption of the 'rejuvenation and reaffirmation of the moral value of the community' as performances are 'delicate, fragile thing(s) that can be shattered by very minor mishaps' (Goffman, 1959, p. 63). The construction of identities and the interaction with their context through their agentic practice therefore plays a key role in producing, and reproducing, and at times disrupting, the social structures in which young people live.

Understanding the relationships between young people's sexual identities, their practices and the context of their lives is therefore complex. In outlining some of these complexities I offer a lens through which the data in the following section can be viewed. In using it, the focus is on how young people ascribe meaning to their sexual identities, and how this is done within the context of their lifeworlds, rather than on specific sexual behaviours. Instead, in understanding young people's sexual identities in this way, risk, and risky behaviour, comes to be something which is not biologically defined, but rather is dependent upon what risk means to a young person within this context. The aim therefore is not to separately identify 'structure' and 'agency', but rather, as Giddens has argued, to understand how the dynamic and fluid interaction between the two comes to constitute young people's lifeworlds, and their sexual lives within them (1986).

I begin by examining how young people come to attribute particular meanings to sex within a context of poverty, and how sex and sexual identities become assets for the negotiation of both financial and social capital. I then explore how the specific temporal and spatial dimensions of young people's lives combine to see them ascribe particular meanings to sex and sexual behaviours, with implications for their health and wellbeing.

6.2. Poverty, identity and the power of pleasure

For young people living in the rural communities of the Eastern Cape their lives are characterised by high levels of poverty and unemployment. In this section I examine how young people come to interact with this context in ways which shape their sexual identities and the value ascribed to them.

6.2.1. Sex as a source of pleasure

Out of the 56 young people interviewed only one was working at the time of the first interview. This meant that for many their everyday lives were patterned by periods of boredom and inactivity, interspersed with job searching. When asked what they spend their time doing, the most common response was that of 'nothing';

I: So what are you doing? Are your friends working?

P: Nope, they are just doing the same thing

I: Yeah.

P: Yeah, wandering around, yeah, nothing to do

I: Nothing to do

P: We sit next to the house, watch the sun as it sets. Wake up and then do the same thing.

[Thabisa ,female, 22, I1]

Young people spent most of their time ‘chilling’ with their friends and/or partners, in which sex was a key topic of discussions, as one interviewee explained:

‘we talk about, you know, like how many rounds you did last night, or like about how roughly your boyfriend goes during sex or if he gave it in a good way....like I might say he did this to me last night you know and we talk about it’

[Anele, female, 19, I2]

Similarly sex emerged as a way to pass the time. With little else to do, visiting your boyfriend or girlfriend was equated with having sex:

‘even though we do not say it but it is quite obvious that I go there for sex, nothing else.’

[Awiwe, female, 21, I1]

The dominance of sex within young people’s daily lives was summed up by one female participant, the only person interviewed who was a virgin and remained so throughout the research, who stated that she was hesitant to do so as she didn’t:

‘want the addiction, I don’t want to get used to having it so then it is all I think about.’

[Lumak, female,18, I2]

Within these discussions, it is discourses of pleasure which come to the fore. Pleasure can be a purely physical experience:

‘He asks what I enjoy and it starts with touching, him stroking my breast and then before long, you don’t know what you are doing, you’re on cloud nine,

you forget about everything else'

[Bongeka, female, 24, I2]

Discourses of pleasure are also reiterated by male participants:

'Yhoo there's nothing more pleasurable than having sex. Sex and sleep are the best things in life. If there's something else, then God must have put it aside for him only to enjoy.'

[Sibusiso, male, 25, I3]

For others pleasure came from the emotional connection with their partners. The importance of romance, and the romantic ideal, as discussed in chapter 2 (section 2.3) was clearly evident within these narratives, particularly for the females (Reddy, 2004). For the young female who had yet to have sex she had a clear vision of what she wanted it to be like when she did take that step:

'To me, I wish it could be an arranged day....I wish it could be a cold day so that we can cuddle under blankets and where my partner and I will be listening to RnB'

[Cindy, female, 18, I2]

Within these discourses sex is an embodied experience characterised by feelings of pleasure, closeness and fulfilment. Bakare-Yusuf has highlighted the need to see sexuality through this lens, arguing that 'the point is to see that our sexualities ought not to be first experienced as a violation, negation or lack (even though this is often the case for many women), but as joyful, pleasurable modes of agency and being in the world' (2013, p. 31; see also Jolly, 2007; Undie, 2013; Vance, 1984). Sexuality is not solely understood and lived as experiences of risk and harm, rather it is a lived, bodily and emotional, experience which contains 'elements of pleasure and oppression, happiness and humiliation' (Vance, 1984, p. 6).

This contrasts with the ways in which, as I have argued in the previous chapter, sexuality has come to be understood within the policy discourse where a medicalised view dominates. Yet these young people's narratives reveal the necessity to go

beyond this understanding and to recognise the pleasurable dimensions, emotional and physical, of young people's sexual lives.

6.2.2. Sex and 'youthful' activities

This embodied experience of sex was also intertwined with their lived experience of what they felt it means to be young. 'Freedom' was a recurring narrative throughout the interviews in relation to youth, referring to not just political freedom, but also a bodily freedom to go where they want and have sex with who they like, where and when they like. One participant, a previous volunteer for a peer education sexual health education programme, explained that when she had tried to recruit young people for the programme their response had been:

P:....they said 'no, I just want to be free'... They're gonna die sitting next to the wall they're sitting next to so...

I: What does that mean, I want to be free?

P: Ya, they just want wake up, got to town, meet your boyfriend, go there, do what they want to do there, have sex, they're just, that's what they want.

[Nwabisa, female, 23, I1]

This narrative of freedom and youth reflected a performance of their identity which drew on the historical narratives of their communities. As a generation which had grown up in a post-apartheid era, young people were aware of the ways in which their generational identity was framed and understood as one of promise and freedom. This resonates with Posel's argument (chapter 2) that sexuality has become a key way in which these new freedoms have come to be expressed, and that these expressions are redolent of the longer history of sexuality and race in South Africa (2004).

Yet at the heart of this identity was an understanding of freedom centred upon their own agency, and their ability to exercise it to challenge the social script. It is through these performances that they were able to contest the social arrangements which shape their lives as 'the subjective experience is not only structured by existing political arrangements, but effects and structures those arrangements in turn' (Butler,

1988, p. 522). It was through their agency that they were able to challenge the social understandings of who they could and should be.

One of the very public ways in which this was being done, alongside sexual behaviours, was through the consumption of alcohol. Nearly all of the young people spoken to cited alcohol and drugs as a major problem for young people, impacting on their behaviours.

'It's alcohol, it's alcohol. If I may be just taking, erm, reversing or like rewind, once you get drunk, everything is, I'm taking it for granted. And the consequences, I don't think about the consequences.'

[Sithembele, male, 23, I1]

Alcohol was seen as having a direct link with the spread of the virus as well as teenage pregnancy:

'in terms of drinking and teenage pregnancy, eish, it's getting worse. Yeah, it's advancing.'

[Ayabonga, male, 22, I2]

So prevalent was this concern that in discussions, when asked to list the problems that young people faced in the community, alcohol and drug abuse was at the top of the list on every occasion (compared to HIV which didn't feature on any – see section 6.4. of this chapter).

Yet despite this concern, many of the young people stated that they frequently drank themselves, often to excess, reflecting their multiple identities. For example, despite Sithembele citing the problems associated with drinking above, I would frequently bump into him in the community whilst he was drunk. Whilst more common with males I frequently also saw young women drinking, as this excerpt from my field notes demonstrates:

'Lilitha turned up today just after breakfast and I could smell the alcohol on her. I think she must have gone to the party last night and I'm not sure that she had been home. She had a big scratch next to her eye and I asked her where it had come from. She said that she had got into a fight with another

girl at the party over a boy, although she couldn't really remember it because she had been drinking. She then got angry when I said that I wouldn't interview her till she had sobered up and had some sleep. Said that I was judging her for drinking and that it wasn't fair. If she wanted to drink she was free to drink.

Such public drinking disrupts the social script of the community, undermining appropriate female behaviour, whilst at the same times enabling young people to reaffirm their identity as 'youth'. In being able to purchase alcohol young people were also able to establish themselves, and accrue social capital, amongst their peers.

Drug use was also a problem with the smoking of 'dagga' (the term used for cannabis) also a common occurrence amongst young people (particularly males) and, along with alcohol, placing young women in particular in vulnerable positions:

He becomes a problem when he is drunk but come the morning, he is kind as a lamb. However in the afternoon he goes back.... My partner does not take 'no' for an answer.

[Nwabisa, female, 23, I3]

Drinking is therefore both a way to escape boredom, as well as a way to perform an identity which subverts and disrupts the dominant image within local, and policy, discourse. Drinking provided a way in which these young people were able to exercise their agency, and in doing so construct an alternative subject position from that which, as I argued in the previous chapter, has been ascribed to them. Drinking, and having sex, was not just something that they did, it was intertwined with their own construction of their identities as young people within the specific contexts of their lifeworlds.

6.2.3. Valuing relationships

Relationships were of great importance, highlighted by the fact that of the 56 young people initially interviewed only one was single at the time. Although these relationship patterns changed over the course of the research with different people breaking up or meeting new partners (as demonstrated by Phumza in the

introduction) the value that young people ascribed to these relationships remained constant. As one young female noted:

'It's important to date someone, you can't enjoy life otherwise. There will always be that emptiness. You have your love for your family and friends but that is different to love for a partner.'

[Nonhlahla, female, 22, I3]

Whilst for this young woman the value of the relationship was clearly an emotional one, for others it was intertwined with the resource-poor setting in which the participants lived their daily lives. This was particularly the case for young men whose inability to locate work, move out of the parental home and provide for themselves, a wife and family, mean that they often experienced feelings of emasculation in many aspects of their lives, something supported by a number of authors (Gibbs, Sikweyiya, & Jewkes, 2014b; Morrell & Morrell, 2011; Steinberg, 2013).

Within this context young masculine sexual identity and its performance offers a discourse through which to (re)construct and assert a masculine identity. As such sexual practices and young men's sexual agency takes on particular meaning in this setting. This was exemplified during a discussion with one young man who had recently become a father. When questioned why he had decided not to utilise contraception he stated, forcefully;

'You should stop bothering me about this you know, because what matters is that I fathered a child. I, I impregnated a girl. So now they need to respect me you know. It doesn't matter about that what what....I have a child and now I know that, that is what matters'.

[Mbuzeli, male, 24, I2]

For him, his ability to produce a child was an important way in which he was able to make a statement about his fertility and masculinity, when other avenues, such as employment and economic status, were not available.

Young males' concerns over their virility, and masculinity, were reflected in the discourses around contraception, with both a number of males and females insistent

that they didn't want to use it due to the (perceived) adverse effects that it could have on their fertility. For these young men, and women, within this context, the meaning of the gender role of parent and reproducer of the community, and their ability to fulfil it, had a value high enough to make sense of the risks they took in order to achieve it.

Masculinity was also asserted through the construction of a particular 'boyfriend provider' identity, one which, I argued in chapter 2, has long historical roots in South African society. Male participants spoke with some pride about their ability to provide their partners with gifts of airtime or trips to the salon to get their hair done. For them this was not just about ensuring that their girlfriend was the prettiest, but being able to 'keep', and maintain, a girlfriend(s) was a marker of successful masculinity amongst their male peers.

This linking of sexual and socio-economic identities was also evident in the narratives of the young women who were being 'provided for'. Well aware of the sexual expectations that resulted from such provision young women were willing, even happy to accept these, and to take up the role (and the activities which this involved) within the relationship, such as Phumza outlined above.

For some this reflected a real financial need, such as the provision of financial assistance for either school or childcare:

I: You said that your boyfriend offers you help with things, what sort of things?

P: The last time I didn't have money to go pick up my timetable so he gave it to me. He pays for me to get my hair done and he also helps me with the child.

[Anele, female, 21, I2]

Such financial support offered not only security but also a potential way out of the communities. For many of the young women, with limited education and resources, such relationships were a calculated decision, and an expression of their agency, where the potential opportunities outweighed the risks.

At the same time, these relationships also offered young people the opportunity to accumulate social capital amongst their peers within their communities. As both Nuttall and Posel have noted, since 1994, consumption and sex have come to be closely coupled as style and status has become increasingly sexualised (2004; 2005). In such a resource-poor setting young people place an increased emphasis on their ability to construct an identity as someone who is 'desired' and 'fashionable', whilst at the same time finding their ability to do so limited by their lack of resources. Constructing such an identity represents a way in which young people are able to ascribe a value to their own identity and sense of self in a context which offers few other means of doing so. Engaging in these relationships can therefore be seen as a way in which these young women were exercising their agency, within the spaces available, to enable them to perform and construct the identity which they desired.

The importance of these identities and their maintenance was highlighted by some of the activities young women undertook to either preserve their own, or disrupt the performances of others. For example a number of girls spoke of other females who would go out of their way to try to destroy them within their community by sleeping with their boyfriends:

I: You said some ladies date men for the sake of showing off to other ladies. Why do they do this?

P: Some ladies do it because they are jealous of you because maybe your man does things for you. They date your man to prove to you that they can also have him...my friend likes destroying other people's relationships. She does it and she makes it a point that the couple splits. She does it to girls that she is jealous of.

[Samantha, female, 25, I3]

Maintaining this identity performance also meant sometimes accepting a certain level of unfaithfulness from a partner. The threshold for what was acceptable was clearly stated by one participant:

'But I will not dump him for that [cheating]...I would only dump him if he does it in front of me, not hiding it. If he hides it from me that means he still respects me.'

[Anele, female, 21, I2]

It is also important to recognise that this identity preservation did not just mean accepting their partner's unfaithfulness, but also involved young women also being unfaithful to ensure that they were able to maintain the identity which they desired:

'Maybe the one you're with isn't working so I meet maybe a guy, Adam, who is working somewhere so he can provide like, for me, so I'll cheat, yes...'

[Gcobisa, female, 27, I3]

These behaviours and identity performances (often different with different partners) are not solely the result of the context of poverty within which these participants lived. Rather they reflect the exercise of their agency within Goffmans 'room for improvisation' which allows them to negotiate and navigate their lifeworlds (1959). Crucially what emerges is not a single female identity, commensurate with that ascribed in policy discourse where the focus is on women as victims, but a more complex picture of female sexual agency.

6.2.4. Gendering agency

For some participants, both male and female, these strategies meant engaging in relationships with older men and women:

'Maybe if my friend, her family provides for her and she's got an expensive cellphone, like she dresses well and when I'm with her I'm, I feel like, I feel like I'm not important, something like that. Then, comes a sugar daddy, and then, it will come to mind that the sugar daddy is working maybe somewhere, maybe...I don't know....somewhere, and he will provide for me these things so I can be the same level as my friend.'

[Gcobisa, female, 27, I3]

The financial nature of these relationships was highlighted by one female who, in explaining why she would never date a sugar daddy stated:

'Yhooo...I could never do that you know, it would spoil me...I would never be able to go back to a boy again once I knew how it is possible for me to be treated'

[Dumi, female, 21, I2]

Interestingly within the interviews the participants were quick to assign responsibility for these relationships to both the adult, and the young person:

I: And who do you think is to blame for those relationships?

P: I think both of them. Because sometimes it's not the older man that like, put moves on you, sometimes it's the young girl. And then the older man follows up on that. Sometimes it's the older man. So both of them...yes.

[Pienaar, male, 24, I2]

This contrasts with the ways in which this issue was framed within policy discussions examined in the previous chapter (section 5.4.). This is exemplified by the recently launched national Zazi campaign which 'encourages young women to avoid engaging in sexual relationships with older men' by 'depicting young women making positive choices in difficult situations, and joining other women who have made similar choices, who know and love themselves and want to have a brighter future' (ZAZI, 2013)²⁵.

Yet when viewed through this lens, and the value that young people attach to such relationships, it can be asked within this context what is and isn't 'inappropriate' and who should be those deciding what comes to be viewed as such. Such issues have been raised by Hunter who argues that 'AIDS campaigns frequently ignore the fact that relationships, including those where people have more than one sexual partner, are typically marked by very fluid obligations, some material and some emotional' (2010, p. 200).

At the same time the technical approach to what comes to be understood as 'safe', 'unsafe', or 'risky' within policy discourse is also problematized, as the reality of

²⁵ The national television advert which was playing across South Africa during my fieldwork can be found here: <https://www.youtube.com/watch?v=X98wH6vnPeM&feature=youtu.be>

what each of these means is revealed as much more complex within the lifeworlds of young people. Young people come to understand, and ascribe meaning, to sexuality and risk in ways which are reflective of the specific context in which they are engaging with them. Brouard and Crewe have argued this, stating that that the idea that 'relationships fit into a binary of 'safe' or 'unsafe' - with safe being associated with love (good) and unsafe being associated with self-interest (bad) – can be contested' (2012, p. 49). Indeed many young people themselves contested this narrative within the interviews, often speaking about relationships in terms outside of this narrow framework.

Central to these debates are questions on how we come to understand gendered agency within this context. As noted in the previous chapter young people's sexual agency has come to be ascribed in gendered ways, with the female victim and male aggressor dominating policy discourse. Within these discourses female agency is constructed as being constrained by hegemonic masculinity with little room for movement.

Yet the narratives of the young people examined above reveal evidence of female sexual agency, such as Phumza who cheated on her boyfriend to 'fill the gap' when he left home and consciously engaged in a sexual relationship 'just for sex'. This resonates with Bhana and Anderson who argue that 'Against the familiar portrayal of docility and sexual passivity, young women are seen as strategizers who create sexual meanings within a context of sexual oppression and resistance' (2013, p. 549). Whilst still constrained by their context they are able to make use of Goffman's 'room for improvisation' to renegotiate the terms of their relationships within these constraints (1959).

At the same time within these narratives there is also evidence of male vulnerability. Whilst the male participants sought to try and assert their masculine identity it was also clear that this performance was fragile, such as for this young male who found that despite his efforts, he wasn't able to 'perform' as he had hoped:

'you go to a person because you love her. In most cases she will show you signs, like asking you for airtime on the first day, but then you will find that she doesn't call. The next she will ask you for money for the salon but then

she doesn't come back. The next day she will say, let's go somewhere else, but then she never comes. But you feel bad because you know that unless you keep providing they will go elsewhere.'

(Sikumbuzo, Male 26, I2)

Maintaining this identity was a continual effort which did not always pay off as they were unable to provide their girlfriends with the 3C's (cash, car, cellphone). This led to a number of participants expressing the vulnerability they felt as young men as they were unable to maintain both their identity, and with it, their relationships. For one young male this led to his girlfriend leaving him for someone else:

'Yho, I was too upset, you know. I saw them that day, at the football standing next to each other. I approached them but he was just 'what do you want, she's with me now' and you know...it hurt...in front of my friends and everything. But you know, I couldn't give her what she wanted so she went elsewhere you know, but what am I supposed to do?'

[Masixolo, male, 21, I3]

For many of the young men their relationships were an emotional investment, which contrasts with the way that they are often portrayed (Gibbs *et al.*, 2014b). That is not to say that at times young men did not approach their relationships in other ways, but rather that young men draw upon a 'range of discourses of masculinity in different relationships', and that we should resist reifying young men and their identities as has been done within much policy discourse (Dworkin, Hatcher, Colvin *et al.*, 2012; 2014b, p. 8). To do so is problematic for it is within these spaces of negotiation, and contestation of the hegemonic masculinity, that 'opportunities of change already embedded in men's everyday practices' emerge (Gibbs *et al.*, 2014b, p. 8).

In problematizing the gendered nature of the way in which agency is constructed the purpose is not to detract from, or diminish, the male-dominated power dynamics which often characterise young people's heterosexual relationships. A number of young females spoke of the violence that they had suffered at the hands of their partners, as well as the ways in which they felt controlled by them due to their financial, and emotional, dependence.

Yet, in acknowledging the possibility for both male vulnerability as well as female agency key questions arise about the relevance of policy narratives which adhere to the binary of male aggressor and female victim, and how young people can, and do, engage with them. For example, how do ideas of empowerment, which fail to recognise young women as active sexual agents, impact on how young women understand their own agency and lived experiences of empowerment? Given that young men are increasingly called to be brought into the policy discussions around sexual violence, how do they interact with a policy context which does not recognise their full lived experience? (Dworkin, Treves-Kagan, & Lipman, 2013; Gibbs, Jewkes, Sikweyiya *et al.*, 2014a; Silberschmidt, 2011) What are the implications of these interactions for the effectiveness of the programmes which are based on such discourses? It is these questions which I shall explore in more depth in Chapter 7.

6.3. Time and Space: the construction of sexual identities across and within the South African landscape

The lifeworlds of young people are not ahistorical, rather they are shaped by the history of their communities, as well as their own biographies. They are also spatially situated and as such interaction occurs with, and within, a particular spatial and temporal landscape. In this section I will examine how these spatial and temporal elements of young people's lives come to shape these interactions and how they impact on how young people's identities are constructed and performed.

6.3.1. Constructing a modern sexuality

Within the interviews, participants actively constructed their identities as those which were 'modern', where 'modern' was understood in relation to that which was viewed as traditional or 'backward', such as the rural village. This was contrasted to the developed and forward thinking city life:

In Cape Town they are living an urban life, it's not like here, they are not worried about slaughtering any cows they are just staying there and having a good life.

[Masixolo, male, 21, I2]

For the participants their location in the rural areas means that they are both spatially isolated from the progress experienced by those living elsewhere, and also

temporally isolated as they are trapped in previous ways of living. This led many to leave the communities seeking both work and a more ‘modern’ way of life:

And a lot of young people are moving away to seek for employment opportunities elsewhere. A lot of them are in Cape Town. They are moving away. Because there is a challenge in terms of, in terms of the environment here.

[Lumak, female, 18, I2]

For some who have been and come back this feeling is compounded, as they feel different in comparison to those that have never left:

I: How do you see the ones who have never left this place?

P: You can tell from the way they dress... They are behind when it comes to fashion. They don't know the latest trends; you will hear them ask you about what you are wearing.

[Monalisa, female, 24, I2]

Within this context one of the key ways in which the participants were able to articulate this modern identity was through their sexuality, and in particular through comparing how they ‘do’ sex compared to their parents’ generation. This focused on the abandonment of traditional sexual practices, such as thigh sex:

I: What about traditional practices such as thigh sex?

P: That passed a long time ago [laughs]. Now people just want new things. They want to go ‘town straight’. Even the way we carry ourselves is different, our relationships. We are much more open, we’re not afraid of hiding things.

[Lumak, female, 18, I2]

Here to go ‘town straight’ refers to engaging in penetrative (both vaginal and anal) sex, with the ‘town straight’ referring to the long road, Oxford Street, which runs through the centre of East London, straight to the sea. It therefore refers to getting to a place as quickly as possible with no diversions.

With the focus on penetrative sex the influence of new techniques, such as those learnt from global media and pornography, access to which was prevalent within the communities, was clearly evident:

'we watch a lot of things on the television. They are like DVDs now being sold so you can buy DVDs, porn DVDs so you can watch them get more information when you are with so and so you need to do this and this, you see? Our mothers didn't do that.'

[Thabisa, female, 22, I2]

This access to pornography was clearly influencing sexual practices, with a number of girls complaining that their partners made them watch pornography as a form of foreplay.

The influence of media was not confined to pornography but the influence of television, magazines and social media was evident in all the field sites. Access to alternative global, and viewed by young people as 'modern', discourses on sexuality often led participants to express their frustration, for whilst they identified with such identities they felt unable to perform them due to the context in which they were living. They often framed themselves as being trapped in a space, neither modern nor traditional, in which they struggled to locate a paradigm through which they could articulate their identity.

6.3.2. Modern sexuality: a public affair

One way in which the participants did seek to disrupt both the traditional performance of sexual identities and practices was through their public display and performance. 'Traditionally' done behind closed doors, for the participants modern sexuality was not only globally situated, but was also constructed in the public sphere²⁶.

This could be seen to reflect what Posel identifies as one of the changing patterns of sex talk mentioned in Chapter 2, in which she argues that NGOs have sought to bring the subject of sex into the open and make 'full use of the spaces opened up by the country's democratic constitution' (2004, p. 57). The aim of this discourse, she

²⁶ See chapter 2, section 2.2., for a discussion of how this 'tradition' of conducting sexuality behind closed doors can be linked to the arrival of Christianity and discourses of modernity.

argues, has been to ‘get the nation talking about sex’ (ibid, p.57). This public discussion of sex could be seen throughout the interviews:

It’s difficult, in the olden days our parents had to be much more respectful about where they talked about it. Now, everything is very transparent, people brag about it in public.

[Sandile, male, 22, I3]

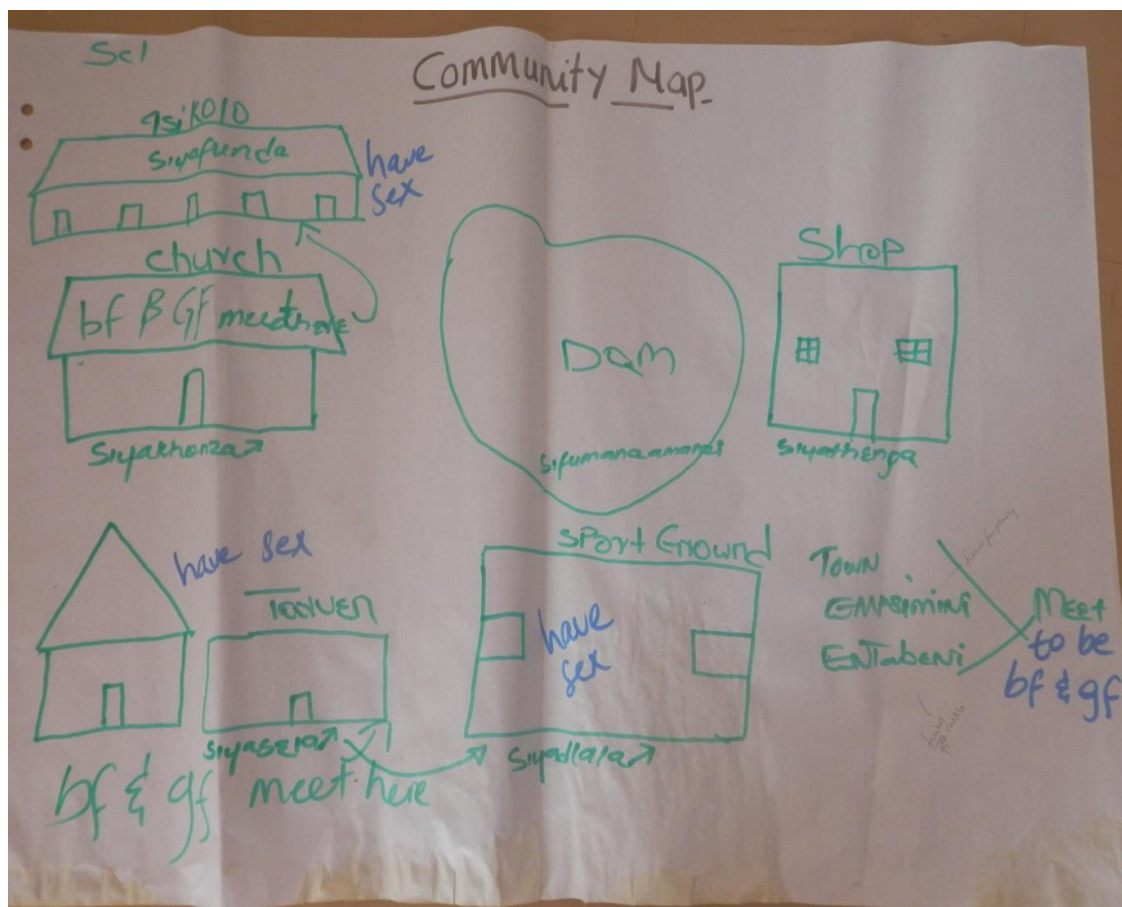
Yet, whilst within policy discourse this public discussion of sex is viewed as representing progress, where sex is detached from ‘the titillating, the seedy and the naughty’, for some young people it represented the opposite (ibid, p. 58). Indeed it was in the public nature of these discussions that they become naughty, and therefore could be used to subvert and challenge the regulation of their sexuality:

We are much more open, we’re not afraid of hiding things. Before they would hide everything if they weren’t sleeping at home that night, but now, we are so disrespectful. We want them to understand by force.

[Thabisa, female, 22, I2]

This public nature was reinforced by the descriptions by the young people of where they had sex. After taking me on a walk around the community a group of young people drew the following map, locating where young people met their partners and where they had sex.

Figure 6.1: Community map



This map clearly shows the multiple public sites where young people had sex, only the church and the shop were absent from their list, although these were places where young people met with their partners.

Although no longer confined to the home, this public display of sex however did not equate to ‘safer’ sex and a number of young people, females in particular called for a return to previous patterns of activity which took place behind closed doors which they associated with lower rates of disease:

Our mothers’ time was better. We do things in front of our elders. We do not respect them. Even if my boyfriend would hit me in front of them, they will not even try to stop him because I do things in front of them.

[Anele, female, 21, I2]

Our mothers are correct; we should copy them by doing all these things secretly.

[Mafousa, male, 28, I3]

For these young people it would be a return to the respectable and private practices of previous generations, and a move away from the ‘modern’ sexual subject which would lead to a decrease in HIV and other infections, something which clearly contradicts much policy discourse. For them, their own construction of their modern, public, sexuality is not one of safety and security, but rather one which is dangerous, disrespectful and inextricably linked to the virus. In constructing their identities the participants found themselves wanting to embrace modern spaces and sexualities, yet cautious of the dangers that such sexual identities and behaviours might pose.

6.3.3. Relationships in a changing spatial landscape

This movement of sex talk and practices to a more public setting is facilitated not only by an increasingly open discursive space, but also by changes in the spatial landscape of young people’s lives, particularly through the opening up of new physical spaces. Young people are increasingly engaging in public sexual practices, away from the private spheres of their homes. A number of participants highlighted that this was in part due to an opening up of spaces where young people could meet or visit as sexuality became decreasingly controlled (Posel, 2004). For one participant the development of the community could be seen in the increasing number of buildings being built, which meant there were more spaces at which she could meet her boyfriend, which she linked to the rise in teenage pregnancy:

Before most places had only one house so there was no way to have your boyfriend over. Now, there are more houses and buildings you know, so there are more spaces to hook up.... That is why you see all these babies...these teenage pregnant. How can parents watch them all the time when there is so much space and we move so freely between’

[Thabisa, female, 22, I3]

It wasn’t just changes in the immediate physical landscape which shaped young people’s activities but also the geographies of their lives. The economic context has

seen participants, and their partners, becoming increasingly mobile as they seek work. As such, relationships are played out across geographical spaces, impacting on how, and where, they were able to conduct them:

P: He stays in town, we meet when I visit my mother's house.

I: How often do you see each other?

P: Maybe once a month, for two days.

I: Is that enough?

P: No, it's not enough, but I don't have the money to go to town and he doesn't have a car.

I: How does it make you feel?

P: Eish...it makes me sad, and worried...worried because I don't know what he is doing there behind my back

[Awiwe, female, 21, I1]

The distance between partners for many young people led to a sense of insecurity in their relationships, often resulting in unfaithfulness. This is supported by the recent work of Mindry et al which found that patterns of migration were linked to distrust in relationships, with suspicion in particular on those who reside in urban areas (2015). Physical distances fuelled this distrust as 'it was impossible to know how their partner was behaving when they lived far apart' (ibid, p.3).

These geographies of relationships are increasingly being influenced by, and shaped by, the opening up of social media spaces. Within South Africa the increasing expansion of mobile technology, and in particular the use of mobile phones which have the capacity to accommodate social media platforms, has seen new spaces open up in which young people are able to interact, have relationships and construct their identities.

One such way is that it creates new spaces in which young people can meet prospective partners.

P: Like you chat, you chat for some time and then after some time you exchange numbers like, you will feel comfortable talking to that person then share numbers, call each other and if you want to meet you set it up but I've never met anyone from..

[Bongeka, female, 24, I2]

Although many participants complained about the approaches they received:

I: Do you ever have any problems?

P: Only when someone approaches me who I'm not really interested in. They want a relationship even though you don't even know them.

[Noxolo, female, 26, I3]

Despite these issues the participants continued to use these platforms as they provided a way to pass the time, as well as a cost-effective way to keep in touch with friends:

P: I like socialising with other young people. Sometimes I like talking with strangers, it takes up my time and helps me to forget that I'm bored.

[Thabisa, female, 22, I2]

However, for others such platforms offered an important opportunity to construct identities which they were unable to otherwise claim, often constructing individual personas which reflected their idea of who they wanted to be. For example, many admitted to lying about where they lived or what they did:

I: Do you ever lie?

P: All the time, we talk so much bull shit on there

I: What do you lie about?

P: You know, where I live, what I do. I say that I am educated and living in Jozi or something you know...I like to make myself sound good, sophisticated [laughs]'

[Nolukanyo, female, 25, I3]

For others, social media opened up spaces in which they were able to explore other relationships:

I: Are you the members of any groups on facebook?

P: No...but on mix-it I'm in the group of the singles...

I: It's called the singles?

P: Yes...[laughs]

I: But you're not single!

P: But I'm not married either....[laughs]

I: And what does the singles group do?

P: You chat like...you chat like if you're comfortable then you'll meet, what happens after meeting I don't know...[laughs]

I: So it's a place for single people to meet.

P: It's where single people meet.

[Awiwe, female, 21, I2]

However, problems did arise as a result, particularly when it came to meeting someone in person and things don't go as planned:

'So my cousin, you know, she was chatting to this guy and she could see his profile picture and everything and he was cute. They chatted for like two months and then he said that he would meet her in town so she borrowed some money and went. But then when she got there he was like 35 and so ugly [laughs]. She didn't even say anything, she just walked away. The worst thing was that she had borrowed the money to get into town and then couldn't get back so she had to call her sister to meet her. Yho, she was so embarrassed.'

[Awiwe, female, 21, I2]

These spaces opened up opportunities for young people to construct multiple sexual identities. For example Stera, a male aged 26, told me that he frequently went on to

Mixit and would ‘have relationships’ with young women, in this instance private messaging each other explicit sexual images. However, at the same time he told me that he was a member of various other groups such as LoveLife or church groups, in which he constructed a different identity based on abstinence and being sexually conservative:

‘Yeah, I’m a member of those groups as well you know. They are good, from them I can get information and stuff. But I like those other groups, where I can meet girls. It’s good you know because I can talk to them and they don’t know me and it won’t get back to my community. It’s like a secret thing where I can do what I want and nobody knows...well except you now. [Laughs]’

[Stera, male, 26, I2]

At the same time as creating these new spaces social media also created new problems within their relationships as they generated suspicion:

Sometimes it helps but sometimes it doesn’t because your partner always questions or asks about the people you chat to. And WhatsApp has a ‘last seen’ option.

[Azola, female, 21, I3]

These spaces were also those in which identities could be disrupted, an extreme example of which occurred one morning over breakfast when one of the elder sons of our host family, whilst browsing on his phone, suddenly threw it down onto the table in anger. He then picked it up, made a phone call during which time he shouted down the phone, before hanging up and storming out of the room. When I enquired as to what had happened his younger brother explained that when he had gone on to Mixit that morning his girlfriend had changed her profile picture to one where she was stood with another male. It wasn’t clear whether this was a friend or otherwise, but to so publicly place this picture had enraged his brother so much that he had immediately called her and broken off the relationship. This was not just about the possibility of her cheating, but was about how such a public display disrupted his performance as the male within the relationship.

These responses resonate with the work of Gibbs et al, and Mindry et al, who in their examination of masculinities found that young men drew upon, and employed, a number of ‘controlling strategies’ in order to both maintain their relationships, as well as construct and maintain the masculine identities (2014b; 2015). Drawing upon moralising discourses these focused on ensuring that young women maintained the role of ‘respectable’ young woman through monitoring and regulation. Within this technology and social media have opened up new forms of regulation and monitoring, such as in the case of Phumza at the beginning of this chapter whose partner ended their relationship when he couldn’t reach her on the phone. Her boyfriend’s reaction was far from uncommon.

These strategies were deployed by many of the young men I spoke to, but were also reflected in the discourses of young women who used them to gauge the meaning of their relationships in their partner’s lives. For example, one day we were sat in our host home when one of the neighbouring females who had become a friend came into the kitchen, clearly upset. When I asked her what was the matter she said that her boyfriend didn’t love her anymore and that he must be cheating. When I asked how she knew she explained that she had been sat with him in his house and had been chatting on WhatsApp for an hour. During this time, she said, not once had he asked who she was talking to, nor had he got mad. This, it was therefore declared, meant that he no longer loved her. What kind of boyfriend would allow his girlfriend to do that if he really cared? Here, her boyfriend’s desire to control was not a problem, but rather a marker of the value of their relationship.

6.3.4. The continuation of tradition

Despite these new spaces and discourses around modern sexuality emerging traditional and historical knowledge systems were still present within the participants’ discourses around sex and their sexual practices. One of the most prominent of these related to race where ‘white’ sexuality was clearly differentiated from their own:

'You know those white people, like you guys, they know how to do things differently. They are not like us, you don't see them having all these babies everywhere you know. I think that their parents must know how to teach them properly'

[Mafousa, male, 28, I2]

The ways in which the participants drew upon alternative narratives when negotiating their lived realities was also found in the ways in which they referenced traditional knowledge when it came to their health. Despite having previously sought to differentiate themselves from traditional practices what emerged was a more complex understanding of what was suitable for treatment using traditional knowledge:

I: You said before that you don't trust Sangomas or traditional medicine when it comes to HIV. Is there anything that you do trust them for?

P: Yes, I would go for something else for example, if I was having pains in my legs and the clinic tells me I have cancer but that the treatment doesn't work, I would go to a sangoma. If they say I have met with bad spirits and gave me traditional medicine I would believe that it would help.

[Monalisa, female, 24, I2]

They're capable of many things except for this thing with HIV/AIDS like if I can lose my boyfriend to another lady I can go to a sangoma and someone give me some muthi to use, yes, and my boyfriend will be there, so they're capable of other things.

[Nwabisa, female, 23, I2]

Within these discourses there is a clear hybridisation of knowledge in which participants drew upon multiple knowledge systems and their own experience in order to make sense of their lived realities. In doing so it highlights the ways in which one knowledge system is not simply replaced by another, but rather young people engage and interact with these in ways which resonate with their everyday lives. This has clear implications for programmes which seek to impart information about HIV and raises a number of questions, most pertinently, how do these

competing forms of information and knowledge interact and with what impacts? This will be explored further in the next chapter.

6.4. It is better to be HIV positive than to have a baby!: Locating the epidemic

In this chapter I have explored how sexual practices and identities come to be constructed and given meaning within the context of young people's lives. Yet, notably absent has been a discussion of how HIV and the epidemic come to be located within young people's lives. Whilst the next chapter examines how young people engage within HIV through the context of policy in more detail, here I first turn to how young people come to understand and make sense of the virus in their everyday lives, outside of these policy narratives.

Firstly, it is important to note that the omission of HIV to this point is reflective of the interviews with the young people themselves who would rarely talk about HIV outside of the direct questions in the interview. This absence was most notable when participants were asked to list the key challenges facing young people and HIV was not spoken of. Rather it was issues of alcohol, drugs, unemployment and crime which dominated. That is not to say that HIV was not an issue, or that young people were not aware of it. Indeed throughout the interviews when asked specifically about it, young people showed a high level of understanding of the virus, speaking freely of CD4 counts, ARVs and opportunistic infections. Only one of the participants was not able to identify high-risk modes of transmission (unprotected sex, mother to child and sharing of needles) and all of the participants agreed with the statement that 'condoms are the best way to prevent HIV transmission', although some did add that abstinence was really the only way to be 100% safe.

Yet this understanding was only one of a number of discourses with multiple ways of talking about the virus which emerged in the interviews. These reflected the different ways in which young people interacted with the virus in the context of their lives. I shall explore these here, examining how these narratives and ways of understanding are shaped by their own biographies as well as the wider context.

6.4.1. A personal experience

Unsurprisingly many of the participants discussed HIV within the framework of a personal and emotional experience. In the interviews there was one female who

spoke openly about her positive status. Having contracted the virus from a previous relationship she was now on treatment and healthy, although she did fear for what would happen when she died:

'there will be a day when I die and will need people, who will raise my children and who will provide them with everything they want'

[Nolukhayo, female, 25, I1]

Although she had experienced some stigmatisation in the past she felt the situation was improving as awareness of the virus increased:

'Things are getting better because people come forward and they understand that HIV is an existing virus.'

[Nolukhayo, female, 25, I1]

Others who had either lost friends or family members to the virus spoke openly about these experiences:

'P: In 2002 I lost my big sister. And then in 2005 I lost another one.'

I: Another sister?

P: Yep. So those are the major things that happened.

I: And how did they die?

P: They died of HIV related sickness...

I: Both of them?

P: Yes.

I: And, and how was that experience for you? I mean it must have been very difficult?

P: Yep it was. And even now, it's still, still so hard for me to talk about it, yeah. It gets better as time goes on.

I: And did you know that they were HIV positive when they....

P: My older sister told me but I didn't believe it. I didn't believe her because at that time, I...I didn't believe it. She told me when she came from the hospital and the doctor said she was HIV positive and I said 'ok'. But inside I was like 'she's lying'. And this one [the other sister] didn't tell anybody.

I: Nobody?

P: Nobody. My mum found out. She was so ill to even go to the hospital so my mum had to take her to hospital so that's when the doctor told her.'

[Awiwe, female, 21, I1]

It wasn't just the pain which Awiwe spoke of, but also the stigma that as a family they had experienced as a result. This was particularly pointed as her sister's daughter had been born with the virus:

P: After my sister died and the second one died people started treating us differently from the way they were treating us before.

I: Really? In what way?

P: Ermm, they started rumours that we were all HIV positive at home, everybody living there was HIV positive. So, at first I was angry, and then....my second sister had a child in 2002, so whenever they went outside to play with their friends and then maybe, maybe with your child, and your child is eating so they would give them food in their hands because they were scared they would be infected.

[Awiwe, female, 21, I1]

Outside of their immediate familial environment participants spoke of the impact of the virus on others within their communities:

'Some people when they find out that they have HIV they concentrate on doing corruption with a perception that their life is over, there is nothing to live for and do things that are quickly going to kill them. It has destroyed the way people choose to live their lives'

[Pienaar, male, 24, I1]

Within these narratives HIV is constructed not as a medical condition but as a lived, emotional and embodied, experience. Medical language is notably absent and rather it is voices of trauma and the psychological impact of the virus, on individuals and communities, which comes to the fore.

6.4.2. *'It's not a dog's disease': What is HIV?*

This understanding of the virus, however, contrasted to that which emerged when young people spoke about HIV in relation to their own sexual behaviours. For example, when speaking about their concerns over contracting it, the phrase 'it's not a dog's disease' was frequently used:

'But most young people, they are no longer afraid of HIV, they know there is treatment, after all it's not a dog's disease. People are disclosing now, it's almost cool to be living with it. You know, there's no discrimination now when you have it.'

[Ayabonga, male, 22, I2]

In stating as such they were referring to the idea that HIV was a disease for humans, and that it was more acceptable to have it compared to other diseases which were on a level with animals. HIV was a virus meant for people and as such there was less shame attached to having it.

When probed it emerged that this was due in part to the increased perception that if you got sick you would now get treatment. This view of HIV contrasted with that of unplanned pregnancy which, within a resource poor setting, was viewed as being of greater significance for their lives. This was particularly significant because of the ways in which a child would inhibit their social lives, as well as their freedom to move out of the community:

'I: Why do you think they are more scared of pregnancy than HIV?

P: Because they say that a child holds you back from having fun. Whereas when you are HIV positive you will go around with it, and all you need to do is just to take your pills.'

[Dumi, female, 21, I3]

Here it is a baby, rather than the virus, which would disrupt their ability to be young and exercise their agency as they wished.

Alongside this was recognition of the financial cost of a child in comparison to having the virus:

'It is better to be HIV positive than to have a baby! When you are positive, you can go to the clinic and you will get pills, and when you have a child, where are you going to get the food?'

[Bongeka, female, 24, I2]

Whilst treatment was free, the cost of a child, even when in receipt of the child support grant, resonated with the participants' experiences of poverty²⁷. As such a number of female participants stated that they used other forms of contraception rather than condoms:

I: What do you think your friends think about this?

P: I think that we are the same because we are also on contraceptives but do not use a condom.

[Bongeka, female, 24, I1]

Here other forms of contraception provided a way for the participants to protect themselves against this risk, whilst still allowing them to enjoy sex, something condoms were seen to reduce:

I: When you are having sex with your boyfriend, do you use condoms?

P: No we don't.

I: Why are you not using condoms?

²⁷ The child support grant is provided to the primary care giver of a child under the age of 18, providing they do not have an income of over R34800 a year if single, or R69600 if a couple. The grant amounts to R310 a month, approximately £17.70.

P: Because we want it to be nice.

I: So if you are using a condom it's not going to be nice.

P: No, it's not.

[Lucia, female, 25, I1]

Within the interviews condom usage and HIV risk was clearly situated within the wider discourse of pleasure which young people used to construct their sexual experiences (see section 6.3.). For these young participants the experience of pleasure outweighed potential risk. For some females this was compounded by the fear that should they wish to use a condom their boyfriends would leave them:

P: Boys are not afraid of this thing they do not want to use condoms.

I: Okay, if boys are not afraid of it, why do you as a girl agree when he says do not use condoms?

P: Because I love him.

I: If your boyfriend would say to you, let's not use condoms you would agree to that?

P: Yes... We will both have it, I am afraid of it.

I: So as long as you both going to get it, it does not matter?

P: Yes.

[Anele, female, 19, I2]

For Anele not using a condom was a way to keep her boyfriend happy, and in doing so keep him. Given the value attached to relationships, for these participants to engage in these risky sexual behaviours 'made sense' given the meaning of risk within this context.

6.5. Conclusion

In this chapter I have argued that in seeking to understand young people's sexual identities and behaviours we need to go beyond an understanding which looks at individual risk and structural determinants of risk as separate entities. Rather, I have

argued that we need to understand how young people's identities, and the ways in which these are performed through their sexual practices, are constructed through their subjective interaction with the context of their daily lives.

Drawing upon the narratives of the young participants I have argued that for the participants their understanding of their sexuality was embedded in discourses of pleasure and intertwined with the construction of a 'free' youth identity. At the same time their ability to construct this identity is circumscribed by the resource-poor setting in which they live. As such their sexual identities, and their ability to perform them, come to be understood as assets which enable them to negotiate and navigate their daily lives.

I have also sought to argue that young people's sexual identities and practices are temporally and spatially located and that young people find themselves drawing upon discourses of both tradition and the modern in seeking to construct an identity that makes sense. Reflecting the changing spatial landscape within the developing South Africa young people are being forced to find new spaces in which to construct alternative identities, such as social media, which fit with the geographies of their lives and relationships.

Finally I have sought to locate HIV within these narratives. Notably absent unless probed for, where HIV does emerge it is constructed in a number of ways. Firstly it is located as a personal emotional experience, which is often traumatic, and forms part of the lived reality of many young people. At the same time they continue to engage in behaviours which leave them vulnerable to infection, but which are embedded in wider understandings of risk.

Throughout the chapter I have drawn attention to the ways in which this understanding of the virus contrasts with that of the policy context explored in the previous chapter. I will now explore this discordance further, going beyond noting its existence to ask how young people come to interact with these policy discourses. I will ask what this means for young people, their identities and behaviours, as well as the policy context itself as young people come to simultaneously disrupt and reproduce it.

7. The prevention policy interface: negotiation, transformation and resistance?

So far in this thesis I have examined how young people and their sexual identities and practices have come to be understood and known within policy discourse (Chapter 5), followed by how young people themselves come to construct their identities and practices within the context of their everyday lives (Chapter 6). In this chapter I bring these understandings together to answer my third research question; *'In what ways do young people engage with policies and programmes relating to sexuality and HIV? With what effect(s) on shaping young people's identities and behaviours, as well as the policies and programmes themselves?'*

It is important to clarify what I understand engagement to mean within this context, and most importantly, how I differentiate it from impact. As discussed in Chapter 5, within policy frameworks impact is evaluated against the prescribed outcomes of the interventions in question, such as increased condom use among participants. As such, impact is only judged to have taken place if young people follow the behavioural scripts provided by the interventions.

Yet these interventions come to form part of the environmental conditions of young people's lives. Young people come to engage with these interventions in multiple ways, outside of these behavioural scripts, as they construct and perform their sexual identities and behaviours. For example, even though a young person may not use a condom as a result of an intervention, this does not mean that they have not engaged with the intervention in other ways. Even where impact has not occurred, as measured and understood within policy, engagement can, and does, take place.

It is this wider engagement, its forms, processes and effects, which are the focus of this chapter. Whilst Chapter 6 examined how young people's lifeworlds shape their sexual identities and behaviours, this chapter examines what happens when interventions, and the knowledge claims which underpin them, come to form part of these lifeworlds through 'an ongoing, socially constructed and negotiated process' (Long, 2001, p. 31). Drawing upon an understanding of young people as social actors it explores how young people negotiate, transform and contest these interventions

and knowledge claims, and use them for ‘a different intentionality from the one assumed in the policies’ (Seckinelgin, 2008, p. 107).

In examining young people’s engagement through this lens I seek to address a current gap in the literature. Whilst the disjuncture between a target population’s everyday lives and how they come to be understood within policy has begun to be recognised (Angotti, 2012; Campbell *et al.*, 2010; Gibbs *et al.*, 2010; Reddy, 2004; Seckinelgin, 2008) there has been little analysis of what this looks like in young people’s everyday experiences, and how they experience and negotiate this disjuncture in their everyday lives. In this chapter I will argue that whilst these policies may not resonate with young people, they do become part of their everyday experiences and we therefore need to explore how young people come to understand and actively manage this disjuncture in a number of different ways. I draw attention to the nature of policy, not as a readymade product, but one which people interpret within specific socio-cultural settings.

The chapter begins by situating the analysis theoretically by outlining the framework which it will draw upon. It then examines the two central knowledge claims examined in Chapter 5 in turn: ‘we know young people’, and ‘we know what works’. Taking the ways in which young people and their sexuality have come to be constructed within these knowledge claims as my starting point I examine how these claims come to intersect with the lifeworlds of young people outlined in Chapter 6. In each instance I examine the impacts of this intersection for both young people and the interventions which target them. I conclude by examining what these understandings mean for HIV policy going forward, answering my overarching research question ‘What does a localised understanding of young people’s sexual norms and perceptions mean for HIV policy in South Africa and why?’

7.1. The theoretical framework

In her work on HIV/AIDS interventions in the education sector in Lesotho, Ansell argues that whilst ‘the discourses that infuse representations of children in education sector AIDS interventions in Lesotho may be identifiably global, they are not simply global. They are transformed in the locality, albeit through power-laden relationships’ (2010, p. 809). Similarly Long has argued that in understanding interactions between development programmes and recipients we need to avoid

‘generalised conceptions’ of global and local and instead focus on the ways these different world views come to interact through a process of ‘negotiation, adaptation and transformation of meaning that takes place between specific actors’ (2010, p. 72).

For both Long and Ansell there is a need to go beyond simply stating that policies do not resonate with individuals, or that local knowledge and practices have come to be dominated by external, or global, knowledge systems or practices. Instead they recognise that ‘All forms of external intervention necessarily enter the existing lifeworlds of the individuals and social groups affected, and in this way they are mediated and transformed by these same actors and structures’ (Long, 2001, p. 13).

But how are we to conceptualise, interpret and understand these processes? As outlined in chapter 3 I draw here upon Long’s conceptualisation of the ‘social interface’ model. Interfaces are those points ‘where different, and often conflicting, lifeworlds or social fields intersect’ and where contestations over meanings and values take place (ibid, p.65). It is the point at which external interventions enter the lifeworlds of those targeted and come to be ‘mediated and transformed by these same actors and structures’ (ibid, p.13).

Examining these interfaces, he argues, enables us to deconstruct the concept of intervention ‘so that it is seen for what it is – an ongoing, socially constructed, negotiated and experiential and meaning-creating process, not simply the execution of an already specified plan of action with expected behavioural outcomes’ (ibid, p.25). In doing so the focus is on ‘intervention practices as shaped by the interaction among the various participants, rather than simply upon intervention *models*’ (ibid, p.26). Our key task is therefore to ‘understand the processes by which interventions enter the lifeworlds of the individuals and groups affected and thus come to form part of the resources and constraints of the social strategies they develop’ (ibid, p.31).

In the context of this thesis this means examining how HIV prevention policy and interventions come to be part of young people’s lifeworlds, and how young people come to engage with them. This is crucial for, as I argued in Chapter 6, it is through an interaction of their agency and context, that young people come to construct and give meaning to their identities and behaviours. Therefore, as these interventions come to inhabit the lifeworlds of young people, they become part of the context of

interaction and as such impact upon the meanings which young people attach to their own identities and behaviours.

Embedded within this model is an acknowledgement that the ‘arrival’ of interventions into the lifeworlds of young people does not lead to their automatic acceptance. Just as in Chapter 6 I explored how young people were active social actors in constructing their identities and behaviours, similarly within this interface young people actively negotiate the introduction of new discourses and interventions as they ‘process information and strategise in their dealings with various local actors as well as with outside institutions and personnel’ (ibid, p.13).

How young people come to ‘strategise’ and negotiate this interface will be shaped by the context of their lives, and the subject position within it which they inhabit. As such, context-specific factors are foregrounded, not as things which need to be ‘eliminated to help individuals engage with what is assumed in the proposed policies’, but rather as crucial parts of the lifeworlds which interventions intersect with, and are shaped by (Seckinelgin, 2008, p. 106). For Long therefore the key observation is not a difference between external and internal conceptualisations of, for example, youth, but how these differences come to be understood and made sense of in ways which impact upon both the young people and the interventions in question.

It is in the negotiation of these differences, and interactions of understanding, through which change can occur. Arguing for a dynamic approach Long views change not as one-directional (through an intervention for example), but rather through the processes of negotiation, adaptation and transformations of meaning which occur as a result of the intersection of lifeworlds. It is an ongoing iterative process between and through the duality of structure and agency.²⁸ In the context of this research, this means the intersection of policy discourses and young people’s everyday lives.

Crucially, the interface model does not mean the simple replacement of one knowledge system by another, or vice versa. As Pottier notes knowledge does not

²⁸ In this Long is similar to Giddens who as I noted in chapter 3, also argues against the closed systems of, for example Bourdieu, but rather for a dynamic open system where change is continually possible through the duality of structure and agency.

just 'exist', only to be replaced by more dominant knowledge systems as they emerge, but rather comes to be constructed in specific contexts which are shaped by the intersection of lifeworlds (2003, p. 15). Rather it is through 'interaction, dialogue, reflexivity and contests of meaning' that 'new forms of social practice and ideology' are generated (Long, 2001, pp. 71, 33). Interfaces themselves, through their nature as places of interaction, are therefore sites of production, both of new social practice and of new knowledge systems.

If social interfaces are to be understood as spaces of negotiation, contestation and transformation, then the question of power has to be addressed. Long cautions against viewing power within these interactions simplistically, arguing that 'That someone has power or knowledge does not entail that others are without. A zero-sum model is thus misplaced' (ibid, p.184). Instead he states that we need to 'explore the extent to which specific actors perceive themselves capable of manoeuvring within given contexts or networks and develop strategies for doing so' (ibid. p.184). Here Long's approach to power is akin to Goffman's 'room for improvisation' (1959) mentioned in the previous chapter (section 3.2.4.).

This approach resonates with the work of Foucault as, similar to Foucault, Long argues that power is not a question of domination of one over another; rather it is a question of 'resistance, accommodation and strategic compliance' which 'become regular features of everyday life' (Long, 2001, p. 185). In the context of young people and HIV this means examining how young people are able to find room for manoeuvre within intervention discourses and practices, and how they develop strategies to negotiate their experiences within them.

For Foucault this process of negotiation can also be conceptualised as resistance from below whereby in which sites of struggle take a particular form as they 'are an opposition to the effects of power which are linked with knowledge, competence, and qualification: struggles against the privilege of knowledge' (1982, p. 781). They are against a 'form of power' which 'applies itself to immediate everyday life and which categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognize and which others have to recognize in him' (ibid, p.781). This links back to Foucault's wider arguments concerning the links between knowledge and power which I

examined in Chapter 3 that it is through becoming 'known' that objects or subjects are rendered knowable, and governable.

Drawing upon this understanding therefore, interfaces can be viewed as struggles over knowledge, and in particular struggles over the knowledge of self; 'all these present struggles revolve around the question: Who are we?' (ibid 1982, p.781). As I have argued in Chapter 5 interventions are underpinned by knowledge claims about who young people are and what their sexual behaviours are. Interventions therefore become ways in which these are 'put into discourse', and through their implementation these knowledge claims come to be reaffirmed and validated. In the context of this thesis therefore, the ways in which young people are able to use 'processes of negotiation, adaptation and transformation of meaning' to contest these can therefore be viewed as not only spaces in which young people exercise their agency, but also spaces in which they are able to resist the ways in which their bodies, and sexuality, are being known and governed (Long, 2001, p. 72).

In talking of resistance I am not arguing that how young people negotiate the interventions in their lives is akin to 'an overt, collective undertaking' (ibid, p.185). Rather in utilising this conceptualisation of power I seek to draw attention to the ways in which young people are not 'hapless victims' but rather, albeit often in restricted spaces, are able to 'identify and create space for their own interests and for change' (ibid, p.184). In particular I seek to explore the ways in which, at these intersections of knowledge, young people come to contest the knowledge claims made about them whilst developing their own subjectivities, which in turn inform their actions.

In this section I have outlined the theoretical position of this chapter. In doing so I have sought to demonstrate how in utilising such an approach, which deconstructs what interventions mean in practice, space is opened up for an understanding of the wider social processes at work as young people come to engage with HIV policy. It therefore enables me to bring together the previous two chapters to examine what happens when the knowledge claims of Chapter 5, come to be part of the lifeworlds presented in Chapter 6.

In the rest of the chapter I focus on two knowledge claims which are made and deployed through policy, and the ways in which they are being negotiated, contested and transformed; ‘we know young people’ and ‘we know what works for them’.

7.2. We know young people: contesting the policy narrative

In Chapter 5 I argued that youth as an identity, and subject position, has come to be constructed in particular ways within policy discourse. No longer solely the targets of interventions, young people are now framed as active social actors and have emerged as a distinct development category to which particular understandings of gender and agency are ascribed. In Chapter 5 I argued that these constructions, developed through the policy process, are problematic for, whilst they render young people as a group ‘knowable’, they have been developed in ways which do not take account of, or reflect, young people’s everyday experiences.

In this section I will examine how young people come to engage with this construction of youth and the knowledge claims which underpin it. I will argue that this construction of youth, and the ways in which this discourse is deployed and established through the implementation of interventions, is intersecting with young people’s own lifeworlds and narratives of youth in particular ways. In doing so I draw attention to the ways in which, at this social interface, these ideas are being contested and transformed as new meanings of youth emerge.

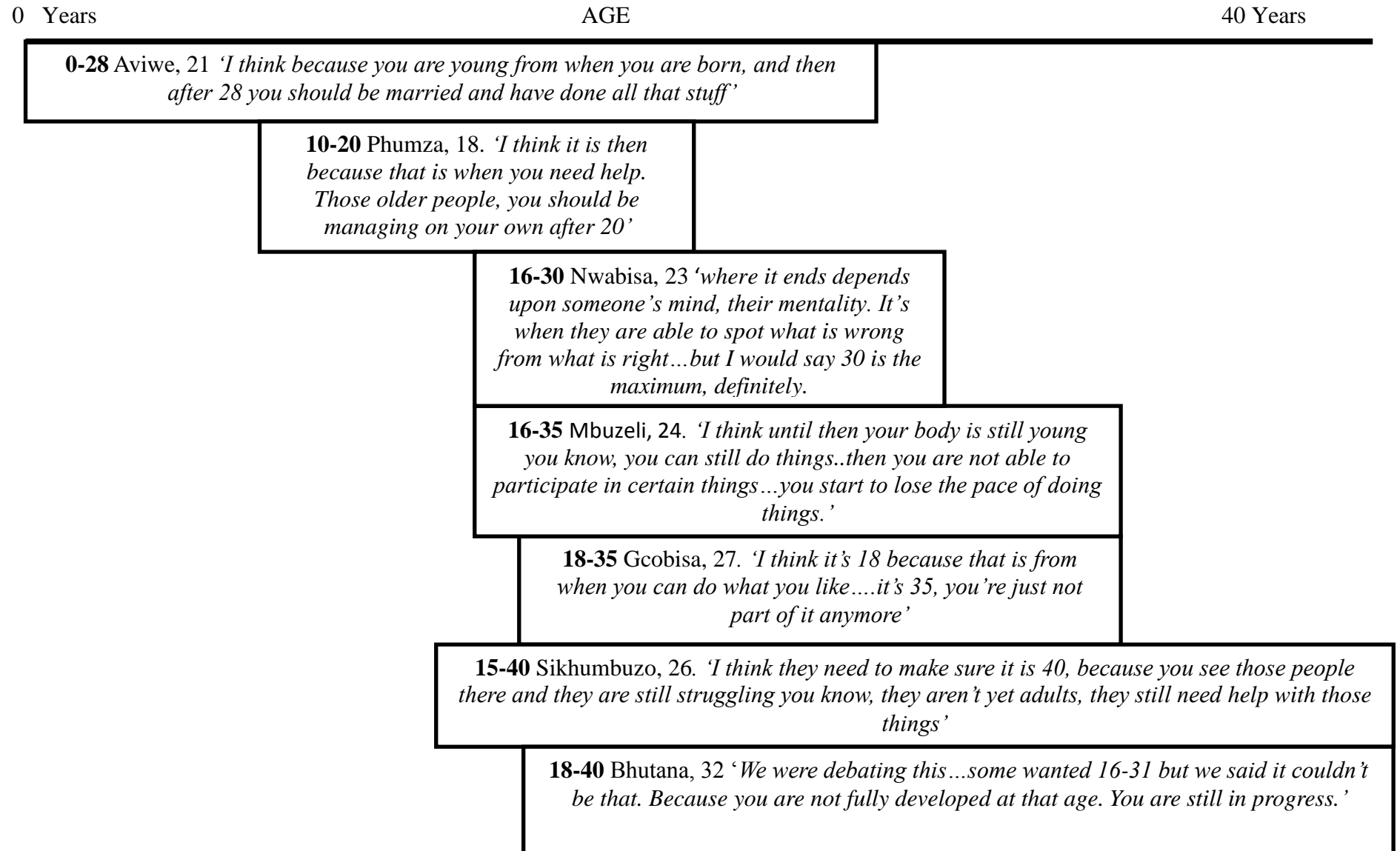
I begin by examining who young people think ‘young people’ are and how, within this interface, youth has emerged as an asset to be managed. I then explore how young people come to make sense of the gender narratives which they engage with at this intersection.

7.2.1. Do young people know who young people are?

Establishing who young people are is important. For policy it establishes a clear target (and reporting) group, whilst at the same time demarcating who it is that knowledge claims are being attributed to.²⁹ Yet whilst policy frameworks seek to establish these boundaries they come to be contested at multiple levels, including by young people themselves. This became apparent during the interviews when, asked to define ‘youth’, the participants provided a diversity of responses:

²⁹ I shall examine the importance of establishing who young people are for research purposes in the following chapter.

Fig. 7.1. Diversity in young people's definitions of 'youth'



Whilst diverse, what was consistent among the participants was a desire to ensure that they were young and would remain so for a number of years. This was important, as I discovered when I jokingly mentioned to my research assistant Zweli that he wouldn't be young for many more years (he was 28). I was quickly met with a passionate explanation as to why he was still young and why he would be young until he was at least 40.

If being categorised as young within these policy discourses is, as Foucault suggests, to submit oneself to a process of becoming a subject of sexuality which can be known and governed, it could be argued that the participants' desire to be so shows little of the resistance to being 'known' which Foucault calls for (1982). Yet with further probing it emerged that within the specific contexts of their lives, which were shaped by the interventions targeting them, a 'youth' identity emerged as something to both be adopted as a useful asset, and contested as not being relevant to their lived experience and with the potential to leave them feeling vulnerable. It is this simultaneous process of adoption and contestation which I examine below.

7.2.2. *Youth as an asset*

In establishing 'youth' as a development category, and target for intervention, it has emerged as a key asset which young people are able to acquire and draw upon to make sense of their lives. This can be particularly seen through the ways in which, in a context of interventions which offered training, employment and financial opportunities, being 'young' offers access to social and financial capital. For example the peer education programmes which are popular within HIV policy approaches offer young people the opportunity to receive training as well as earn money through the (often small) stipend provided. The young people interviewed were well aware of the importance, and value of these opportunities:

*If you teach people about health issues they will know how to live their lives.
When a person gets a job, or that training on this thing, they will be able to
do or buy the things they've been advised about.*

[Sibusiso, 25, male, I3]

For Sibusiso, who was coming towards the end of his time as a peer educator, the money that he had saved was going to be vital in helping him gain future employment:

This programme has been good. I put some money away from the money we were earning. After the program I am going to ask my mother to add more so that I can do my drivers licence. Then I can become a taxi driver and have my own job.

[Sibusiso, 25, male, I3]

These programmes offer a source of financial income which is out of reach for many young people otherwise and is therefore something which is highly valued (see also Gibbs *et al.*, 2010). This can be put towards the family income, or otherwise used to purchase goods such as airtime or transport, which is crucial for maintaining relationships and status within the community (see chapter 5). They therefore provide a key way in which young people are able to maintain, and manage, their identity.

Maintaining access to these programmes is therefore crucial and it is understandable that Zweli reacted so passionately when I suggested his years of ‘youth’ were coming to an end. In making such a comment I was potentially denying him the opportunity to take part in projects where he would be understood as a ‘peer’ (such as this research), which were helping him to maintain his identity within his community as a leader, as well as provide for his daughter. That is not to say that young people did not wish to stay young for other reasons, but rather that within this particular interface of policy and context, this meaning of what it meant to be young emerged as a salient reason for young people to stay young.

It was not just peer educators themselves that these programmes provided opportunities for. For example a number of the programmes offered training opportunities which were popular with young people, particularly in the case of computer training which was seen as the ‘golden ticket’ out of the communities, *‘if you can use a computer, eish, then you will not be here long’* (Phumza, 18, female, I2). Yet with limited numbers of machines, access was restricted to only those who were ‘young’.

This sometimes led to animosity between young people as those at the lower end of the age spectrum felt that those who were older were taking up opportunities which should be open to them. This was clear during an interview with one of the youngest participants:

'Eish, why are you talking to those guys, they are not young. They, they have had their opportunities, it is time for them to go get married and such like...you know they are just hanging around, making things difficult for us, you know'.

[Anele, 19, female, I1]

Yet to be without access to this identity caused great anxiety among the participants. Echoing the sentiments of Zweli above, one participant noted:

'But what happens when I'm not young anymore?'

[Sikhumbuzo, 26, male, I3]

Once excluded from access to this identity, young people felt a great deal of anxiety as they struggled to negotiate the transition to adulthood. As the responses in Fig 7.1. indicate, adulthood was supposed to be marked by having family which they were able to support by being economically independent. Yet for most this was not a possibility within the context of their present lifeworlds. They therefore found themselves doubly excluded as they were unable to attain the traditional markers of adulthood, such as employment, setting up their own home, marriage. Yet they no longer had access to opportunities as they were no longer included within the policy category of youth. For them, this process of double exclusion led to a sense of failure:

I: How do you feel about your life now?

P: So many years have gone. And I won't get them back. Where I am now, it's not where I pictured myself. I pictured myself in an office, with a lot of things going right for me. But I don't know if I will get there. But then, who will I be? I can't still be sitting around when I am 40...maybe I will die before I

accomplish all these things, which would mean that I have failed to have my own things.

[Noxolo, 26, female, I2]

Yet within policy discourse, whilst there is a clear focus on young people, there is scant attention paid to what happens to young people once they are no longer 'young', the assumption being that they have become 'adults'. Yet within the context of the rural Eastern Cape, where young people do not have access to this identity due to their social and economic context, what is produced is a gap, where the participants with whom I spoke no longer knew where they fitted within the social landscape. Whilst the economic marginalisation of young people, and the changing socio-economic conditions of their lives have disrupted traditional markers of transition (marriage, employment), this disruption has been further problematized by the establishment of an identity which further embeds youth as a categorical identity with clear boundaries of exclusion and inclusion. Its development, in abstraction, with little reference to traditional patterns of transition, means those who come to be (inevitably) excluded are left feeling vulnerable.

This was brought home to me whilst I was staying with a family in Tyara. During my time there the females in the family undertook an Ntonjaan ceremony, a traditional female Xhosa initiation ceremony. Traditionally conducted with adolescents, the ceremony is designed to teach girls about womanhood, and in particular motherhood and marriage.

Fig. 7.2. Women entering the roundavel (traditional hut) during an Ntonjaan ceremony.



The ceremony takes place over the course of a week, culminating in the participants entering a traditional hut, (see Fig 7.2.) where they stay for a period of time (in this instance a week) in isolation, guarded by the elder women of the community. When asked why they had decided to conduct the ceremony now given that the participants were much older (they ranged from 14 to 42), it was explained that the older ‘young’ women were unmarried and unemployed. It was hoped that by conducting the ceremony now, late as it was, would help them to transition to become complete women able to become wives and leave the natal family home.

Young people in the communities were negotiating this interface of their lifeworlds and the meaning attached to youth within interventions in a number of ways. On the one hand, its intersection with their lived experiences saw a new identity come to be produced, whose performance offered new opportunities. However, at the same time

this categorical definition left others feeling vulnerable as it failed to reflect their lived experiences of what it meant to be ‘young’.

In drawing attention to this I am not arguing that ‘youth’ as an identity did not exist prior to its establishment as a development category. Rather what I am seeking to understand, and reveal, is the specific meaning, and value, of youth that has emerged out of this interface as well as how young people are engaging with it and its influence on their lives. The importance of this new meaning can be seen in the ways in which young people come to actively manage and perform their identities in particular ways which enable them to maintain their access to this identity.

7.2.3. Navigating youth identities: identity management

In order to gain access to these opportunities young people were aware that they were required to perform a specific identity, which fits with the behavioural scripts of the interventions. They therefore had to actively manage their identity, to ensure it fitted within these narratives of how they are expected to behave, even when it differed to how they acted in their everyday lives:

‘They [intervention leaders] know that I don’t do things like I am supposed to when I’m not here...like when I am at home I am completely different you know...[laughs]. But I need the things they offer so like, when I’m with them I will behave [laughs].

[Sibusiso, 25, male, I3]

During the interviews young people would openly tell me about the ways in which they behaved which did not fit with these scripts (such as not using a condom), yet I would then see them at gatherings or meetings, performing a different identity, often telling others to uphold the behavioural scripts which they told me they were not keeping themselves.

This management of different identities was not always easy, particularly as programmes became increasingly keen to oversee and manage young people’s behaviour in their communities. For example, one of the organisations with whom a number of participants were volunteering had a detailed code of conduct which included having no relationships in the community, not being seen in the shebeen or at parties, as well as a strict rule on the non-consumption of alcohol and not smoking.

Those who broke these rules could be dismissed, therefore making any activity contrary to this high-risk. Yet for the participants the risk was worth taking:

'Yho, what am I supposed to do, not have sex for 6 months, haiybo Rachel, I don't think I can do that...you know sometimes they come to the bar but they don't know I am hiding round the back...[laughs], they don't know that I am there but I can hear their every word! [laughs]'

[Lucia, 25, female, I2]

This theme of managing who you were to gain opportunities was clear during one interview with Sikhumbuzo who was working for a national health organisation. For him, this role was viewed on as '*a way of source of income*', it was not a reflection of who he was or what he believed in:

There is no particular reason related to anything with anything it's just that I joined because I was seeking for a job. It's not about I had passion for this work, it's not something like that at all.

[Sikhumbuzo, 26, male, I3]

This process of identity management was crucial in distinguishing between how young people came to be known by policy actors, and by their friends and partners. Drawing on the work of Foucault these patterns of identity management can be seen as ways in which young people are resisting knowledge claims that are being made about them. Instead they are developing their own subject positions which they manage in ways which allow them to live the lives that that they want to lead. This includes their sexual behaviours which are often contrary to those defined as desirable in policies and interventions.

This identity management did not go unnoticed by practitioners. Speaking to one key informant he expressed his frustration that:

'Yho, Rach, you see them coming to the training and all that but then go out and all they want is the money. They don't care about the programme, all they want is the money, they're not doing it because they care about it.'

[Programme Manager, male, 32, INGO]

Similarly during conversations with international volunteers who were taking part in a peer education programme working with other local peer educators, they frequently vented their frustration that their partners chose to spend their money on things such as phones, or airtime, rather than saving it, which they viewed as a more appropriate use given their status as ‘role models’ within the communities. Yet rather than questioning the validity or relevance of that ‘role model’ subject position, the problem is seen to lie with the individual who fails to adopt it. The relationship between the two, i.e. between the reality of young people’s lives and the youth identity they are expected to adopt, is not seen as problematic.

In drawing attention to this my aim is not to portray young people as manipulative. I spoke to one ex-peer educator who was about to go and work on an international programme supporting youth leaders to enact change in their communities. She told me that she was cheating on her long-term boyfriend with a man in a different town, and that she wasn’t using contraception with either of them. When I asked her why she did this, she herself struggled to find an explanation:

I don’t know why I do it to be honest. It’s like, when I’m with them it’s different to when I am with, you know, [the organisation]. It’s like I am split [laughs]. It’s like, when I talk about it with other young people it’s not really me...it’s someone else who is saying these things, you know’

[Gcobisa, 27, female, I2]

For Gcobisa it wasn’t about lying per se, but rather she drew a line between her lived experience as young woman, and that of the young woman she was required to be in her work. There was a distinction between the two, with the latter not seemingly relevant for the former.

I am not arguing that this management of identities is confined to the implementation of HIV prevention programmes alone. Rather my aim here is to show the ways in which the performance of these particular identities is embedded in how young people have come to be understood within policy frameworks. Young people are not just performing any ‘alternative’ identities, but rather ones which reflect their engagement with the behavioural scripts they are expected to follow. They have

emerged as a result of, and reaction to, the specific forms of ‘youth’ which have come to be perpetuated within the policy discourse.

For although the information she was being provided with was irrelevant, and she chose not to act on it, Gcobisa was still engaging with the policy discourse by using it to open up opportunities for her. She was negotiating it, and adapting it, so that it allowed her to exercise her agency in a way which made sense to her. Acknowledging young people’s agency within this context, is important and has a number of implications for HIV policy which I shall explore below in section 7.2.5.

7.2.4. Gender roles

In Chapter 5 I argued that young people have come to be constructed in a gendered way, where young women are presented as either helpless victims or, more rarely, empowered independent women (see Bhana *et al.*, 2013). Men on the other hand have come to be demonised as both the spreaders of disease and violence (Bhana *et al.*, 2009; Dworkin *et al.*, 2012; Edstrom, 2011; Gibbs *et al.*, 2014a). Yet in Chapter 6 I sought to highlight how these constructions do not reflect the complexity of gender relations in young people’s everyday lives where not only do women find ways to exercise their agency, but also male vulnerability is often present, if not openly expressed. It can therefore be asked how young women, and men, negotiate these discourses when they fail to recognise the full spectrum of their experiences and understandings of empowerment.

The difficulties in doing so became clear during a conversation with one young female who, still a virgin, had been left feeling confused about what sexual identity she should ascribe to. On the one hand she loved her boyfriend and wanted to sleep with him, particularly as her friends kept telling her how much fun it was. However at the same time she felt conflicted as she didn’t want to be seen as ‘*one of those silly girls*’ [Cindy, 18, female, I2]. For her it felt like there were two options, either to sacrifice her desire for pleasure, stay a virgin and focus on her studies (and possibly lose her boyfriend), or to have sex and be portrayed as one of the ‘*irresponsible youth*’ [Cindy, 18, female, I2].

This dichotomy is of little surprise given that nowhere within the interventions which she had come across, or within wider discourse, was there the space for, or the portrayal of, a healthy, active, pleasurable sex life that was also safe. The absence of

pleasure within these discourses, either sexual or emotional, meant that there was no space in which she was able to be free to understand, express and enjoy her sexuality in an embodied, and safe, way. She felt either constrained or condemned, only serving to reaffirm the need to address sexual pleasure and satisfaction within interventions (Jolly *et al.*, 2013).

This theme of engaging with, but not being able to achieve the gender roles constructed, was repeated many times during discussions with young people. Young women openly discussed the importance of female empowerment and the need for gender equality and were aware of their rights. Yet when doing so they spoke in the abstract, with this discourse not seen to be grounded in their day to day experiences. This was in part due to an inability to express or exercise these rights due to the restrictive gender relations in which they lived their lives. However, at the same time they also spoke of a lack of resonance with this model of empowerment. Whilst they understood what interventions meant when they spoke of female empowerment, they could not see what this empowerment would look like in this context. As one participant stated:

'you see those women, but they are not like us'

[Nwabisa, 23, female, I2]

Rather than an abstract model, they were looking for an understanding of empowerment which could be related to a rural Xhosa woman, who had a family and a relationship and who at the same time as being 'empowered' and modern, was also respectful of her culture and traditions.

Not only were young women unable to relate to these images of empowerment, but also the ways in which they were expressing their agency and creating pockets of empowerment within their everyday lives, were being missed. This included the ways in which they themselves sought out multiple sexual partners and pleasure, as well as the ways in which they found that they could contest male power, such as threatening to share details of male partners' (sexual) performance on social media, as one male noted:

You will see that girls, they will say something about you on a social network, something about your performance or something like that. And that can affect your ability to get another girlfriend, if they have seen what has been said.

[Masixolo, 21, male, I2]

Another way in which they contested male power was through their refusal to get married for, although they valued relationships, few saw marriage as a goal:

I'd prefer to be with a boyfriend and for us to raise the children together. I don't want to marry, you see these people who tie the knot and then 3 months down the line they find out that their partner was cheating. It is better to have only a boyfriend – it is better to be independent.

[Monalisa, 24, female, I2]

This resonates with the work of Rice who, undertaking research in South Africa, found that once married, young women's ability to request condoms, as well as exert their agency within the marriage, was diminished (2014, p. 398). She found that among young women marriage was presented as 'unpleasant and intolerably restrictive' (ibid, p.388)

These young women were therefore not 'ignoring', or finding themselves entirely incapable, of experiencing or expressing empowerment. However, for them, the social practices reflective of a sense of empowerment were different to those provided within intervention discourses. As such, whilst engaging with, and at times drawing upon these narratives, they produced new ways in which to enact them, reinforcing Long's claim that interfaces are sites of production of new social practice (Long, 2001, p. 33).

Young men also negotiated these gendered discourses which offer little space for the expression of their vulnerability as they experience it in their daily lives as they are economically marginalised and 'stuck' in a shameful state of perpetual boyhood' (Rice, 2014, p. 398, see also Hunter, 2010, Steinberg, 2013, Gibbs, et al 2014). This marginalisation has been linked by some researchers to the use of violence by young men as they construct a masculinity 'focused on heterosexual performance and violence as a way of building their sense of self-worth and positioning themselves

within the gender and broader social order of these socially subordinated spaces' (Gibbs *et al.*, 2014b, p. 2).

Yet young men's identities, and their relations with young women, were not only being shaped by this marginalisation, but also by the intervention discourses which were perpetuated in their daily lives. An example of this came one day when, sat with a group of young males watching TV an advert for the national Zazi campaign (see Chapter 6, section 6.2.4), came on the television. Whilst interested, as the purpose of the campaign became clearer, one young man spoke up and said '*not another one...it is another one of those things for girls again*' [Amen, 27, male]. In the ensuing discussion it became clear that, whilst they supported such campaigns, these young men also felt marginalised by them as they failed to engage with them, and their masculinity, in a meaningful way. In fact, rather than engaging them, they became increasingly disengaged as they saw their own masculinity being portrayed as something bad, whilst young women were perceived to be being '*favourited*'.

Although recently there has been a renewed interest in bringing men into conversations about HIV and violence, understandings of how this can and should be done remain limited. In their review of gender-transformative interventions to reduce HIV risks and violence among heterosexual men, Dworkin *et al* found that, although there are some promising indications that such approaches can have positive outcomes, they remain poorly evaluated and limited (Dworkin *et al.*, 2013). In particular they found that such interventions do not address the 'structural barriers to shifting gender norms' (*ibid*, p.2861). Yet these structural barriers, social, economic, and racial, are critical if young men are to be included within discussions of gender inequality in meaningful ways.

I am not seeking to diminish the experiences of young women who are repeatedly subject to violence, or the need to tackle this as a matter of urgency. However, what I do seek to highlight are that the ways in which this is done matters and need to include a more nuanced understanding of the complexities of gender relations within which young people come to engage with these discourses. They need to 'attend to the specificities of particular lived experiences rather than invoke stereotypical narratives of gender that have limited value in effecting change' (Mindry, 2010, p. 556). This includes attending to the needs of young men in their own right, not just in

relation to women, and will include addressing not only gender inequality, but also their experiences of racial and economic inequality. Failure to do so risks not only reproducing patterns of vulnerability, but also fails to recognise the ways in which these interventions are changing gender relations, sometimes in unintended ways.

7.2.5. A more dynamic youth identity?

In Chapter 5 I argued that the discourse of youth which is constructed within policy models is not one which is reflective of young people's everyday sense of self. In this section I have examined what happens when these constructions come to intersect with the lifeworlds of young people and how they come to negotiate this interface as they adopt, negotiate and contest this construction in different ways.

In particular I have sought to demonstrate how youth as an identity has been established as an asset which can be utilised by young people to both explain their situation, as well as provide them with access to opportunities. It has therefore emerged as something which is to be actively managed and protected by young people through the exercise of their agency. In doing so they are able to access the benefits of the interventions (social and financial capital), without changing their behaviour. At the same time I have argued that in reproducing this discourse young people also reproduce patterns of vulnerability, in particular due to the failure of it to account for, and recognise, the complexities of gender relations within which these discourses seek to intervene.

In arguing this point I draw attention to the need for a more reflexive understanding of youth which takes account of the dynamic and complex context in which identities come to be constructed and shaped. Yet within policy discourse, and during my discussions with key informants, there was little acknowledgement of this as they remained committed to the static categories of youth which they utilised. For example, during a conversation with a regional youth co-ordinator I asked him what age group he hoped to work with at an upcoming awareness event:

KI: 'It's 15-24 that we are interested in, maybe some of the others will come but that is who we are interested in, that is where our focus will be.'

I: Why that group specifically?

KI: Because it is with them that there is the problem. And also for the reporting this is also where we need the statistics. So we need to make sure that we get as many of those guys there. The others can come if they want, it would be good for them, but they are not our focus.

[Male, 33, Government Department]

For the informant, youth were to be understood as a target category, and therefore also a reporting category. Yet whilst able to demonstrate how many young people they have ‘engaged’, such reporting does not encompass the wide spectrum of engagement, with the focus being on attendance and the reproduction of the desired construction of youth. What it does not tell us, or the informant, is about how patterns of vulnerability are also being reproduced and that little is changing in the behaviours, and lives, of these young people. It is only through this interface lens that these patterns of engagement, and their meaning, become clear.

Contesting this construction of youth doesn’t mean simply developing a better ‘model’ of youth, where current knowledge claims about who young people are and aren’t, are simply replaced with new ones which have come to be developed in the same way. Instead it requires reflection on why it is, and through what processes, models which aren’t meaningful have emerged in the first place. Rather than focusing on how we can get young people to simply take up the subject positions which have been constructed, where context is understood as the obstacles which inhibit them from being so, we need to recognise that it is in this context that ‘youth’ comes to be shaped and given meaning.

Youth, therefore, cannot be understood in abstraction from the context in which it is given meaning. For knowledge production this means acknowledging the ways in which ideas about youth are embedded in the context of young people’s lives, and that this context is dynamic. It is constantly changing, including through the introduction of policy discourses which intersect with young people’s lifeworlds which in turn shape the meaning of identities, and gender and generational relations. These deeper understandings are critical if policies are to actively engage with young people at a meaningful level in ways which resonate with their everyday lives.

7.3. We know what works, don't we?

One of the central claims within policy discourse is that 'we know what works' with young people. Yet, in the Eastern Cape, despite increased recognition of the need to address contextual factors in HIV prevention, the focus remains on an approach which views the young person as a rational actor who, when provided with the right information and access to services, will make the correct choices about their sexual health (see Chapter 5).

Within this approach two key processes, which I have discussed earlier in Chapter 5, are of relevance here. The first of these is the way in which HIV as a problem becomes medicalised as 'nonmedical problems become defined and treated as medical problems' (Conrad, 1992, p. 209, see Chapter 5 section 5.3.4). The second is the way in which young people have been established as rational actors who, once they have the information, should use it. As a result, responsibility for the prevention of the virus is placed with young people themselves (see Chapter 5 section 5.3.1).

Yet in Chapter 6 I explored how sex was understood, both positively and negatively, as an embodied experience in a wider context of complex gender, race and socio-economic relations. Pigg and Adams therefore raise a pertinent question when they ask:

'if sexuality is located in dense webs of socially meaningful moralities, then what are the repercussions of the myriad modernizing projects that claim neutrality and objectivity while placing sexuality within notions of population management, human rights, disease prevention, risk reduction, child survival, and maternal health'

(2005, p. 1).

What happens when these discourses enter young people's lifeworlds where there are already existing knowledge systems for sex and its meaning? Rather than simply stating that this approach does not resonate with young people's lived experiences, we need to examine how young people do come to engage with it at this interface, in ways that shape their own lives, sometimes in unexpected, and counterproductive, ways. In the remainder of this chapter I will examine what happens as young people

negotiate, contest and transform these multiple knowledge systems and how new meanings and social practices emerge.

7.3.1. Adopting the narrative: 'the fault lies with the individual'

In many ways young people seemed to have internalised the discourses of personal responsibility and medicalisation. For example during the interviews young people felt comfortable talking about prevention methods, with all of the participants able to correctly identify sex without a condom as the main mode of transmission. Participants were also aware of how the virus should be treated, with some quite happily utilising scientific terminology as they talked about opportunistic infections and CD4 counts.

Interestingly young people also felt strongly about where it is that information about HIV should be obtained, with nurses and doctors being cited as being the only trustworthy sources. When asked why this was the case, the participants made it clear that HIV was a medical issue, and therefore you required medical training, in order to speak with authority.³⁰

I: Why do you think it is that nurses and doctors are trusted so much?

P: It's because they're educated and trained. They know all about the symptoms, stages and all that. They can look at someone and they will know if they are at a certain stage of the virus automatically.

[Samantha, 25, female, I2]

This contrasted to political leaders and community leaders:

They don't know what they are talking about, they don't have the education and they haven't been trained. [Sithembele, 23, male, I2]

and most notably traditional healers (sangomas) who were seen as the least trustworthy of all:

The doctor will do an examination first and the sangoma does not do an examination they just throw bones and they say that's how they examine you.

[Lily, 25, female, I2]

³⁰ Interestingly this trust in nurses did not apply when it came to treatment and testing. Here it was strongly felt that nurses could not be trusted, with concerns about confidentiality being paramount.

What was interesting here was the way in which HIV was constructed as a medical concern, yet other medical conditions were not, revealing the dominance of this discourse in relation to HIV. For example, whilst young people would never visit a sangoma for HIV treatment, a number openly stated that they would visit them for other ailments, such as cancer, diabetes and epilepsy:

I: Have you ever visited one [a sangoma]?

P: No, never. Maybe if I was bewitched.

I: So you would trust them for that?

P: Yeah, and I would trust them in healing sick people, but not HIV. For example epilepsy, they can cure that, I would go to a sangoma for that.

[Lamla, male, 25]

For young people, HIV was both firmly placed as a medical issue, and secondly, as something distinct from other medical concerns.

At the same time the need for young people to take personal responsibility for using this information was also a recurring narrative. Speaking with Nolukholo, a 22 year old female, she expressed her support for the interventions being undertaken for young people and saw intervention failure as the fault of the young people they targeted:

I: What about the programmes which work with young people?

P: They have done enough, the programmes have done enough. They are sleeping with us! They have done so much, it now depends within the individual.....people still do not behave in a proper manner. That is because of the individual, not the programme.

[Nolukholo, 22, female, 12]

For Nolukholo interventions were there to assist young people by providing them with information and making them aware of the changes that *they* would need to make in their lives:

I: What do you think of the programmes that you have come across?

P: The programmes, the way they were introduced, they just highlight all of the bad things that you do, they are exposing them. That way it is easier to see what you have to work on. So you get to know the consequences of the steps you take. So then it is up to the individual. The programmes, they put you in a precise queue, so you can see where you are going.

[Nolukholo, 22, female, I2]

This narrative speaks to what Posel argues has been the effort of health campaigns ‘to constitute an essentially modern sexual subject, one who is knowledgeable, responsible, in control and free to make informed choices’ (Posel, 2004, p. 58). At a wider level it speaks to what Foucault has argued is an internalisation of regulation as young people are persuaded ‘to participate in their own subjection’ through ‘techniques of the self’ (Foucault, 1998; Gallagher, 2008, p. 401).

This apparent self-regulation was also brought up by other participants who placed responsibility on the individual, and their actions. For example for Zukile it was clear that ‘*the government is playing its part*’ and that ‘*it’s up to us young people like to do something with ourselves*’ [Zukile, 26, male, I2]. This view was supported by Xolani who felt that ‘*the government has done enough. I think it has done enough. It’s only us young people that don’t listen*’ [Xolani, 25, male, I1].

For the interviewees, interventions were there to provide information and guidance about how *they could protect themselves*. If the people continued to get infected, then the fault was with the individual, not the intervention. Within the interviews it was young people’s ‘mentality’, or ‘stubbornness’, which was repeatedly blamed for the spread of HIV in the communities. This narrative was seen as the only explanation:

I have enough information, I don’t need any more....there is still not anything that can be added to make them [young people] change. I don’t think there is anyway programmes can make people change their mentalities.

[Noxolo, 26, female, I3]

7.3.2. Contesting the narrative: personal responsibility or ‘choice’

Whilst these discourses of medicalisation and personal responsibility are clearly shaping young people’s own narratives, this should not lead us to think that this

interface was one without resistance or contestation. One way in which the narrative of personal responsibility and autonomy was contested was through the discourse of 'choice' which young people drew upon to frame their behaviours. Drawing upon the discourse of individual responsibility and empowerment, intended to enable young people to make the 'right' choices, young people also spoke of their autonomy to also make the 'wrong' ones. That is not to say that young people were choosing to become infected but rather that, drawing upon the narrative of personal autonomy, young people openly transgressed the behavioural scripts articulated in the interventions.

This narrative can clearly be seen in Vuyani's explanation as to why he didn't use condoms:

Q: You said in the last interview that you are not using condoms. Why?

P: It's true that I am not using them. You know, it is up to the individual whether they use them or not. Not somebody else. It is my choice.

Q: But do you not worry about infection?

P: I suppose so, but that is my worry, not anyone else's.

[Vuyani, 29, male, I2]

For Lamla, although he chose to use condoms, he understood that using them was a choice that young people were entitled to make:

Educating it's a fabulous job that they have done. But, there is choice, and someone has to do a choice which is the person which has, and has been taught about the information and has received the information. So it depends on him or her. They are doing a fabulous job but it's only.....you can take your horse to the river but what you cannot do is force it to drink. You see? So they can be educated time and time again. A lot of intervention but the choice will depend solely on one person.

[Lamla, 25, male, I2]

This choice did not just apply to condom use but also to testing. When asked why he had not been for testing, despite not using condoms, one participant put it quite

simply, *'they cannot make me go, it's my choice, it's up to the person whether they want to know about their health status or not'* [Pienaar, 24, male, I2].

For Gallagher such a narrative should not come as a surprise. Drawing on the work of Foucault he argues that in seeking to instil the discipline of self-governance and regulation 'governmental power inevitably equips her to become an independent actor, no longer so beholden to externally imposed regulations. There is no reason to suppose that the power of agency will be concordant with the power of subjection' (2008, p. 401). In establishing young people as actors who are able to make choices, they are also inherently established as actors with the capacity to make those which do not fit with the policy narrative.

This narrative of choice has clear implications for HIV policy. Yet to fully understand it we must recognise the ways in which it has emerged as result of the intersection of this discourse of personal autonomy and the specific context in which young people are living. As outlined in Chapter 6 young people understood their lives as being ones of frustration and limited opportunities, economically and socially. In particular they saw themselves as having little control over their lives as wider issues of unemployment prevented them from being the people that they wanted to be. Within the interviews there was a pervasive sense of futility, not only about tackling HIV, but more widely about their own futures as they saw little changing around them.

In this context, as I examined in Chapter 6 section 6.2.2., spaces and opportunities to feel a sense of control were seized upon. Their sexuality and sexual behaviours provided such spaces:

they want to prove themselves and go practical. It is that mentality that 'It's my choice, I want to do things my own way', it doesn't matter what people say.'

[Monalisa, 24, female, I2]

Yet at the same time a sense of futility and hopelessness, particularly concerning the future, shapes how these choices are made, meaning that immediate pleasure is often foregrounded over long-term health:

It's because of that carefree spirit. Living in a world that is carefree where you don't know what is going to happen. Even those who have been to varsity, you see that they don't get a job. Or you could be in a car accident. So that mentality of not caring, not knowing, is always there. So you end up doing things even though you have that subconscious that it is wrong. But it is your choice, and when it comes down to it you know that tomorrow probably won't be any better.

[Vuyani, 29, male, I2]

This sense of choice as a way to exert agency was frequently aligned to the ideas of freedom I touched on, in relation to youth identities, in chapter 6, section 6.2.2. For the participants, feeling free to do what they wanted was highly valued, yet not something which they experienced in many aspects of their lives. Rather they felt that the lack of economic and social freedom which the end of apartheid had brought only served to further constrain them as they were weighted down by the expectations of a nation which they are unable to fulfil. For young people sexual freedom was one of the few 'freedoms' which they felt they had and which they were able to exercise and express. As Mbuzeli stated during in a conversation about condom use:

I remember my friends, we talked a lot about issues around condoms and you know.....even the others, they are telling...saying, erm, I know I might to die tomorrow because of this, because of HIV but you know I'm free and you are not.

[Mbuzeli, 24, male, I2]

This narrative resonates with the work of Crawford who argues that 'participants assert their individual autonomy in the freedom to choose one's pleasures and an equal assertion of freedom to deny pleasure and command one's own destiny in the name of health' (2000, p. 229).

For the participants the narrative of individual autonomy has entered and become part of their cultural milieu of social practice which they contest and adapt to align

with existing ideas of freedom within their everyday lives. It has emerged not simply as a replacement for intervention discourses or previous narratives, but rather has been constructed specifically, at this interface, because of the context-specific position of young people and the way in which the narrative of individual autonomy has come to have meaning within it.

7.3.3. *'I'm bored of this thing now'*

Young people did not just contest this narrative of personal autonomy, but also the medicalising narrative which dominates HIV discourse. Whilst young people appeared to internalise this discourse, it became clear that at the same time they rejected its application to their own lives, choosing to ignore the information provided. As one participant bluntly put it:

Yho, that information is not relevant and it is repetitive!

[Amen, 27, male, I1]

It was the irrelevance, and the repetitiveness of this information, which one participant thought meant that young people disengaged:

they don't listen now because they say you're gonna say the same thing over that they know already.

[Bongeka, 24, female, I2]

Another participant drew attention to what they saw as the difference between having information, and engaging with it in a meaningful way:

It's...it's not how it's told so much. It's how you, you get it in your head...Like you can say it in your own way. But it's my understanding you know...it's my understanding which will see how it will go

[Sibusiso, 25, male, I2]

For Sibusiso it wasn't just a case of being told the information, but how this was translated into an understanding that was meaningful that could then be used. For them, the way in which information was being communicated, whilst trustworthy when coming from nurses and doctors, was not something which they could use in a meaningful way in their everyday lives.

Yet it would be wrong to therefore assume that this interface was characterised by the domination of one knowledge system over another. Rather what emerged was that young people were engaging with this discourse in a more nuanced way which saw them adapt, resist and contest it in ways which allowed them to make sense of their everyday surroundings. This was clearly evident in the way in which young people spoke about HIV in relation to sex.

7.3.4. 'HIV is different'

Drawing upon a medicalised discourse of HIV enabled young people to differentiate it from their own sexual practices, leading to a delinking of HIV and sex, as can be seen from the excerpt below:

I: Are you happy talking about HIV and sex and those things?

P: Sex, it's fine. HIV, it's not the same.

I: Why?

P: Because with HIV when you talk about it you get scared. Maybe you didn't use a condom the last time you had sex so when you talk about it, you are reminded about it and you get scared. It is a reminder of the reality if you like, you know, and that you did something wrong.

I: And sex?

P: Sex that is fine. We talk about the different styles that we try and the fun [laughs]...we enjoy talking about that. A lot.

I: Where do you talk about it?

P: On the streets, whenever we are walking somewhere. Basically whenever we are with our friends. One friend would say 'Sipho kisses like this...' or 'Sipho's penis is this long...' or 'Sipho did this last night and it felt good'

I: Do you think the way you talk about sex has changed since HIV emerged?

P: No, not really. We talk about sex, not HIV.

[Dumi, 21, female, I2]

For Dumi, talking about HIV and sex were two different things. HIV was attached to a medical discourse which focused on prescribed behaviours, whilst sex was about enjoyment and relationships. This delinking was not uncommon:

I: Do you talk openly about sex with Thanduxolo?

P: Yes we do talk.

I: Do you also talk openly about HIV/AIDS?

P: No we don't.

[Nwabisa, 23, female, I2]

Talking about sex with partners, and friends, was something which the participants openly did. Yet these discussions did not include talk of HIV for to do so would be to contaminate these discussions which were about fun and enjoyment. It would also risk raising suspicion with a partner because, as Gibbs et al found, talk of HIV and condoms are perceived, particularly by men, as an indication of a breakdown of trust and love (2014b, p. 6; Reddy, 2004).

Therefore in seeking to provide young people with medical information in order to change their sexual behaviours, the effect has rather been to disrupt the connection between the two, not make it stronger. In its medicalised focus the discourse on HIV is seen as different to sex, meaning young people are able to create spaces in which alternative discourses and practices, which resonate with their everyday experiences, can emerge. In establishing these two separate discourses, one for sex and one for HIV, young people are therefore able to resist the ways in which their sexual practices come to be known and governed within policy discourse.

7.3.5. Multiple ways of 'knowing'

Just as HIV was constructed as being 'different' to sex, young people also differentiated between their own medicalised understanding of the virus and how they came to make sense of the virus in their everyday lives. Rather than simply replacing one with the other, it was clear that, at this interface, medical understandings of HIV intersected with traditional ideas concerning disease and sexual health as 'bodies of knowledge, and the people who promote them, compete with each other for legitimacy as they seek effective ways to overcome the disease' (McNeill, 2011, p. 17). Just as they continued to utilise narratives of sex that were

locally relevant, they also drew upon context specific understandings of the virus which offered young people alternative ways of thinking about HIV.

Importantly, this does not mean a lack of engagement with the medicalised discourse, but rather the recognition that multiple knowledge systems can coexist and are drawn upon at different times. Therefore, when asked about prevention methods the participants were able to provide the ‘correct’ responses, yet when talking about their own personal experiences or views, young people drew upon other ways of ‘knowing’ the virus. As Seckinelgin notes, ‘the expansion of certain preventative methods and the growing availability of treatment create an image of successful medicalisation in the public arena whilst the existing local practices and understandings are located and utilised outside the public medical spaces’ (2008, p. 76).

One of the most striking examples of this was the way in which traditional beliefs concerning the causes of ill health, including witchcraft, continued to be utilised by young people.

Q: Do you think that HIV can be passed by bewitching people?

P: Yes I think so, even though some people are stupid enough to have sex without a condom [laughs].

[Sandile, 22, male, I1]

Whilst Sandile was aware of the ways in which HIV was transmitted, this did not mean that other causes, or reasons for the prevalence of HIV, could not be found. For Sandile HIV could be transmitted by both unprotected sex, and through bewitchment.³¹

This idea was also articulated by Aviwe, who when asked what the government should do responded:

³¹ It is important here to distinguish between cause (which could come from multiple sources) and treatment, which remained very much within the domain of western medicine.

There will not be any difference because even if the government intervenes, there will always be evil spirits.

[Awiwe, 21, female, I1]

For Awiwe medical understandings of the virus did not necessarily negate traditional beliefs, rather they could be drawn upon equally as young people tried to make sense of what they saw happening in their communities.

Young people also drew upon discourses concerning race. When asked if they thought that AIDS had been invented to kill black people, for example, 16 of the participants either agreed or strongly agreed, whilst 11 said that they didn't know. When asked why, a common response was that *'I've never heard of a white person with HIV'* [Samantha, 19, female, I1]. How the participants came to understand the virus was therefore framed by, and reflected their living situation whereby they had little engagement with the white population, as one participant put it *'the only time you talk to a white person is at a bank or the police station'* [Masixolo, 21, male, I2]

At the same time young people also drew upon historical narratives regarding medicalisation and apartheid which seemed to make sense of the world they saw around them:

I don't think it came from here, it can't. You know...you see the time we get freedom and then you are telling me that there is this thing making only us sick? And you are telling me that that is just the way it is...no that cannot be a coincidence. I do not believe it.

[Zukile, 26, male, I1]

In making these points I am not seeking to argue that all young people felt this way, indeed I sat through a number of heated discussions between young people as they discussed where HIV had come from and who was to 'blame'. However, whilst not all agreed, throughout the interviews there was a recurring sense that the medical information provided was not enough to enable them to make sense of their everyday experiences of the virus which were shaped by the contexts of their lives. This was reflected in the fact that 20 of the 56 participants either agreed or strongly agreed that information about the virus was being kept from them.

Yet when I spoke to a regional youth leader about these discussions he assured me that I *'must have spoken to those very backward people, you know those that don't have that information yet, I don't think anyone who has it would say those things'*. For him, the answer was more information, with little reflection on the context into which this information would enter and how it would shape how young people engaged with it.

Yet the young people with whom I spoke did have the kind of knowledge which he was speaking about, namely a medicalised understanding of the virus. Rather what emerged through my interviews is that it is how young people engage with this information at this interface which is crucial, and this in turn is shaped (but not determined) by their everyday contexts. Another example of this arose whilst discussing male circumcision. Whilst recent information campaigns by organisations, such as Brothers for Life, had seen awareness about the role of circumcision in reducing the chances of transmission rise, a number of the young men with whom I spoke did not believe what they had been told. As Sithembele put it:

'There are a lot of men that are HIV positive in the community, then I've been asking myself that, is this, even the newer ones, those are new, the manner of the contraction – it's advancing. And also, they know that, going to the initiation school doesn't reduce being infected in terms of HIV. They know that, it's not only me.'

[Sithembele, male, 23, I1]

Given what Sithembele saw around him, he couldn't make sense of the fact that circumcision could reduce transmission if it didn't fit with what he saw, and experienced, in his daily life. What mattered to Sithembele, and the other participants, was being able to understand the information with which they were provided in a way which was relevant for, and meant something, for their lives.

Here 'evidence' comes to be understood not in scientific terms, but as that which has meaning in the context of their lives, and in particular their daily experience. For example, when talking about someone who had come to the community talking about HIV one respondent said that she wanted 'proof':

I wanted her to present us with proof or maybe use an example of a person that she has seen, that's what I wanted.

[Lumak, female, 18]

Lumak wanted forms of evidence which resonated with her own experiences.

In this section I have sought to highlight how young people, despite their insistence that it is '*not relevant*' and '*repetitive*', are engaging with the medicalised discourse of interventions, but are doing so in a way that is reflective of how it has come to intersect with their own lifeworlds. To argue that young people simply ignore the information with which they are provided would be to ignore the 'various complexities involved in its dissemination' (McNeill, 2011, p. 17). The young people with whom I spoke had information, and drew upon it, but in ways which made sense to them and enabled them to live the lives which they sought, most notably by using it to create space in which they can differentiate HIV from their own sexual practices. Rather, what is produced is a hybridised knowledge system which reflects their own subject positions at this interface, as young people negotiating the modern and traditional, and the medical and the established, ways of knowing.

7.3.6. Implications for HIV policy?

There are therefore clearly wider social processes at work in the implementation of HIV prevention programmes than simply giving young people the correct information to enable them to make the 'correct' decisions. I am not saying that all young people have the information that they need, or that in all contexts, even where they have it, they are able to use it. There are still gaps in knowledge, particularly in the more distant rural areas. Nor am I saying that a discourse of personal autonomy and responsibility is of no use entirely. Yet in this section I have sought to draw attention to some of the ways in which the reproduction of this model and approach can be viewed as problematic. This includes the ways in which interventions can actually reproduce vulnerability and create 'a potentially counterproductive policy environment' (Seckinelgin, 2008, p. 122).

Recognising this is crucial for whilst monitoring and evaluation processes will capture young people's sense of individual responsibility and HIV knowledge, which they have sought to promote, they offer 'little space to evaluate secondary or

unexpected outcomes' (Mueller-Hirth, 2012, p. 660). If these unexpected outcomes are recognised what emerges is a need for a more nuanced understanding of young people's agency within this context and the relationship between the two. This includes acknowledging how young people come to exercise their agency, and draw upon intervention narratives, in ways which are contrary to their intended uses and in ways which we might find problematic.

A number of scholars have started to do this (Bell, 2012; Maxwell *et al.*, 2010), however the implications of these understandings for policy and interventions need to be further explored. For example, given that, for young people, sex is a question of pleasure, as well as identity, within a specific racial, gendered and historical context, it is unsurprising that they exercised their agency to construct the HIV medical discourse in ways which allowed them to continue to give meaning to sex in these important ways. In doing so they contested the dominance of medical views of sex, resisting the knowledge claims that were being made about it through the policy process.

What becomes clear through this exploration is that young people's agency needs to be recognised, and in particular the ways in which they exercise it outside of the confines of the categorical identities, and with it behaviours, to which they have been assigned. As Mindry argues, 'research and programmes must attend to the differential ways in which men, women and children are impacted and how the gendered (as well as classed and raced) norms in specific contexts differentially shape how men and women seek services and are drawn into systems of care' (2010, p. 560).

At the same time there is also a need for a more careful reflection on the context of engagement. Cultural and social factors are more than just barriers to engagement, they shape how it is that young people come to engage with interventions and their discourses. Similarly, knowledge is not abstract, but is given new meanings within contexts where existing knowledge systems continue to exist. Interventions therefore need to ask not only what young people know, or what do they need to know, but rather, what does this knowledge mean within this context. For example whilst it is important that young people know about the role of circumcision in reducing

transmission rates, knowledge needs to be understood within a context where both circumcision and prevalence rates are already high.

Similarly, this includes the contexts in which young people make the ‘choices’ which they do, which can’t be made sense of unless the wider structures of young people’s lives are attended to, which include current HIV policy approaches. That is not to say young people’s agency within these spaces should be denied. Rather that there is a need to move towards a more iterative understanding which recognises the ways in which agency is embedded in, and shaped by, everyday contexts, and vice versa. Addressing one side of this duality only, such as empowering young people to make the ‘right’ decisions, will not be effective as these decisions are not made, nor their agency exercised, in isolation.

7.4. Conclusion: Where do we go from here?

In this chapter I have sought to examine what happens when the intervention and policy discourses examined in Chapter 5, come to engage with, and interact with, the lifeworlds of young people as examined in Chapter 6. In doing so I have utilised Long’s social interface model to analyse how young people come to negotiate, translate and transform these discourses in their everyday lives. In particular I have sought to draw attention to the need to go beyond identifying the disparity between young people’s lives and the ways that they are understood within policy discourse, and to understand how young people are engaging with these discourses in multiple ways which have a number of implications for HIV policy. Central to this has been my argument for a more critical approach to questions of identity, and categorisation, as well as adopting a more challenging understanding of young people’s agency and the ‘context’ of their lives.

This approach is crucial, for without it the current model will continue to be reproduced, and with it, patterns of vulnerability will continue to be missed. Rather, the responsibility for HIV prevention will remain with the individual young people, who are charged with making the ‘right’ decisions for their lives. Yet, when little else is changing in their lives it is not surprising that this has left them feeling that the situation for them, and their peers, is hopeless and that further interventions would just be futile:

I: What do you think can be done?

P: Nothing. I don't think that there is anything else. They know enough, they have the information. There is nothing to do.

[Lily, 25, female, I2]

I think few would argue that we should 'give up' on addressing HIV transmission among young people. Instead there is a need to address the cultural and social contexts in which young people engage with interventions and shape their responses. This means going beyond viewing them as externalities that need to be addressed so that young people can access the intervention programmes, but rather understanding them as integral to how young people come to receive information about sexuality and HIV, engage with it and make sense of it.

Yet in my conversations with key informants I found little acknowledgement of this with practitioners reluctant to reflect on the problematic nature of the knowledge claims which they made, as this excerpt from an interview with a programme manager demonstrates:

I: So what do you do, what can you do, when the information isn't being used?

KI: I think then you just have to give it to them again, and then again...and you know you have to hope at some point they will listen and understand and take it on you know. But you can't give up, you have to keep giving them this information'

[Programme Manager, 32, International Non-governmental Organisation]

For this programme manager, the answer was not to question the approach, or the information, but rather to keep repeating it until it worked. It is up to the individual to develop the 'techniques of the self' required to become a modern, self-disciplined subject (Foucault, 1998).

It is also important to note that this programme manager was working within a specific policy space which is shaped by the broader policy narratives which I outlined in Chapter 4. Therefore whilst he himself may have wanted to contest or challenge this approach, his ability to do so is constrained by the ways in which the parameters of the debate are already set. This includes his subject position as an

expert and decision maker, which, as I have argued, is dependent upon him following, and reproducing this policy script.

Yet this need to move beyond a focus on individual responsibility is noted by Leclerc-Madlala who writes that ‘we need to start attending to the business of building social support, collective efficacy, social capital, or, as it is known in southern Africa, by the Nguni Bantu world, *Ubuntu*’ (2014, p. 1204). Ubuntu, which refers to a sense of humanism, or communitarianism, was perceived to be lacking by the young people I spoke to. Sithembele was a confident young man whom I got to know well over the course of my fieldwork and he would often lament that *‘there will be no stopping AIDS until there is more ubuntu’* [Sithembele, 23, male]. For Sithembele the individualisation of the HIV interventions was at the heart of the problem for it meant *‘everyman is for himself you know...there is no sense of...you know collective responsibility for what is happening’* [Sithembele, 23, male].

Targeting young people as a key population group affected by the epidemic is important, yet we need to think more critically about how it is that they come to be targeted and engaged. Whilst policy discourses have done a great deal in categorising, labelling and getting to ‘know’ young people and their epidemic in the abstract, what I have sought to argue through this chapter is that not only is this not enough to engender change in young people’s lives, but rather the deployment of these discourses is impacting on young people in ways which are unintended. Instead we need to look to a deeper understanding of the social processes at work, at how young people are engaging with policy discourses, transforming them and giving them new meanings, and crucially, why this is happening and what this tells us about the contexts of their lives. Without this deeper understanding we risk missing how in this ‘sense making’ process young people come to use these discourse in ways which are far from that which was intended.

8. Researching young people, HIV and sexuality

In this thesis I have drawn attention to the ways in which knowledge is constructed about young people, their sexuality and HIV. Beginning with an exploration of how policy processes have come to construct narratives of youth sexuality in relation to the virus in particular ways, I then went on to explore the relationship between these and the identities and behaviours which young people constructed for themselves, and the implications for HIV prevention policy.

In this chapter I seek to turn this critical lens on the knowledge claims constructed through research practices, including my own. In Chapter 4 I outlined my methodological choices and my reasons for them, including reflections upon the kind of knowledge that I wanted to generate. In it I argued for an approach which foregrounded young people's agency and sought a localised, nuanced understanding of the context of their lives. This chapter does not seek to repeat these debates, but rather explore what these choices meant in practice. Did they produce the kind of knowledge which I sought, what were some of the issues that arose, and what do these mean for methodological learning as well as the substance of my research? My intention here is not to outline the limitations of my own research. Whilst I will detail such limitations, the aim is to use these as a starting point to ask wider epistemological questions about the nature of sexuality research with young people.

Research is rarely a linear, clear cut process, but rather can be complex, unpredictable and uncertain. This was certainly my own experience which at times left me reflecting upon a number of difficult questions regarding my research practices and their implications. Yet I found little guidance within the literature, for while authors clearly outlined their reasons for utilising specific methods, there was less discussion on what this actually meant in terms of the process of research. This may be due to the limitations placed on authors within journal articles (unless they are for a methodological journal), where the pressures of word count mean that such an exploration isn't feasible as there is an emphasis on getting to the 'substantive' body of the paper.

Yet what I will argue here is that these methodological explorations are, in and of themselves, substantive and need analysis. During my fieldwork I became particularly aware of how methods have the potential to both challenge, and perpetuate dominant discourses and power relations. Whilst some feminist and post-structural writers have drawn attention to power relations embedded within the research encounter, as yet this has been less applied to the specific area of sexuality research with young people (Hertz, 1997; Holstein & Gubrium, 2004; Oakley, 1981). It is this gap in the literature which this chapter seeks to begin to fill.

In this chapter I will not be arguing for one methodological approach over another; indeed a number of the issues which I will raise can, and should, be applied to both sides of the methodological paradigm. Rather the objective is to draw attention to the need to reflect on methodological practices openly, including those which don't work, and to draw attention to the important epistemological, and substantive debates raised. Doing so is important not only for methodological reasons, but as sexuality research with young people gains prominence in research and policy communities alike, the need to ask, and to start to address some of these questions is pressing.

The chapter is divided into four sections. I begin this chapter by exploring how research practices also come to utilise, establish and draw upon these categorical identities in ways which are simultaneously necessary and problematic. I then explore these issues of labelling within research by examining how they also come to be utilised in how we conceptualise, and 'measure' sex and sexual behaviours within research. Thirdly I consider the complex questions of 'voice', 'agency' and impact in qualitative approaches. I conclude by drawing these debates together to begin to unpack some of their implications for researchers and research practice.

8.1. Categorising 'youth'

One of the central questions underpinning this thesis is 'who are young people'? Who is it that is being spoken about and targeted? In Chapter 2 I drew attention to the ways in which particular understandings of youth came to be produced within the colonial period. In Chapter 5 I examined how youth have come to be constituted within policy discourse, before looking at how young people themselves understand and give meaning to this categorical label in Chapters 6 and 7. Throughout, drawing on the work of Foucault, I have sought to draw attention to the (often problematic)

way in which these categories have come to be constructed, and the effects of the ways in which they are being deployed through prevention policy. Here I turn the lens onto research practises and how they, including my own, come to construct the category of youth.

Whilst situating myself theoretically in the work of Foucault I was aware that in order to undertake the research I also needed to locate a technical, age-based definition of youth. When speaking about my research before undertaking the fieldwork I was often asked, who exactly are you going to speak to? Who is your sample? How are *you* defining ‘young people’? As Szreter et al note, ‘it is difficult to see how anything meaningful can be communicated without the use of categories’ (2004, p. 23).

As I noted in Chapter 4 (section 4.5), this was not an easy task, as within South Africa itself there is a lack of clarity with definitions ranging from 14-35 (in the constitution) to 15-28 (national youth development framework) and 14-25 (correctional services). In examining the literature I also found little guidance for, despite using similar terms, such as ‘youth’, or ‘young people’, researchers often used these to refer to different age groups. Whilst reference was frequently made to the UNAIDS definition of 15-24, when looking at the methodology it became clear that the empirical data was drawn from either a much narrower age range (usually within this 15-24 age range) or a range which was unspecified. For example in her work with students Reddy asked them to talk to their ‘peers’ although it isn’t clear who this includes (2004). In other articles, such as that by Salo et al, no definition of who is being treated as young is given, although the presentation of the data indicates that the participants included at least those aged between 18 and 29 (2010).

I decided to utilise the wider age range and include all those aged up to 35, for a number of reasons (for a full explanation see Chapter 4 section 4.5.2). Yet even in adopting this wider age range, throughout the process I felt a sense of unease as I increasingly felt I was utilising, and imposing, an identity category which did not (always) fit. This was acknowledged by young people themselves who openly challenged this definition, as detailed in Chapter 7 (section 7.2.1). When asked who constituted ‘youth’, the participants gave a variety of age based definitions ranging from 0 to 45. At the same time in their responses to questions about age they

acknowledged the complexity of this identity, about who was young in age, young in actions and young at heart, as well as the differences between young people:

I am a young person, but I don't always think like a young person. You find that there are those that think like a young person, that are young in their brain, and others that are just young at heart...you find that there are those that are young at heart and mind. People grow old when they want to, it is within the individual to decide when they are old...and you find that some people, even when they are 45, still don't know what they want, they still feel young in their mind. Those aged 20-35, those are the ones that are still looking, the undecided. They should have grown up by then. 35-40, they are still hunting and some are still considered as the youth.

[Mafousa 28, male, I2)

For Mafousa, there was no fixed or 'true' youth identity, it was something which was changing and dependent upon the specific context of someone's life. As Szreter et al note with regard to categories, 'context defines their meaning, relevance, and significance. Different contexts endow the same category with diverse meanings' (2004, p. 8).

My use of the category of youth therefore reflected my own understanding within the context of this research. This is supported by Gillespie et al who argue that categories are always perspectival and that 'the process of categorization always stems from a social position, a historical way of seeing and particular interests' (2012, p. 392). My positionality, as explored in Chapter 4, therefore came to the fore in an immediate way as my own use of the 'youth' category was shaped by my own social position and perspective. This includes my experiences of working with young people in South Africa and elsewhere, as well as my position as a researcher who needs an empirical category. Even the age range that I chose was embedded within the historical context of South Africa as the wider age range, and in particular the higher upper limit, is used to account for imbalances amongst the population which are viewed as a legacy of apartheid. Given my awareness of this I was forced to ask whether the categorisations and classifications that I was making mattered, and if so, in what ways?

On reflection I concluded that it did matter, for a number of reasons. Firstly, who and how we choose to categorise matters a great deal at a practical level as it shapes patterns of inclusion and exclusion. In the case of the research, it determines whose voices come to be heard. Had I decided to utilise the UNAIDS definition of ‘youth’ several of the young people I spoke to would have been excluded and perhaps the shape of my findings and conclusions would have been different, which in turn impacts on how young people come to be understood and known.

Secondly, this process of categorisation, particularly as it took place prior to the fieldwork ‘frames the researcher’s mind’ (Seckinelgin, 2014). As Szreter et al note, in drawing upon categories the researcher ‘implicitly makes strong a priori claims that the society, community or context in question is constructed in certain ways already known to the researcher’ (2004, p. 6). Before undertaking the research in labelling the participants as ‘young people’ I already had an image and idea in my mind as to who they were. This shaped not only how I approached and talked to them, including how I asked questions, but also how I listened, interpreted what they said, and how I came to represent them. Yet as my interviews show, when subjected to ‘the test of verification in context’, the picture that emerged was a messy one onto which my own a priori definitions did not fit (ibid).

Thirdly, and linked to this, is the way in which this label also has the impact of shaping what the participants are able to say for, as Seckinelgin notes, the language we use ‘provides tools for the research subjects to express themselves in order to fit into that frame of mind’ (2014). In framing the research in such a way which foregrounded the participants’ youth as the central theme, the participants then engaged with the research encounter on these terms. ‘Youth’ became the identity through which their subjectivities and responses were refracted, with ‘inevitable consequences in terms of the suppression or marginalization...of other possibilities and configurations’ (Szreter *et al.*, 2004, p. 6). Categories therefore have the potential to both reveal and obscure.

Yet through the research it was clear that the participants were also parents, daughters, sons, females, males, unemployed, boyfriends, girlfriends and many other ‘identities’ which they moved between during their daily lives. Resonating with literature on intersectionality, young people within the research revealed that they

have multiple identities which intersect to form multiple experiences of exclusion in different ways (Crenshaw, 1991). Youth is just one identity, which intersects with gender, race and class in ways which ‘cannot be separated out into discrete and pure strands’, but rather are complex and dynamic (Brah & Pheonix, 2004, p. 76). Young people are heterogeneous, ‘not simply instances of a social type, they are unique accumulations of experiences produced by their own unique trajectories through a range of social positions, roles, and social categories’ (Gillespie *et al.*, 2012, p. 395).

Revealing this complexity is something which I have sought to do throughout this thesis, but I am also aware that this complexity has been brought together under the label of ‘young people’ and that this has been the guiding lens for analysis. As a result I am aware that I am walking a tightrope between my own interests, empirical necessity and young people’s complex lives. In her work on ‘race’ and racism Caroline Howarth has argued that it is ‘all too easy to take reified social categories *as if* they are the only ways of seeing, constructing and experiencing social relations’ and that we need to be wary of the essentialisation of race within research practices (2009, pp. 408, 422). Similarly I would argue that there is a need to caution against a parallel process of essentialisation and reification occurring with regard to the label of ‘youth’. Instead, as Gillespie *et al* note, we must seek to reveal the diversity of such categories, even where this makes our empirical research, and in particular its presentation, more challenging (2012).

This challenge is all the more so in fields such as HIV where the need to talk across research communities can make the communication of such complexity difficult. At the same time, linking back to my argument in Chapter 5, if as researchers our aim is to impact upon policy, then we are also constrained by the limitations placed on how this can be done and the kind of research which can achieve it.

My aim in describing my experiences here is not to provide a clear solution to these questions, nor invalidate my own research. Rather I seek to be the ‘more self-reflexive’ researcher which authors call for (Gillespie *et al.*, 2012, p. 24; Szreter *et al.*, 2004). If, as researchers, we are to challenge how young people are constructed within policy (as I have done within this thesis) we must also be aware of the limitations of our own representations, particularly as young people come to be increasingly spoken of, and represented, within policy and research discourse. Whilst

we may claim to have better, or more appropriate knowledge, of young people and their lives, that does not mean we are exempt from our own internal interrogations and reflections. It is such reflections, on my own representations and their limitations, which form the remainder of this chapter.

8.2. Conceptualising and ‘measuring’ sexual practices

In this section I discuss some of the issues that arose during my fieldwork regarding the meaning of the data collected, and the limits on what can be taken from it. I begin by examining some of the assumptions which emerged within the research before examining what exactly it is that the data could and couldn’t tell me. I finish by examining why different methods resulted in different responses and the possible implications for research practice.

8.2.1. Defining sex

Gagnon and Parker note that many of the categories, classifications and conceptualisations ‘used in Western medicine to describe sexual life or epidemiology are, in fact, far from universal’ (Gagnon & Parker, 1995, p. 11). The reality of this was brought to my attention during the first wave of interviews after which participants were asked to complete a number of short survey style questions (see Appendix A). These questions are typical of the survey questions used by programmes to gauge knowledge and behaviour, and evaluate the impact of their work³². Each participant was asked to complete these before their responses were discussed with the interviewer which was recorded then transcribed.

During these discussions it became clear that these questions were embedded with assumptions about young people’s sexual knowledge and practices. This was most clear in discussions regarding oral sex which, whilst participants were aware of it and knew it could transmit HIV, they didn’t actually know what it was:

I: They are asking here how is HIV transmitted, so they are asking here can you get it through oral sex.

P: Yes

I: Why?

³² The questions were taken from a number of different evaluation questionnaires provided to myself by NGOs working in the region.

P: [laughing] I don't even understand what oral sex is so I cannot answer you. I just know that you can.

[Anathi, 26, female, I1]

Whilst certainly not the response of every participant, it was certainly not the only case with a number of participants raising the same issue:

I: How does a person get infected with HIV? Can they get infected through oral sex?

P: Yes

I: How?

P: I can't say how, I'm not sure what it is, but I do think that someone can get infected through oral sex.

I: So you just saw the word sex and thought...

P: It is some kind of sex so you know, it must be that it can pass that way.

[Masixolo, 21, male, I1]

This misunderstanding included my own research assistant, Zweli, who had undergone training with two different non-governmental organisations on HIV education awareness yet didn't know what oral sex was. This came up during initial training and, like those participants above, he was able to tell me that oral sex was a mode of HIV transmission but when asked he didn't actually understand what it was in practice. I found this lack of understanding surprising given the open way in which it is discussed within HIV discourse. When I spoke to a representative from an NGO about my finding he was very dismissive telling me that those that I spoke to must have been '*very backward*' [Male, 47].

Yet rather than simply being a question of modernity, this issue is a reminder that sex is not a decontextualized universal biological practice. The context in which it takes place shapes how it is understood, as well as how it is done (Gagnon *et al.*, 1974). For whilst some of the young participants were not aware of oral sex they did talk about new ways in which they were engaging in sexual practices, such as through the use of social media.

Sexual practices are therefore dynamic and change over time. Indeed, in Chapter 6 I examined how young people sought to differentiate their own, often public, sexual

practices, from the traditional and private practices of their parents. As researchers we must therefore be wary of making assumptions about how people come to engage in it and understand it, even if these practices have become so normalised within the medicalised discourse I have examined elsewhere. Instead we need to understand the context in which sexual practices are undertaken, as well as rethink the tools and approaches that we use to understand them.

8.2.2. *What does (can) our data tell us?*

This example also raises another important question – what do our data mean? For example despite the misunderstandings over oral sex all of the participants were able to identify it as a route of transmission for HIV. Therefore, if we were to take these data as indicative of their knowledge of HIV transmission we would clearly rate this highly. However, such a conclusion would be questionable given that some of those interviewed didn't know what oral sex meant. Therefore even if 55% of participants were able to identify oral sex as a mode of transmission we can ask, what does these data mean in this context?

One thing that it does point to is the disconnect between the information being provided by interventions, and the relevance of this to young people's own everyday lives as discussed in Chapter 7. The way in which the participants responded to the questions, despite not understanding what they were saying, reveals that whilst they were able to retain the information given to them, it had little meaning or application in their own sexual practices.

Yet this disparity is also interesting for methodological reasons as it draws attention to the way in which questions are asked, and how the different modes of question elicit different responses. This impact of the mode of questioning has been explored by a number of researchers, particularly within the area of sensitive issues, such as sexuality (Gribble, Miller, Rogers *et al.*, 1999; Kelly, Soler-Hampejsek, Mensch *et al.*, 2013; Mensch, Hewett, & Erulkar, 2003; Mensch *et al.*, 2008; Plummer *et al.*, 2004; Tourangeau & Smith, 1996). Within this literature the emphasis has been on identifying the effects of mode within research, particularly with reference to survey research and the potential impact of use of computer-assisted data collection (Kelly *et al.*, 2013; Mensch *et al.*, 2003; Mensch *et al.*, 2008). The hope is that by

improving measurement techniques the potential of factors such as ‘social desirability bias’ will be reduced (Langhaug, Sherr, & Cowan, 2010, p. 363).

One study which was different to this was that conducted by Plummer et al in Tanzania (2004). Comparing five different modes of data collection (bio-markers, face-to-face interviews, self-completion questionnaires, in-depth interviews and participant observation) amongst Tanzanian adolescents they found that each returned different pictures of the sexual lives of young people (ibid). Whilst they found that self-completed data suffered from large inconsistencies, in comparison in-depth interviews and participant observation provided the most useful data in terms of understanding the complexity of sexual lives (ibid).

My own research corroborates this argument. For example, when asked whether HIV/AIDS activities and programmes in their communities had been effective in changing young people’s behaviours within the survey style questions, all but one female and one male agreed with this statement. Yet in the semi-structured interviews not only did participants provide little evidence of change in their own behaviours to support this, but also openly spoke about their frustration at such programmes, the information they provide, and young people’s engagement with it:

I: But a lot of young people seem to have a lot of information about HIV?

P: Yeah, but that should be truthful about these interventions. People are getting the information but they are not digesting it.

[Nyaniso, male, 19, I2]

Indeed, much of the evidence discussed in Chapters 6 and 7 further supports this idea that the interventions were largely ineffectual for changing young people’s behaviours. Yet had I based my understanding of programme impact on the survey style questions, I would have (and some organisations I came across do) come to a very different conclusion. Therefore again we can ask, what is the meaning of these responses, which of them tell us that that these programmes are working? Should we ignore them even though they are coming from young people and what significance should be attached to them?

Another example can be found in questions concerning gender relations and is

epitomised in the responses of Nwabisa. In her semi-structured interview Nwabisa talked openly about her acceptance of her boyfriend's cheating stating that:

He drinks and meets girls in the tavern, he would say that they were his friends but I saw the messages on his phone and you could see that that wasn't true [...]Yho, it's ok, I just let him do what he wants to do. They only thing I say is that he has to use a condom when he is with them.

[Nwabisa, 23, female, I2]

Yet in her survey style responses, when asked about cheating, she felt strongly that it was wrong:

I: It is okay for man to have more than one girlfriend?

P: I said it is false.

I: But why?

P: Because if they really loved you they would want only you, you know.

[Nwabisa, 23, female, I1]

Again, the disconnect between the information which she has, and which she clearly understands, and her own life is striking. That is not to say she didn't agree with this information, hence her agreement with the statement, only that this did not reflect her own everyday experience. Whilst applicable to the hypothetical 'someone' in the survey question, it was not applicable to her. Again we can ask, if the aim of the intervention had been to raise awareness of the importance of having only one partner and faithfulness, and then this as a proxy for behaviour, Nwabisa would be viewed as a success as she clearly understands the implications of cheating for her health. Yet viewed in the wider context such a conclusion seems misplaced.

The semi-structured interviews therefore provided a very different picture of young people's lives and their understandings of the virus, than those collected through the shorter structured questions. Indeed, as outlined in Chapter 4, it was this deeper understanding which lay behind my choice to utilise them. Yet, whilst acknowledging this mode effect, I argue that it is important to not only acknowledge it, but also examine it further to understand why it presents itself in the way that it does.

Here my own research has a number of advantages over the previously mentioned studies. Firstly, in the Plummer study the data collection was not done contemporaneously, with data collection taking place over a period of up to two years meaning some variance in responses could be attributed to change over time in the lives of the participants (ibid, p.ii53). In comparison, my own data collection, although on a much smaller scale, was done at the same time as the previous interview.

Crucially this enabled me to discuss, and at times challenge the participants for their differing responses. In doing so, what emerged was the way in which young people performed their identities within the interviews. This can be seen in the response of Nwabisa when asked how she reconciled her statement about gender equality and her everyday life:

I: But you said that it was ok for your boyfriend to cheat on you?

P: Yeah, but that is different you know. I know that maybe he shouldn't but that is my life, it is what we do here, it is different. Maybe if I lived in one of those places maybe that would be how it is. It's not ok, but it is ok, you see?.

[Nwabisa, 23, female, I2]

For Nwabisa this wasn't a question of her lying, rather it reflected her two different 'realities'. In answering the structured questions in the way she did she wasn't being 'untruthful', as she agreed with the statement, but rather was constructing an identity through her responses which fit into the category which the question had provide her with. Whilst the survey questions required a normative response, which fitted within the ideal type of 'young person' required, the semi-structured interviews provided her with the opportunity to talk about her own experiences and views.

Another example came from Mbuzeli who recognised that in the structured question relating to policy impact he had answered 'automatically':

I: Why did you say yes?

P: 'Why do people vote for the ANC? [laughs] Those that said yes, we stereotype these NGOs, we don't really take a look at the reality'.

[Mbuzeli, 24, male, I1]

In his response Mbuzeli was performing an identity which included a specific attitude towards these interventions and which he felt was expected of him. For him, these questions necessitated a particular kind of response which he performed, regardless of his own experiences. In the in-depth interviews there was a less clear understanding of what it was that he was expected to say, or how he was supposed to 'perform', *'it's just us talking you know'*. Like Nwabisa, these questions failed to open up a space for him to engage with his reality outside of the expected responses, so instead he constructed an identity which fitted with what he thought was required within that specific research encounter.

I am aware that the aim of these (or other) survey questions is not to elicit these broader responses. Rather, in examining these examples I am seeking to make two points, beyond providing further evidence for mode effects. The first is to highlight what it is that we are missing, and how our knowledge is limited, in the reliance upon quantitative data which I have explored within this thesis. Whilst acknowledging mode effects is valuable, and exploring these important, I argue that these discussions need to go beyond discussions of the technical amendments that can be made to questions in order to elicit a more 'truthful' response. Instead I would argue that there is a need to more closely examine the limits of these questions more generally in terms of the knowledge that they are able to provide and how this impacts what we do know, and what we can know, about young people when utilising them.

This leads to my second point, that there needs to be a recognition of the ways in which young people exercise their agency within the research process. In both of the above instances Nwabisa and Mbuzeli exercised their agency to perform differently within the specific spaces which each method opened up to them. Whilst it can be argued that discussions of social desirability do this, within these discussions there is

an underlying assumption that when asked in the ‘right’ way young people will present themselves ‘truthfully’.

Yet I would argue that young people’s agency is more dynamic than this, and that it can often come to be expressed in unexpected ways. There is therefore a need to further interrogate not only whether young people come to present themselves in ‘truthful’ ways, but also why these discrepancies occur and what they can tell us about young people, our research practices and the relationship between the two. Whilst there has been a greater focus on this within qualitative research, I will argue below that even here these questions are not always adequately addressed or examined.

8.3. Qualitative research: voice, agency and impact

The problems with self-reported data has led researchers, including myself, to draw upon a range of qualitative methods which seek to understand the ‘complex web of suggestions and constraints’ which ‘shape the sexual cultures of young people’ (Dilger, 2003, p. 27). Yet these methods have been questioned by a number of authors who argue that a more critical analysis of the power and social relations within the research encounter is needed (Gallacher & Gallagher, 2008). Rather than accepting that such research is simply ‘unquestionably good’, Gallacher and Gallagher have argued that they are ‘no less problematic, or ethically ambiguous, than any other research method’ (ibid, p.501). Instead they call for a more critical analysis of the power relations embedded within the research encounter (ibid). In the following sections I seek to apply such an analysis to my own work, beginning with an examination of the question of voice before looking at what this means for how we understand agency, participation and empowerment within such methods.

8.3.1. The question of voice

Central to qualitative methods is the idea that they provide a space for the voices of young people to be heard. Indeed much of the data already presented within this chapter would seem to support this, as the in-depth interviews and my own participant observation have revealed the complex nature of young people’s sexual practices by providing spaces in which these narratives can be articulated. Yet what the analysis presented above also shows is that voices are expressed within the specific research spaces constructed through research practices. I became aware of

this myself through my fieldwork as it became clear that, whilst more 'open' than quantitative questions, the in-depth interviews also saw the foregrounding of some voices, and narratives, over others.

This came to the fore during interviews that were conducted with male participants. During our time in the communities Zweli, my male research assistant, had made an effort to build up relationships with the male participants, getting to know their social circles and often attending football training with them. It was hoped that by building these relationships he would develop a rapport with the participants so that they would feel able to be open within the interviews. Yet what emerged was that because of these friendships, rather than despite of them, the male participants were circumscribed in what they were able to say on some topics as they were built upon the mutual understanding, and performance of, a hegemonic masculinity. This masculinity was centred on a strong, provider, heterosexual male identity, and as such there were clear rules and norms which guided the interviews.

Whilst this did facilitate discussion on some levels, it also meant the silencing of voices which sought to challenge or diverge from this gender performance. The clearest example of this came during a conversation I had with a young man who had previously been in a relationship with a 'sugar mama'. The relationship had become very controlling, with her expecting him to attend to her as and when she directed. As a result he decided to end it, but when explaining this to her she had become violent which left the participant hurt and ashamed. This story came to light not within the interviews but rather through a conversation I had with him one evening, several months into my fieldwork.

For him the rules which governed the research encounter with Zweli meant that revealing such a story to him would see him lose face, and diminish his masculinity. Instead my 'outsiderness', as discussed in Chapter 4, gave him the freedom to open up about the experience and his feelings of vulnerability within relationships. Whilst with Zweli, young men drew on their shared sense of frustration and anger, whereas with myself, it was framed as a sense of shame and self-doubt. That is not to say I should have conducted the interviews. Firstly, to do so would have restricted the young males' ability to speak on other subjects, such as circumcision, due to the

gender-based rules governing discussion of the topic. In this instance it was Zweli's identity as a Xhosa male that made discussion possible at all.

Secondly, it is important to note that whilst the performances were different, we should not necessarily prioritise one over the other. In their study of young men at universities in the USA Sallee and Harris argue that although gender is performed differently in different spaces, this is 'not to say that the gendered behaviour we observed among the participants was not authentic' (2011, p. 425). Just because the participants were not able to talk openly about their vulnerability with Zweli does not invalidate what they did say. To make such a claim would be to deny not only young people's voices, but also their agency as they exercise it to navigate the research encounter. Rather it serves to remind us that even 'open' research spaces have boundaries which shape how it is that young people come to construct their identities within them, and as a result what can and can't be said.

8.3.2. *Agency and participation*

Alongside voice, qualitative approaches are seen to put young people's agency at the centre, enabling them, it is argued, to have the potential for empowerment as those involved are repositioned as experts in their own lives (Ansell *et al.*, 2012). As a researcher this is a powerful narrative and it is hard to resist the 'ethical allure' of empowerment, agency or self-determination, particularly when researching a context in which young people seem disempowered in many aspects of their lives (Gallacher *et al.*, 2008, p. 501).

In constructing my research as I did I drew upon this narrative as I sought to place young people at the centre to gain a deeper insight into their sexual lives. At the same time it was my hope that by placing young people at the centre they would engage with the research in ways which facilitated their empowerment. As a doctoral researcher I was unable to provide promises to the participants regarding their involvement in the research; however I also wanted to avoid a cut-and-run scenario whereby I entered the field, extracted data and then left with little recourse to the impact of the research on the participants and the wider community.

In order to tackle this, I planned a number of workshops in each community prior to the completion of my research. These were designed to provide a space in which those who had taken part in the research could talk about the provisional findings,

discuss how they felt about them, and hopefully start to think through what could be done to address the issues that they faced. Although unable to provide resources to support this endeavour, I had hoped that by opening up these discussions between young people this would be the first step in them being able to develop their own strategies for their communities.

Having planned the sessions I was forced to rethink these, and reflect on my ideas, after the first one. My field notes describe what happened:

Meeting today with the young people in [Community A]. I had spoken to Velani [a local youth leader] yesterday and he said that there would be 30 people there so I took plenty of supplies. Turned up today and there were 5. We waited for an hour and a half before starting but only one more person showed up. I asked Velani where he thought they were but he didn't know. It was strange – we hadn't had any problems recruiting for the interviews so I don't understand why they didn't want to come today.

Zweli [research assistant] went for a walk and spoke to some of the guys. They said that it wasn't that they didn't like the research but just that when it came to this 'action' they weren't interested. They didn't care.

[Field notes, August 25th]

This response came as a shock as up until this point the participants had all been very forthcoming. I was particularly concerned that this lack of engagement indicated that the research had caused some offence or trauma. However, after discussions with the participants (whom I found in the community after going to see if they were attending) I realised that this was not the case. Through these conversations what became clear was that whilst I viewed HIV/AIDS as a problem for them in their communities, they had other priorities. As outlined in Chapter 6, these focused on their economic vulnerability and the lack of employment options. Discussing HIV/AIDS and sexuality was fine; indeed many stated that they had enjoyed taking part in the research. However, when it came to thinking about their own concerns, HIV rarely featured. I may not have necessarily agreed with this conclusion, but what it did highlight was the disconnect between my understanding of their vulnerability and their own.

Two things can be taken from this. The first is to question the assumption that young people are always 'experts in their own lives'. That is not to say that we shouldn't listen to young people, but should their voices be the only ones which matter? Gallacher and Gallagher have raised this concern arguing that such an approach 'assumes that people are transparently knowable to themselves' (2008, p.502). For example I don't think anyone would argue that just because young people did not view HIV as a concern does not mean that we should not address it.

The second is that this incident highlights the ways in which our methods are inherently framed by our own anxieties and 'how far we may be imposing a particular relationship on those we seek to collect data from' (Birch & Miller, 2012, p. 101, see also Holland et al 2010). Whilst these workshops were planned with the best of intentions they were a reflection of my own concerns for the participants and what needed to be done to address them. I had to ask myself, who am I doing these sessions for? At no point had the young participants requested such a meeting, in fact when I did ask them what they wanted out of the research their response was, other than catering, nothing. Whilst it could be argued that I was doing 'good research' ethically, in seeking to facilitate knowledge exchange and disseminate findings, that was not what was wanted.

What these discussions revealed was my own subjective standpoint which had come to frame my methodological approach. These sessions were driven by my desire to see a demonstrable impact which in turn was being guided by both my background as a practitioner, and my emotional need to minimise my sense of feeling like a voyeur looking in on people's lives. On realising this I felt quite shameful of my behaviour, as I realised that I had done many of the things which I had criticised interventions for doing, such as attributing agency to the participants and imposing expectations over what they should care about and how they should act. Whilst within my research I have tried to problematize the labels imposed on young people through policy and practice so that they can 'be reconsidered alongside other human goods, such as the promotion of voice, agency and active citizenship', I realised that I myself had, in practice, done the opposite (Fisher, 2012, p. 2).

8.3.3. *The complex path of impact*

After the ‘failure’ of my workshops I was concerned about the direct impact of the research on my participants. It can be questioned whether I should have expected the PhD to have an impact, given my limited resources and the limited scope and scale of the research. However impact was something that I felt I had to consider for two reasons. The first, as discussed above, was my desire to minimise my sense of feeling like a voyeur as well as my background as a practitioner in this area. The second, related to my increasing awareness of an expectation (particularly as a student funded by the Economic and Social Research Council) to demonstrate impact within research. Having attended a meeting with representatives from the ESRC shortly before my fieldwork where this point was clearly made, this was undoubtedly on my mind. Whilst aware of the limited academic impact which one PhD can have, the workshops had provided another way in which this could be achieved.

Yet, what became apparent was that I was searching for an identifiable, and demonstrable, impact which would form an easy narrative for me to share when I got home. However, through my analysis of the interviews it became clear that whilst the research had had an impact, this was more complex than the kind of impact I had hoped to see (and demonstrate). During the last interview with one participant they stated that:

P: After the last interview I decided to go get tested, and since then I have slowed down about on the things that I used to do.

I: What do you mean slowed down?

P: I don't party, I don't do anything, I just chill at home.

I: Why?

P: You know I have just realised after talking to you, that you know maybe I needed to change, calm down, look after myself a bit more...I'm not young like I was before.

[Noxolo, 26, female, I2]

Sometimes the research impact led to complicated outcomes, such as for Andile. After the first interview he had decided to go and get more information about the virus from his local clinic:

Yho, since the last interview....well after we talked I went to the clinic and I did some of my own research on HIV/AIDS. There were a couple of things which I didn't really know about so I went to find out. Now I feel like I am really informed.

[Sandile, 22, male, I2]

However, this didn't go down well with his girlfriend:

My girlfriend chose to leave after she found out that I had gone to the clinic to get all of that information. You know, after the interview.

[Sandile, 22, male, I2]

By the following interview (third wave) the participant was back with his girlfriend after she agreed to go test at the clinic. However, after she vowed never to go again he realised that he had decided that he wanted to move on in his life in a way that didn't fit with what she wanted:

She went to the clinic and the results came back negative. She told me that she will never go back to the clinic, I suspected that maybe she still wants to have many partners... I think it's just part of growing up because when I ask her why she does these things, she says she does not know. She still says she loves me but she doesn't want to listen.

[Sandile, 22, male, I3]

Although still together, the interviews had led Sandile to re-evaluate his life, behaviours and relationships. He saw this as a direct result of the research:

When a person confronts you with something you become alert. You ask yourself questions such as what do you want in life, you develop plans for the future.

[Sandile, 22, male, I3]

It should be noted that these changes that the participants made were complex. For example whilst Velani talked about making changes in his life and trying to slow down, he also admitted that he still had two girlfriends and was having unprotected sex:

I'm not ready to give them up yet. I'm thinking about it, sure, and I think I will soon, but not quite yet [laughs]

[Velani, 23, male, I3].

The participants were therefore far from becoming the 'agents of change' so often spoken of who are going to lead the fight against the virus in their communities. Yet does this mean that they weren't empowered? I would argue that they were but in ways which didn't follow a clear script of what such empowerment should look like. Rather, the research process provided them with a starting point from which they were able to talk about, and reflect upon, their own behaviours freely. It was the lack of expectations upon them, rather than guidance as to how they should behave, which meant that they felt able to start to think about making changes in their own lives.

It could be argued that the repeat nature of the interviews meant participants felt that they had to say that they were changing, as if I was checking up on them to see how they had behaved since the last interview. Yet the frequency with which they spoke about this, and their continued openness when they didn't meet their (changing) expectations mean that I have been wary of drawing such conclusions.

What these examples do highlight is the complexity of talking about empowerment within participatory research. Whilst I had my own ideas of what this would look like, it was clear that these did not fit with the ways in which the young people themselves understood and experienced it. As researchers we need to be aware of this complexity and recognise that research is not 'intrinsically empowering', nor, when it is empowering, should we expect it to occur in exactly the way that we desire (Fisher, 2012, p. 13).

On reflection I realised that whilst committed to viewing young people as social actors in their own right, I was also in part using participatory methods in order to neutralise the sense of unease I felt about the imbalance in power relations that existed between myself and the participants. Yet it was not the responsibility of the participants to take this away by behaving, or simply being, the way I felt that they should. Rather, as researchers we need to recognise this feeling, acknowledge it, and, if possible, address it in ways which fit with young people's own desires, expectations and lived experiences. However we must also acknowledge, and be honest, about our limitations in doing so.

8.4. Conclusion: research as knowledge construction

Throughout this chapter, and indeed this thesis, I have drawn upon Foucault's conceptualisation of knowledge which states that knowledge is learned and expressed in particular ways which are determined by power relations. What we know about something is related to both how we can talk about it and how we are able to act. In this sense how knowledge is accumulated, how it is used and by whom become pertinent questions and intimately tied to questions of power.

In this chapter I have sought to apply this conceptual understanding to my own research practices and processes of knowledge construction. I have demonstrated how research knowledge is not simply the accumulation of data, but rather the construction of knowledge which is context specific and time-bound, and is inherently partial. It reflects our own subjective judgements (no matter how hard we try to remove them) and the power relations which underpin the research encounter.

In doing so I am not trying to invalidate my own research, nor has it been to produce a chapter of conceptual reflections which are not grounded in empirical reality. Rather I have tried to demonstrate quite the opposite, that it is through conceptual and theoretical reflections that we can come to understand exactly how much these questions matter.

That is because in asking young people to participate within these particular constructions of knowledge about their lives, I was also asking them 'to take part in the processes used to regulate them' (Gallacher *et al.*, 2008, p. 504). How young people come to be 'known' is linked to how they come to be classified, categorised and governed. The labels we apply are embedded within discourses of recognition

and misrecognition that influence how power is distributed in society. It is therefore imperative that we reflect critically on the categorisations and classifications that we come to construct and use as researchers and try to find a position which allows us to challenge these whilst also ‘acknowledging the political need to represent and find meaning’ (Pillow, 2003, p. 192).

I have sought to demonstrate that how we label young people matters, whether that be as passive subjects of intervention or empowered ‘agents of change’. This is because in whichever label we utilise we risk being circumscribed in our ability to ‘understand their experiences independent of these categories’ (Seckinelgin, 2014). These labels go beyond simply questions of age, but include perceptions of voice and agency.

Whilst models of youth which focus on empowerment and agency are increasingly utilised, they are also embedded with silencing practices, particularly when empowerment is understood in particular ways which do not resonate with the young people with whom it is being attributed. As such we create spaces or frames for responses which are restricted and risk not hearing about important aspects of young people’s lives, such as male vulnerability. It is therefore crucial that in research, as much as policy, we need to avoid simply replacing ‘negative stereotypes with positive ones’ (Sukarieh *et al.*, 2011, p. 688).

Finally, the need for this more critical and reflective position is of particular importance given the focus on young people amongst policy makers as it has implications for how ‘effective’ such policies can be. If our own understandings of young people’s sexual identities are limited then it is unlikely that the vulnerabilities which these policies seek to address, as well as the causes underpinning them, will be fully understood. In Chapter 5 I argued that the current policy process around young people and HIV needs to be challenged. That said, as researchers we also need to be reflective of our own practices in constructing research knowledge. In this chapter I have drawn attention to what such reflections mean for my own research and discussed their implications for research practice more widely. In doing so I have argued that we need to be aware of the limitations of our own representations which go beyond the ‘technical’ limitations of each research method. To do so will require more than just the development of new tools or research approaches. It will also

require us to challenge our own ideas about young people, and their sexuality, which underpin them.

9. Conclusion

This thesis set out to answer the question ‘what does a localised understanding of young people’s sexual identities and behaviours mean for HIV policy in the Eastern Cape of South Africa, and why?’. In order to answer this question I developed a further three subsidiary questions, which are: ‘How are the sexual identities and behaviours of young people understood within HIV/AIDS policy, and by HIV/AIDS policy makers? What are sexual identities and behaviours of young people in relation to HIV/AIDS and what shapes them? In what ways do young people engage with policies and programmes relating to sexuality and HIV? With what effect(s) on shaping both young people’s identities and behaviours, as well as the policies and programmes themselves?’

In this conclusion I bring together and summarise my main findings to answer my research question. I will examine the contribution to the literature that the thesis makes, alongside its limitations. Implications for both policy and further research are then discussed.

9.1. Summary of findings

In this section I outline my main findings before turning specifically to what these mean for answering my overarching research question.

9.1.1. Understanding, and ‘knowing’, youth sexual identities and behaviours within the policy process

How young people come to be ‘known’ and understood within policy discourses is crucial, for this understanding, and construction, of young people in relation to the virus, will shape the policy response. Knowledge, and evidence, have therefore become central to the policy approaches, and are deemed pre-requisites for the development of effective programmes. Yet whilst acknowledging the role of evidence-based policy making, drawing upon the work of Foucault and his problematization of the concept of knowledge, I have argued that there is a need to unpack how knowledge and evidence come to be used to construct young people, their identities and behaviours, in particular ways.

In doing so what emerges is how little we actually still know, despite claims that ‘we know young people’ and that ‘we know what works’. In examining the evidence that

is used to make such claims I found that there still remain significant gaps in our understanding, and that what we do know is limited by the knowledge processes at work which determine what counts as evidence. Finding that these processes saw the exclusion of context-dependent knowledge, as it does not meet the key criterion of generalisability, I argued that key insights as to how, and why, programmes do or don't work, are missing. I also found that within this model 'success' comes to be determined externally in a way in which the validity of the model is not questioned.

Within this model young people come to be constructed in specific ways which serve to both validate and reproduce it. In particular, subject positions come to be ascribed in which particular understandings of agency and gender are embedded. HIV emerges as a medicalised condition, and contextual meanings of the virus, and sexuality more generally, are absent. Young people are therefore constructed as a subject position in abstract, divorced from the lived realities of their everyday lives. They are only able to engage with these discourses if they take up these subject positions and follow the behavioural script. As a result, I argue that our knowledge of their lives, and with it our capacity for meaningful action within them, is circumscribed.

Yet, I also found that these knowledge claims, and constructions, are fragile and were being contested as they were deployed at the local level by a number of key informants. Aware of their problematic nature, these informants were caught between the need to maintain their access to these policy spaces, and therefore the need to support the policy narrative, and their awareness of the irrelevance of these for the young people with whom they worked.

9.1.2. Understanding young people's (sexual) lifeworlds

This understanding of young people within the policy process, their sexual identities and behaviours, contrasted with that which young people themselves came to express. Rather what emerged was an understanding of their identity and behaviours which was dynamic, and embedded in their everyday lifeworlds. That is not to say that the structural context of their lives determined their behaviours, but rather that in constructing their identities, and in exercising their agency, young people came to engage with the context of their lives in particular ways, which were reflected in the meanings they ascribed to their sexuality.

For example, for the participants sex was something which was embedded within a discourse of pleasure, physical and emotional. Sex was an embodied experience which could provide enjoyment within a resource poor context. Sexual expression was also linked to narratives of (youthful) freedom and became a way in which young people were able to contest and challenge generational and social norms, and to assert their own understanding of selfhood.

In this context it is therefore not surprising that relationships came to be ascribed a high value. For men they emerged as a medium through which they could establish their masculinity, and reassert it, often through moralising and controlling discourses, in a context where traditional ways of doing so, such as unemployment and marriage, were not available. For some young women, relationships were also viewed as an investment, either as a potential way out of the community, or as a way in which they could accumulate social capital to construct their own identity in relation to their peers. This often meant accepting (or rather ignoring) behaviours which put them at risk, such as cheating and violence.

Through the complexities of these relationships, what emerged was a much more complicated pattern of gender relations than that constructed within policy discourse. Rather than the simple binary of female victim and male aggressor, there emerged examples of female sexual agency and male vulnerability. That is not to diminish the experiences of many women who experience gender based abuse. Rather in outlining this more nuanced picture, the aim is to enable the development of policy narratives which are of more relevance to young people's lives.

The ways in which young people's sexual lives are spatially and temporally located also emerged, as they sought to negotiate the boundaries of the local and global, and traditional and modern. One finding of particular interest was the way in which young people came to associate the 'modern' public discourse on sexuality with that which is naughty and dangerous. For them it was the modern sexual subject which was responsible for the spread of the virus, a direct contrast to how this is established within policy discourse.

Within these narratives HIV emerged in two ways, both differing from the medicalised narrative outlined above. Firstly it emerged as personal experience, reflecting the ways in which the virus had touched and shaped the lives of the

participants, often in traumatic circumstances. This contrasted to the ways in which young people spoke of the virus when referring to their own sexual behaviours and practices. Here the dangers of the virus were minimised as it was constructed as a chronic condition which could be managed. This contrasted with having a baby, which was viewed as having a larger (in particular economic) impact on their lives, reflective of the resource poor context in which they live. Crucially, in constructing HIV in this way they were able to justify, and make sense of, their continued engagement in behaviours which put them at risk.

9.1.3. Young people at the prevention policy interface

There is therefore a clear distinction between how young people understand their own identities and behaviours, and how they come to be constructed within policy discourse. In Chapter 7 I examined this discordance further, going beyond noting its existence, to ask what it means, and how young people come to negotiate it. Utilising Long's social interface model I examined how young people come to adapt and contest policy discourses as they intersect with their own lifeworlds.

Using this lens one of the most striking things was how young people have come to adopt, and draw upon, the youth identity constructed within policy, as an asset. Seen as providing access to social and financial capital, primarily through the provision of opportunities to those who fit within this group, a 'youth' identity emerges as way in which young people are able to maintain, and construct their own identities. The value in doing so was revealed in the ways in which young people actively managed their identities to ensure that they maintained access to it, and the opportunities which come with it.

Yet at the same time, this emerging understanding of a youth identity as an asset was problematic for some, particularly those who were no longer able to lay claim to it. Socially still 'young', but outside of the boundaries of the policy categorisation, young people became distressed as they struggled to locate themselves on the social landscape. Whilst policy narratives stress the importance of transition to adulthood, this transition emerges as problematic when the categories upon which it is based are developed in abstraction from the context in which they are being deployed.

The problematic implementation of abstract categories, through the policy narratives, into the lifeworlds of young people, was also evident in the ways in which gendered

subject positions came to be negotiated, as the female victim/male aggressor binary failed to resonate with young people. For young women this subject position did not provide them with a space in which to situate, and make sense of, the alternative ways in which they located empowerment and agency within their lives. For young men, this discourse led to them being further alienated and disengaged within discussions on gender inequality.

It also became clear that young people were actively negotiating the narratives of medicalisation and personal responsibility constructed in the policy discourses. Young people did not just take these narratives on board, but adapted them to make sense of their everyday lives with a number of consequences. Firstly, whilst ascribing to the narrative of personal responsibility, a number of young people transformed this into a narrative of choice and freedom. Whilst policy discourses established young people as actors able to make their own decisions, for young people this allowed them to act in ways which did not fit this policy script.

Similarly, whilst the medicalised discourse could be found within the narratives of young people, again this was drawn upon and adapted so as to enable them to distinguish the virus from their own sexual practices. Whilst one was a question of medicine, the other was embedded in discourse of pleasure and fun. Therefore, rather than enabling behaviour change, the deployment of this medical knowledge, had actually served to delink sex and HIV, which allowed for the reproduction of risky behaviours. This was supported by the hybridisation of knowledge which could be found, whereby traditional and contextually relevant understandings of the virus, sat alongside medical knowledge. Rather than one replacing the other, young people drew upon those understandings of knowledge, and evidence, which made sense in their own lifeworlds.

9.1.4. Answering my research question

In examining this localised understanding of young people's sexual identities and behaviours a number of implications emerge for HIV policy both within the Eastern Cape and more widely. The first of these is that it reveals the lack of relevance of the current policy approach, and its failure to resonate with the lived realities of young people. This was revealed in the disconnect between how young people understood their own identities and behaviours, compared to how they came to be constructed

within policy discourses. This disconnect could be seen in the lack of impact of these discourses in changing young people's risk-taking behaviours.

Yet in examining this localised understanding, its meaning for HIV policy goes beyond the recognition of this discordance. By examining not only the impact of policy on young people's behaviours and identities, but rather how young people engage with these discourses in a wider way, what is revealed is the ways in which not only do these have limited impact, but also how young people are exercising their agency in relation to them, often in ways which are contrary to the policies' intended aims.

This includes the ways in which patterns of vulnerability come to be reproduced rather than tackled through the reproduction of unhelpful gender binaries. At the same time it reveals how new forms of vulnerability are being created, through the implementation of the individual responsibility discourse, and through the construction of a 'youth' identity which excludes as well as includes.

Crucially, this understanding also reveals the ways in which these effects fail to be captured within the current policy process as it fails to grasp the complexities of young people's lives. This is not due to a technical issue within monitoring and evaluation processes, but more fundamentally is because this approach is embedded within wider knowledge processes which are unable to account for, or recognise this complexity. Instead they are dominated by forms of knowledge which come to 'know' and construct young people which fit within the already established policy narrative, creating a self-validating circle of policy development, implementation and success.

This clearly resonates with Seckinelgin's comment in his own work on HIV policy that 'The problem here is not simply a technical implementation issue which can be remedied if we change the delivery mechanism of the tools that are discussed. It is about the dominance of one domain of knowledge informing the policies' (2008, p. 116). The development of effective programmes will therefore depend not simply upon additional structural components being added to interventions, although of course these will be important. Rather it points, I would argue to other fundamental shifts that need to take place.

The first of these is the need to engage with a more reflexive understanding of youth, and their relationship to the virus. This will mean moving away from understandings of sex and HIV that have come to be dominated by medicine and science, to examine how young people themselves come to define and engage with the virus, and how this is shaped by both the context of their lives, and their own agentic practice.

This will require a recognition that one knowledge system cannot simply be replaced by another, but rather they can come to coexist, and that what evidence and knowledge has meaning will be dependent upon the context into which it is deployed. This in itself will require a more nuanced understanding of young people's agency, the contexts of their lives, and the interaction between the two.

This leads to my second argument, that this understanding reveals the ways in which these changes will also require changes to the current knowledge systems which mean that current approaches to HIV prevention come to be both produced, and validated. It is within these processes that these understandings of youth and the virus come to be constructed, and it is therefore these which also need to be challenged. In this I find myself agreeing with McGee who states that there is a need for a 'range of actors and their diverse types of knowledge to explode the usual myths of legitimacy and rationalisation, and to counter and contest the usual enactments of politics' (McGee, 2004, p. 25).

Until this takes place interventions will struggle to resonate with young people's lives in meaningful ways. For example, until young people are able to enter these policy spaces for themselves, on their own terms, from their own subject positions, rather than those that have been defined for them, their own narratives will continue to be missing. Where alternative approaches do exist, they are constrained by wider HIV infrastructure which continues to frame the problem, the target, and the solution in a particular way.

This localised understanding of young people's sexual identities and behaviours also shows the necessity to make these changes for, not only does it reveal how patterns of vulnerability, which place young people in positions of risk, are being reproduced, it also highlights the increasing sense of hopelessness which pervades many of the communities that I visited. With nothing changing, and a discourse of individual responsibility prevalent, young people and those around feel that there is nothing

more that can be done. Yet rather than repeating more of the same, and further compounding this feeling of hopelessness, this localised understanding of young people's sexual identities and behaviours also provides us with the tools to begin to rethink this approach and address the virus in young people's lives in meaningful ways.

9.2. Policy recommendations

In this section I outline a number of (tentative) policy recommendations which stem from the answering of my research question. These are not presented as technical fixes, but rather relate to the wider changes which the findings of the research indicate are necessary.

In particular this research draws attention to the need to rethink how we conceptualise young people and their relationship to the virus. Yet in order to do this policy makers will need to reformulate how they come to conceptualise and adjudge what comes to be constituted as relevant knowledge and information within this context. Rather than generalisability being the key criterion upon which relevance and utility is based, more attention needs to be paid to the generation of local and context dependent knowledge. This will include a focus on how and why things work, rather than just on whether they work, and in particular how and why they work in that context (Pawson *et al.*, 1997). The findings of this research support the idea that HIV needs to be tackled in conjunction with the structures and processes which shaped young people's engagement with the virus, yet I also argue that for these to be effective, this kind of understanding will be crucial.

Space for such knowledge to become part of the policy process needs to be found, and embedded within it. Space also needs to be found in which young people are able to construct their own evidence and knowledge about what works for them. This does not mean that current practices of youth participation should be replicated, but rather spaces need to be created which young people can inhabit, without the constraints of having to occupy already defined subject positions, which in turn limit what they can and can't say. Yet this in itself will require a reformulation of who young people are, one where they come to be understood based on their own lived experiences.

In embedding new forms of knowledge production, such as those described above, another change would need to occur, namely a change in discourse around sex and HIV. This research shows the limited utility of discourses which focus on medicalised understanding of sex and the virus, as well as the problems that arise from discourses on narratives of individual responsibility.

Given the emphasis that young people place on pleasure within their relationships, sexual and otherwise, this is clearly an area which needs to be addressed within policy and practice. Yet despite the work being done at the Institute of Development Studies in establishing an evidence base for this, there remains few examples of where this has been implemented, particular with young people (Jolly *et al.*, 2013). Yet if interventions are to resonate with young people's own lived experiences, discourses of pleasure cannot be omitted. However, I am aware (and was made aware during my fieldwork) that this will require a significant shift, not only in the content of interventions, but also in the mind set of those developing and implementing them, who continue to view young people's sexual activity as something that is inherently problematic. This needs to (urgently) be replaced with a narrative which constructs sexuality as something which can be expressed positively, and sex as something which can be pleasurable and safe.

Policy approaches will also have to take a more nuanced approach to young people's gender relations and how they come to be expressed. In particular there is an urgent need to find a space in which young men are able to talk openly about the vulnerabilities which they experience. This needs to be done not in a context where young men are brought in only in relation to women, but in a context in which young males' experiences are addressed as valid, and worthwhile, in and of themselves.

The findings of this research also indicate that attention needs to be paid to how young people negotiate the transition from youth to adulthood, or rather support given to those who feel that they are unable to do this. Rather than excluding them once they no longer fit within this categorical identity, interventions need to support young people through this, not create new patterns of vulnerability. To do so will require interventions to take a more reflective, and critical, approach to how they come to define 'youth', which again will require a context specific understanding of what this means.

Finally, there is a need to rethink how policies come to be evaluated and assessed. This relates not only to the need to have broader criteria for relevance, as argued above, but also the need for a broader understanding of impact and engagement. The findings in this research reveal the ways in which interventions can have unintended impacts which in themselves can affect how young people engage with both interventions and the virus. Monitoring and evaluations therefore need go beyond measuring the direct impact of interventions as defined within the intervention script, and explore the wider implications of their implementation.

Crucially, this also opens up the space, which is needed, for openly examining interventions which fail, where failure is not only defined as not meeting required targets, but also the wider ways in which they can produce a ‘counterproductive policy environment’ (Seckinelgin, 2008, p. 122). There have been few studies which honestly discuss failure, Campbell’s work being the exception (2003). Yet such studies are crucial if future interventions and policies are to be effective.

Running throughout these recommendations is the need for a more reflective understanding of who young people are and how their lives are dynamic and spatially and temporally located. Whilst young people need to be supported and assisted to address the virus in their lives, and to enable them to live healthy lives, this needs to be done in ways which resonate with them and to not undermine their own sense of self and place.

9.3. Contribution of the thesis’ findings

In undertaking this research, and answering my research question, this thesis makes a contribution to both the substantive and methodological literature. I examine each of these below.

9.3.1. Substantive areas of contribution

The first substantive contribution which this thesis makes is through its in-depth examination of the (sexual) identities and behaviours of young people in the Eastern Cape, and how they come to be formed. Whilst other studies have been conducted in the Eastern Cape, these have been dominated by programmatic evaluations, rather than in-depth qualitative studies (Jewkes *et al.*, 2008). Where such studies have been conducted they have tended to focus on more well researched areas such as the Western Cape or Kwa-Zulu Natal (Bhana *et al.*, 2011; Salo *et al.*, 2010).

Some may argue that as this knowledge is context-dependent, its contribution to the wider literature, and utility more generally, is limited. Yet, drawing on the work of Flyvbjerg, I would argue that this is not the case, as such knowledge is important, and valid for a number of reasons (Flyvbjerg, 2006). Firstly, as I have argued throughout this thesis, such knowledge is necessary if we are to fully understand the lives of young people, and in turn develop prevention programmes and policies which are meaningful to them.

Secondly, whilst context-dependent, this knowledge can provide wider learning on young people and development. One such way is in its contribution to a growing literature and knowledge base which critically examines the focus on young people within development policy. As has been argued elsewhere, young people as a development category are increasingly a focus of attention for policy makers and researchers (Jones *et al.*, 2011). Yet as Sukeriah and Tannock note, there is a need to make sure that these new narratives are challenged and examined and not accepted as inherently good, simply because they frame young people in a positive way (2011). That is not to say that these narratives are inherently bad, but rather that as researchers we need to ensure that they are subject to critical interrogation. This thesis seeks to do this through its examination of how young people have come to be understood and constructed within policy narratives, and how this relates to their lived realities. In doing so it contributes to building this more critical understanding of youth within development policy.

In unpacking these policy narratives the thesis also contributes to an understanding of how it is that knowledge comes to be utilised within the policy processes. Whilst this analysis has been applied elsewhere within discussions on HIV policy (Seckinelgin, 2008), this is the first time that this kind of analysis has been applied specifically to the case of young people. In doing so it seeks to contribute by providing an examination of how these knowledge processes work to construct young people and the virus in particular ways, but also, crucially, what the effects of these understandings are.

This leads to another area of contribution, namely that, whilst other research has drawn attention to the discordance between policy narratives, and the lives of young people, this thesis seeks to take this discussion further by examining what the effects

of this discordance are. In employing Long's model the research examines the multitude of ways in which young people are engaging with interventions, and how they are shaping young people's lives in unexpected ways. In doing so it contributes a nuanced understanding of what HIV interventions are, how young people engage with them, and the multitude of ways in which they impact on young people's lives. These are new, and important, insights which as yet are missing from discussions on young people and HIV prevention policy.

These insights, and the way they have been captured within the interface model, also contribute to wider discussions on policy more generally. Within social policy there can be a tendency to speak of policy as if it is a monolithic thing, which is simply developed and then implemented. Yet what these findings indicate is that there is a need for a much more critical and dynamic approach to policy analysis, which captures how it is contested and negotiated at multiple levels. Crucially these findings draw our attention to the need for a more nuanced understanding of engagement and impact, and the need to reflect on what policy means in the lives of those who are targeted by it.

9.3.2. Methodological contribution

This thesis also seeks to contribute to the methodological literature through an examination of what methodological choices mean in practice. As noted in Chapter 8, whilst conducting my fieldwork I found that this was a gap within the literature as, whilst there was extensive discussion of the reasons for particular methodological choices, there was less discussion of what these came to look like, and mean, within the course of the research. As I noted in Chapter 8 this limited discussion may be due to the constraints placed within journal publications, where the focus is on the substantive topic within the limited word count. Yet I feel that such discussions are important, particularly for early careers researchers such as myself, as we struggle to negotiate the complex process that is research.

In undertaking these reflections on my methodological choices, I found myself contributing to the literature in four ways. The first of these is in drawing attention to the ways in which as researchers we come to utilise, and draw upon, the categories of 'youth' and 'sex'. Although the problems of using categorical identities and conceptual labels is perhaps more often discussed within quantitative research, I have

sought to show how these issues can also be located within qualitative approaches as researchers struggle between the need for contextual understandings and the 'political need to represent' (Pillow, 2003: 192). That is not to argue that such discussions are new, but rather that as yet there has been a lack of attention on the category of 'youth' in particular. As the interest in youth, and their sexuality increases, there is therefore an ever pressing need for such discussions, and it is to these that this thesis has sought to contribute.

The second way this thesis seeks to contribute methodologically, and related to the first, is through its exploration of how the identity, and subjective position of the researcher, comes to shape the research findings. Throughout this thesis I have argued that the knowledge which has been constructed is inherently partial, as I came to 'know' only part of the lifeworlds of young people. Again, I am not arguing that such reflections are necessarily new, as the need for reflexivity within research has been noted by a number of authors (Pillow, 2003). Rather what I am seeking to contribute is further examples of what such reflexivity looks like, and what it means, in practice. In their work Gillespie et al call for a more 'reflexive researcher', and that is what I have sought to be.

This leads to the third contribution that I seek to make, which is a discussion of what happens when things go wrong. Despite the inherently complex process of research, discussions of what happens when research fails, or, as researchers we make mistakes, is limited. This may be due to the pressures on researchers, increasingly through funding bodies, to demonstrate impact, which mean that spaces in which such discussions can take place are limited. Yet in reflecting on my own mistakes, I have sought to show how these discussions are important in and of themselves, and have implications for both our methodological practices, and the substantive topics we are researching.

The final way in which this thesis seeks to contribute methodologically is through its exploration of the complex path of impact. In Chapter 8 I examined how I came to define what impact would look like, and how I failed to achieve this. Yet within this discussion what was revealed was not necessarily a lack of impact, but rather a failure to achieve the impact which accorded with my own construction of what it should look like. Whilst I thought that youth empowerment should take a particular

form, in fact it emerged quite differently in a way which was grounded in the lived experiences of the participants.

These reflections raise a number of questions for methodological discussions on research impact. Firstly, why it is that we seek to demonstrate impact in the first place? Secondly, who is defining what impact is and what it should or could look like? Thirdly, what does meaningful impact look like in this context for those who are expected to experience it? Such questions highlight the need to go beyond a discussion of whether impact was achieved or not, but rather to think more critically about what impact actually means, outside of this binary.

9.4. Limitations of the research

One of the key limitations of this research is in its use of a snowball sampling approach. In utilising this approach I risked recruiting from the same social networks, and in doing so, restricting the scope and diversity of experiences which I would be able to collect. The aim of obtaining a diverse group was not in order to gain a generalizable sample, but rather to ensure that I had examined the multiplicity of experiences of young people in order to develop as complete an understanding of the complexity and nuances of young people's lives as possible.

In order to address this, as detailed in Chapter 4 I constantly reflected upon the networks from which I was recruiting, and actively sought to recruit from a number of networks in each community. At the same time, through my use of a theoretical sampling approach I was able to identify key groups, or individuals, who I had not reached and where possible recruit these directly.

Yet despite these efforts there are a number of key groups which are missing from the research, restricting its scope. One of these is young married women, whom I found it difficult to recruit for reasons detailed in Chapter 4. Another group (also mentioned previously) was young people who are working, but still living in the communities. Given the interest in the role of economic empowerment in shaping young people's sexual behaviours within policy discussions, my inability to capture the experiences of these young people is a major limitation, and one that needs to be addressed through further research (see below).

Another major group which, although I intended to recruit from, I failed to, was young people who did not publicly identify as heterosexual. Aside from one young gay male and one lesbian all of the participants with whom I spoke identified as heterosexual (or at least did so within the interviews). As a result I am aware that my work is heteronormative in its findings. Yet I know through conversations that gay, bi-sexual and transgender young people do live in the communities. They therefore represent a group whose voices need to be heard and whose omission again places a significant limitation on the research. Whilst there has been some research conducted with these groups of young people, these have focused on urban or peri-urban areas (Salo *et al.*, 2010).

The final group of young people which is significant in its omission from this research is young people with disabilities. Again, their omission was not due to them not being present in the communities, but rather my inability to reach them. Yet, as with the other groups of young people identified here, the sexual behaviours and identities of these young people, and their experiences of the programmes which target them, is important and needs addressing.

During the research I conducted interviews with a number of key informants; however, I am aware that within this context 'key informants' covers a wide range of people and positions within policy development and implementation. Therefore, whilst I managed to conduct 15 interviews, I do feel that further insights may have been gained through further interviews, particularly regarding the complexity which permeates the power relations within this group.

This leads to what I see as one of the other key ways in which this research is limited, namely its limited analysis of policy spaces, and in particular the processes of contestation and negotiation which take place within them. Within this thesis my focus has been on the relationship between young people and policy discourse. Yet in doing so, whilst I alluded to some of the contestations which I found in Chapter 5, I am aware that I have come to construct 'policy discourse' in a homogenous way, and that my interrogation and exploration of the nuances within and between policy actors is limited. This is in part due to time constraints, as well as space constraints, as such an exploration could constitute a thesis in and of itself. Therefore whilst within this thesis I have sought to explore this policy discourse for the purposes of

my specific research questions, I am also aware that a more complex picture of the policy process is missing.

The final limitation which I wish to explore here is that which is constituted through the presence of my own subject position within the research. I have reflected on this throughout the thesis, as I am aware that it permeates all aspects of the research. From the outset when both deciding upon the research, and the way in which I approached it, this was shaped by my own biography and subjective interest in the topic. Whilst I have sought to ground the research in the literature, and empirical data, I cannot escape the fact that I have taken my own academic lens to the topic.

This awareness of my own identity and subjective position is particularly acute when conducting research in a context such as rural South Africa, where I was quite clearly an outsider with an identity which brought with it particular discourses of race and power. In Chapter 4 I detailed how I sought to manage my identity, through learning the language and through employing two local research assistants. However I am aware that my skin colour is not something that I can 'neutralise' and therefore it has come to shape not only how I came to be able to conduct the research, and how I have come to interpret and represent my data. Had I been someone else, whether that be a different gender or race, it may be that the findings of the research would have taken a different shape. This therefore raises a question of internal validity. Yet at the same time, whilst recognising that the knowledge generated is only partial and that I do not 'know' the full lives of young people, I have also argued that the insights generated remain substantive, valid and of importance for HIV prevention amongst young people in South Africa and beyond.

9.5. Further research

As with much research, one study can generate the need for many more. This thesis is no exception and through this research a number of areas for further study have emerged. The first of these relates to a number of the limitations outlined above where I noted that this research has drawn upon data collected from a specific demographic of young people, and as a result significant gaps remain in our understanding. In particular research should be conducted to examine how young people who do not identify as heterosexual, or who are disabled in some way, come to be constructed within policy discourse and how this relates to how they come to

experience the virus in their lives. Research also needs to be conducted which focuses on the experiences of young people who are working and/or married to examine how these experiences and social positions shape their experience of both the virus and prevention programmes.

This last point is of particular pertinence given the increasing focus on financial empowerment programmes as part of wider structural and combination prevention programmes (Gibbs *et al.*, 2012; Kim *et al.*, 2008b). If such interventions are to be effective more research needs to be done to understand how and why interventions do and do not work. This means going beyond the evaluations examined in Chapter 5 of this thesis to an approach more akin to Pawson and Tilly's realistic evaluation which asks 'what works for whom and in what contexts' (1997).

Another area which emerges as requiring further research is the role of social media within young people's lives. Whilst there has been some focus on these platforms this has tended to focus on evaluating programmes which use media for education purposes, rather than exploring how young people come to use social media in their everyday lives to construct, and express, their sexuality (Cole-Lewis & Kershaw, 2010; Swendeman & Rotheram-Borus, 2010). Such an understanding is important as social media is changing the geographies of young people's relationships, and how they come to engage in them, which in turn shapes their behaviours. Effective prevention programmes must therefore engage with these platforms not solely as a tool through which information can be spread, but also as a key part of young people's lifeworlds.

The complexity of gender relations has also emerged as a key theme within this research. Whilst this complexity in general needs to be further explored, it is the theme of masculinity, and in particular male vulnerability, which I would argue warrants particular attention. That is not to detract from the experiences of young women within the communities, which is often one of violence, but rather, I would argue, there is a need to understand and explore questions of male vulnerability in order to address this wider context of violence. This includes examining this outside of the question of gender based violence, to also look at how masculinity is being shaped by racial and economic inequality. In particular this needs to be done in ways which do not start with the premise that masculinity is inherently powerful or

inherently problematic. Whilst a number of authors have started to do this, there remain significant gaps in our understanding, and in particular how this new research can be translated into effective interventions (Dworkin *et al.*, 2013).

Finally, there is also a need for further research at the level of policy, and in particular how policy discourses and narratives come to be contested and negotiated within policy spaces. Within Chapter 5 I touched upon the ways in which this was happening, however as noted above, there is the need for further exploration of these dynamics, in particular the nuances of power, and the ways in which governance takes place within, and between, different levels of the policy process. How policy narratives are transferred, and adapted, across policy levels, and the ways in which these are negotiated, is an important area for further research.

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Appendix A: List of policy documents sampled

List of documents

Title	Year of publication	Author	Nature
Provincial Strategic Plan for HIV & AIDS, STIs and TB	2011	Eastern Cape AIDS Council	Regional document
National Youth Policy 2015-2020	2015	Government of South Africa	National document
Global AIDS Response South Africa	2012	South African National AIDS Council	
HIV & AIDS and STI strategic Plan for South Africa 2007-2011	2007	South African National AIDS Council	
National Youth Policy 2009-2014	2009	Government of South Africa	
The Integrated Youth Development Strategy (IYDS) of South Africa 2012-2016	2011	National Youth Development Agency	
National Strategic Plan on HIV, STIs and TB 2012-2016	2011	South African National AIDS Council	

Know your epidemic, know your response: Summary report	2011	South African National AIDS Council	
Young people's engagement in strengthening accountability for the post-2015 agenda	2014	Overseas Development Institute	International document
Fast Track: Ending the AIDS Epidemic by 2030	2014	UNAIDS	
The Gap Report	2014	UNAIDS	
Global AIDS Response Progress Reporting 2014: Construction of Core Indicators for monitoring the 2011 United National Political Declaration on HIV and AIDS	2014	UNAIDS	
Guidance note: HIV prevention, treatment, care and support for adolescents and youth	2014	UNAIDS	
Young People Today, Time to Act Now: Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa	2013	UNESCO	
Towards an AIDSs free generation – Children and AIDS: Sixth Stocktaking Report	2013	UNICEF	

Global Report: UNAIDS report on the global AIDS epidemic	2013	UNAIDS	
Partnership Framework Implementation Plan in Support of South Africa's National HIV, STI & TB Response 2012/13 – 2016/17	2012	PEPFAR	
Securing the Future Today: synthesis of strategic information on HIV and young people	2011	UNAIDS	
Opportunity in crisis: preventing HIV from early adolescence to young adulthood	2011	UNICEF	
The youth track: building a new generation of leadership for the AIDS response - high level meeting	2011	UNGASS	
A new investment framework for the global HIV response	2011	UNAIDS	
Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections	2010	UNAIDS	
Getting to Zero: 2011-2015 strategy	2010	UNAIDS	
The Case for Investing in Young People	2010	UNFPA	
Youth Participation and Leadership: an effective tool in combating	2010	Restless Development	

HIV/AIDS in Southern Africa			
We can empower young people to protect themselves against HIV/AIDS: Joint action for results. UNAIDS Outcome Framework - Business Case 2009-2011	2009	UNAIDS	
International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators	2009	UNESCO	
Global Guidance Briefs on HIV Interventions for Young People	2008	UNAIDS	
UNAIDS Annual Report: Knowing your epidemic	2008	UNAIDS	
Global consultation on strengthening the health sector response to care, support, treatment and prevention for young people living with HIV	2007	UNICEF/WHO	
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries.	2006	WHO	

Young People and HIV/AIDS: Opportunity in Crisis	2002	UNICEF	
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Appendix B: List of descriptive codes for document analysis

- **Defining young people**
 - Age-based definition
 - Characteristics of youth
 - Positive
 - Negative

- **Gender**
 - Gender as intervention focus
 - Measuring gender
 - Examples of approaches
 - Gender as a category
 - Gender based violence
 - Links to HIV/AIDS
 - Gender roles
 - Masculinity
 - Femininity
 - Gender and sexuality/sexual agency

- **Agency**
 - Positive youth agency
 - Empowerment narratives
 - Sexual agency
 - Youth participation
 - Definitions
 - Examples
 - Indicators of success

- **Evidence**
 - Evidence based policy making
 - Role of evidence
 - Examples
 - Hierarchy of evidence
 - Monitoring
 - Role of monitoring
 - Indicators
 - Evaluation
 - Methods
 - Indicators

- **Success**
 - Definitions of success

- Indicators of success
- Examples
- **Knowledge**
 - The role of knowledge
 - Knowledge claims
 - Examples (transferred to evidence tracking spread sheet)
 - Who has knowledge
 - Experts
 - Young people
- **Sex**
 - Defining safe sex
 - Medicalised narratives
 - Youth sexuality/sexual agency
 - Pleasure

Appendix C: Example evidence tracking spread sheet

Document Title:

Knowledge claim/statement	Page No.	Sources referenced to support claim	Evidence/data in original source	Analysis
<p><i>The original statement or knowledge claim which is made within the original document</i></p>		<p><i>Source 1</i></p>	<p><i>Details of original study including context, methodology, limitations and results</i></p>	<p><i>Analysis of the relationship between the source and the original knowledge claim. Is the use of the source justified? Are there discrepancies?</i></p>
		<p><i>Source 2</i></p>		

Appendix D: First interview topic guide

Thank the participant for agreeing to take part.

Explanation of the project and the aims of the research:

- To investigate young people's understandings and experiences of HIV/AIDS
- To investigate young people's understandings and experiences of HIV/AIDS interventions over time
- To investigate the effect of HIV/AIDS intervention programmes on young people's lives over time.

Explain that there are no right or wrong answers and that the participant should not feel pressured to talk about anything that they are not comfortable in doing so.

Explain that the research is:

- Confidential – any of the information that they provide will be kept confidential. Should it be used in the write up of the research they will be given a pseudonym (they can choose their name).
- Voluntary – they are free to leave the interview at any time. If they want to take a break at any point we can stop and start again once they have had some time.

Ensure that the participant has read, understood and signed the consent form.

- Topic 1: General introductory questions

These questions are designed to get background information about the participant, as well as get them used to the interview setting.

- When was the participant born?
- Where were they born?
- Have they always lived there? Have they moved? If they have moved probe further about how they felt about the move, what was different in each place, why did they move?
- Ask them to tell you a little about their community? What is it like? Who are the key people in the community? What have been significant events? Do they like their community and why (not)?
- Who do they live with? Where do their parents/siblings live if not with them?
- Where did they go to school (or still go to school)? Ask about whether they enjoyed school, what memories do they have of school?

- If they have left school what do they do now? If working what do they do? How did they get the job? Do they enjoy it?
- Who are their best friends? When did they meet them and where? In what ways do they think they have influenced them? What makes them a good friend? What do they enjoy doing together?
- Do they have a boyfriend(s)/girlfriend(s)? Have they in the past (mark the relationships on the timeline)? Where did they meet them? How long have their relationships been for? If not in a relationship would you like one? Why? Why not? Are relationships important for them? If so, why?
- Have they ever had more than one boyfriend or girlfriend at a time?
- What makes a good boyfriend/girlfriend?
- Are they able to talk openly with their partners about sex and HIV/AIDS? Has this always been the case or has it been different in different relationships?
- Do they want to get married? Have children?
- Probe to find out more about their experiences of their relationships – were they happy? Why did they split (if they have?). If they are reluctant to talk about their own relationship ask them about those of their friends/siblings.

- Topic 2: Perceptions and norms in relation to HIV/AIDS

Explain that the focus of this section is on their understandings of HIV/AIDS. Make it clear that this is not a test of their knowledge of the virus, and again that there are no right or wrong answers. Rather it is about how they find out what they think about HIV/AIDS, where they find out about it and their thoughts about it.

- When did they first hear of HIV/AIDS?
- When they first heard about HIV what did they hear? What were their first thoughts? How did it make them feel? How have these feelings changed since then?
- Who did they hear about HIV from? Do they still hear about it from the same people/in the same way? If not what has changed?
- How do they feel about the kind of information about that they get? Is it good information? If so, why? If not, why not?
- How much would you say you trust HIV information from the following sources? Have you always felt this way about these people or has it changed over time?

	Not at all	Not really	Sometimes	A lot	Don't know
Nurses					
Doctors					
Sangoma or Inyanga					
Government pamphlets					
Radio					
Newspapers					
Community leaders					
Religious leaders					
NGOs					
The health minister					
The former health minister (Tshabalala-Msimang)					
The current president					
The former president Thabo Mbeki					
The former president Nelson Mandela					

- How has your knowledge about HIV changed since you first heard about it? Has it impacted on your behaviour, such as condom use?
- (If problem of misinformation not already raised) Do you think there is misinformation? What kind of misinformation exists?
- How strongly do you agree or disagree with the following statements? Why/why not? Have their views changed? If so, why did they change them? Do their family or friends, or anyone they know feels differently?

	Strongly agree	Agree	Neither agree/nor disagree	Disagree	Strongly disagree	Don't know
A lot of information about AIDS is being kept from the public						
You can get HIV from condoms						
HIV was deliberately caused by humans						
There is a cure for AIDS but it is being kept secret						
AIDS was created by scientists in America						
AIDS was invented to kill black people						
HIV is harmless and does not cause AIDS						

- Have they been for a HIV test? Why? Why not? What about their friends?
- Do they think it is good/bad that all pregnant women have to be tested?
- Do they think men should also have to be tested?
- Do you think people should be required, by law, to know their HIV status?
- How have their views about testing changed over time?

- Do you know what treatment is used for HIV?
- Where did you hear about this and when?
- Do you think treatment is effective? Why do you think this?
- Do you think traditional African medicines should be used to treat AIDS? Why, why not?

- What do they think has been the biggest impact of HIV/AIDS?
- Has HIV/AIDS influenced the lives of their friends/families? If so, in what ways?
- Has HIV/AIDS had an influence on their lives? If so, in what ways?

- Topic 3: HIV/AIDS interventions

Explain that the focus of this section is on their contact with HIV/AIDS intervention programmes and the influence of these on them. Make it clear that again there are no wrong or right answers, and that you are not there as a representative of the

organisations ‘checking up’ on them. Repeat again that all information that they provide is confidential and that they should feel open to tell you anything in confidence.

- What different HIV/AIDS programmes do they know about? Which ones have they come into contact with?(This should be drawn onto the timeline)
- In what ways have they been involved with any of these interventions?
- If yes, ask them when and where this was. Why did they get involved? How did they feel about their experience?
- Would they get involved with interventions again in the future? If so, why?

- What parts of the programmes did they like? Which parts did they not like?
- What do they think could be done to improve these programmes?
- Do they think that these interventions are influential in shaping young people’s behaviours? If not, why not?
- Do they think that these interventions have been influential in their lives? If so, why/if not, why not? Relate back to timeline/probe for examples.
- Do they think that these interventions have changed over time? If so, in what ways? Why do they think this has happened?

FOR MALES:

- How important to you and your friends is it that Xhosa men are circumcised?
 - Very important?
 - Important?
 - Not important?
 - Don’t know?

- Think about your friends. Please tell us whether or not you agree or disagree with these statements and if they are able to, ask them to explain their answers:

	Strongly agree	Agree	Neither agree/nor disagree	Disagree	Strongly disagree	Don't know
A man who has been to the mountain/bush is more respected						
It is less important these days than it was in the past for a man to go to the mountain/bush						
A man is not really a man until he has been to the mountain						
Men who have been to the mountain are more respectful to women						
Sex is more fun/pleasurable for men who have been circumcised						
Women find sex more pleasurable with men who have been circumcised						
Women think that men who have been to the mountain are respected by other people						
Modern men do not go to the mountain bush						
Going to the bush teaches men to take care of their families better						

- What do you think is the best way to conduct circumcision? Why?
- Have you heard that circumcision can reduce the risk of him getting HIV?
- If yes, where did you hear this?
- Do you believe this?
- Do you think that views around circumcision are changing? If so, why?

FOR FEMALES:

- Is it important that Xhosa men are circumcised?
- Do you care if your husband/partner is circumcised or not circumcised? Why? Why not?
- What do you think is the best way to conduct male circumcisions?
- Have you ever heard that circumcision reduces the risk of him getting HIV?
- If yes, where did they hear this from?
- Do you believe this?

- Topic 4: HIV/AIDS and the future

Explain that the focus of this final section is about looking forward and what they hope for the future. Again explain that there are no right or wrong answers.

- Do they think that HIV/AIDS will continue to be a problem in the future in South Africa? If so, why and in what ways? If not, why?
- Do they think that it will influence the lives of their friends/family?
- Do they think it will influence their future lives? If so, how?

Concluding the interview:

Ask if the participant has any questions. Take a moment and allow them to reflect on the interview experience and how it made them feel. Encourage them to look holistically at their timeline. Ask if they have anything else that they would like to say/add.

Explain that you will also be following up for further interviews with some participants. Ask them if they would be interested in doing this but make it clear that this is voluntary.

Thank the participant for taking part and provide them with contact details

A few last quick questions

How is HIV/AIDS transmitted? (tick as many boxes as you like)

Oral sex	Through sharing bottles of water	Unprotected sex (without condoms)
From shaking hands	Protected sex (with a condom)	Kissing
Sharing a toilet	From mother to child during childbirth	Coughing

Tick whether you agree or disagree:

	Agree	Disagree
I always use condoms when I have sex		
It is possible for a healthy person to have HIV		
It is better for people who are sick with AIDS to use traditional medicines instead of ARVs		
Condoms can be trusted to prevent HIV		
Girlfriends should always do what their boyfriends tell them		
Girls who make their boyfriends wear condoms don't really love them		
It is ok for boys to have more than one girlfriend		
HIV/AIDS activities and programmes are effective in changing young people's behaviour		
The adults in my community talk to the young people about HIV/AIDS		
I feel like there is a risk that I will become infected with HIV during my life		
I feel I have all the information I need to protect myself from HIV/AIDS		

Appendix E: Recruitment poster

**S AZI KANGAKANNANI NGOGAWULAYO
SINGABANTU ABATSHA?**



**NALI ITHUBA LOKUBA
SABELANENI NGOLWAZI**

USUKU:

IXESHA:

INDAWO:

Ngolwazi oluthe vetshe fownela uCindy 0710307296

Appendix F: List of young participants

Pseudonym	Gender	Age	Location	Number of interviews
Sibusiso	Male	25	Tuba	3
Nonhlahla	Female	22	Tuba	3
Samantha	Female	25	Tuba	3
Mafousa	Male	28	Tuba	3
Azola	Female	21	Tuba	3
Nwabisa	Female	23	Tyara	3
Masixolo	Male	21	Tyara	3
Velani	Male	23	Tyara	3
Gcobisa	Female	27	Boomplaas	3
Dumi	Female	21	Boomplaas	3
Sikumbuzo	Male	26	Boomplaas	3
Phumza	Female	18	Boomplaas	3
Bulelani	Male	24	Boomplaas	3
Sandile	Male	22	Madwaleni	3
Noxolo	Female	26	Madwaleni	3
Nolukhayo	Female	25	Madwaleni	3
Sithembele	Male	23	Tuba	2
Ayabonga	Male	22	Tuba	2
Monalisa	Female	24	Tuba	2
Nolukholo	Female	22	Tuba	2
Mbuzeli	Male	24	Tuba	2
Boniswa	Female	22	Tuba	2

Pienaar	Male	24	Tyara	2
Lucia	Female	25	Tyara	2
Amen	Male	27	Tyara	2
Cindy	Female	18	Tyara	2
Anele	Female	19	Boomplaas	2
Lumak	Female	18	Boomplaas	2
Lamla	Male	25	Boomplaas	2
Nyaniso	Male	19	Boomplaas	2
Phumza	Female	18	Boomplaas	2
Stera	Male	26	Boomplaas	2
Fundiswa	Female	24	Boomplaas	2
Vuyani	Male	29	Madwaleni	2
Bongeka	Female	24	Madwaleni	2
Lily	Female	25	Madwaleni	2
Thabisa	Female	22	Tuba	1
Anathi	Female	26	Tuba	1
Lindela	Male	19	Tuba	1
Jikela	Male	22	Tuba	1
Zukile	Male	26	Tyara	1
Kwezi	Male	25	Tyara	1
Lwazi	Male	27	Tyara	1
Madoda	Male	18	Tyara	1
Zintle	Female	24	Tyara	1
Yonela	Female	26	Tyara	1
Aviwe	Female	21	Boomplaas	1
Bhutana	Male	32	Boomplaas	1

Onke	Male	20	Boomplaas	1
Phakamile	Male	27	Boomplaas	1
Veliswa	Female	21	Boomplaas	1
Unathi	Female	28	Boomplaas	1
Thulisa	Female	27	Madwaleni	1
Phelisa	Female	22	Madwaleni	1
Nonceba	Female	23	Madwaleni	1
Simpfiwe	Male	26	Madwaleni	1

Appendix G: Example of follow up topic guide

Second interview

Thank you for letting me come back and talk to you again. It was really great to speak to you last time, I really enjoyed our conversation. I've thought about some of the things you said and I just had a few more questions.

➤ General

- Firstly, how are you? What have you been doing since we last met?

Has anything changed in your life since we last met?

- In the last interview you said that you didn't really like living in this place, you said it was 'backward'. Can you tell me a little more about what you mean by this?

You said that young people who live in East London are different, in what ways do you mean?

Would you like to move to East London, or somewhere else?

- You also said that you didn't complete your matric. Why not? Would you like to go back to school to do this?

You said that at the moment you are doing 'nothing'. What do you do to pass the time? Can you give me an example of a typical day?

- Are you still in the same relationship? How is it going?
- You said that you broke up with your previous boyfriend when you found out that he was cheating. How was it that you found out about this?

What did your boyfriend say when you broke up with him?

A lot of young people seem to worry about their partners cheating. Why do you think it is that so many young people cheat?

Do you think it is every ok for someone to have more than one boyfriend or girlfriend?

- You spoke before about your child which you had when you were still young. Is it ok if I ask a few questions about this? (If agrees, continue).

How did you feel when you found out you were pregnant? Were you surprised?

How did your family react?

How did your boyfriend react?

Does the father still see your child at all? Do you think he is a good father?

What do you think makes a good father?

Would you like more children in the future?

- You said that you don't talk to your boyfriend about HIV/AIDS. Do you wish that you could talk to him about it?

You said that you do talk to him about sex. Why do you think it is easier to talk about sex?

You said that your boyfriend helps you. What sort of help does he offer you?

What do you get up to together?

You said before that when you went to visit him it was usually just for sex. How does this make you feel?

- Do you use social media? If so, what do you use?

What do you use it for?

What do you like about it?

Do you use it in your relationship?

What are the challenges with using it?

- Do you talk to your friends about your relationship?

If so, what do you talk about?

Do you ever talk to your parents? Do adults find it easy to talk about sex with young people?

- Do you think the way you talk about sex is different to your parents' generation?

- In the last interview you said that men were the cause of the spread of HIV. What did you mean by this?

Why do you think it is that men act in this way?

- We found in the last interviews that young people have a lot of information about HIV, but that often they don't use it. Why do you think this is?

What do you think can be done to encourage young people to change their behaviour?

You don't use condoms with your boyfriend, what is preventing you using them?

Is there anything that would change your mind?

- You said before that you have tested twice for HIV. How was your experience of being tested?

Were staff friendly? Did you get counselling?

The government talks about youth friendly services, is your clinic youth friendly would you say?

What do you think makes a clinic youth friendly?

- You also said previously that your brother had HIV/AIDS. How did his illness affect you and your family?

What happened to your brother?

Did other people in your community know about his illness?

- Final question!

In the last interview it became clear that people define who is young differently. How would you define 'young people'?

Third interview

Thank you for letting me come back and talk to you again. It was really great to speak to you last time, I really enjoyed our conversation. I've thought about some of the things you said and I just had a few more questions.

- Firstly, how are you? What have you been doing since we last met?
Has anything changed much in your life?
Are you still in the same relationship?
How are you finding working at the school?
- Last time you said that you had reconciled with your boyfriend after he cheated. Why did you decide to forgive him?
Do you trust him completely now?
What would you do if he did it again?
Did he ever admit to cheating?
How do you think he would have reacted if you had cheated?
Would you ever be tempted to cheat?
- You talked before about the young people in Macubeni not being informed about life, and being backward. Do you think those in the cities are informed?
In what ways?
Why is it that you think young people in Macubeni underestimate themselves?
What do you think could be done to change their mindset?
Who should be responsible for trying to do this?
- How are you finding working at the school?
- You said before that your parents were angry when you told them you were pregnant. Are they supportive now?
In what ways did your life change when you had your baby?

Would you like the father to be more involved in your child's life?

- You said in the last interview that you have started talking to your boyfriend about HIV. How did he react?

Has he been for a test since we last met? You talked about him getting angry before and walking out of the clinic.

- You said that it is easier to talk about sex than HIV. When you talk about sex, what sort of things do you talk about?

Why do you think you find talking about this easier?

Do you think it is the same for other young people?

You said in the last interview that you now feel you can go to your boyfriend, not just for sex. What changed?

When you meet what do you talk about?

- You talked before about the problems your boyfriend was having with the mother of his child. Has his case progressed any further?

Do you think young fathers have enough support?

- Are you still using social media?

Has your boyfriend started using it yet?

Does he ever get jealous when you use it?

Some people we have spoken to say that they sometimes tell lies on social media. Do you? If so, what kinds of things do you say?

Have you ever met up with anyone from social media?

You said that sometimes people ask you to be their girlfriend through social media – how do they do this? What do you say?

Would you ever get a boyfriend through social media?

- You said that young people's sexual behaviour is different now to your parents, that it is much more in the open now. Can you explain a little more what you mean by this?

Do you think it is better this way?

People seem to be very young when they become sexually active, how old were you when you first started hearing about sex?

Was it a good experience when you first started having sex?

- The final question is about circumcision. If you had a son, would you prefer to send him to the mountain, or the hospital?

They are trying to encourage people to go to the hospital rather than the mountain. Do you think this is a good idea?

Do you think it will work? Why?

Thank you so much for taking part in our research. It has been really interesting talking to you! Please contact us if you want to ask any questions or find out anything else.

Appendix H: List of key informants

Role/Organisation	Gender	Age
Programme Advisor <i>International Agency</i>	Female	32
Senior Executive <i>International Non-governmental Organisation</i>	Male	38
Programme Manager <i>International Non-governmental Organisation</i>	Male	32
Programme Manager <i>International Non-governmental Organisation</i>	Male	31
Programme Manager <i>Government department</i>	Female	32
Programme Manager <i>Government department</i>	Male	45
Programme Co-ordinator <i>Government department</i>	Male	33
Programme Manager <i>National Non-governmental Organisation</i>	Male	34
Programme Manager <i>National Non-governmental Organisation</i>	Female	32
Programme Manager	Female	29

<i>National Non-governmental Organisation</i>		
Programme Manager <i>National Non-governmental Organisation</i>	Male	35
Community Religious Leader	Female	51
Community Leader	Male	42
Community Leader	Female	33
Community Nurse	Female	30

Appendix I: Key informant topic guide

Example: Community nurse

Thank the participant for their participation and explain the purpose and scope of the research. Assure the participant that their responses are confidential and will be anonymised when being used within the research. Explain that they are free to leave the interview at any time. If they want to take a break at any point we can stop and start again once they have had some time.

Ensure that the participant has read, understood and signed the consent form.

- Could you tell me a little bit about the clinic in which you work? What is your role and what services do you offer to the community.
- If they have not already specified ask them to provide details of the services that they provide specifically for young people. For each of the services mentioned ask them to outline what the service is, and what it seeks to achieve.
- Do you feel that young people use your services?
 - If not, why not?
 - If yes, what do you think about it makes young people use it?
 - Which services are the most popular?

(If not mentioned ask specifically about the services provided to young people relating to HIV – testing, provision of contraception, education, treatment)

- What do you think are some of the biggest challenges in getting young people to use the services provided by the clinic?
 - Have any actions been undertaken to overcome these?
 - If so, were they successful?
 - What else do you think could be done?
- Who do you think is responsible for the health of young people in the communities?
- A lot of people talk about youth friendly services. What does this mean to you?
 - Do you think your services are ‘youth friendly’?

- If so, what makes them 'youth friendly'?
 - If not, what could be done to make them so?
- Some of the young people that I have spoken to, not necessarily in this community, say that they find clinic staff unfriendly, and that they feel judged if they go to the clinic to ask for contraception or testing. What do you think about this?
- Do the clinics need more support to help them deliver services to young people?
 - If so, what, and where from?
- Do you work with any other organisations in delivering youth services?
- Do you see any changes in the way services to young people are delivered, compared to when you started working here?
 - If yes, what?
- Do you see any changes in the health needs of young people, compared to when you started working here?
 - If yes, what? Why do you think this has happened?
- What do you see as being the main health challenges facing young people in the community?
 - What do you think can be done to address them?

Appendix J: List of descriptive codes used for interview and field note analysis

- **Actors**
 - Community figures
 - Parents
 - Politicians
 - Young people
 - ‘Experts’

- **Identity**
 - Age
 - Definitions of youth
 - Generational difference
 - Sexual behaviours
 - Meaning of youth identity
 - Identity construction
 - Social media
 - Identity maintenance
 - Social media
 - Race
 - Gender
 - Masculinity
 - Femininity

- **Agency**
 - Positive youth agency
 - Empowerment narratives
 - Behaviour as choice
 - Freedom
 - Youth ‘Mentality’
 - Link to rights discourse
 - Individual responsibility (I/they/them)
 - Behaviour change
 - Personal change
 - Reasons for change
 - Reasons for not changing
 - What can be done

- **Circumcision**
 - Female perspective
 - Masculinity
 - Policies
 - Value

- **Structural context**
 - Historical
 - Race
 - Poverty
 - Alcohol/drugs
 - Inequality
 - Gender inequality
 - Unemployment
 - Impact of unemployment
 - Identity
 - Violence
 - HIV
 - Tradition
 - Loss of
 - In relation to sexuality

- **Knowledge systems**
 - Sources of knowledge/information
 - Historical
 - Traditional
 - Medical
 - Trust
 - Different kinds of information
 - What counts as evidence?

- **Contraceptives**
 - Family planning
 - Condoms
 - Attitudes towards condoms
 - Usage

- **HIV**
 - Experiences of the virus
 - Change over time
 - Perception of risk
 - Impact of the virus
 - Personal
 - Community
 - Wider
 - Stigma
 - Experiences
 - Causes
 - Consequences
 - How to address it

- Levels of understanding
 - Medical knowledge
- **Policies and programmes**
 - Experiences of programmes
 - Content and activities
 - Positive
 - Negative
 - Impact of programmes
 - On self
 - On community/others
 - Other programmes (non-HIV)
- **Research**
 - Impact of the research
 - Reflections on participation
- **Relationships**
 - Value and importance of relationships
 - Emotional
 - Physical
 - Financial
 - Reasons for relationships ending
 - Cheating
 - Experiences
 - Acceptance
 - Consequences
 - Reasons for cheating
 - Age-disparate relationships
 - Sugar mamas
 - Sugar daddies
- **Services**
 - Confidentiality
 - ‘Youth-friendly’ services
 - Personal experiences
- **Sex**
 - Sexual debut
 - Practices
 - Change over time
 - Pleasure
 - Physical
 - Emotional
 - Talking about sex
 - Language
 - Linking sex and HIV

- Meanings attached to sex
- Understanding of risk

- **Spaces**
 - Geographies
 - Migration
 - Policy spaces
 - Private spaces
 - Link to tradition
 - Public spaces
 - Public relationships/sex
 - Social media spaces
 - Use in relationships
 - Use in identity construction/maintenance
 - Problems with social media

- **Testing**
 - Experiences of testing
 - Reasons for testing
 - Reasons for not testing

- **Violence**
 - Violence in their communities
 - Reasons for it
 - Types of violence
 - Impact
 - Gender based violence (GBV)
 - Experiences of GBV
 - How to tackle GBV
 - Experiences of programmes/campaigns tackling GBV

- **Youth participation**
 - Experiences of participation
 - Definitions of participation
 - Examples of 'good' participation
 - Difficulties in youth participation

Appendix K: Framework analysis template

Participant identification code: _____

Location of interview: _____

These are some examples of the sub-topics which I used to organise the data. These were emergent and developed over the course of the fieldwork. This meant I often had to go back to initial interviews and recode according to new themes which had emerged.



	Narrative summary	Sub-topic: Youth identity	Sub-topic: Gender	Sub-topic: Experiences of programmes	Sub-topic: Experiences of the virus
Interview 1 Date:					
Interview 2 Date:					
Interview 3 Date:					

Appendix L: Information Sheet

Introduction to the Research

Who is doing the research?

The research is being conducted by Rachel Deacon who is a PhD student at the London School of Economics in the UK. Rachel has a background in youth development work and first came to South Africa in 2006 as a volunteer peer educator for Students Partnership Worldwide (now Restless Development) where she volunteered on a community health education programme in a community in Ngqeleni, close to Mthatha. Since then she has continued to work with young people in India and the UK as well as undertaking a Masters in Social Policy and Development at the London School of Economics.

Rachel is also working with two research assistants, Zweli Dinisile and Nolusindiso Gwebecimele. Both Zweli and Nolusindiso have experience working with young people having both been volunteer peer educators on the International Citizen Service, a youth volunteering programme focusing on health promotions, in communities in Kwelera close to East London.

What does the research hope to find out?

The purpose of the research is to explore young people's knowledge, perceptions and experiences of HIV/AIDS, and how these change over time. It will also look at the role of interventions in shaping young people's ideas and attitudes towards HIV/AIDS.

What does the research involve?

The main part of the research involves interviewing young people from rural communities in the Eastern Cape. The interviews are conducted one-on-one in Xhosa with either Nolusindiso (for females) and Zweli (for males).

The questions in the interview focus on young people's attitudes and experiences in relation to HIV/AIDS. There are no right or wrong answers, the aim of the interviews is to hear young people's voices and to give them the opportunity to express their views and opinions in relation to this important topic.

No one will be forced to talk about anything they do not feel comfortable discussing and no one will be forced to answer any question that they don't want to. Everything that is said during an interview will be kept entirely confidential and anonymous.

For those that feel comfortable there will be follow up interviews conducted later in the year.

The research will also involve interviews with people who are working with young people on interventions relating to HIV/AIDS.

Where and when is the research taking place?

The research is taking place in a number of communities across the Eastern Cape and will be conducted throughout 2013.

Who is funding the research?

The research is being funded by the UK based Economic and Social Research Council. This is a research foundation which funds a variety of research across the world into important social and economic issues.

Contact details for more information

If you want any further information about the research you can contact Rachel on 0790897790 or at r.e.deacon@lse.ac.uk

Information sheet (translated)

Ngubani Owenza Uphando

Uphando lwenziwa nguRachel Deacon ongumfundi wePhD eLondon School of Economics Euk. URachel unolwazi ngomsebenzi wophuliso lolutsha kwaye waqala ukuza apha eMzantsi Afrika ngo2006 esebenza nje ngePeer Educator kwa SPW owaziwa ngoku njengo Restless Development apho wayefundisa banzi ngezempilo engqeleni kufushane eMtata. Usuka apho uye wasebenza nabantu abatsha eIndia nase UK apha enze iMasters kwezintlala nezophuhliso.

URachel usebenza nabancedisi ababini uZweli Dinisile kunye noNolusindiso Gwebecimele. Bobabini ke aba banaso isakhono sokusebenza nabantu abatsha njengoko bebekhe bayinxax lenye kaICS befundisa nabo ngezempilo eKwelera kwenye yelali zase Monti.

Eyona Nto Oluphando Luzimisele Ukuyifumana

Unobangela woluphando kukwazi abantu abatsha bazi kangakanani na ngoGawulayo nendlela abathi baziphathe ngayo kwanendlela olulwazi luthi lutshintshe ngayo njengokuba ixesha lihamba. Lukwajongene futhi nendima edlalwa lungenelelo ekwakheni iimbono nendlela abantu abatsha abaziphethe ngayo mayela nogawulayo.

Luquka Ntoni Oluphando?

Oluphando luquka ukubuzwa imibuzo kwabantu abatsha abasuka kwilali ngelali apaha eMpuma koloni. Kubuzwa ngesiXhosa umntu nomntu nguZweli (emadodeni) okanye nguNolusindiso (kosisi).

Lemibuzo ijongene nabantu abatsha nokuziphatha kwabo mayela noGawulayo. Akukho mphendulo iright okanye ewrong koko sifuna abantu abatsha baveze izimvo zabo ngokuphathelene nalomba.

Akukho mntu ozakunyanzelwa aphenyule imibuzo angafuniyo ukuyiphendula nokuba athethe ngento angaziva kamnandi ukuthetha ngayo kwaye konke okuthethwa koluphando kuyimfihlo.

Kwabo baziva benomdla wophinda babuzwe imibuzo kuzobakhona ithuba lesibini loko kwalapha enyakeni.

Lenzeka phi, nini oluphando?

Oluphando luthatha indawo kwilali ngelali apha eMphumakoloni lonyaka wonke.

Ngubani Obhatalela Oluphando?

Oluphando lubhatalelwa Euk liqumrhu eliququzelela ezentlalakahle, Ikwaxhasa futhi ngemali intlobo ntlobo zophando kwilizwe lonke.

Ngenkcukacha Ezithe Vetshe

Ukuba ufuna olwazi oluthe vetshe ngoluphanolo ungatsalela uRachel ku0790897790 okanye r.e.deacon@lse.ac.uk

Appendix M: Consent Forms

Young people and HIV/AIDS research 2013

Rachel Deacon

I am conducting a research project as part of my PhD studies at the London School of Economics, UK. The purpose of my research is to explore young people's knowledge and perceptions of HIV/AIDS, and how these change over time. It will also look at the role of interventions in shaping young people's ideas and attitudes towards HIV/AIDS.

PARTICIPATION AND CONFIDENTIALITY

Your participation in this research project involves your involvement in a focus group discussion with other participants, _____, the research assistant on the project, and Rachel Deacon, the lead researcher. The group discussion will be recorded using a digital recorder only. All discussions will be kept confidential and will be fully anonymised. This means that personal information such as your name will not be used in any work that results from this research. It also means that topics discussed during the group should not be discussed outside of this setting.

Results of this research project will be written up as part of a PhD at the London School of Economics. They may also be written up for publication articles in journal and/or books. Again, in any publications that result from the work all details of participants will be kept confidential. You have the right to leave the group at any time. You also have the right to ask the researcher for the audiotape at the end of the interview if you do not want the researcher to have it.

CONSENT

I understand the purpose of this research project and all my questions have been answered. I understand that the discussion will be kept confidential and will be fully anonymised. I understand that I have the right to stop the discussion at any time. I also understand that information shared amongst participants during the discussion should be remain within the discussion and not talked about outside of this setting.

I give my consent to be interviewed.

Participant's Signature

Participant's Printed Name and Date

Interviewer's Signature (witness)

Interviewer's Printed Name/Date

Consent form (translated)

Ndiqhuba uphando njengenxeye yezifundo zam endizenzayo zaPhD eLondon School of Economics. Iinjongo zoluphando kukuveza nokwazi ukuba abantu abatsha bazi kangakanani na malunga nogawulayo nendlela ethi lutshintshe ngayo njengoba ixesha lihambai. Izakujongana futhi nenxaxheba yongenelelo ekwakheni imbono zabantu abatsha nendlela abaziphatha ngayo mayelana nogawulayo nentsholongwane yakhe.

Intatho-nxaxheba nemfihlelo

Intatho-nxaxheba yakho koluphando luzothatha iyure enye noCindy ayiResearch assistant no Rachel Deacon oyintloko yoluphando. Yonke into esizakuyithetha apha izakuba yimfihlo kuquka negama lakho.

Imiphumela yoluphando izokubhalwa njengenxeye yePhD e London School of Economics. Nakuliphi na ushicilelo amagama wabo bathathe inxaxheba ayakuba yimfihlo. Unelungelo lokumisa oluphando nangaliphi ixesha.

Ukuvuma

Ndiyazi ngoluphando kwaye nemibuzo yam iphendulekile. Ndiyazi ukuba oluphando logcinwa luyimfihlo, ndikwaqonda futhi ukuba ndinelungelo lokulimisa uphando naxesha liphi na

Ndiyavuma ukuba ndibuzwe imibuzo
