Young Women's Agency to Negotiate Condom use in Sexual Relationships

Compromising factors leading to condom use inconsistency among young South African women

A qualitative study from Atteridgeville, South Africa

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Department of Health Promotion and Development
Faculty of Psychology, University of Bergen

Kaia Helgemo Lindtner

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List of abbreviations

ART: Antiretroviral medicine

CUR: Condom use resistance

CUSE: Condom use self-efficacy

HIV: Human Immunodeficiency virus

NGOs: Non-governmental organisations

PEP: Post-exposure prophylaxis

PLHIV: People living with HIV

PReP: Pre-exposure prophylaxis

SA: South Africa

SRHR: Sexual and reproductive health and rights

SSA: Sub-Saharan Africa

SSE: Sexual self-efficacy

STD: Sexually transmitted disease

STI: Sexually transmitted infection

TGP: Theory of gender and power

UN: United Nations

UNAIDS: United Nations Programme on HIV and AIDS

Abstract

Background. South Africa experiences a high prevalence of HIV, and women are disproportionately affected. Promoting condom use in heterosexual relationships has been one attempt to constrain the spread of HIV. However, significant obstacles such as gender norms and gender inequalities are found to be the primary drivers of HIV transmission. Gendered divisions of labour and power act as barriers to South African women's sexual and reproductive health and rights. Women's ability to use a condom requires negotiation, promotion and acceptance by the other partner towards actual usage. Women engage in transactional sex to gain access to social and financial resources and end up in power-imbalanced relationships where their partner has the behavioural control of condom use.

Research objective. The literature calls for a critical examination of the gendered determinants of HIV transmission. The objective of this study is to explore young South African women's sexual agency and their ability and desire to use condoms in heterosexual relationships.

Data material and methods. This study is a 60-credit thesis with a qualitative approach to inquiry. Thirteen in-depth, semi-structured interviews were conducted in Atteridgeville, South Africa. The participants are young South African women between 19-30 years of age. During data analysis, thematic themes emerged and were identified based on the existing literature on condom negotiation, the analytical framework (the theory of gender and power, and agency), and concepts shared by participants.

Findings. Participants in this study disclosed various reasons as to why the majority of them were unable to promote and negotiate condom use with their sexual partners. A consistent finding was that all participants engaged in transactional sex. The economic incentive and transaction in their relationships profoundly affected participants ability to use condoms with their sexual partners, in particular those who engaged in multiple sexual partnerships. With one exception, all participants preferred to use condoms, but the majority were unsuccessful due to the financial contributions and favours from their partners.

The nature of the participants' relationships influenced the likelihood of them promoting condom use. Gendered power-imbalanced positions in their relationships were found to be determinants of condom use. Findings show that there are many condom negotiation

strategies, and they are mostly condom-avoidant and performed by men. Most men do not want condoms, and one of their strategies was to question their partner's trust and fidelity.

Conclusion. This study sought to explore women's perception of their sexual agency with condom use, and further explore sociocultural, structural and collective components which influenced their agency and their ability to use condoms. Women in this study engaged in condomless sex because of partner dependency, low self-efficacy, power-imbalanced relationships, partner disapproval of condom use, and cultural and social factors and norms. Overall, the findings of this study suggest that women's sexual and reproductive health is highly compromised by economic transactions in sexual relationships and gendered power-imbalances, and so is their sexual agency.

Keywords. *Sexual agency, sexual self-efficacy, condom use, condom negotiation, South Africa, transactional sex, power-imbalanced relationships, the theory of gender and power*

Chapter 1. Introduction

1.1 General context

The complexities of a woman's sexual and reproductive health are formed by biological, behavioural, socioeconomic, cultural and structural factors. In many nations, a woman's sexual health is often thought of as in terms of reproduction. Nonetheless, many of these nations also experience a high prevalence of Human Immunodeficiency Virus (HIV), other sexually transmitted infections (STIs) and unwanted pregnancies. HIV is a global phenomenon and of global concern where countries in Sub-Saharan Africa are argued to be the most affected (Dwyer-Lindgren et al., 2019, p. 189). In 2018, HIV prevalence among young women in East and Southern Africa was double that of young men (Avert, 2019). In South Africa, the proportion of people living with HIV (PLHIV) is high, where women represent the majority. Psaros et al. (2018) state that South Africa presents a high-prevalence environment for HIV transmission, other STIs and unwanted pregnancies where women are especially vulnerable (p. 1970).

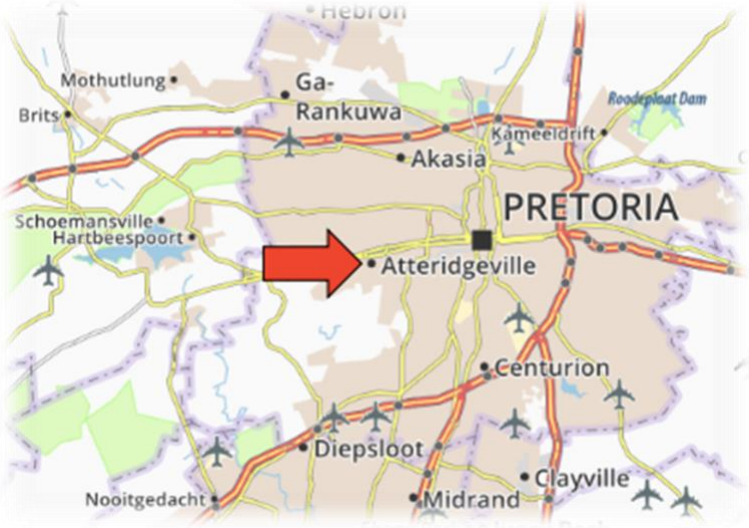
Condom use is arguably the most successful way to suppress heterosexual transmission of HIV but also to prevent pregnancy and other STIs. Through numerous programs, the government of South Africa succeeded in repressing the spread. However, recent numbers demonstrate that HIV infections among women are increasing (UNAIDS, 2018). Despite available programs and accessibility to contraceptives, antiretroviral medicine (ART), post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PReP), women face a higher risk of acquiring HIV compared to men. A study conducted in South Africa found that heterosexual couples in committed relationships are the most at-risk group for HIV transmission (Leddy, Chakravarty, Dladla, and Darbes, 2015, p. 114). Gender norms and gender inequalities are the primary drivers of the spread, but also significant obstacles to end the spread (UNAIDS, 2017, p. 2). Conroy et al. (2016) argue that power-imbalanced relationships affect women's sexual, reproductive, physical and mental health (p. 1).

It is further found that young women experience individual, relational, peer and societal factors which influences their social development and their attitude towards sexuality. South African women's sexual and reproductive health is underpinned by various factors including gender inequity in intimate partner relationships and gendered societal norms (Cooper et al., 2016, p. 83). A qualitative study on condom distribution in Cape Town found that gender

norms, gender-based violence, ethnicity and sexual self-efficacy (SSE) affect the actual use of condoms (Baker et al., 2018, p. 888). In their study, Psaros et al. (2018) argue that these factors impact and make women more vulnerable to engage in risky sexual behaviours such as unprotected sexual intercourse (p. 1970).

Study area

This study was carried out in a township named Atteridgeville. The township is located in Gauteng Province, West of Pretoria, South Africa. Atteridgeville originated as a settlement for displaced people during apartheid. Approximately 64 425 people reside in Atteridgeville, and it is a predominantly black population township (Frith, 2011). As a result of its history, the township has economic challenges. Opportunities for employment are scarce, and the majority of the population commute to work in Pretoria. There is a high rate of unemployment which has led to low standards of living and the rise of squatter camps (Encyclopedia, 2020).



Picture 1. Illustrative map of Atteridgeville. Source: Google.

1.2 Problem statement

Research on condom use and condom negotiation between heterosexual couples has been one attempt to examine the spread of HIV in South Africa. Many studies have explored the complexities of young women's sexuality in South Africa. Allen (2003) argues that "data concerning types of sexual activity, use of safer sex methods and sexual power relations have been given heightened value" (p. 235). Though, little is known about how women promote their sexual agency in intimate relationships, and how their ability to perform sexual agency

affects the use of condoms. Watt et al. (2012) argue that there is a need for more information about how physical and social factors influence monetary contributions in exchange for sex, and how this exchange influence risky sexual behaviour (p. 1006).

1.3 Research objective and research questions

The objective of this study is to explore young South African women's sexual agency and their ability and desire to use condoms in heterosexual relationships. By condoms, I am referring to the use of male condoms. I focus on five research questions. The following research questions assisted me in developing an interview guide and setting the scene for the data collection:

- To what degree do young women have agency to use condoms in sexual relationships?
- How do women negotiate the use of condoms in sexual relationships?
- How are young women able to perform their sexual self-efficacy in their relationships?

Based on the experiences from the first two in-depth interviews, themes such as condom use duration in relationships and transactional sex emerged as highly relevant themes. Two additional research questions were, therefore, added:

- How does condom use differ with partners and the duration of their relationships?
- To what degree do transactional sexual relationships influence women's sexual agency?

The two new questions fitted well within the core concepts and approach that I had chosen, and I was, therefore, able to use data from all the research questions to answer the main objective of the study. The following paragraphs present definitions of key concepts, along with purpose and structure of this thesis.

1.4 Key concepts and definitions

Agency is defined as women's ability to exercise choice and challenge power relations (Kabeer, 2005, p. 15). It refers to people's capacity to make life-choices and goals. One can measure a woman's agency from her choices regarding sexuality, marriage, childbearing and sexual and reproductive health (Hanmer and Klugman, 2016, p. 238). In this study, **sexual**

agency is defined as women's ability to recognise, accept, and respond to one's sexual feelings and one's ability to refuse unwanted sex (Bonner et al., 2019, p. 1370).

Condom negotiation is a process that involves one partner to request condom use, and a response by the other partner to agree or deny the request (Davis, Gulati, Neilson and Stappenbeck, 2018, p. 1352). Condom negotiation strategies can be condom-avoidant or condom promoting (Peasant, Parra and Okwumabua, 2015, p. 472).

Condom-use resistance is defined as attempts to avoid condom use with a partner who wants to use one (Davis et al., 2019, p. 232). This also includes non-consensual condom removal (referred to as stealthing in this thesis).

Sexual self-efficacy. Baker et al. (2018) describe **sexual self-efficacy** as the confidence or perceived control an individual has in performing HIV preventative behaviours such as condom use, partner communication and refusal of unwanted sex (p. 671). One has **condom use self-efficacy** (CUSE) when one is comfortable buying condoms, when one knows how to use them, and have the confidence to ask one's partner to use them (Coffman, Smith, Flisher and Caldwell, 2011, p. 163).

Transactional sex is defined as having sex in exchange for gifts, money or favours (Berge and Milsom, 2010, p. 51). Transactional sex in this study is referred to as non-marital sexual relationships where sex is exchanged for money or material possessions (Ranganathan et al., 2016, p. 1).

1.5 Purpose of the study

Even though there are studies on young women and issues of sexuality from South Africa, there is still insufficient knowledge on this topic. Many researchers have said that there should be more research on young women's sexuality and their sexual agency. In a quantitative study from 2004, Pettifor, Measham, Rees and Padian argue that "unequal sexual power" in South Africa should be further explored in the future (p. 2002). Literature from 2018 highlights the need for more research on relationship dynamics and women's sexual agency. Closson et al. (2018b) describe how there is a gap in current literature and research investigating women's self-efficacy on condom use and sexual negotiation (p. 532).

This study contributes to updated research and information on the gendered aspects of heterosexual relationship dynamics in South Africa. By exploring women's negotiating power in relation to condom use, I shed light on topics such as gender norms and roles, cultural and social expectations and practices, masculinity, female empowerment, and HIV. Although HIV is not part of the research objective, this study is still of relevance for those interested in HIV and other STIs, as condom use is the most successful prevention method for sexual HIV transmission and other STIs.

This research can contribute to spread increased knowledge and bring alight women's perspectives by presenting their stories, in the way they have shared them in their own words. The majority of the articles published on this theme belong to the public health field. I highlight the importance of looking at condom negotiation from a gendered perspective and with a gender-specific framework.

1.6 Structure of the thesis

The thesis is organised into seven chapters. Chapter one introduces the study and sets out the scope of the thesis. Chapter two presents relevant literature on women's sexual agency, condom use and research on gender and gendered issues in South Africa. The literature demonstrates the relevance of this study and touches upon issues that will be further discussed in the findings-chapters. The third chapter introduces the theoretical and conceptual framework applied in this thesis: Agency, resources and achievements as pathway to empowerment as developed by Naila Kabeer, and the Theory of Gender and Power by Raewyn R. Connell. Chapter four presents the methodological procedure in addition to ethical considerations. In chapter five and six, I present the data and discuss the findings in light of relevant literature and theory. Chapter seven provides a summary and an overall conclusion of the thesis.

Chapter 2. Condom use and condom negotiation: An overview of the literature with a particular focus on South Africa

African women's sexual and reproductive health in the context of HIV has been well-explored and researched during the last decades. This is mainly due to issues of mother-to-child transmission and the fact that there is a significantly higher burden of HIV among women in Africa. The purpose of this literature review is to present the literature that demonstrates and justifies the relevance of this research project. The reviewed literature is used and selected to give a contextual background and to describe the existing literature, which will support the empirical data. The literature review covers publications from all regions of the world, but mainly focuses on research conducted in Sub-Saharan Africa, and South Africa in particular. The majority of the literature is published in health-related journals. Therefore, I stress the need to present issues of condom use and women's sexual agency from a gendered perspective. This literature review divides into four themes: 1) Sociocultural factors, 2) sexual self-efficacy, 3) condom and condom (use) perceptions, and 4) financial vulnerability. Under each of these themes, there are sub-themes.

2.1 Sociocultural factors as barriers to women's sexual self-efficacy

Empirical research highlights the importance of exploring sociodemographic and cultural reasons for unprotected sex among young women and men in South Africa. Pascoe (2020) argues that the socio-historical context of South Africa plays a significant role in how both women and men negotiate safer sex practices and act out their sexual pleasure (p. 12). Ramjee and Daniels (2013) argue that several factors increase and influence women's vulnerability to engage in unprotected sex, such as biological, behavioural, socioeconomic, cultural and structural risks (p. 1). In a study on condom distribution in South African public schools, young female students said that their parents, teachers and other adults act as barriers to condom use and access to SRHR services (de Bruin and Panday-Soobrayan, 2017, p. 1531).

In a study on young women's access to SRHR services in Soweto, SA, female participants said that even though they knew about the risks and prevention methods for HIV, they had little to no say in the use of protection with their sexual partners (Lince-Deroche, Hargey, Holt and Shochet, 2015, p. 80). Pettifor et al. (2004) argue that women's lack of power in relationships influence their sexual health but claim that there is a small body of research to support this (p. 2003). Even though some women lack the ability to negotiate condom use,

others may not want to use protection during sexual intercourse. However, I have not come across research exploring women who do not want to use condoms in sexual relationships.

2.1.1 HIV/AIDS

Young South African women remain at the epicentre of the HIV epidemic (Psaros et al., 2018, p. 1969). A national HIV prevalence study from 2012 found that South African women were eight times more exposed to acquire HIV than men (Shefer, 2016, p. 212). Previous research demonstrates that condom use in South Africa has been declining among youths (Muchiri, Odimegwu and De Wet, 2017, p. 105), and HIV transmission is increasing, affecting women more than men (UNAIDS, 2018). Closson et al. (2018a) argue that "high sustained HIV incidence among adolescent women combined with observed reductions in condom use in South Africa call for a critical examination of the gendered determinants of HIV acquisition" (p. 671). It is argued that a male condom is the single most efficient method to reduce sexual transmission of HIV and sexually transmitted infections (STIs). Martin, de Lora, Rochat and Andes (2016) explain that HIV in South Africa is predominantly transmitted through (and prevalent in) heterosexual relationships (p. 14).

Closson et al. (2018b) argue that HIV preventative behaviours are influenced by individual beliefs and attitudes towards condom use, relationship power inequity and relationship dynamics, socioeconomic status, and norms of hegemonic masculinity (p. 524). Most literature in this review reveals that women's risk of acquiring HIV increases due to a lack of agency and power in sexual relationships. In a study by Beksinska, Smit and Mantell (2012), they demonstrate that HIV is influenced by behavioural and historical factors such as transactional sexual relationships, gender inequality, poverty and violence (p. 2). Previous studies argue that 'Black' heterosexual transmission of HIV is linked with unemployment, unequal socioeconomic status, low education levels, and poverty, and that these are essential factors why 'Black Africans' carry the most significant burden of HIV in South Africa (Mabaso et al., 2019, p. 9). Young women's risk of acquiring HIV cannot be explained by one single factor. HIV risk factors among young women in South Africa include gendered social norms, concurrent sexual relationships, transactional sex and age-disparate relationships, as well as unprotected and condomless sex (Psaros et al., 2018, p. 1970).

2.1.2 The sexual script

Various studies describe the correlation between gender norms and women's sexual agency. Bonner et al. (2019) argue that gender norms perpetuate women to be sexually submissive, which can influence their ability to negotiate condom use and act out their sexual agency (p. 1370). Women's ability to perform their sexual agency is highly influenced by hegemonic masculinities, and cultural and social norms (Closson et al., 2018b, p. 531). These norms contribute to women's subordination in sexual and reproductive health decisions (Amin, 2015, p. 2). In many patriarchal societies, women are assigned expected behavioural roles where they are to suppress their desires and needs and to take little to no part in sexual decision-making (Madiba and Ngwenya, 2017, p. 55). Bhana and Anderson (2013) argue that these norms constrain women and girls' sexual life and influence them to behave according to norms depicting sexuality and proper sexual behaviour (p. 558). This expected behaviour "places women in the position of having to choose between societal approval and expectations, or risk being labelled as promiscuous (by advocating safer sex practices)" (East, Jackson, O'Brien and Peters, 2011, p. 78).

2.1.3 Male-dominating behaviour

African sexuality has been described as constructed within a dominant patriarchal context where men are active and dominant. At the same time, women are supposed to be passive and submissive (Muhanguzi, 2015, p. 62), also referred to as a sexual double standard (East et al., 2011, p. 78). Arguably, both South African women and men act according to expected masculine and feminine roles which contribute to the persistence of hegemonic masculinity and patriarchy (Martin et al., 2016, p. 14). South African discourse of masculinity depicts having unprotected sex as being a 'real man' (Unterhalter, 2003, p. 16). Swartz, Colvin and Harrison (2018) found that men in their study said things like "Why should I eat a sweet with the wrapper still on it?" (p. 148).

Male-dominating behaviour constrain young women's ability to practise safer sex (Eaton, Flisher and Aarø, 2003, p. 159). It can be further compromised if they experience physical and emotional abuse, and if their partner put pressure on them to have sex (Lince-Deroche et al., 2015, p. 78). In a male-only focus group discussion, participants revealed that South African men could be aggressive, and if a woman wants to promote condom use, the man might say 'screw you' and have unprotected sex with her anyway (Maharaj and Cleland, 2006, p. 108). Beksinska et al. (2012) refer to studies demonstrating that "...partner violence

reduces a woman's ability to control sexual encounters and condom use because of gender power inequities favouring male dominance" (p. 7). Sociocultural norms can be observed in how some men are expected to control their partners through violent and non-violent methods. Jewkes and Morrell (2012) argue that women's sexual agency is constrained as a result of gender power inequities, making women more inclined to accept male domination and engage in risky sexual behaviour (p. 1729).

On the contrary, Hunter (2015) argues that there has been a shift in the twentieth century's depicting of masculinities and femininities in South Africa. In a study on condom distribution and promotion in South African public schools, de Bruin and Panday-Soobrayan (2017) also found that the twentieth-century generation commonly has a more acceptable and open-minded view of young people's sexual and reproductive health and rights (SRHR). However, they claim that parents, teachers and other adults' perception of SRHR are still highly influenced by conservative norms and values (p. 1530).

2.1.3 Affection, trust and intimacy

Unprotected sexual intercourse can reflect a desire for emotional and intimate connections, and as a sign of trust (Usadolo and Usadolo, 2018, p. 88). East et al. (2011) argue that negating condom use may demonstrate a sign of trust, and for partners to believe their relationship is monogamous (p. 77-78). It is further found that young people are less likely to use condoms if they are attracted to their partner (Wingood and DiClemente, 2000, p. 553).

Muhanguzi (2015) argues that "...affection, desire and intimacy are key to power dynamics and gender relations in relationships" (p. 62). Women's focus on love and being loved can compromise their agency as they might want to please their partner rather than jeopardising their relationship (van der Riet, Sofika, Akhurst and Daniels, 2019, p. 1038). Women who are in relationships based on love and affection may have difficulties negotiating condom use as it can imply mistrust in their partner (Ranganathan et al., 2016, p. 9), and indicate suspicion of the presence of an STI (East et al., 2011, p. 82). In a study by Leddy, Chakravarty, Dladla, de Bruyn, and Darbes (2016), they found that women's desire for intimacy and trust in their partners led to unprotected sex (p. 230). They further refer to studies conducted in South Africa where condom use in monogamous relationships implied distrust, infidelity and as a barrier to intimacy. Affection, trust and intimacy as barriers to condom use were also found in

a study by Osuafor, Maputle, Ayuga and Mturi (2018). However, their participants also said that condoms reduce sexual pleasure (p. 41).

2.2 Sexual self-efficacy

Sexual self-efficacy (SSE) is described as the confidence or perceived control an individual has in performing HIV preventative behaviours such as condom use, partner communication and refusal of unwanted sex (Baker et al., 2018, p. 671). Pascoe (2020) argues that sexual self-efficacy in communicating about the positive aspects of sex has a positive effect on women's ability to negotiate condom use (p. 1). In their qualitative study on condom distribution in Cape Town, Baker et al. (2018) argue that men with perceived high SSE use condoms consistently (p. 888). In comparison, Sayles et al. (2006) argue that women who have low self-efficacy also are less likely to believe they can negotiate condom use with their partner (p. 6). If one has the confidence to bargain for safer sex, one has SSE (Wingood and DiClemente, 2000, p. 551). Sexual self-efficacy is also referred to as self-efficacy for HIV-preventative behaviours such as condom use and sexual negotiation (Closson et al., 2018b, p. 524). A person has high condom use self-efficacy (CUSE) if one is comfortable buying condoms, use them correctly and with the confidence to ask their partner to use a condom (Coffman et al., 2011, p. 163). CUSE is associated with consistent condom use (Sayles et al., 2006, p. 1). Condom use self-efficacy can be exemplified as women's ability to communicate about safer sex practices (Coffman et al., 2011, p. 170).

2.2.1 Sexual agency and assertiveness

Bonner et al. (2019) refer to sexual agency as women's ability to recognise, accept, and respond to one's sexual feelings and one's ability to refuse unwanted sex (p. 1370). Pascoe (2020) argues that, for women to have sexual agency, one must understand the gendered power dynamics in a relationship (p. 12). There is a perception in many countries that many women lack sexual agency and are in need of male protection. Women are undermined, and so is their sexual agency. However, women can have sexual agency if they have the ability to negotiate the time and place for the sexual encounter. Bhana and Anderson (2013) argue that this perception of agency can be "helpful in reversing the thinking about African girls' lack of sexual agency" (p. 555). Women can feel a sense of agency when they utilise their erotic power, when they get access to social and economic power, and with partner choice. Still,

Stoebenau, Heise, Wamoyi, and Bobrova (2016) found that "...when (partner) choice was made, their power was greatly circumscribed" (p. 190).

In a study on the correlation between sex and alcohol in South Africa, women said they felt empowered because they were able to set the terms of their sexual encounters in exchange for alcohol. Participants said they felt part of a social scene by consuming alcohol in a bar/venue. Women also said they felt a sense of agency when they were able to meet their needs and use their sexuality and sexual encounters to their advantage (Watt et al., 2012, p. 1009-1010). However, women who succeed or achieve individual goals may compromise other goals. Luke (2003) argues that men commonly have a higher position of power (agency) when there is an economic transaction or exchange of sorts (p. 74). In the study by Watt et al. (2012), participants had a sense of agency by drinking alcohol, but drinking alcohol provided by a man also included sexual favours in return.

Contradicting to most literature on the subject, Maharaj and Cleland (2006) revealed that condom use among college students in Durban had become "part of sex", was highly acceptable and easily accessible (p. 104). This is also found in the study by Closson et al. (2018a). They argue that young women have been the focus of South Africa's HIV prevention programmes where they have learned sexual negotiation skills to improve their condom use self-efficacy (CUSE) (p. 676). Further, it is found that young women with higher education have greater sexual autonomy (Madiba and Ngwenya, 2017, p. 56).

Kabeer (2005) describes that women not only have agency through exercising choice but also by challenging power relations (p. 15). The greater control young women feel in their sexual relationships, the greater self-efficacy they have in negotiating condom use (East et al., 2011, p. 81). In rural settings where patriarchal beliefs are strong, young women will experience difficulties negotiating safer sex. Ntshiqa et al. (2018) support this statement and refer to their study where female students in South Africa were two times more likely to use condoms at last sex compared to unemployed young women. They argue that this could explain the higher prevalence of HIV among unemployed youths and those who are not in school (p. 12).

Sociocultural and economic inequality places South African women in vulnerable positions where their ability to be sexual assertive and engage in safer sex practices is highly determined by their partners (Wechsberg et al., 2010, p. 133). The literature suggests that,

where masculine norms are performed through control and power, women's sexual assertiveness is compromised. Pascoe (2020) argues that the socio-historical contexts of heterosexual encounters highly influence women's agency to negotiate safer sex practices (p. 12). Other significant challenges could be if their partner is older, abusive, or when women are in committed relationships (Wingood and DiClemente, 2000, p. 551). These challenges influence women's confidence to negotiate condom use, act out their sexual agency and SSE.

2.3 Condom use and condom use perceptions

A male condom is a well-known HIV/STIs/birth prevention method worldwide. Promoting safer sex practices has long been on the global development agenda. Condom promoting strategies are found in regions and in key populations where there is a higher prevalence of HIV and other sexually transmitted diseases (STDs). In the 1990s, low condom use was attributed to lack of knowledge, misconceptions, a barrier to sexual pleasure, and limited access (Taylor et al., 2007, p. 287). These perceptions align with recent studies conducted in South Africa (see Cooper et al., 2016, Usadolo and Usadolo, 2018, van der Riet et al., 2019, and Huschke and Coetzee, 2020).

The literature argues that most women have to negotiate condom use in sexual relationships for it actually to be used. Fladseth, Gafos, Newell and McGrath (2015) refer to a South African literature review that describes how women's lack of power in relationships reduces their ability to negotiate condom use (p. 2). East et al. (2011) explain that it is because men have behavioural control and are primarily responsible for using them (p. 78). Even though women argue that it is challenging for them to promote the use of male condoms, Muchiri et al. (2017) report that the number of women and girls who use condoms at the first time of having sex is quite high (p. 109). However, there is little to no data evidencing if the women and girls continue using them after their first sexual encounter.

2.3.1 Relationship status and condom use

Men have the behavioural control of condom use (Khidir et al., 2018, p. 1725). The literature argues that women's ability to promote condom use is influenced by their relationship statuses and the duration of their relationships. Peasant et al. (2019) refer to research arguing that women in committed relationships are less likely than those who engage in casual sex, to negotiate condom use with their sexual partners (p. 899). Although, women who can negotiate

safer sex may not do so, even though they have the ability to. Higgins and Hirsch (2008) describe how unprotected sex in relationships may reflect a desire for "close, loving and monogamous" sex (p. 1803). Usadolo and Usadolo (2018) reason unprotected sex with relationship duration and women using other forms of birth control (p. 88). Madiba and Ngwenya (2017) state that married and cohabiting women have less agency to negotiate and use condoms with their partners. Additionally, they argue that younger or unmarried women can insist on condom use and refuse sex (p. 60). On the other hand, women who engage in concurrent relationships face difficulties in promoting condom use due to the duration and incentive of the relationship. Hunter (2015) describes the term 'secondary lovers', where one typically has one main partner, in addition to other lovers that are concurrent and persistent over time. Secondary lovers are commonly more open to the use of condoms (p. 371).

2.3.2 Male versus female condoms

In their study on female condom use in Cape Town, South Africa, Martin et al. (2016) found that women said that it was easier to negotiate female condoms compared to male condoms. Women may face some resistance from male partners who dislike condoms in general, but it is easier to negotiate as it is "hers to use" (p. 17). The female condom gives women a stronger sense of sexual self-efficacy as it does not involve a direct negotiation to persuade the man to put on the condom (Madiba and Ngwenya, 2017, p. 61). Martin et al. (2016) also found that women who actively used the female condom were also able to refuse sex with their partner (p. 17).

2.3.3 Condom use resistance

Muchiri et al. (2017) found that younger men and women use condoms more consistently, but that "increasing age, frequent sex and longer relationship duration have been associated with reduced consistency in condom use in South Africa" (p. 109). Even so, unprotected sex is a significant risk to acquire HIV and other STIs, especially in high HIV prevalence areas. Existing literature label the act of resisting condom use in different ways. They are described as active resistance of condom use and condom use resistance (CUR). I apply the latter term in this thesis. In their study, Davis et al. (2019) describe how people actively resist the use of condoms (p. 232). They use the terms 'stealthing' and 'condom sabotage/breakage'. Stealthing is where partners agree to use a condom, but the man then removes the condom without his partner's knowledge or consent. Condom sabotage is somewhat similar to

stealthing. It involves non-consensual condom removal but can also be intentional condom breakage (such as poking a hole in the condom with, e.g. a needle while the condom is sealed). Both men and women can perform this sabotage. Davis et al. (2019) report that male participants in their study used seduction and low-risk (of STIs and HIV) assurance to resist or avoid condom use (p. 231). Seduction and low-risk assurance are also strategies both men and women use as negotiations to use/not use condoms.

2.3.4 Condom negotiation strategies

Condom negotiation skills are essential for safe sexual encounters (Braham, Skakoon-Sparlin, Kilimnik and Milhausen, 2019, p. 256). Previous research discusses various ways people negotiate condom use. Peasant et al. (2019) describe six condom negotiation strategies shared by American college women. Such as withholding or refusing sex, directly requesting condom use, using seduction strategies, highlighting the importance of condom use, 'relationship contextualising', and, most commonly, making up a reason why one wants to use a condom (p. 899). Consistent with other studies, Peasant et al. (2019) found that condom negotiation strategies, and its outcome reflects on the nature of the relationship. As already discussed, women's sexual communication skills influence the actual usage of condoms. Pascoe (2020) refers to a South African' study from 2007 where condom use, sexual negotiation, and sexual risks were explored through "complex interconnected processes" of love, sex and relationships and in context of society, politics, and economy (p. 2).

2.4 Financial vulnerability

Many South African women have to depend on their partner for financial support (Wechsberg et al., 2010, p. 133). The literature argues that women who receive money or gifts from their sexual partners have more difficulties negotiating condom use. In his study, Hunter (2015) found that 'African' South Africans said that sex, love and gifts are closely connected (p. 370). Women who receive monetary contributions or material gifts from their sexual partner are often beholden to have sex with their partner as repayment and are less likely to suggest condom use (Luke, 2003, p. 74). Onoya et al. (2012) argue that women often have reduced bargaining power for negotiating and using condoms because of economic inequalities and age disparities (p. 278). Economic vulnerability and male dependency increase women's risk of acquiring HIV by depriving them of their agency to promote condom use (Gupta, 2002, p. 183). "...where there is financial motivation, women may find it hard to negotiate condom use

due to the material nature of the negotiation" (Ranganathan et al., 2016, p. 9). Psaros et al. (2018) refer to this as an "overdependence" on their male partners (p. 1969).

Bonner et al. (2019) argue that economic empowerment can reduce South African women's risk of acquiring HIV, rather than focusing on empowering them through their own sense of agency (p. 1373). Yet, when women gain access to money through engaging sexually with men, their economic empowerment is achieved by a dependence on others. Jewkes, Levin and Penn-Kekana (2003) argue that "sex in Africa is widely viewed as a resource for women and seen in terms of reciprocity. So, for example, after a night together, it is quite common for a woman to be left money for cosmetics by her boyfriend" (p. 126). Luke (2003) further describes how women can jeopardise their relationships if they insist on safer sex practices: The fear of losing their partners and the financial support, additionally losing social status and the prospect of marriage (p. 74). Gupta (2002) refers to an Indian study which found that women would prioritise their financial wellbeing over their individual health or safety in long term relationships. They further found that the women perceived the loss of financial stability worse than leaving a power-imbalanced relationship (p. 183).

2.4.1 Transactional sex

Transactional sex is defined as people having sex in exchange for gifts, money or favours (Berge and Milsom, 2010, p. 51). Watt et al. (2012) raise an important point that defining transactional sex is quite complex. A form of transaction/exchange in relationships can be normalised in some cultures and can happen through one-night-stands, it can be semi-permanent, permanent or in the context of romantic relationships (p. 1006). In this study, I define transactional sex as a non-marital sexual relationship where sex is exchanged for material possessions (Ranganathan et al., 2016, p. 1). The informal exchange in transactional sex may not be determined beforehand and depends on what the man is willing to give or what the women would request. Transactional sexual relationships involve transactions such as gifts, money, food, school fees, clothing and payment of house rent in exchange for sex. Hunter (2015) describes how transactional sex differ from sex work because partners are commonly referred to as boyfriend and girlfriend in a relationship with sex-love-gifts connections. He further argues that these relationships are unlikely to happen if there is not a materialistic gift involved (p. 364). In a transactional relationship, the partner who is financially contributing is most likely the one to set the terms of the encounter. It is important

to note that women do not necessarily commence with transactional sex because of necessity but also social status in forms of material goods and commodities.

2.4.2 Sex work

In contrast to the forms of transactional sex described above, sex work usually has an upfront negotiation or a predetermined transaction where the woman and man agree on the exchange before engaging in sex (Ranganathan et al., 2016, p. 1). Sex work is defined as "an act, practice or profession of offering the body for sexual relations in exchange for money" (Letlape and Dube, 2019, p. 122). In South Africa, sex workers tend to refer to their partners as clients rather than boyfriends (Mampane, 2018, p. 2).

Hunter (2015) describes how sex workers, or women who engage in short-term transactional encounters, are more inclined to negotiate condom use (p. 372). Existing literature identifies various reasons why sex workers engage in unprotected sex. In an ethnographic study of sex work in Soweto, South Africa, they argue that sex workers are more prone to disempowerment, vulnerable situations and compromised agency. Sex workers engage in risky sexual behaviour and experience many challenges in their profession. In their study, Letlape and Dube (2019) refer to the South African Law Reform Commission (2017) demonstrating that female sex workers earn more money engaging in unprotected sex. They further argue that women are easily lured into agreeing to sex without a condom to maximise their income (p. 130). Huschke and Coetzee (2020) describe how clients resist condom use by offering more money, encouraging skin-on-skin interactions, and dominant behaviour (p. 2).

2.4.3 Blessers and Blessees

The relationship between a Blesser and a Blessee is described as a type of transactional sex where older men (often married) give money and expensive gifts to women (not their wives) in exchange for sexual favours (Mampane, 2018, p. 1). In other contexts, blessers are also referred to as 'sugar daddies'. As with transactional sex, blessers pay rent, school fees, transportation expenditures, clothing, money, alcohol and drugs. The relationship between a blesser and blessee is usually permanent. The woman is "being blessed" by the blesser and is expected to perform sexual favours in return. Commonly, the relationship between the blesser and blessee has an age gap where the man can be up to ten years older. While it is important to note that relationships where one partner is up to ten years older, is quite common and

found in all parts of the world. In their study, Madiba and Ngwenya (2017) found that significant age disparities between partners, particularly in patriarchal societies, create power imbalances where women often have a submissive position (p. 56).

2.4.4 A commercialisation of sexual relations

Hunter (2015) argues that multiple sexual partnerships have become more common among women, and reasons that they do so because "men fail to marry and support them" (p. 371). Though, young South African women value and desire things they cannot buy themselves and end up in relationships driven by economic need or desire (Psaros et al., 2018, p. 1978). Lacking economic opportunities lead many women to engage in sex work and transactional relationships (Bonner et al., 2019, p. 1373). Because of financial incentives, sex workers may agree to unprotected sex and try to have as many partners as possible, putting them at risk to HIV, pregnancy, violence, threats and unwanted or coerced sexual encounters. Ranganathan et al. (2016) argue that men can decide or feel entitled to set the terms of the encounter in transactional relationships, giving women little to no power to negotiate safer sex (p. 9). Various articles argue that women who engage in transactional sex have less agency compared to women involved in sex work. This is due to the terms of the encounter. As already mentioned, women in transactional sex often receive their transaction after sex, while sex workers agree on the price beforehand. On the other hand, Watt et al. (2012) found that women who engage in transactional sex felt a higher perceived agency as they were able to meet their personal needs (e.g. pay rent, buy food and pay school fees) and by using their sexuality to their advantage (p. 1010).

2.5 Concluding remarks

This literature review has presented a variety of factors which influences women's sexual agency related to condom use. The existing literature argues that women's educational, financial and sociocultural backgrounds are the primary individual influencers. Furthermore, concerns such as condom use resistance by partners, financial incentives, relationship types and gendered societal norms are external factors that compromise women's ability to negotiate condom use. Of particular relevance, women's ability to negotiate and promote condom use is compromised by power-imbalanced relationships, economic vulnerability and dependency, and social and cultural norms.

Chapter 3. Theoretical and conceptual framework

This study aims to explore women's agency, their interest in, and their ability to negotiate condom use in sexual relationships. To analyse the material, I draw on one theoretical framework and one conceptual framework: The Theory of Gender and Power and Empowerment. Naila Kabeer analyses female empowerment through three dimensions: Agency, resources and achievements. In my work, these three dimensions are addressed as concepts rather than as a theory on its own. This is because I do not seek to determine women's level of empowerment, but their sexual agency and their possibilities for making their own decisions regarding their sexual and reproductive health. The first part of the theoretical framework presents Kabeer's analysis of female empowerment, while the second part describes Raewyn Connell's (1987) theory of gender and power (TGP). This theory addresses social and structural factors influencing women's agency, such as employment opportunities, power-imbalanced relationships, and social norms.

3.1 The theory of Empowerment

Power is referred to as the ability to make choices (Kabeer, 2003, p. 171). Mandal (2013) categorises female empowerment into five dimensions: Social, educational, economic, political and psychological (p. 19). Female empowerment through access to money and political representation has been on the global development agenda for decades. Mandal (2013) refers to *social empowerment* where women's social relations and positions in social structures are strengthened (p. 19), and *psychological empowerment* as women being able to improve and build their self-confidence, their self-worth and taking control over their own body (p. 24). I recognise these types of empowerment, and I believe that different dimensions of empowerment can and will influence each other. Though, this thesis will focus on empowerment through agency, resources and achievements, mainly drawing on Naila Kabeer's concept of empowerment, keeping in mind that the other categories are influenced by and do influence these.

3.1.1 Empowerment through agency, resources and achievements

Kabeer's theory of empowerment is founded in feminist theory (Hanmer and Klugman, 2016, p. 240). Her understanding of empowerment takes as a starting point woman who are disempowered (unable to make choices), but who become empowered and are able to make choices (Kabeer, 1999, p. 437). Kabeer (2003) describes empowerment through three

interrelated dimensions: Agency, resources and achievements. **Agency** refers to the actions women do in decision-making, protests, bargaining and negotiation (Kabeer, 2003, p. 171). Women's individual agency is exercised through institutional power relations and gendered structures (Hanmer and Klugman, 2016, p. 240). Hanmer and Klugman (2016) further describe that one can measure a woman's agency from her choice on sexuality, marriage, childbearing and sexual and reproductive health (p. 238). **Resources** are institutions and relationships that influence women's agency and how they can/cannot exercise their agency (Kabeer, 2003, p. 173). Having access to (economic, social and human) resources reflect on their potential to make choices. Kabeer (1999) said that social relationships, such as a woman's family and partner, influence her access to such resources (p. 437). Resources can also be described as pre-conditions that enhance women's ability to exercise choice. In addition to pre-conditions, a supportive environment where a woman is comfortable exercising her agency can also be perceived as a resource. However, "if a woman's primary form of access to resources is as a dependent member of the family, her capacity to make strategic choices is likely to be limited" (Kabeer, 2005, p. 14-15). **Achievements** are the outcome of a woman's agency (or a lack thereof). It is the extent of how women live their lives, how their agency is exercised and the consequences and outcomes of these actions (Kabeer, 2003, p. 173). By having agency, women can feel more valued and respected; they have greater autonomy and have increased confidence with both self and others. Kabeer (2012) describes how agency and empowerment influence many aspects of a woman's life:

> *It touches on women's sense of self-worth and social identity, their willingness and ability to question their subordinate status and identity, their capacity to exercise strategic control over their own lives and to renegotiate their relationships with others who matter to them, their ability to participate on equal terms with men in reshaping the societies in which they live in ways that contribute to a more just and democratic distribution of power and possibilities* (Kabeer, 2012, p. 7-8).

In short, agency is the action where a choice (in this study: the use of condoms) is made and put into effect, resources are pre-conditions that enhance women's ability to exercise choice, and achievements are the outcome of agency (Kabeer, 2005, p. 14). If one has been denied the ability to make choices, one is disempowered. If one is at a later stage able to make choices and act upon them, one has become empowered (Kabeer, 2005, p. 13). Measuring a woman's agency and her empowerment is challenging because it depends on context, culture and

personal perceptions of empowerment. Therefore, I will only apply Kabeer's concepts of how to achieve empowerment through agency, resources and achievements.

3.1.2 Applying Kabeer's dimensions of empowerment

In a research paper published by the World Bank, Donald, Koolwal, Annan, Falb and Goldstein (2017) describe how women's economic vulnerability, access to health services (or lack thereof), and other social domains reflect on women's subordination, disempowerment and gendered disparities. They further argue that improving women's agency will shrink these disparities, and by giving women access to sufficient resources will influence their well-being and prosperity to become empowered (Donald et al., 2017, p. 2). To measure the links between agency and empowerment, indicators should capture choices that challenge or question existing gender norms and other constraints (Hanmer and Klugman, 2016, p. 243). In this study, **agency** is explored through women's ability to negotiate condom use in sexual relationships, and through women's sexual autonomy. Women can have agency, but according to Kabeer, that does not necessarily reflect on them being empowered. Women who are able to decide and act upon their sexual and reproductive health and rights, can facilitate for, and give opportunities to become empowered. A woman's access to **resources** is highly dependent on her family or partner and influence her ability to make choices. In this study, resources can be understood as a partner's acceptability or agreement to use condoms, in addition to women's access to condoms. The literature argues that some women are dependent on their partner to provide materially for them. Therefore, their agency to, e.g. negotiate condom use may be compromised if their partner does not want a condom. Having agency and access to resources can positively impact women's ability to use condoms during sexual intercourse. **Achievements** refer to the extent to which their agency is exercised and the outcomes or consequences of promoting and negotiating condom use.

3.2 The theory of gender and power

Raewyn R. Connell's (1987) theory of gender and power (TGP) is a well-known theory within the gender field, describing how social and structural factors influence women's agency (power). The theory addresses issues of sexual inequality, hegemonic masculinities, and gender and power imbalances (Wingood and DiClemente, 2000, p. 544). As developed further by Wingood and DiClemente, it is an HIV specific theory focusing exclusively on women, however still of relevance to women's agency and condom use as it addresses gender

and power imbalances, and because HIV a significant consequence of unprotected sexual intercourse in South Africa. The theory looks at three structures: **1)** The sexual division of labour, **2)** the sexual division of power, and **3)** the structure of affective attachments and social norms (also referred to as the structure of cathexis). Each structure is explored through two levels: Society and institutions (Rinehart et al., 2018, p. 1945). Institutions like school, worksite, family, and relationships produce gender-based inequities concerning financial opportunities, control over resources, and gendered expectations of women. While at the societal level, "abstract, historical, and sociopolitical forces… consistently segregate power and ascribe social norms of the basis of gender-determined roles" (Wingood and DiClemente, 2000, p. 540-541). These three structures characterise the gendered relationships between men and women and explore exposures and risks caused by women's subordination which will be discussed and analysed along with the findings.

3.2.1 The sexual division of labour

The first structure refers to the gendered division of labour: Women are commonly placed to do 'women's work' and are assigned positions different and unequal to men. These positions are usually paid less than men's work and even unpaid. Unpaid work that is expected for a woman to fulfil includes childcare, house chores/work and care-work (Wingood and DiClemente, 2000, p. 542). While unpaid work is important and rewarding, this division entails that many women end up economically vulnerable, dependent on their partner or family, and make them increase their risk of engage in risky sexual behaviour. The sexual division of labour explains how women's ability to negotiate condom use, discuss unfaithfulness and monogamy are compromised by the gendered expectations of labour. Gupta (2002) also argues that gendered structures of labour compromise women's possibility to leave risky relationships (p. 183).

3.2.2 The sexual division of power

Kabeer (2003) describes power as the ability one has to make choices, how one has the power to act or change, or by having power over others (p. 171). Wingood and DiClemente (2000) state that the sexual division of power is maintained by social mechanisms such as hegemonic masculinities, abuse of authority and one person having more control in the relationships (p. 543). The structure refers to power-imbalanced relationships where a woman has less perceived control or agency in a relationship. Direct exposures are risky sexual behaviour

both by women and men, partner disapproval of safer sex practices, physical and sexual abuse, lacking communication skills, low self-efficacy and limiting opportunity to negotiate condom use (Wingood and DiClemente, 2000, p. 544).

3.2.3 The structure of affective attachments and social norms

Raewyn R. Connell named the third structure cathexis, but I will refer to this as the structure of affective attachments and social norms. Wingood and DiClemente (2000) argue that the affective and normative components highly influence this structure. As a result, they renamed it the structure of affective attachments and social norms (p. 544). Gendered power-imbalances are said to stem from cultural and societal norms. This structure addresses how male partners, relatives and social norms affect women, their sexuality, and their exposure to HIV. It refers to how a society or a culture forms a woman's sexuality and their expectations of how a woman should express her sexuality. Social norms can produce strict gender roles and beliefs such as women having sex only for procreation, abstinence until marriage, and being monogamous – not having multiple partners. Arguably, multiple sexual relationships are an accepted norm for men but restricted for women (Wingood and DiClemente, 2000, p. 544). Norms like these can foster peer pressure to have children, as well as mistrust and negative attitudes and beliefs about condoms and the use of contraception. The structure of affective attachments and social norms is linked to power inequalities; the structure of labour is linked to social norms and women's (economic) vulnerability and dependency. In other words; the structures are all interlinked.

3.2.4 Situating the theory of Gender and Power in this thesis

The theory of gender and power (TGP) focuses on understanding how power dynamics such as communication, decision-making and relationship equality influence HIV preventative behaviours (Rinehart et al., 2018, p. 1945), in this study: Condom use. DePadilla, Windle, Wingood, Cooper and DiClemente (2011) also describe how, even though not discussed within the theory of gender and power, peer norms and peer pressure are associating factors that can influence the use of condoms (p. 311). TGP is applied in this thesis to explore how women's agency in relation to condom use and negotiation can be discussed through gendered power imbalances or inequalities such as access to labour, social mechanisms, and through social and cultural norms. The theory of gender and power is also applied as themes in the discussion part of chapter six.

Chapter 4. Research methodology and ethical considerations

This study is a 60-credit thesis written over two semesters: from fall 2019 to spring 2020. I conducted fieldwork in Atteridgeville, South Africa from August 2019 to October 2019. The objective of this research is to discover in-depth information about condom usage from young women's point of view. I did not aim to quantify their opinions but explore them through their experiences, beliefs and knowledge. This chapter presents the methodological approach to the data collection. I describe important characteristics that shaped my research, inclusion and exclusion criteria of the participants, how I carried out the interviews and how I analysed the data. Finally, I address the ethical considerations and challenges that may have influenced my data and empirical findings.

4.1 Research design: Philosophical dimensions

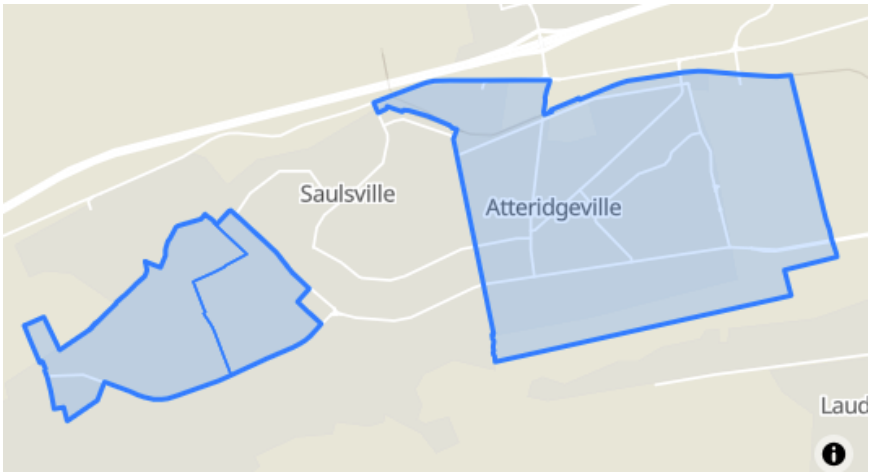
Qualitative research accepts that there are multiple realities, that understandings are created through interaction with others, and that participants should be studied in their natural settings (Yilmaz, 2013, p. 315). As Brinkmann and Kvale (2015) emphasise: Qualitative research aims to understand participants actions from their perspective (p. 42). I believe that our understanding of reality is subjective and socially constructed by people interacting with each other. Researchers and research participants contribute to this construction with their experiences, assumptions and their different backgrounds. The philosophical (ontological and epistemological) position of this study derives from interpretivism/constructivism. Social reality is subjective, and it changes based on people's perceptions of it (Wahyuni, 2012, p. 71). I find it essential to note that I do not in any way think that this perception of a socially constructed reality is the absolute truth, but rather that it should be interpreted and reviewed from who is telling the story. Epistemologically, people's experience of the world differs from context, area and individual knowledge: how things are, how they work and how we come to know certain things about the world. An interpretivist approach provides an in-depth and thorough representation of people's meanings and behaviours but from different contextual backgrounds (Neuman, 2014, p. 103). I seek to explore women's experiences of condom use and negotiation and present it in the context of women's social reality and how they negotiate or unsuccessfully negotiate condom use.

4.2 A phenomenological approach to inquiry

Philosophical assumptions highly influence the strategy of inquiry and research methods. From an interpretivist/constructivist perspective, there is no set or fixed reality, and it is constantly changing. In phenomenological studies, one is to explore participant's experiences of a phenomenon, and in which contexts or situations the participant is influenced or affected by the phenomenon (Creswell, 2013, p. 81). The participants of this study are young South African women, and the phenomenon is condom use. Phenomenology is defined as research on individuals' lived experiences of a phenomenon (Creswell, 2007, p. 57-58). Creswell (2007) further argues that a phenomenological research design is suitable if one wants to understand several individuals' common or shared experiences (p. 60). I chose this approach because I aim at exploring young women's agency and their ability to negotiate condom use in sexual relationships.

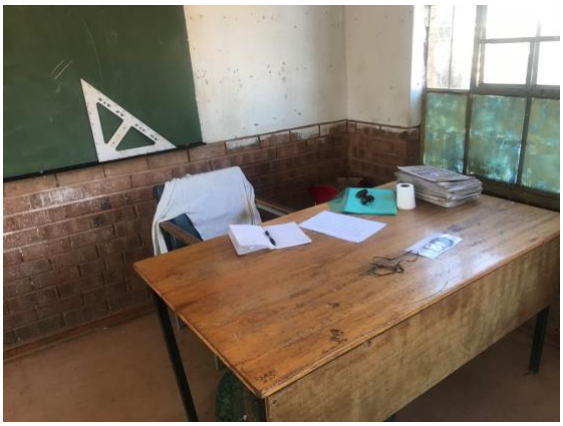
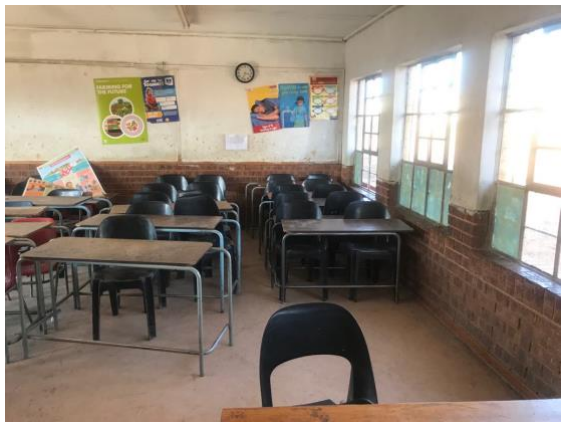
4.3 Study area

This qualitative study was carried out in collaboration with colleagues from the Centre for Sexualities, AIDS and Gender at the University of Pretoria, South Africa. Contacts from the Centre arranged my accommodation in Hatfield where their Centre is located. I was advised not to live in the home area of the participant's because of security reasons. The data collection was gathered in Atteridgeville, a township that is located thirty-forty minutes' drive from Pretoria (also called the City of Tshwane). Atteridgeville is a suburban township in the Gauteng province of South Africa.



Picture 2. Illustrative map of Atteridgeville, Pretoria. Source: Google Maps.

Creswell (2007) argues that qualitative researchers often collect data “in the field at the site where participants’ experience the issue or problem” (p. 37). I conducted the two first interviews in a counselling room at the Centre for Sexualities, AIDS and Gender at the University of Pretoria. The following interviews I conducted in the participants’ home area. The interviews were held at Phuthaditshaba Primary School in Saulsville. I believe that this location made it more convenient for the participants to participate and made them more comfortable. Even though the participants did not live in Saulsville, it was a short commute from the township they resided. I experienced that the field site gave me a sense of understanding of the location as participants often referred to certain places nearby.

Picture 3 and 4. Research venue: Classroom at Phuthaditshaba Primary school, Saulsville.

4.4 The sampling procedure and recruitment of participants

4.4.1 Gatekeepers

Skovdal and Cornish (2015) describe a gatekeeper as a person who authorises and facilitates access to a specific setting and group of people (p. 41). Through great assistance from the Centre for Sexualities, AIDS and Gender at the University of Pretoria, I was lucky to have Shalate Belinda Pakati assigned as my gatekeeper. She worked as a facilitator, recruiting women and arranging the venue for the interviews, a primary school in Saulsville. Her son, Hope Pakati, also recruited some of the women in this study. Additionally, he organised and facilitated transport from Pretoria to Atteridgeville/ Saulsville and back. Both Belinda and Hope live in Atteridgeville, which eased the recruitment of participants as they knew of and recruited women through their professional and personal networks. The women were purposively sampled from the participant criteria I created for the research proposal. They all

fit into the initial participant criteria. However, we soon realised that these criteria were too broad. Belinda helped me develop more specific criteria, which will be described below.

4.4.2 Participants

Women in this study were purposively recruited with considerable assistance from my gatekeepers. In total, thirteen women aged 19-30 participated in this study. They all got 100 Rand as general compensation and to cover their travel expenses. Participants were purposively recruited but also through snowball sampling, where we found participants through another participants' network. In a phenomenological study, participants are most commonly found at a single site. A majority of the women participating in this study grew up in Atteridgeville while a minority of the women relocated there at a later stage in their upbringing. However, as Creswell (2013) clearly states, the most crucial aspect of phenomenology and recruitment of participants is that they should all have experienced the phenomena of the study (p. 150). Meaning that the participants must have been sexually active before or at the time of the study and must have discussed matters of condom use with their sexual partners.

Pseudonym	**Age**	**Level of Education**	**Living situation**
Nombongo	19	Secondary student	Home
Tebogo	19	Secondary student	Home
Omphile	22	Secondary school	Shared apartment with boyfriend
Zanele	22	Secondary school	Single-parent household
Tshepo	22	Secondary school	Home, part-time cohabiting boyfriend
Eunice	23	Secondary school	Extended household
Ayanda	23	Bachelor's degree	Home
Katlego	24	University student	Single-parent household
Nomphumelelo	24	University student	Unknown
Thulani	24	Secondary school	Extended household
Obakeng	26	Primary school	Extended household

Lesego	27	Secondary school	Aunt's children and grandmother
Kokhetso	30	Secondary school	Home. Mom/two younger sisters

Table 1. Overview of participants: Basic characteristics.

4.4.3 Participant criteria

1. Age of participants. I initially planned to recruit young women who were between 18-30 years old. The reason for this age criteria was that I wanted to talk to women who were unmarried and without children. I wanted to be flexible with the age group of the participants. I did this based on previous experience in qualitative research. The wider participant criteria, the easier the recruitment process is. However, during the first couple of interviews, I realised that the age group criteria were too broad and that I had to narrow the age disparities. This was because there were significant differences in the participants' life experiences, their educational background, the responsibilities they had in their home, and their experience of sexual encounters. At that time, I had already conducted interviews with two 19-year-olds and one 30-year-old woman. We decided to alter the age criteria to 22-27-year-old women in order to get the next couple of participants as a more homogenous group. When I refer to the age of the participants, it is from the time of data collection.

2. Sexuality. All the participants identified as heterosexual. For this study, the women being sexually active was an essential criterion to explore their agency in relation to condom use. Revealing their sexual agency and their ability to negotiate condom use naturally included them being sexually active. I narrowed the criteria to heterosexual women because I aimed to explore gendered power dynamics in relationships with men. I expressed a desire to recruit women who have had more than one sexual partner. Two out of thirteen participants had only had one sexual partner. Possibly because those who recruited the participants found it difficult to ask detailed questions about their sexual life on the street or in the participants area of residence.

3. Language. In order to make the interview process as easy as possible, one of my criteria was to interview English speaking women. English is one of the eleven official languages in South Africa. They all had English as their second language and spoke English very well. Having English as their second language did not affect the questions I asked nor their responses.

4. Location. To get a more homogenous group, I only interviewed women living in Atteridgeville. One of the participants, **Omphile**, had recently moved to Johannesburg (six months before the interview) but had lived her whole life in Atteridgeville. An overwhelming majority of the people living in Atteridgeville identify themselves as 'Black', which also facilitated a more homogenous group of women for this study. This was not a requirement or criteria of mine but followed from the characteristics of the local population and perhaps also the kind of women my gatekeepers felt comfortable approaching.

4.5 Methods of data collection

As a qualitative researcher, I have a genuine interest in the participant's responses and to encourage elaboration. This study undertook a semi-structured, in-depth approach to data collection. A phenomenological research design consists typically of in-depth interviews and single or multiple interviews with participants (Creswell, 2007, p. 61). I conducted single interviews. "The main feature of an interview is to facilitate the interviewees to share their perspectives, stories and experience regarding a particular social phenomena being observed by the interviewer" (Wahyuni, 2012, p. 73). Given the topic of this study, the objective formed and created specific demands for conducting research more sensitively and mindfully (Pascoe, 2020, p. 3). I used and created an interview guide with open-ended questions divided into four themes, including pre-set questions. 1) general perceptions about condoms and usage, 2) personal experiences, 3) peers/friends, and 4) HIV, condom use and government action (see appendix two for the complete interview guide).

4.5.1 Semi-structured and in-depth interviews

One of the advantages of semi-structured qualitative interviews is that they can be very flexible, both in its approach and realisation. The interviews were guided by the research questions but performed and structured in a way that was natural to what the participant expressed. The interviews started with a general introduction, knowledge sharing and reaching a level of comfort. Then continued with personal and peer experiences of condom use in sexual relationships.

When conducting semi-structured interviews, you typically start with a topic/interview guide, though, unstructured enough so that one is open to discover new questions and ideas that may

arise. While I used a semi-structured approach to collect data with a prepared interview guide, I asked most of the questions based on what the participants had shared in previous statements. In some of the interviews, I caught myself asking yes and no questions. However, I did follow-ups like 'why, how so, please explain, can you elaborate', etc. One may argue that this is not the proper way to conduct qualitative interviews. However, I experienced that it gave the participants more time to reflect as they had already answered the initial question and offered them time to reflect on how and why they answered yes or no.

Conducting in-depth interviews encourage participants to give detailed answers, and for me as a researcher the opportunity to probe and ask follow-up questions. The empirical data were collected face-to-face and one-to-one. Skovdal and Cornish (2015) describe the one-to-one method as a conversation between the researcher and the participant, "providing information on the participant's point of view" (p. 55). It was enriching as the participants often led the conversation, and my questions altered and changed order based on what she responded. Pascoe (2020) argues that, given the sensitivity of the research questions, the methodological approach to inquiry demands a particular method to collect the data (p. 3). I preferred one-to-one interviews as a single method of data collection primarily because I asked personal, and for some, sensitive questions. Questions about sexuality, agency and sexual relationships with men could make the women uncomfortable, and I had to take that into account. It may be uncomfortable in particular if you have to share this kind of information with people from the area you are from or live, and that you know or know of. Being an outsider can, in that regard, be an advantage.

One-to-one interviews were also held because of time management. Interviews with multiple participants (focus groups) can be time-consuming and challenging to facilitate. The in-depth interviews lasted from 25-60 minutes each, depending on the information the participant had and was able to share with me. I carried out all the interviews myself, transcribed each interview and designed and carried out the thematic data analysis with guidance from my supervisor.

I audio-recorded the interviews with a digital voice recorder, and I wrote down new ideas and questions during the interviews. I wrote field notes after each interview and while transcribing the interviews. One participant said she did not feel comfortable with me audio-taping our conversation. In that particular interview, I wrote bullet points and notes in my notebook. The

interview did not turn out as rich as the interviews I audio-recorded; however, her reflections and answers to my questions did support several other participants' statements.
Based on my field notes and responses from all participants, I was able to modify the interview guide/questions where I saw that some of the pre-set questions did not turn out to be as relevant as I thought. I also rephrased some of the questions and directed them more towards what previous participants had shared.

4.6 Data management and analysis

I started transcribing immediately after the first interview. I believe that helped me develop new questions, reformulate some of the ones I had, reflect on their relevance, and evaluate my role as a researcher: how I asked my questions, if I followed up their answers in a proper and useful way. I transcribed all interviews in Microsoft word. While transcribing, I used an in-vivo approach which Creswell (2013) defines as textual data based on the actual language of the participant (p. 186). In the folder, I have an overview of the participants with their first names, their age and education background, but in the transcripts, they are all anonymised and given pseudonyms and numbers, e.g. P1, P2, P13.

My data was managed and stored in a protected folder on my computer. The folder contains anonymised information about the participants, the transcribed interviews, the audio files and the NVivo projects. NVivo Software 12 was used to organise my findings which helped me create an overview and figure out which codes were relevant to the participants' experiences. By organising the raw data in NVivo, I identified patterns by utilising thematic codes. Reoccurring themes were added as codes. Each code was compared to other codes to identify similarities, differences, and general patterns. I created several NVivo projects, trying out different codes throughout the entire data set.

4.6.1 Approaching my empirical data: Thematic analysis

In qualitative studies, there are numerous ways of analysing and approaching data. I chose to do a thematic analysis as I saw this as the most appropriate and approachable analysis tool. Thematic analysis identifies, analyses and reports themes within the data (Braun and Clarke, 2006, p. 79). It does not have a specific theoretical framework which makes it beneficial for researchers and more accessible for all, across disciplines and philosophical positions (Braun and Clarke, 2006, p. 81). Through an interpretivist/constructionist position, a thematic

analysis provides clearly defined procedures. It seeks to theorise sociocultural contexts and structural conditions, not from an individual perspective, but a social and collective understanding of reality (Braun and Clarke, 2006, p. 85). I organised the data into categories that came from themes, concepts and similar characteristics of the participants. Where I found issues that were repeated by a majority of the participants, I included these as central themes for the discussion.

During the whole data planning, collection and analysis process, I jotted down potential codes. These codes emerged from the wording of the participants and relevant literature and the theoretical framework applied in this thesis. I employed a mixture of inductive and deductive reasoning, also referred to as a hybrid method. Deductive in the way where I used codes from the research questions and the literature review (e.g. HIV, condom use resistance, agency, sexual self-efficacy), and inductive codes found in the data (e.g. what terms the women used to describe experiences and feelings). Punch (2014) argues that there should be a mixture of deductive and inductive methods when analysing qualitative data. He describes how the deduction is relevant because theory generation involves theory verification (p. 170). Once all the interviews were transcribed, I continued going through the transcripts, wrote down notes, potential themes and codes.

4.7 Ethical considerations

Ethical reflection and consideration are crucial for conducting research. Applying for ethical clearance is an important step before conducting research. This is where ethical principles are checked and validated. Before the data collection, standard ethical guidelines were adhered to. I applied for ethical clearance from the Norwegian Centre for Research Data (NSD) and received clearance 08.07.2019. Principles such as anonymity, confidentiality and informed consent were followed. An information letter was distributed to all thirteen participants. This letter was based on NSD's template for information letters and consent forms. The written statement clearly states that participation in this project is voluntary, listing the rights of the participants, how and why I will store and delete data after the project is completed, including my contact information for any questions or if the participant would want to withdraw from the study (see NSD clearance and letter of consent in appendices). I obtained verbal clearance for conducting research in South Africa from the Centre for Sexualities, AIDS and Gender at the University of Pretoria.

Prior to the data collection, I had some concerns regarding the sensitivity of the questions and the information the participants would have to share. Disclosing one's personal sexual life/experience and reflecting on one's own agency may be sensitive issues and make the participants uncomfortable. The participants were made aware that they did not have to answer questions they felt uncomfortable with and were free to withdraw at any time during the research process. The information letter they received had both my Norwegian and my South African phone number, my email address, in addition to my supervisor's contact information. As the gatekeepers are from the same area as the participants, participants were encouraged to contact one of them if they had any further questions or information they wanted to contribute with, or if they wanted to retract from the research project.

4.7.1 Informed consent and confidentiality

Informed consent is argued to be the cornerstone of ethical guidelines (Green and Thorogood, 2004, p. 58). I was given verbal consent from all participants. Before every interview and before I started the voice recorder, I went through the information letter presenting the aim and the purpose of the project and asked if they had any questions. I then asked the participants if they still wanted to participate. I did this before and after all the interviews. When I started the recorder, I made sure to thank the participants for agreeing to participate waiting for their response before I asked questions. I did this as a way of asking for a second informal consent. I chose to obtain verbal informed consent rather than making the participants sign with their own names. I agree with Ryen (2011), who argues that some may perceive a written consent form as a superficial point on a check-list (p. 428). Personally, I feel that the interviewer-interviewee situation could have been compromised by making them sign their names and that it may jeopardise my promise of confidentiality and anonymity.

The participants in my study are and were anonymised throughout the interviewing process and in the transcripts. I informed the participants that the information they shared was highly confidential and would only be used without revealing their true identity. The issue of confidentiality turned out not to be an issue at all. Many of the women said that they trusted me and reasoned that with "*you are not from here, so it is not a problem*", "*I know you will not share what we talk about because you do not know people around here*", "*who would you tell?*" To ensure confidentiality, as mentioned above, I named the participants with P1, P2, P3. At a later stage I asked a friend for typical South African names I could use as fictional

names for the participants. I also validated these pseudonyms with a South African professor at the institute of my master's degree.

4.8 Trustworthiness of my research

Qualitative research has been criticised for lacking quality assurance in their research. The philosophy of interpretivism/constructivism believes that people's reality is socially constructed; hence questions of validity, trust and ethics are raised. Ryen (2011) describes how qualitative research is contextually produced (p. 421). My data is produced through individual interpretations. I did not ask participants for factual data, rather their perception and experience from the reality they live (p. 421). Credibility, transferability, dependability and confirmability are key criteria in qualitative research. Applied correctly, they can facilitate a trustworthy study (Shenton, 2004, p. 64). To demonstrate how my research is ethically transparent and trustworthy, I assess my reflexivity through a discussion of these four concepts of quality assurance below.

Credibility. Yilmaz (2013) describes measures in order to achieve credibility: multiple data sources, triangulation and rich and thick descriptions (p. 321). Shenton (2004) argues that, in order for a study to be credible and trustworthy, the data must be compatible with what the participants share during the interviews (p. 64). One has to be transparent in how one collects data. I believe I achieved detailed and thick descriptions by audiotaping the interviews (twelve out of thirteen), using an in-vivo approach to transcribe them and by sharing the interview guide in the appendices section of this thesis.

Dependability. A study is said to be reliable if a new study, conducted in the same context, with the same methods and similar participants, would turn out to have somewhat comparable findings. However, for a qualitative study to be dependable, the research design, the implementation and descriptions should be reported in detail and transparent enough for a reader/researcher to repeat the work (Shenton, 2004, p. 71). By recruiting a group of women in a different context who share the same participant criteria, sharing the interview guide in addition to a description of the study area and procedures of data collection, this study should be dependable enough for other researchers to test my findings. With a relatively small sample of participants, the issue of dependability may be challenging, and I experienced that

as I found a considerable variation in the women's experiences and the nature of their relationships.

Transferability is assured if sufficient contextual information about a study setting is given (Shenton, 2004, p. 69-70). A description of the study area is introduced in the first chapter of this thesis and in this chapter (see the section on the study area). As with credibility, providing a thick description of the context, of the participants, actions and settings of the study, helps ensure transferability (Yilmaz, 2013, p. 320). I used a purposive sampling strategy in order to make my research represent the views of a more homogenous group of women. It was a relatively small sample (thirteen participants); however, the in-depth approach facilitated the participants to share personal experiences and opinions. It also facilitated the rapport necessary for the sensitive issue of their sexual life. Guba and Lincoln (1982) argue that a study can be transferable to other and similar contexts of the study by providing a thick description of the context and the participants (p. 248). Additionally, condom use and condom negotiation does not only apply for the group of women interviewed for this study, neither the location of the study. It is widely transferable to other contexts.

Confirmability. Confirmability is a critical step in the research process as it may influence or affect the outcomes of a study. Yilmaz (2013) demonstrates that confirmability is attained if the findings reflect on the data (p. 320). By using an in-vivo approach to transcribe and present the findings, I believe that my findings are grounded in the data as the majority of the codes in the data analysis derived from the actual wording of the participants. Guba and Lincoln (1982) also describe how practising reflexivity assures confirmability in a study (p. 248). Reflexivity is discussed below as a concept where I reflect on my role as a researcher.

4.9 My role as a researcher

4.9.1 Reflexivity

Reflexivity is an important step to assess one's role as a researcher. It touches upon ethical challenges, research limitations and is a quality criterion in qualitative work. Guillemin and Gillam (2004) describe that the goal of reflexivity is to ensure quality, validity and to recognise the potential limitations of research (p. 275). It refers to a researcher's role and potential to influence a study through his or her background, motivation and interest (Skovdal and Cornish, 2015, p. 52). Also, reflexivity includes being aware of one's role, influence and

presence. In the following paragraphs, I discuss how I have and could have influenced my research and the information as shared by the participants.

Outsider. Having the role as an 'outsider' can either ease or complicate the interviewing process. Complicate it in the way where participants will not open up to the researcher, or not being truthful with the information they share. Mutual trust in interacting with others in a scenery like this is key. I experienced being an 'outsider' as an advantage. As I have already mentioned earlier in this chapter, the women reported back to me that they felt comfortable sharing personal information with me because I was not from Atteridgeville. They repeatedly said that as I'm a foreigner, I would not share their information with anyone that may know them. Additionally, they knew that my network was limited (only through my gatekeepers), and said '*who would you tell?*' They told me they trusted me as a person and researcher, which made me more confident, but also grateful that they expressed their trust in me.

Insider. As I am a young woman with similar characteristics as the women who participated in this study, I was seen as an 'insider' at the same time as an 'outsider'. I shared the basic characteristics/ participant criteria as all participants. I am a woman between 19-30; English is my second language. I am heterosexual and sexually active. The fourth participant criteria distinguished me from them: location: I am not born, neither do I live in the same township as the participants. However, as I did spend a decent amount of time in Pretoria, I had an understanding of the culture, the context and also shared some of the similar experiences as participants disclosed when I asked them certain questions.

Skin colour. South Africa has a distinct history of segregation and apartheid. The colour of your skin is highly noticed and commented upon. As a white young woman, I was always seen as an 'outsider' and something foreign for many, not specifically by the participants, but by people in general. The research venue was in a primary school in Saulsville. When the school day was over, I had access to one of the classrooms where I conducted the interviews. Because of time management, we always tried to be at the venue at precisely 14:30 (when classes ended). Hope, one of my gatekeepers, told me on several occasions that the children had never seen a white person before. This caused some attention, and to some extent, made me a little uncomfortable. I felt some discomfort being a 'white' person when the older generations looked at me. Due to the history of the country, I felt pain and embarrassment,

among other things. Even though I never experienced anything ‘bad’, I kept reflecting on how people may perceive me as a person. Not because of who I am, but for how I look.

Western perspectives. I consider myself a feminist in the way that I believe in gender equality and human rights equal to all. Through many discussions with peers, my supervisor and with people I met in South Africa, I had (and still have to) to keep in mind that I have my own interpretation of a person's sexual agency related to condom use. I aim to explore women’s sexual agency, but I must be mindful that women can have a sense of sexual agency that does not relate to the actual usage of condoms. Even though some women do not have the ability (or desire) to use condoms in sexual relationships, they should not and are not necessarily ‘victims’, nor should they be portrayed as such.

4.10 Challenges encountered in the field

During the fieldwork, I encountered challenges that might have influenced the empirical data and the methodological approach to this project. However, I do not believe these challenges influenced the outcome of the study. I was still able to do all the interviews I wanted to do, and the participants answered all the questions I had. Even so, the challenges I encountered are more related to myself and how I designed the research and the data collection process. First of all, the participant criteria were too broad, specifically the age criteria. I altered them from 18-30 to 22-27 when I realised this challenge could affect the outcome of the study. The second challenge was that I had limited time in the field. I had access to the research venue on Tuesdays and Wednesdays between 14:30-17:00. I was able to conduct thirteen interviews; hence I was able to collect enough data and achieve saturation, but I could still have spent more time with the participants. At one point, four participants were waiting outside the classroom (the research site), and I had two hours to conduct all the interviews. I was not able to talk to all of them that day. I managed to do three interviews, but they were a bit rushed. The fourth participant came back the next day, so I was still able to interview her. The last challenge relates to my interview technique. I have already mentioned this earlier in this chapter, but I caught myself asking yes and no questions. However, I asked follow-ups like ‘why, how so, what do you think…’. Thus, I was still able to collect in-depth information by asking yes and no questions.

The following two chapters present the main findings of this thesis. In each chapter, the findings are discussed in light of existing literature and theoretical perspectives. The findings and discussions are, therefore, not separated as one commonly finds in research within the field of public health.

Chapter 5. The nature of women's relationships and safer sex practices

The overall objective of this study is to explore young women's sexual agency and their ability to use condoms with their sexual partners. The literature demonstrates that women's ability to use a condom is dependent on the nature of their sexual relationship. The first chapter of this section (chapter 5) presents the participants' relationship statuses with a discussion of factors within these relationships that compromise/facilitate the use of condoms. The chapter is divided into four categories. The chapter starts by introducing transactional sexual relationships and then moves to describe the nature of the participants' relationships. It discusses participants in monogamous relationships, after that, participants involved with multiple partners, and then finally, women who engage in sex work. There is an ongoing discussion throughout the chapter where I link the relationship statuses to transactional sex and introduce a discussion on perceptions of condoms and condom usage. I chose to present my findings in this manner because I believe it provides an overview of the participants in this study and a justification for the chapter that follows (chapter 6). Firstly, I provide a contextual background of the participants' exposure to issues of sexuality, including their knowledge and confidence regarding their sexual and reproductive health and rights. I further present data as shared by the participants concerning condom use as a method to prevent HIV, other sexually transmitted diseases (STDs) and pregnancy.

All thirteen participants in this study said they were in a sexual relationship with at least one man at the time of the study. They all used a condom the first time they had voluntary intercourse. This is consistent with a study by Muchiri et al. (2017) on condom use consistency. They found that South African adolescents and young adults reported high usage of condoms the first time they had sex. However, the nature of some of the participants' relationships in this study was a significant barrier to consistent condom use. In their study, Peasant et al. (2019) found that young women's condom negotiation strategies altered based on their relationship status (p. 905). My findings support this, but also shed light on other issues and challenges the women shared during the interviews. The women who participated in this study said that sexually active people have several reasons to use or not use condoms.

Depending on the women's relationship status, their ability to negotiate, promote and use condoms was influenced by several factors. Based on how they described their relationships, I discovered concepts and categories from the literature categorising and labelling their relationship statuses. The existing literature also describes factors influencing their agency

and their ability to use and to negotiate condom use. These factors are used as sub-themes in the discussion and to support findings of this study.

5.1 Women's exposure to sexuality and sexual and reproductive health and rights

Women are exposed to information and knowledge of their sexual and reproductive health and rights (SRHR) through educators, their family and peers, from the internet, and in books. Abstinence, faithfulness and condom use has long been promoted in Africa and other regions where there is a high prevalence of HIV/AIDS. However, young people's knowledge, access to contraceptives and condom use is highly influenced by those they are surrounded. de Bruin and Panday-Soobrayan (2017) found that parents, teachers and other adults in South Africa held conservative views and values regarding female SRHR and that promoting condom use would lead to increased sexual activity (p. 1530). For sexually active people, a condom is the most successful prevention method, but it is established that abstinence is the safest practice.

The government of South Africa, non-governmental organisations (NGOs) and international organisations implemented numerous programmes, interventions and policies which improved male condom accessibility both in terms of where one can get them and by providing them free of charge. Participants in this study said that free male condoms are to be found at clubs/bars, public toilets, at the university campus, and health clinics and hospitals. They said one could get a condom everywhere. However, they also said that women are still stigmatised. In more rural areas of South Africa, many people lack access to condoms and other contraceptives. Health clinics, hospitals, and other places of free distribution are far away and not easily accessible. In my study, there was a consensus that free condoms are of poor quality. Most participants in this study used condoms inconsistently, or not at all, and they all preferred condoms from the shops.

Countries in East and Southern Africa are the most affected by sexually transmitted HIV in the world, which can demonstrate a lack of usage or the wrong use of condoms in sexual relationships (Avert, 2019). It can also demonstrate a lack of access, acceptance and stigma to its usage. From national surveys and other empirical studies, Leddy et al. (2015) found that people who are most affected by HIV in South Africa are people in heterosexual relationships (p. 114). The Government of South Africa has implemented programmes targeting women to suppress the spread of HIV. Recent numbers demonstrate that HIV is increasing in South

Africa, and women are more affected than men (UNAIDS, 2018). The higher prevalence of women with HIV demonstrates that existing prevention efforts are lacking and does not reach all. Additionally, participants in this study said that the interventions are not focused on the appropriate target groups. The literature argues that, in order to suppress sexually transmitted HIV, one must challenge existing gender norms and roles which contribute to condom use inconsistency.

Perception of condom use

Male and female condoms are to this day the only available method to prevent sexual transmission of HIV for people who engage in sexual relationships. Nearly all the thirteen women participating in this study had a positive perception of condoms and condom use but said that it was challenging for them to use with their sexual partners. The literature demonstrates that most women have to negotiate condom use in sexual relationships for it actually to be used. **Tshepo**, a 22-year-old woman, said that "It is a thing I would love to use every day. If I have a choice though, I would use it every day". She told she had two partners, one of them accepted her desire to use condoms, while the other did not.

There was a disagreement between participants, whether condoms were enjoyable during sex. Some said that women do not feel a difference but that men do as they are the ones who have the behavioural control of using it. Other women said they could feel the condom and that they and their partners did not prefer to use them because the sex and intimacy did not feel close enough (flesh on flesh). At some point in their lives, all participants had a desire to use condoms with their sexual partners, whether they continued using them after their first sexual encounter varied due to several reasons that will be further addressed in this chapter.

Definitions retrieved from the literature, and concepts emerging in my empirical findings helped me generate concepts and tables to systemise the participants and their characteristics. For this chapter, I created a table placing the participants into three categories. This table demonstrates what type of relationships the participants are in and presents an overview of condom usage in their relationships. See the table below. The relationship categories in this chapter are described as:

- Monogamous relationships
- Multiple sexual partners
- Sex work

Relationship status	Participants	Age	Condom use
Monogamous relationship	Tebogo	19	Yes
	Nombongo	19	Inconsistent
	Zanele	22	Inconsistent
	Omphile	22	Inconsistent
	Eunice	23	Inconsistent
	Thulani	24	Inconsistent
	Nomphumelelo	24	Inconsistent
Multiple sexual partners	Tshepo	22	No
	Ayanda	23	No
	Katlego	24	No
Sex work	Obakeng	26	Yes
	Kokhetso	30	Inconsistent
	Lesego	27	No

Table 2. Overview of participants, relationship statuses and condom use.

The table above presents an overview of the thirteen participants of this study. Participants are named with pseudonyms, but it reveals their actual age, their relationship status and their reporting of condom use.

5.2 Transactional sex

All participants in this study received gifts or monetary contributions from their sexual partner. Numerous studies on transactional sex have been conducted in Sub-Saharan Africa, and regardless of location, a consistent finding is that women receive something from their partner. Jewkes et al. (2003) argues that sexual interactions in Africa are viewed as a resource for women, and commonly to reciprocate a favour (p. 126). For example, resources such as

financial stability and a futuristic prospect of marriage. Even though the literature is quite old, what the participants shared in the interviews for this study was consistent with the findings of Jewkes et al. (2003). Participants said that women in their township saw sexual encounters as a resource and a way for them to gain access to other resources. Women in this study used sex as a resource and did so to support themselves and their families. The literature labels this exchange for sex as transactional sex. The definition of transactional sex is people having sex in exchange for gifts, money or favours (Berge and Milsom, 2010, p. 51). A transactional relationship can be permanent, semi-permanent, through one-night-stand encounters, or in the context of a romantic relationship.

In South Africa, transactional sex is an income-generating activity for many females, and for many, socially and culturally accepted. Some of the women in this study said it more straightforwardly, while others said it was a cultural norm and exemplified it with personal experiences or incidents from their friends. **Omphile**, one of the participants said that "50% of the girls do that. Or like I said… Most people here are jobless. Especially my age". Other participants said that South African women commonly expect something in return for having sex with their partners. Either in a beneficial manner from their boyfriend or monetary contributions from their sexual partner. Yet, the literature argues that men who give their partner's gifts or money can feel entitled to decide and to set the terms of the sexual encounters creating power-imbalanced relationships which compromise women's agency and their sexual autonomy. In the following section, I shed light on how women who depend on their boyfriends, and how women who are in monogamous relationships commonly have unprotected sex with their partners – even though they want to use condoms.

5.3 Monogamous relationships

Presented in the table earlier in this chapter, seven out of the thirteen women in this study said they were in monogamous and romantic relationships at the time of the study. By monogamous relationships, I refer to two people being emotionally and sexually exclusive with each other. An important note here is that monogamy and being sexually exclusive is what the participants shared about their relationships. Since I have not interviewed their male partners, I do not know whether they also defined their relationship as monogamous.

Those who said that they were in monogamous relationships were between 19 and 24 years old. Four of them were still in school, two in high school and two enrolled in one of the local universities in Pretoria. Of the seven women in monogamous relationships, **Omphile**, a 22-year-old woman was the only participant living with her boyfriend, in addition, being the only participant who had formal employment. The other women still lived at home or in an extended-family household. They were either students or formally unemployed. The duration of their relationship also varied quite a lot and had lasted between six months and seven years. Consistent with participants who engaged with multiple sexual partners, those in monogamous relationships all received gifts, favours or money from their partners.

5.4 Multiple sexual partnerships

As briefly discussed in the literature review (Chapter 2), having multiple sexual partners implies that a person has more than one sexual partner. These relationships can be concurrent, through one-night-stands or as casual encounters. According to the definition of multiple sexual partnerships, six of the participants fit into this category and openly told me that they had more than one sexual partner. **Katlego** (24), **Ayanda** (23), and **Tshepo** (22) are in this category. They said they were romantically involved with someone, but that they had sex with one or more persons in addition to their "main relationship". Hunter (2015) refers to this as "secondary lovers" (p. 371). Being sexually involved with more than one person at the same time is also referred to as concurrent sexual relationships. The participants' main partners did not know of the other men they were sexually involved with. **Tshepo**, a 22-year-old woman living in Atteridgeville, had been in a 1,5 year committed (part-time cohabiting) relationship at the time. **Tshepo** told me she had one main partner (she also called him her boyfriend) and one 'side partner'. She referred to her side partner as "the romantic one". She experienced love, affection and desire from her side partner while receiving money, things and (financial) stability from her main partner. When talking about her main partner, she said:

... he does everything for me. Like, the way I clothe, my cosmetics, my hair, everything – it is him. So… I feel like I owe him. Like, he gives me everything that I need, so I should also give him what he needs (**Tshepo**, 22)

With the words "I should also give him what he needs", **Tshepo** was referring to condomless sex. Madiba and Ngwenya (2017) argue that women in power-imbalanced relationships

commonly suppress their own needs and desires associated with their sexual and reproductive health and rights (p. 55). **Tshepo** did not use condoms with her main partner because he did not want to, but she used them with her side partner. Hunter (2015) would categorise **Tshepo**'s romantic partner as a secondary lover. He states that secondary lovers are more inclined to agree to condom use (p. 371).

Later in the interview, **Tshepo** revealed that she would like to break up with her main partner. Though, he provided for her, and therefore she said she could not. He knew her family, and she knew his. She said she would probably end up marrying him. Even though **Tshepo** was in love with her side partner, he did not have the kind of money she was demanding (at least not for the time being). Consistent with participants from a study by van der Riet et al. (2019), **Tshepo** would rather compromise her sexual agency and desires with her main partner than to jeopardise her relationship and the financial stability he gave her.

Katlego and **Ayanda** said that one boyfriend or sexual partner was not enough to cover their basic needs and their materialistic desires. **Katlego** was a 24-year-old woman who was enrolled in a local university in Pretoria. **Ayanda** was a 23-year-old woman with a bachelor's degree. Both of them did not use condoms consistently. They disclosed that their main partners did not sexually or romantically please them in the way that they wanted to be pleased. Even though they had sex with more than one man, they did not use condoms (at all or consistently) with their other partners. This contradicts the study by Hunter (2015), who argues that secondary lovers are more acceptable towards condom use. Consistent throughout this study, all participants said that using a condom with a man who gave them money was challenging as they could risk jeopardising the relationship and the financial or materialistic contribution.

5.4.1 Varieties of multiple sexual partnerships

Multiple sexual relationships can be in the form of one-night-stands, it can be casual sex, permanent or semi-permanent relationships, or by having sex with more than one person in exchange for money, goods or favours. **Tshepo** shared that multiple sexual relationships in South Africa are referred to by different names. She said that there are what South African women call "Blessers and Blessees" and "Ministers". Blessers are usually older men who have sex outside of their marriage with younger women, mainly for fun. It commonly involves a transaction. She said, "They bless them with whatever they want". **Tshepo** had

friends that referred to their sexual partners as ministers. Minister of transport, minister of clothes, hairstyle, alcohol, meaning that each of these 'lovers' would provide a certain service or favour in exchange for sex. It relates to transactional sex because the blesser gives the woman money, support or goods (Mampane, 2018, p. 1). As with transactional sex, blessees are put in a vulnerable position as the man is the one providing for them. One night **Tshepo** and her friend wanted to go to a party, but they did not know how to get there. Her friend then said she would call her minister of transport to take them there. **Tshepo** did not express that her friend had sex with the minister of transport to reciprocate, but earlier said that sex was the anticipated compensation from the ministers. The ministers and the blessers are all about the transaction. They provide a service or favour, while the women give them sex in return. In the words of **Ayanda:**

When I wanted food, he would come deliver, I want to go to the shop he would fetch me, take me to the shop. Money, he would give me money, whatever, whatever. And then the nice thing is, I used to ride him for two seconds, he comes and then it is over (**Ayanda**, 23)

Ayanda, a 23-year-old woman from Atteridgeville, initially said she was in a monogamous relationship for six months at the time, but later disclosed information that contradicted her earlier statement. The relationship with her second partner built on only the financial and material transaction in exchange for sex. Based on information from other participants, this partner can be labelled as a blesser. She said she was involved with him because she gained what she wanted from him, and that the relationship was casual.

5.5 Sex work

Six of the women in this study said they had multiple sexual partners where three of them fit into the description of sex work. Women who engage in sex work often refer to their partners as clients rather than boyfriends, blessers, or ministers. As presented in the table, **Kokhetso** (30), **Lesego** (27) and **Obakeng** (26) are placed in the category of sex work. These three women are the oldest women participating in this study. Their educational background was quite similar to each other; but, **Obakeng** was the only one (of all thirteen participants) who did not complete high school. **Lesego** and **Kokhetso** had a boyfriend (or main partner), but they also had other partners they "met on the street" to sustain their income. **Obakeng** did not have a boyfriend and referred to her sexual partners as clients. **Lesego** had one permanent

boyfriend for seven years but also had additional boyfriends in addition to other sexual partners. **Lesego** called three of her sexual partners boyfriends and referred to her other sexual partners as casual encounters. She said that this was her job and her possibility of earning money and having an income. All three women said that they always ask their potential sexual partners how much they would get for having sex with them. **Lesego** and **Tshepo** had a set price they would have sex with men. They said that 50 South African Rand (ZAR), approximately 4,5 USD, was little money but better than nothing. **Obakeng** said that:

Like, if a man is interested in me, I would ask him how much he had. Yeah. If he said he had 100 Rand (…) I would go, but if only 50 Rand I won't sleep with him. Only above 50 Rand I will sleep with you (**Obakeng**, 26)

5.5.1 Sex work versus transactional sex

The distinction between sex work and transactional sex may not be as easy to distinguish as they both involve a transaction. The main difference is that transactional sexual relationships do not necessarily have a pre-determined exchange of money or other goods as sex work commonly does. Additionally, transactional sex also happen in monogamous relationships. Important note: sex work is also transactional. In this study, sex work was defined as voluntary sexual encounters in exchange for money, sometimes other things. The women engaging in sex work and the women engaging in transactional sex told me they do it out of necessity and to cover their basic needs. **Kokhetso** said that:

South-African men… they are very difficult. And then, for a young lady, if you're not working, you have to depend on men. You won't just go and say… if you go to someone, he gives you money. Then you have to know that I can do this so I can succeed. So I can have food to eat (**Kokhetso**, 30)

Kokhetso was an unemployed 30-year-old woman who was taking care of her unemployed mother and her two younger sisters. She had been unemployed for six months at the time. In the interview, she told me that she had to depend on money from her boyfriend and her other sexual partners because her employment contract lasted only for three months. While talking about her boyfriend, she said that he sometimes would not give her money and that was the reason she had to seek men outside of her relationship. She also said that her boyfriend would not give her money if they were to use condoms, and therefore, they did not use them. She

only used a condom if her other partners wanted to and still would pay her for sex. As already mentioned, Participants said it was challenging to promote condom use in transactional relationships. Ranganathan et al. (2016) found that women find it hard to negotiate condom use because of financial motivation (p. 9). **Kokhetso** further said that she found it challenging "...because of money. Let me be honest". If she met a guy and they used a condom, he could give her less money, so she often ended up not using condoms at all. She was the breadwinner of the house, and she had sex with multiple men to take care of herself and her family. She had to pay her family's bills and bring food on the table.

5.6 The complex relationship between transactional sex and condom usage

All participants in this study had sex in exchange for monetary contributions, favours and material gifts. Additionally, all participants had a sexual partner, but those engaging in sex work and those who had multiple sexual partners had more than one concurrent partner in addition to other sexual partners that were not concurrent. They called it casual encounters or one-night-stands. The financial motivation of the participants engaging in sex work highly influenced their negotiating skills concerning condom use and their ability to perform sexual agency. The extent of their motivation altered based on their living situation, their age and their background. **Lesego**'s mother passed away while she was very young, so she had to move to her aunt's house. She attended primary school and took care of her aunts three children and the grandmother who lived in the house. A couple of years ago her aunt passed away, leaving **Lesego** as the primary caretaker of the household and for those living there. Her boyfriend for seven years encouraged her and said "Your aunt was looking after you when your mom passed on. So now, it is payback time, you must pay her back". **Lesego** then said "It's when [he said], that I said: you know what, I have to get other boyfriends. So that I can take care of them". She had three boyfriends, other concurrent partners, and casual encounters to earn enough money to take care of her family.

Lesego engaged in sex work but referred to her concurrent partners as boyfriends. She also said that her boyfriends took care of her, and therefore she did not promote condom use with them. She said about one of her boyfriends "My boyfriend, he gives me money. That's why I don't see the reason why we need to use a condom". In **Lesego**'s case, the financial incentive of her relationships kept her from promoting condom use with her sexual partners.

5.6.1 Monogamous relationships and economic incentives

Psaros et al. (2018) describe how participants in their qualitative study perceived their romantic relationship as their only source of emotional support while being heavily dependent on their partner's economic contributions (p. 1976). As discussed above, transactional sex does also occur when someone is involved in a permanent and romantic relationship. In Atteridgeville, it is common to benefit from your boyfriend. In the words of **Omphile:**

50% of the girls do that ... They depend on their boyfriends. You know, their parents are going to be like "No, I am not going to give you what you want all the time, you know, so now you get to depend on your boyfriend" (**Omphile**, 22)

Omphile said that 50% of girls in Atteridgeville depended on their boyfriends. Mainly due to the high rate of female unemployment. However, she might have underestimated the occurrence levels of transactional sex in Atteridgeville. All participants in this study depended or relied on their sexual partners. **Omphile** said she was fortunate because she was able to find a job, but that most people, especially women, struggled in finding formal employment. Therefore, many women relied on their boyfriends or partners to gain resources such as money, things, food or favours. **Kokhetso** who was involved with multiple partners and sex work said that "unemployment brings a lot of things". Her mother was also unemployed, which made **Kokhetso** even more dependent on her partners. She said that she was the breadwinner of the house.

Earlier in this chapter, a monogamous relationship was defined as two people being emotionally and sexually exclusive with each other. In this study, I found that the women in monogamous relationships were more inclined to receive a gift or favour from their partner, rather than money. The majority of the participants lived at home or in an extended household where their families contributed financially to their homes so that the women did not have to find formal employment. This could be an explanation as to why they instead received gifts than money from their partners. Some of the women in this study disclosed that they had sex with other men while still being in a monogamous and romantic relationship, demonstrating that the women who said that they were in monogamous relationships at the time were not. They explained that their boyfriends did not give them what they wanted nor needed. Some of them were involved with other men for emotional support, while others wanted to "try

something different", or gain more money or things than what their main boyfriend provided for them.

5.6.2 Gendered power dynamics in transactional relationships

The literature argues that, for women to have sexual agency, one must understand the gendered power dynamics in a relationship (Pascoe, 2020, p. 12). The majority of the women in this study undertook a submissive position in their relationships. Mainly due to financial dependency, but also because of cultural and social expectations and norms. Beksinska et al. (2012) refer to studies arguing that gendered power dynamics and inequities favour male dominance. They further state that this influences how women act out their agency and determines whether they have condom use self-efficacy (CUSE) (p. 7).

Participants in monogamous relationships said that they were "looking at the money" while having unprotected sex with their boyfriends. As stated in the article by Gupta (2002), women in monogamous relationships would instead prioritise their financial wellbeing over their own health (p. 183). This is, to some extent, also found in this study. Participants in this study perceived the loss of financial stability provided by their boyfriend, worse than leaving a power-imbalanced relationship where they could not use condoms.

The participants desire for a loving, and intimate relationship with their boyfriends was a highly influential barrier to condomless sex. Multiple studies support these findings (see Bhana and Anderson, 2013, Davis et al., 2019, and DePadilla et al., 2011). Findings from my study show that the women who received money and gifts from their boyfriends also found themselves in power-imbalanced relationships. The financial and material transaction compromised their sexual agency, self-efficacy and the use of condoms. The women who were in monogamous relationships were used to their partner providing for them. They saw it as a norm. **Zanele**, a 22-year-old woman was in a monogamous relationship. Initially, she stated that she used condoms regularly, but as the interview continued, she revealed that her condom usage was not as consistent as she had earlier stated. She mentioned issues of trust, love, financial motivation, and fear of abandonment as the major barriers to unprotected sex. Muhanguzi (2015) describes how women's affection and their desire and need for intimacy are crucial to explore power dynamics (p. 62). Participants said that masculine norms performed through control and power in their relationship demonstrated the unequal power dynamics in their relationships.

5.6.3 Condom use in sexual relationships

One-night-stands and casual sex

All participants found talking about and promoting condom use with their partners challenging. I aimed to explore whether there was a difference in the nature of their relationships and the use of condoms. I asked the participants whether there was a difference in casual sex and condom use and condom use in monogamous and romantic relationships. Unprotected casual sex can be risky as one may not know the number of people involved in this sexual network. The majority of the participants said that if one has a one-night-stand, if one engages in casual sex, or if one "makes a mistake" (referring to people engaging in sexual activities outside of their primary relationship), one should and do always use condoms. This is not factual, but it is the beliefs and opinions of the participants. Participants who said that one always should use a condom in casual encounters reasoned their judgment with concerns such as pregnancy, HIV and STIs. Approximately half of the participants in this study said they had been unable to use a condom in these encounters. Although, they all had the perception that they should use them. The benefits of condom usage are communicated through a variety of avenues in South African society, but, as stated by the participants, this message does not translate into consistent condom usage. **Zanele** told me that one-night-stands and casual sex often happen after parties and that women who go out with men or let them buy them drinks all night are expected to give something in return. Most commonly, sex without a condom. Some said they did it because they were promised money or things in return. Others said they felt like they should give something back for buying them drinks and taking them out for the night.

Most girls [who engage in casual sex] *have sex that way, and mostly you will find that it is unprotected sex. You find a guy, an older guy or a one-night-stand or whatever it is, and then they have sex even without thinking of the diseases, the pregnancies, everything, looking at the money* (**Zanele**, 22)

It is argued that if women feel like they have to oblige with sex, men obtain a more dominant role in the encounter. They are the ones who decide and set the terms (unprotected sex as found in this study) because of the sexual transaction, also referred to as transactional sex. An article by Nancy Luke (2003) from Sub-Saharan Africa addressed similar questions to

women's sexual agency. Her focus was on economic asymmetries and age disparities in sexual relationships. Findings from my study are not directly comparable to her article. Consistent with my findings, the article found that women who receive money or things from their sexual partner often feel obliged to reciprocate with sex and are less likely to suggest condom use.

Secondary lovers versus casual encounters

Pascoe (2020) describes how the socio-historical context of South Africa plays a significant role in how women and men negotiate safer sex practices and act out their sexual pleasure (p. 12). In his study, Hunter (2015) argues that there has been a shift in the twentieth century's depicting of masculinities and femininities in South Africa. Multiple sexual partnerships have long been an accepted social norm for men, but Hunter (2015) argues that the number of women who have multiple partners has increased, mainly due to lack of financial contributions from only one partner (p. 371). This is consistent with the findings of this study. The participants who engaged with multiple sexual partners said that the financial contribution from one partner was not enough to cover their needs. As confirmed in my study, **Tshepo,** who had one main partner and one side partner (secondary lover as by Hunter (2015)), was able to use condoms with her side partner. In his study, Hunter (2015) found that men who act as secondary partners are more acceptable towards condom use. However, inconsistent with his findings, **Katlego** and **Ayanda** were not able to use condoms because their partners said no. In the interviews, both women said that their partners did not know of each other. Perhaps they were not able to use condoms because their secondary partners did not know that they were precisely that, their secondary partner.

5.6.4 Inconsistent condom use and condom avoidant behaviour

In a study on condom negotiation strategies of American college women, they said that trust could be a mechanism of seduction, "relationship contextualising", and as a reason to avoid condom use (Peasant et al., 2019, p. 899). Trust came out as a central theme for participants in this study as well. **Eunice** was a 23-year-old woman in a three-year-long monogamous relationship. She, as the majority of the participants in monogamous relationships, did not use condoms consistently:

He just tells me "We trust each other. There is no need for that. Soo, let's just do it". That is what he can say. It is hard not to… not hard, but you know… when you are with your boyfriend, you want to have sex… (**Eunice**, 23)

Eunice said that bringing or promoting a condom is just as much a woman's responsibility. However, her boyfriend was the one who made the final decision to use it. She said: "If he wants to use condom… sometimes we use them, but sometimes, aah, we don't". The main reason they did not use a condom was that her boyfriend contextualised their relationship through issues of trust.

Omphile had a different perception than **Eunice**. She said that her partners had suspected her of being unfaithful when she had carried condoms. **Omphile** said that she did not mind bringing or carrying a condom; but, she had experienced her sexual partners had questioned why she did it and that they had told her that she did not need to carry. After that happened, she said that it was the man's responsibility to bring and carry. As **Eunice**, **Omphile** also used condoms inconsistently.

Y*oh, the boys here would be like "Why do you have a condom with you?" So, it's gonna be a scene. Yoh, he'll go crazy. He'll probably think you are cheating, you wanted to cheat or something and now that you have a condom: "Ah okay, so you are going to cheat". So yeah, it is very weird for a girl to have a condom* (**Omphile**, 22)

5.6.5 Duration of condom use in monogamous relationships

Contradicting the findings by Muchiri et al. (2017), the duration of participants' relationships did not appear to have a direct influence on the use of condoms as their relationships ranged from six months to seven years. Some of the women still used condoms, and some stopped using them before one year had passed. Their findings conclude that condom use was not used in long-term relationships. In my study, women in monogamous relationships said that laying off condoms (after a year of relationship) demonstrated that they trusted their partner and believed their relationship to be monogamous. Insisting on condom use, on the other hand, may jeopardise their relationships, making them risk abandonment, or imply mistrust and suspicion that the woman has an STI or is being unfaithful. **Nombongo** (19) had been in a relationship for six years, where three of which were sexual. She had been monogamous with her boyfriend, but he had not. She knew because she had caught another woman in her

boyfriend's bed. Three years into her sexual relationship, she was not yet comfortable laying of condoms completely. **Nombongo** and her boyfriend had an agreement where they used condoms every other week.

Ayanda, a 23-year-old woman, had a boyfriend but was also involved with other sexual partners. She had two-three sexual partners, and she did not use condoms with them: "When you are in a serious relationship, there comes a point where maybe the both of you or your partner doesn't want to use a condom anymore, and it is quite risky". She here appeared to refer to risky in terms of both unwanted pregnancies and sexually transmitted diseases. She further said that "But it is very difficult because people, like, they say it in different ways. They say "We are in a serious relationship, why should we use condoms and everything"…It's very hard" (**Ayanda**, 23)

Tebogo was a 19-year-old woman living at home while completing her senior year in high school. **Tebogo** had been in a monogamous relationship for six months, and her boyfriend was the second guy she had had sex with. She was one of two participants who used condoms consistently. She said that people in committed and monogamous relationships commonly do not use condoms and that there is an unwritten rule/norm to lay off condoms after being in a monogamous relationship for a year or more. "It's a girl code – one year and then stop using the condom" (**Tebogo**). Six months into her relationship, she was not ready to lay off condoms with her boyfriend, even though he frequently questioned why she still wanted to use them, and on several occasions asked if they could stop using them. He had told her that they did not need the condom because they were monogamous, and both were living without HIV and other sexually transmitted diseases. She told him that she wanted to use the condom for as long as she wanted, and her boyfriend had eventually accepted that.

I asked **Tebogo** if she would be comfortable to stop using condoms with her boyfriend after a year, but she said she did not know. She knew that both her friends and her boyfriend would bother her if she were to use them after a year. If **Tebogo** and her boyfriend were still together, they would discuss it and go and test for STIs together. If they were both healthy, she did not see a problem in stop using them. This is consistent with findings from Muchiri et al. (2017) study on HIV risk perception and condom use consistency in Cape Town (p. 109). The literature argues that longer relationship duration reduces the consistency of condom use. In addition to relationship duration, Wingood and DiClemente (2000) argue that younger

women are less likely to use condoms if they are attracted to their partner. They further state that, as confirmed by participants in this study, sexual attraction and romantic feelings are compromising factors to condom use (p. 553). The women in monogamous relationships faced more psychological challenges when they promoted and negotiated condom use.

Ayanda's statement above demonstrates that she experienced psychological challenges (such as pressure and guilt-tripping from her partners) when she promoted condom use with them. She said it was very difficult for her to use condoms with them "...because people, like they say it in different ways". As a result of voiced opposition from her partners, she was disheartened to promote condom use because she did not want to jeopardise her relationship with them. **Ayanda** had multiple partners but did not use condoms consistently; early on in the interview, she talked about the importance of condom use; that one must use a condom to protect oneself from STDs and HIV, but that there is a time where it will feel natural to stop using condoms with your boyfriend. However, later she disclosed that she experienced such a difference without a condom and started despising sex with a condom. After her experience of sex without a condom, she said it was rare for her to use them.

5.7 Main points

Transactional sex in Atteridgeville, South Africa is widespread. All of the participants received something from their sexual partners; whether they were in monogamous relationships, if they had casual sex, or had sex in exchange for money. And most of them used condoms inconsistently (or not at all). The literature argues that transactional sex determines, and influence conditions for unsafe and coerced sexual encounters, especially where men have a higher position of power because of the economic transaction the relationship (see Shefer, 2016 and Luke, 2003).

As demonstrated in this chapter, the relationship duration of the participants did not have a significant influence on condom use, but attraction, pressure, money and gifts did. Women from all three categories said they found it challenging to promote and use condoms with their partner. In monogamous relationships, their partner questioned their intentions. Women who were involved with multiple and concurrent sexual partners experienced that their partners suspected them of being unfaithful, and participants engaging in sex work experienced that their partners or clients 'threatened' not to give them money or things if they were to use a

condom. Only a few of the participants used condoms consistently while the majority said that if they had a choice, they would prefer to use them. Based on their statements, the next chapter will describe and discuss matters of how those who were able to use condoms with their partners went about it, and how other women struggled to negotiate and promote condom use. I address how women in different types of relationships experienced similar and contrasting challenges when negotiating condom use with their partners, and how some were unable to use condoms due to power-imbalances, financial vulnerability and other concerns. The following chapter will present the empirical data based on the three categories of participants' relationship statuses and will be divided into three sub-themes adopted from the theory of gender and power by Raewyn R. Connell.

Chapter 6. Sexual agency, condom negotiation and transactional sex

In this chapter, I discuss how women's sexual agency is compromised by unequal access to labour, the influence of power-imbalanced relationships, and social norms and gendered expectations. The degree of a woman's sexual agency is influenced by the nature of the specific relationship in question. As expressed in the literature, certain relationships are found to be more acceptable towards condom use. This chapter presents a comparison of women's sexual agency in monogamous relationships versus multiple sexual partnerships. The objective is to analyse and discuss how power dynamics influenced the participants' ability to promote and negotiate condom use and its outcome/consequences. The purpose of this chapter is to address issues of condom negotiation, promotion and usage, women's sexual agency concerning condom use, and how their sexual self-efficacy (or lack thereof) influenced their ability to use condoms with their partners. In the first section of this chapter, I discuss how unemployment and lack of financial stability led participants into transactional relationships. The second section describes how power-imbalanced relationships affect women's agency and the influence of social norms and behaviours that they are expected to fulfil. The third section addresses how affection and social and cultural norms influence women's ability to make choices and how these issues led participants into risky sexual behaviour.

In the theory of gender and power, Raewyn R. Connell describes how social and structural factors influence women's agency and their ability to make choices. She argues that gendered power-imbalances, hegemonic masculinities and sexual inequalities expose women, and make them vulnerable to acquire HIV (Wingood and DiClemente, 2000, p. 544). Congruent with this theory, Psaros et al. (2018) argue that such personal, contextual and societal factors contribute to women's subordination and maintain their limited sexual agency to promote safer sex practices (p. 1979). The theory of gender and power shows that family institutions and relationships produce gender-based inequities influencing women's financial opportunities, their control over resources, and their ability to make their own decisions. At a societal level, Connell argues that social, historical, and cultural factors contribute to power inequalities and that expected gender roles continue to be part of social norms (Wingood and DiClemente, 2000, p. 540-541). These social norms restrict women's ability to act freely and limit their agency in many aspects of life. In this study, I found that there are different institutions and social norms that influenced participants to engage in risky sexual behaviour and unprotected sex. The chapter is divided into the three structures of gender and power:

- The sexual division of labour
- The sexual division of power
- The structure of affective attachments and social norms (also known as the structure of cathexis)

6.1 The sexual division of labour: Economic exposures

The unemployment rate among young adults in South Africa is high, and not only among women. All the women in this study said they had a desire to be employed. Atteridgeville is a township marked by the sexual division of labour; men are paid for work while most women do house chores and care-work. Only one participant was successful in finding employment. Other participants said that they cleaned the house they lived in, and many participants also cleaned their partner's home. They said that being a woman made it more challenging to find a job and that men in their community had higher chances of finding work. Therefore, as already discussed, the participants found it necessary to engage with men who could financially help and take care of them and their families. The participants' sexual partners had an income which the women used to their advantage. Participants relied on financial and material contributions from their sexual partners, which is also referred to as transactional sex in this study.

The two youngest participants, **Nombongo** (19) and **Tebogo** (19), were still in high school at the time of the study. They said that they did not financially depend on their boyfriend because they had a family who took care of them. The older women said they had more responsibility in terms of providing money, food, doing house chores and family care. I found that they were more dependent on their sexual partners compared to the younger participants. The women in monogamous relationships also engaged in transactional sex; however, romance, affection and desire took a more substantial part of the relationship. In agreement with the findings of this study, Hunter (2015), in his study on concurrency, sex and AIDS in South Africa, found that sex, love and gifts are closely connected (p. 370).

6.1.1 Economic vulnerability and partner dependency

The sexual division of labour argues that women are commonly assigned positions such as underpaid or unpaid work. If one is unemployed and doing, e.g. house chores and care-work

without compensation, women become economically vulnerable and prone to engage in risky sexual behaviour (Wingood and DiClemente, 2000, p. 542). In agreement with findings from my study, Ranganathan et al. (2016) found that women find it more difficult to negotiate condom use when there is a financial motivation (p. 9). Hence, women's ability to negotiate condom use, discuss unfaithfulness, monogamy and to leave risky relationships are factors influenced by the gendered division of labour. Risky relationships such as transactional sex, casual sex, or by engaging in sex work, where a woman receives money or materialistic goods for sex. In this study, it is found that unprotected sex was a common theme in the relationships built on the transactional exchange.

Sense of sexual agency in sex work

Obakeng was a 26-year-old woman who started 'hustling' (referring to stealing, and other illegal income-generating activities) at the age of thirteen and engaging in sex work to help out in her family home. She differs from the other participants in this study because she was not emotionally nor romantically involved with any of her sexual partners. Around half of the participants in this study said they had multiple partners, but **Obakeng** was the only participant who called her partners as clients. She was financially dependent on men by engaging in sex work but told me that it did not influence her agency to promote condom use. She said her ability to negotiate condom use was easier because she was not in a monogamous or committed relationship. **Obakeng** is one of the few participants in this study who use condoms consistently. According to Baker et al. (2018), she has high self-efficacy because she performs sexual agency and has the confidence to negotiate the use of condoms (p. 671).

In the interview, **Obakeng** talked about her upbringing, and how, at the age of thirteen, there were limited employment opportunities. She described how her family situation had affected her living situation and the fact that she was not able to complete high school nor find formal employment. As a child, **Obakeng** was encouraged and prone to engage in sex work because she was not exposed to other ways of making an income. The women in her family engaged in sex work and hustling, while the men gambled with dices. **Obakeng** said

My family expect that I come home with something. Yes. Definitely. When they know you are sexually active, it means that you have to bring something on the table. They know how I get it. They do. It's a norm (**Obakeng**, 26)

As presented in the previous chapter, **Lesego** and **Kokhetso** also engaged in sex work. All three women engaging in sex work had multiple sexual partners and said that they had to do this to survive and to provide money and food for their families. **Kokhetso** and **Lesego** referred to their concurrent partners as boyfriends while saying they also had sex for money with casual partners, and in other transactional relationships. Both women said that their sexual partners preferred condomless sex. Because of the financial motivation and dependency, **Kokhetso** and **Lesego** often neglected to negotiate condom use with their clients. In agreement with a study by Luke (2003), they feared to lose their partner and financial support if they were to insist on safer sex practices (p. 74).

During the interview with **Obakeng**, she voiced one of her recent experiences with one of her clients. **Obakeng** and her client had beforehand agreed they would use a condom, however, when they got to 'the room', and she got undressed, her client said he would not put on the condom and that he would not give her money if they were to use a condom. She said she refused to have sex with him. **Kokhetso** and **Lesego** told that they had experienced similar situations, but that they complied with their clients to have unprotected sex. **Kokhetso**'s financial dependency on her clients profoundly influenced her to engage in unprotected sex. Letlape and Dube (2019) refer to the South African Law Reform Commission (2017) arguing that female sex workers earn more money engaging in unprotected sex (p. 130). In the words of **Kokhetso**:

He won't pay you. If you use a condom, maybe he will give you 100 rand after that. And then he will tell you "Ah, what is the use. We never reached what I wanted; you were like… it's boring" (**Kokhetso**, 30)

On the other hand, **Obakeng** said that she was not like other women who would give in to temptation and accept her client's demand, nor would she negate her desire to use protection. She became frustrated and upset when her client refused to use a condom because she felt like she lost "precious time" where she could have earned money for her family. However, **Obakeng** said she only had sex with men on her own terms. She put her dress back on and demanded the man to leave. She refused to have sex with him without a condom.

But when he comes to me, it is about the transaction. He gives me what I want; I give him what he wants. We condomize. That's how I operate. And I never changed my ways (**Obakeng**, 26)

Obakeng frequently experienced that she had to communicate her demand for condom usage with her clients. Most times, her clients agreed to use a condom during sex. She was able to negotiate and promote condom use while exercising her sexual agency and profit from the financial dependency on men. This contradicts Raewyn R. Connell's theory of gender and power, arguing that women who are financially dependent on others are less likely to negotiate and promote condom use. However, consistent with the theory, **Obakeng**, as an unemployed woman, had been led to engage in risky sexual behaviour where the terms of her sexual encounters were highly influenced by and likely to be defined by the man.

6.1.2 Monogamous relationships and condom use

The women in monogamous relationships did rely on financial contributions from their boyfriends, but not to the extent as **Kokhetso**, **Lesego** and **Obakeng** who engaged in sex work. It was more common to receive gifts, not money from their boyfriends. They said the main challenge for them was the question of trust when they promoted condom use. The participants in this study stated that women in monogamous relationships commonly do not use condoms with their boyfriends.

The literature argues that sex in Africa is viewed as a resource for women (Jewkes et al., 2003, p. 126). Participants said that their boyfriends paid for their clothes, make-up and for them to go to the beauty salon. They frequently received a gift or some money after they had sex with them. Even though they were romantically involved with their boyfriend, they still had the transactional aspect just as those participants who were not in monogamous relationships. However, it is found that women in transactional relationships are more exposed to engage in unprotected sex (Ranganathan et al., 2016, p. 9). As discussed in the previous chapter, **Tshepo** said that her boyfriend took care of her and paid for commodities she wanted; therefore, she could not promote condoms with him. She said: "Like, the way I clothes, my cosmetics, my hair, everything – it is him. So… I feel like I owe him" (**Tshepo**, 22). Kabeer (2005) argues that women who are economically vulnerable and dependent on others are disempowered. She further explains that it affects women and men differently

because power-imbalanced relationships often maintain and intensify the effects of poverty (p. 14).

Those who depended on their boyfriend's income were both financially dependent on their partner and, also, they faced questions of mistrust when they promoted condom use. **Omphile** lived with her boyfriend at the time of the study. She was not entirely dependent on her boyfriend because she had a formal job. However, she was dependent on him also having an income to pay rent for their shared apartment. **Omphile** wanted to use a condom, but her boyfriend did not approve. This will be further discussed in the section below, the sexual division of power, which is the second structure in the theory of gender and power.

6.2 The sexual division of power: Physical exposures

The sexual division of power describes how hegemonic masculinities and lack of control in relationships influence women's sexual agency. The structure refers to power-imbalanced relationships where women have lower self-efficacy compared to their partner. This can be observed in how decision-making in relationships occur and how one person in a relationship commonly has more control and influence over the other. East et al. (2011) argue that condom negotiation strategies will not be successful in situations where women have limited agency and a subordinate position in the relationship (p. 81). **Omphile** was not as dependent on her sexual partner's income to cover her and her family's basic needs, but other factors were influencing and exposing her to engage in risky sexual behaviour. **Omphile** struggled because she was in a power-imbalanced relationship where her partner had the behavioural control of condom use and hence made the choice of not using them.

As already mentioned, all participants engaged in transactional sex, meaning they all received money, favours or things from their partners. Watt et al. (2012) argue that these transactions commonly occur in romantic relationships in many cultures and that a transaction can be expected by women (p. 1006). This was also found in concurrent sexual relationships and with women who engage in sex work. The literature argues that women who engage in sex work are prone to experience unpleasant encounters, especially if the man is violent and dominant (Huschke and Coetzee, 2020, p. 2). It did not only apply for the three women engaging in sex work but also those who had multiple partners and those in monogamous relationships.

When one partner is the provider, this partner has a stronger sense of agency, and greater perceived control in the relationship. Regardless of the nature of the participants' relationships, the reasons why the majority engaged in unprotected sex were influenced by several factors. In most cases, the women did not choose themselves; their partners were the ones making the decisions. Gendered power dynamics highly compromised the women's sense of agency in their relationships. The primary influence of unprotected sex was related to their (financial) dependence on their partner and their lack of sexual agency and self-efficacy. Psaros et al. (2018) refer to this as an "overdependence" on others (p. 1969).

6.2.1 Condom-avoidant behaviour and strategies

In addition to a financial upper hand, men have the behavioural control of condom use as it is theirs to put on. Women in this study said that their partners questioned why they would want to use condoms and said that they threatened to leave them or not give them money if they were to use them. The participants said they would carry condoms but that they could not force their partner to use it. Two of the women had used the female condom but said they did not like to use them. Though, it gave them a stronger sense of agency as they did not have to persuade the man to put on the condom. This is compatible with a study on female condoms in Cape Town. As with participants of my study, Martin et al. (2016) found that women said it was easier for them to negotiate the use of female condoms because it did not involve negotiating or persuading the man to put the condom on or use it (p. 17). Unfortunately, participants in my study also said that a female condom was rare to find and uncomfortable to use. While discussing this, participants shared that men have several condom-avoidant strategies that will be discussed in the section below.

Condom negotiation strategies are crucial for safe sexual encounters (Braham et al., 2019, p. 256). The influence of sociocultural norms and practices are key to understand women's agency and their ability to engage in safer sex practices. Negating condom use may express trust in their partner and a belief that their relationship is monogamous (East et al., 2011, p. 77-78). Women's focus on love and being loved can compromise their agency as they want to please their partner rather than jeopardising their relationship (van der Riet et al., 2019, p. 1038). Participants in this study said they feared negative consequences or reactions when they would negotiate or promote condom use. Therefore, many of them did not or used indirect ways of doing it. Consequences such as abandonment, vulnerable to violence, facing

questions of mistrust and love towards their partner. Abandonment, trust and love were in particular evident barriers to condom use in monogamous relationships.

Coherent with an article by Wingood and DiClemente (2000), a majority of the women in monogamous relationships did not use condoms consistently and said it was the man who had the responsibility of carrying them (except **Nomphumelelo** and **Eunice** who said they also carry them, even though they did not use them consistently). The sexual division of power argues that power-imbalanced relationships influence women's self-efficacy and lead them to engage in risky sexual behaviour. **Omphile's** boyfriend did not want to use a condom most times they had sex. She told me that he avoided the use of condoms if he could, and occasionally performed stealthing on her.

Sometimes he, you know what he does?... neh… he gets very naughty. He probably have a condom and then take it off later… yes. Or sometimes when I'm very, very drunk. When we have been to a party, and I'm very, very drunk and then he's just gonna do it without a condom. And then it hits me in the morning. And then he will tell me "No, we didn't use a condom" (**Omphile**, 22)

A handful of the participants had experienced similar situations where a man either removed the condom without their knowledge or consent or by saying they were using it while they were not. They also shared that women they knew had become pregnant or infected by HIV or other STIs while under the impression that they were using a condom.

6.2.2 Partner-related barriers and disapproval of safer sex practices

Omphile's boyfriend disapproved of her desire to use a condom in addition to deceiving her by maintaining the pretence of safe sex. The literature argues that younger women who have higher education or are employed have greater sexual freedom and self-efficacy. This contradicts **Omphile's** experience who was formally employed and had higher education. She was still experiencing unwanted condom removal (also referred to as stealthing in this study). She said that her partner did not like to use condoms, but also said she did not understand why he performed stealthing because he knew she wanted to use condoms. **Omphile** was not the only participant who had experienced stealthing and unwanted condom removal. As mentioned above, a handful of participants had heard of men doing this to other women, or they had experienced it themselves. **Obakeng** expressed that she did not trust her clients and

that she often had to make sure that the condom was still being used. For example, she said that whenever they would change sexual positions, she always made sure that the condom was properly on. If it was not, she took out a new one and told the man to use it. Other participants talked about their friends who had experienced similar issues of condom use resistance. In this study, this scenario was not unique to one of the relationship categories. In other words, participants said that stealthing and partner disapproval of safer sex practices did not only occur in monogamous relationships but all kinds of relationships.

Omphile further told me about one of her friends who got infected with HIV because one of her sexual partner removed the condom without her knowing and her approval. **Omphile** told me that her friend became very upset. After her friend found out she was HIV positive, she started having unprotected sex with multiple men to spread HIV to others deliberately. **Omphile** said that her friend said it was her way of getting revenge for what that man did to her. **Zanele**, **Kokhetso**, **Ayanda**, **Lesego** and **Nomphumelelo** also told me about this kind of condom removal strategy, and that men commonly do this as well. They had friends who had experienced men doing it to them, and who had become pregnant or infected with HIV and STIs because of these actions. Their friends might have said they experienced condom use removal as an explanation of the consequences they faced. One of **Omphile**'s friends had become pregnant from a one-night-stand, she said:

My friend got pregnant from a one-night-stand. Yeah. Without using a condom. She said she thought the condom was on ... So, I don't know what happened. Only she knows what happened when she got pregnant (**Omphile**, 22)

Both men and women engage in condomless, risky sexual activity, but unwanted condom removal does not only occur to spread diseases. Some women have a desire to conceive with their sexual partner. Perhaps their sexual partners do not, so the women deliberately sabotage the condom. While talking about her friend, **Omphile** said that "...only she [her friend] knows what happened when she got pregnant". She was implying that her friend was not telling the truth to how she became pregnant. Other participants revealed that people poke a hole in the condom with, e.g. a needle (also referred to as condom sabotage) while it is still sealed to become pregnant ('baby trap'), but also to infect someone with a sexually transmitted disease. Due to the sensitivity of this concern, it is difficult to know if this is a myth or if it frequently occurs in Atteridgeville, as stated by the participants.

The condom use resistance methods described above are physical strategies that are reportedly performed by both men and women. However, participants talked about other strategies that their male sexual partners performed to avoid condom use. In a study on young women's experiences of condom use resistance, Davis et al. (2019) found that male participants in their study used seduction and low-risk assurance of STIs and HIV as methods for avoiding condom use (p. 231). As found in my empirical data, this is consistent with what the participants experienced when engaging in sexual activity with their partners. Men seduced or spoiled them or assured them he was 'healthy' to avoid condom use. Healthy as referring to people who do not have an STI or who are HIV positive. Other participants said that men they had engaged with said they did not want to use a condom with the woman because they (thought they) could see that she was healthy. Seduction and low-risk assurance of STIs and HIV were reported as a compromising factor to condomless sex in this study.

Condom avoidant strategies revealed in this study were influenced by norms, cultural representation, affection towards one's partner and male-dominating behaviour. There is already existing empirical data on condom avoidant strategies from studies conducted in South Africa (see Davis et al., 2019, Leddy et al., 2016, Muchiri et al., 2017, and Wechsberg et al., 2010). In other words, the findings provided in this study are not necessarily new; however, they are important to address because of the main objective of this study: To explore how (and why) many women lack the ability to negotiate and promote condom use in their relationships. Psychological strategies to avoid condom use will be described through the third structure in the theory of gender and power: The structure of affective attachments and social norms (structure of cathexis).

The three divisions of Connell's theory of gender and power are all interlinked. The sexual division of power is maintained by social mechanisms (e.g. norms and behaviours). These social mechanisms can be observed in women's lack of control in their relationships and power-imbalanced relationships where they have a subordinate position. Through the sexual division of power, Connell argues that cultural and societal norms sustain gendered power-imbalances between men and women. It also limits women's opportunities and how certain behaviours are socially expected of a woman. As described in chapter three (theoretical framework), direct exposures of these social mechanisms are risky sexual behaviours, partner

disapproval of safer sex practices, low self-efficacy and lacking communication skills (Wingood and DiClemente, 2000, p. 544).

6.3 The structure of affective attachments and social norms: Social exposures

According to Kabeer's theory of empowerment, women must have access to appropriate resources to become empowered: Economic, social and human resources that create an environment where women have the ability to make their own choices. She argues that women's agency and resources are highly influenced by their affection towards their partner and social and cultural norms of their place of residence. Participants in this study revealed that one of the significant barriers to condom use was linked to social norms that stigmatise women who carry condoms and those who insist on using them. These barriers highly influenced their confidence (and ability) to promote condom use. Another influential barrier related to the structure of affective attachments was how their partners questioned their trust, their sexual autonomy, and by following the sexual script of hegemonic masculinity and female subordination.

Affection and sociocultural norms that enforce strict gender roles affect how women express their sexuality. This third structure is strongly linked to power inequalities (the sexual division of power) as power imbalances are argued to stem from cultural and societal norms. These norms influence women's ability and agency to negotiate condom use and produce gender roles where women are supposed to act in accordance with her gender and expected sexual behaviour. A majority of the participants experienced difficulties performing agency and sexual self-efficacy with their partners, specifically with the use of condoms. The women in monogamous relationships confirmed this and said it was of particular concern for them. They loved their boyfriend, and they received money and gifts from them; they feared being abandoned if they were to promote condom use. The following section describes how the participant's upbringing is strongly linked to how they performed their sexual agency, and how norms and expected behaviour highly influenced their sexual autonomy and power within.

6.3.1 Norms: Abstinence, monogamy and procreation

Previous empirical research has demonstrated the importance of exploring social and cultural norms to understand why many South African women do not use condoms during sexual

intercourse. In their study, Closson et al. (2018b) found that women's sexual agency was highly influenced by societal norms, socioeconomic status and relationship dynamics (p. 524). Arguably, one learns these norms from those one are first socialised with; one's family. Since parents are acknowledged as a child's first social encounter, children are exposed to their interpretations where they learn, accept and follow norms exposed to them. Based on findings in this study, social and cultural norms stem from (patriarchal) beliefs and attitudes, female subordinate positions, access to education or employment, or lack thereof. A woman's sexuality is commonly depicted in terms of procreation stemming from historical social and cultural norms. Women's sexual agency and autonomy are compromised when women are not exposed to proper knowledge sharing and education. From a very young age, the participants of this study were taught to be submissive, monogamous and to abstain from sexual activity before marriage.

The literature argues that appropriate quality sexual and reproductive health and rights (SRHR) education is crucial to facilitate female empowerment, strengthen women's sexual agency and to improve their sexual self-efficacy. The women in this study reported that they were not exposed to such quality education. They told me they learned about sexuality and safer sex practices through the internet, from their friends and peers, but given basic information in Life Orientation class in school. They also said they did not discuss matters of sexuality and sexual activity with their mothers or other trusted family members. **Tebogo** (19-year-old) said that the only information she got from her mother was to "stay away from boys".

The use of contraceptives was highly stigmatised. If using them, participants said they would face the risk of being discriminated against by family, friends, health care workers and potential sexual partners. They were stigmatised because using contraceptives or collecting condoms meant that they were already sexually active. This reflects on sociocultural norms where women are supposed to abstain from sex before marriage. Even so, a handful of the participants used birth control, and most of their sexual partners encouraged them to use them. Having said that, this also gave their partners another reason to neglect condom use.

Societal expectations of women's sexuality constrain their sexual assertiveness and misguide them of proper sexual behaviour. The women's condom use self-efficacy (CUSE) was highly influenced by masculine and feminine stereotypes of appropriate behaviour towards sexuality.

The participants confirmed this by saying that, for example, multiple sexual partnerships is an accepted norm for men, but not for women. They further said that men get credited for having more than one sexual partner while they as women are stigmatised if doing so. As found in my data, societies' expectations of women abstaining from sex, being monogamous and engaging in procreational sex make them suppress their own desires and needs and give them little to no part in sexual decision-makings (Madiba and Ngwenya, 2017, p. 55). Even though cultural and social norms influenced participant's agency in sexual decision-making and condom use, those who were in romantic relationships revealed that the major barriers to condom use were influenced by love, trust and affection towards their partner. Although, the financial contributions from their sexual partners stemming from a normalised culture of transactional sex also acted as a barrier to condom use.

6.3.2 Love, trust and affection: Affective attachments as compromising factors to condom use

Higgins and Hirsch (2008) describe how unprotected sex in relationships may reflect a desire for "close, loving and monogamous" sex (p. 1803). Comparing the three relationship categories from the previous chapter, the women in monogamous relationships represent the majority of the participants who did not use condoms consistently. When questioning their condom use inconsistency, participants disclosed that they would like to use them but that their partners did not. This was found consistent with the majority of women in monogamous relationships. Congruent with the study by Wingood and DiClemente (2000), participants did not suggest condom use when they felt love and affection towards their partner (p. 553). The participants said that they loved their partner and some of them said that they did not see the purpose of using a condom when they were in a relationship after a certain amount of time. Many of them also said that their partners questioned why they would want to use condoms and threatened to leave them if they were to use them. They disclosed that men they knew and had sex with, commonly used love and trust as strategies to influence them to have condomless sex, but participants acknowledged that women do this as well. **Omphile** said that:

I have a friend that says, like, her boyfriend is not gonna use a condom at all. So now she has settled for that. She is staying with him, though. Love, you know. Love is the worst (**Omphile**, 22)

Omphile said that her friend chose to stay with her boyfriend because she loved him even though she wanted to use a condom, but he did not and would not use it. Her friend's boyfriend knew she wanted to use condoms, but he was able to avoid using them because she was in a vulnerable position having to choose between her boyfriend (and his financial contributions) versus abandonment. In comparison, Nombongo, a 19-year-old woman and her boyfriend for six years had made an agreement. She said they used condoms inconsistently, but that she would like to use it every day. Their agreement involved condom use every other week. She said it was a compromise she was willing to take, but she was still concerned about STIs, HIV and pregnancy.

"Show me that you love me"

Lesego said that South African men (not only men who pay for sex) in general, challenge women's self-conscience and sense of self-worth. She had experienced that one of her boyfriend's (her main partner) said "Show me that you love me. We don't use the condom". Just as **Omphile**'s friend, **Lesego** was put in a vulnerable position where she settled for unprotected sex with her main partner. According to studies exploring issues of sexual self-efficacy, **Lesego** does not have self-efficacy for HIV-preventative behaviour because she is not able to use a condom with her main partner (Closson et al., 2018b, p. 524). In the words of **Ayanda**:

They [men] *manipulate, they can manipulate you if you are not strong enough. Like "Don't you trust me?" … You have to be strong; you have to stand your ground saying "No, we are not doing this". So, if you are a weak person, you can't handle some people, but some people are… good people. They understand* (**Ayanda**, 23)

Ayanda said that women who are not strong enough are less likely to suggest and promote condom use in their relationships. This is consistent with Kabeer's theory of empowerment. Kabeer argues that women's sexual agency is highly compromised by lacking self-efficacy and power-imbalanced relationships. Women who find themselves in this position have to decide if they want to terminate the relationship or give in to their partners demand. The majority of the participants in this study gave in to their partner's demand for unprotected sex. **Ayanda** further said that some men are "good people" who accept condom use, while others manipulate their partner to have unprotected sex.

"Don't you trust me?"

Ayanda's statement above reflects on the consistent pressure most participants in this study experienced from their boyfriend or main partner. "Don't you trust me?" All participants had experienced their sexual partners questioning their trust when promoting condom use. This is consistent with a qualitative study by Psaros et al. (2018) on HIV prevention among young women in South Africa. They found that their participants' romantic relationships were influenced by a need for emotional support, by their partner's preferences on condom use, and through economic incentives. The women in their study said they were tired of asking their partner to use a condom and tired of their partner always questioning their intention and their trust. The majority of women no longer promoted condom use with their partners (Psaros et al., 2018, 1976). The participants in this study confirmed this, but said that after they had negated condom use once with their sexual partner, the next time they were to have sex, their partner would ask "Why should we use a condom today when we did not use one the last time?"

All the women in this study had unprotected intercourse in their lives. All continued using condoms, but only two participants were consistent. Eleven of the women said they used them "on and off", or not at all. The women in monogamous relationships who used condoms inconsistently said that using them was more challenging when they had already negated them. **Katlego** said:

If that man is your partner, they would want to know why you want to use a condom. I mean, let's say you are married, or you have been together for a long time. So, if that man is your partner, then you go to him and say, "Today I want us to use a condom", he is going to question it "Why today of all days you want to use a condom?" (**Katlego**, 24)

When asking the participants why they would like to use condoms with their partner, they said they did not want to become infected by STIs, HIV, or to become pregnant. They argued that there is a prevalence of HIV in Atteridgeville and South Africa. But, they also said that men would negate condom use if the other person 'looked healthy' (as in without HIV and STIs). The majority of the women used contraceptives sporadically but said that they preferred to use a condom. Their biggest concern was to get an STI or become infected with HIV. An interesting finding was that women said they trusted their partner and they did not think he was cheating or "getting busy somewhere else", but they were still afraid of STIs

from their partners. Even though some of the participants knew that their partner was unfaithful, they could not tell their partner to use a condom because it could jeopardise their relationship and potentially lead to violent behaviour and other harmful actions from their partners.

6.3.3 Social norms and the sexual double standard

It is argued that African sexuality is constructed within a dominant patriarchal context where men are active and dominant while women are passive and submissive (Muhanguzi, 2015, p. 62). East et al. (2011) refer this to as a sexual double standard (p. 78). The concept describes how women are told to remain passive and submissive in interactions with prospective husbands, while men are awarded and encouraged to engage in risky sexual behaviour. Participants disclosed that men are socially and culturally allowed and encouraged to have multiple sexual partners. **Tshepo**, **Ayanda**, **Katlego** had multiple partners, but none of their partners knew of each other. **Obakeng**, **Lesego** and **Kokhetso** were involved in sex work, and therefore their casual partners did assume they had more partners. Even though the majority of the women in this study talked about the normalised culture of men cheating and having more than one sexual partner, women faced being labelled as promiscuous. Participants said that women who promote condom use with their partners were suspected of cheating. In the words of **Zanele**:

So, many questions… the guy will think that the girl slept with other people. Yeah. The table turns, hey. Cause you'll find that he is the one sleeping with other girls and the girl is loyal to him. So… yeah. They switch the situations (**Zanele**, 22)

Luke (2003) describes how women who ask their partner to use a condom may jeopardise their relationship and the prospect of marriage (p. 74). Women in this study talked a lot about unfaithfulness and how their partner would leave them if they were to cheat on them. In contrast, the majority of the women said that they would forgive their partner if they caught him cheating. The participants said their partners thought they were "sleeping around" when they asked them to use a condom. The majority of the women in monogamous relationships said that love and trust were the leading influencers to unprotected sex.

The sexual double standard was expressed in the words of **Kokhetso**. She said that men cheat and that *Men as a whole… They don't see it* [cheating] *as a problem, but they don't want their girls to cheat. They don't want their woman to cheat, but they are cheating*.

Kokhetso, who had multiple boyfriends in addition to clients, did once catch one of her boyfriends cheating on her and became very upset. She eventually forgave him and explained that women easily forgive their boyfriend for cheating, but that men find it more challenging to do so. They were still together at the time of the study. This finding is supported by the literature. Women are supposed to forgive and forget infidelity, but most men do not and will not do that (Jewkes and Morrell, 2012, p. 1729). **Thulani**, a 24-year-old woman in a monogamous relationship, said that:

I wouldn't allow my boyfriend to have several partners, multiple partners, no. I would expect to be alone. But guys they get tempted. Yeah. Because we are not the same. We have different bodies, different… we are different. So, every guy has his type. So, they get temptations sometimes (**Thulani**, 24)

The sexual double standard describes how men are socially and culturally encouraged to have multiple partners, and they have sexual freedom (and agency) to do so, but this did not apply for the women in Atteridgeville. **Thulani** said that she would not cheat on her boyfriend, nor would her boyfriend allow or forgive her if she did. She also said that she would not forgive her boyfriend if he cheated on her; but, further said that men have temptations that make them cheat. She was told by more than one person that her boyfriend was texting other girls and that they suspected him to be unfaithful. She knew he was communicating with his ex-girlfriend, but she did not want to believe he was cheating. **Thulani** said she sometimes thought her boyfriend was cheating and that she wanted to use a condom to be safe. However, her boyfriend did not want to use one, so they eventually agreed on a compromise where they used condoms on and off.

6.3.4 Fear of abandonment

As the majority of the participants relied financially on their partner, they felt like they had to forgive them for being unfaithful and not to argue with them about it. Because they depended on the money. Their partners felt entitled to do what they wanted because the women were not able to leave them. Nor would participants risk their income and the financial stability

their partners gave them. As demonstrated in the previous chapter, **Tshepo**, who had one boyfriend and one side partner, said that she was not able to (and should not) tell or ask her boyfriend to use condoms because he took care of her. She was afraid he would leave her or stop giving her money if she did. She told me she could not leave the relationship even though that was what she wanted to do. Her boyfriend's perception of how his partner was supposed to behave relates to the sexual double standard. The society says men are allowed to have multiple sexual partners, but women are supposed to be submissive and faithful. For example, **Tshepo's** boyfriend became angry when she told him she would like to study at the local university. He said he could not let his 'wife', in this scenario, his girlfriend do that. He said he was the one who should provide for and take care of her and accused her of wanting to meet other men. He constrained her agency and her desire to achieve higher education. She wanted to go to university to become financially independent from her boyfriend. **Tshepo** faced the risk of being abandoned and jeopardise her financial stability if she was to promote condom use with him. This is consistent with research arguing that male-dominating behaviour in sexual relationships is associated with unprotected sex and hegemonic masculinity. Other participants said they had met men who insisted on unprotected sex and had become violent because they had asked for a condom. The nature of the relationship influenced how women responded to the man's demand. The women who had less perceived sexual agency and those who were in power-imbalanced relationships complied to their partner's demand for unprotected sex.

The women involved in concurrent sexual relationships shared the same concerns (STIs, HIV and pregnancy) as those in monogamous relationships. Still, they expressed greater concern about jeopardising the financial contributions from their sexual partners. They were worried that their partner would no longer give them money if they were to promote condom use. They also said that they did not want to risk their relationships by promoting condom use. Consistent with a study conducted by Onoya et al. (2012), the participants had reduced bargaining power because of the financial incentives and male dependency. Psaros et al. (2018) refer to this as overdependence on men creating and maintaining barriers that compromise women's sexual agency and sexual self-efficacy (p. 1969).

6.4 Sexual agency in risky sexual behaviour

The three structures in the theory of gender and power are all interlinked. According to the empirical data (and the theory itself), they cannot be independent of one another. Women engage in risky sexual behaviour caused by partner dependency, low sexual self-efficacy, power-imbalanced relationships, partner disapproval of condom use, and cultural and social factors and norms. The literature argues that one must explore the gendered power dynamics in a relationship to understand women's sexual agency (Pascoe, 2020, p. 12).

6.4.1 Economic empowerment to achieve sexual agency

Female empowerment in the development discourse is commonly referred to as economic empowerment. Bonner et al. (2019) argue that economic empowerment can reduce South African women's risk of acquiring HIV, rather than focusing on empowering them through their own sense of agency (p. 1373). Participants' lack of employment opportunities and the influence of affective attachments produced and maintained a gendered division of labour in their economic potential, prosperity and development, as well as their control of resources (Wingood and DiClemente, 2000, p. 541). The findings are in agreement with previous studies. In the words of **Kokhetso:**

Unemployment brings a lot of things. You end up doing things you don't want. Cause of unemployment. Though you want to have … use a condom (**Kokhetso**, 30)

In this study, it was found that women were economically secured by sexually engaging with men. However, being economically dependent on others compromised their ability to become empowered and to achieve sexual agency in decision-making and to communicate with their partners. This was demonstrated by how men set the terms of the encounter because they had the financial upper-hand. It was also found that the majority of the participants were unable to achieve sexual agency through economic empowerment. Bonner et al. (2019) argue that women can become empowered by gaining access to money. In contrast, this did not transfer to this study as women's access came from their partner.

On the other hand, those who engaged in sex work were better equipped to become empowered. **Obakeng**, in addition to being economically dependent on men, was also able to negotiate and promote condom use with her clients. Some participants saw that sexually

engaging with men did have positive outcomes that enabled them to provide for themselves and their family. They all said that the financial and material contributions from their sexual partners helped them in one way or another. Those in monogamous relationships talked mostly about material things in forms of gifts or by taking them out for food/drinks, while those with multiple sexual partners relied on the financial contributions to buy food and pay bills.

6.4.2 Condom use self-efficacy

Research on condom negotiation strategies in other regions reveal that women who perceive themselves as less powerful (with limited agency) are less likely to negotiate its usage. In their study, they found that withholding or refusing sex, requesting condom use, using seduction, and, most commonly, making up a reason why one wants to use a condom were used as condom negotiation strategies (Peasant et al., 2019, p. 899). Participants in this study confirmed these strategies, and many of the women had used them with their current or previous sexual partners.

Those in casual relationships were, on average, more successful when using these strategies than those in committed and romantic relationships. Arguably, the women who had multiple partners had a stronger perceived sexual agency than those who were emotionally and romantically involved with their partner. In a previous study, Peasant et al. (2015) describe how women who have a stronger sense of agency are more likely to have condom use self-efficacy (p. 475). Initially, three participants said they used condoms with their partners. However, as revealed in one of the interviews, it was actually only two of them who used them consistently: **Tebogo** (19) who was in a romantic and committed relationship, and **Obakeng** (26) who was involved in sex work. They had condom use self-efficacy because they were able to negotiate and use condoms. As found in this study, Sayles et al. (2006) argue that condom use self-efficacy is associated with consistent condom use (p. 1).

Tebogo contradicts most research arguing that women who feel love and attraction towards their partner are unable to negotiate condom use. However, she had been in the relationship for only six months at the time. She was also not dependent on her boyfriend's financial or material contributions. There is a high possibility that after some time, they would stop using a condom. She said, if they were still in a relationship after a year, she would consider laying of condoms.

6.4.3 Sexual agency and sex work

Hunter (2015) describes how sex workers, and women who engage in short-term transactional encounters with men, are more inclined to negotiate condom use (p. 372). They are more inclined to negotiation, but they also face challenges because of the financial incentives. **Obakeng** said she would not have sex with a man without getting anything in return and she firmly said that "*if they don't give me money, it's a waste of time*". **Obakeng** demonstrated strong confidence in HIV preventative behaviours (SSE) such as condom use and refusal of unwanted sex. Also referred to as condom use self-efficacy (CUSE) in this study. Wingood and DiClemente (2000) argue that if one has the confidence to bargain for safer sex, one has sexual self-efficacy (p. 551). **Obakeng** was comfortable buying and carrying condoms and had the confidence to tell or ask her clients to use them. Still, she frequently experienced her clients complain and argue with her, but said that "*I will tell them that I will make you climax. I will make you get where you want to be. With a condom*" (**Obakeng**). Even though **Obakeng** had limited resources and was financially dependent on men by engaging in sex work, she had sexual agency because she was able to negotiate and bargain for condom use and actually act upon it. She was able to achieve empowerment by performing agency.

Obakeng's condom use self-efficacy contradicts research arguing that sex workers are disempowered and without sexual agency. Most literature reviewed for this study contradicts **Obakeng's** actions of refusing sex when her clients did not want to use protection. The literature argues that when there are financial incentives and economic vulnerability, women are less likely to suggest and promote condom use. However, the literature also argues that when there is no emotional or affectionate connection between two sexual partners, it is easier to negotiate condom use. Similar questions on sex work, condom use, and sexual agency have been addressed in a previous study from Pretoria, South Africa (see Wechsberg et al., 2010). Findings from this study are, to some extent, comparable with the article. Consistent with my findings, the study found that sex workers found it easier to negotiate condom use the first time they had sex with a man, and they continued doing so the following encounters.

6.4.4 Access to supportive environments as pre-conditions to empowerment

Women's sexual agency is strengthened when they have a wider network and a supportive environment surrounding them. Naila Kabeer argues that women must have resources

available to facilitate the prospect of empowerment. This study does not focus on empowerment in itself. However, it discusses findings through the three concepts that Kabeer believes must be in place in order to achieve empowerment (agency, resources and achievements). As described, resources are pre-conditions that enhance women's ability to exercise choice. Resources can also provide supportive environments where a woman is comfortable exercising her sexual agency. Supportive environments, or lack thereof, can influence the use of condoms and women's perception of them.

Obakeng demonstrated a strong sense of agency and sexual self-efficacy. She had a network which influenced her to engage in sex work at a young age, but was, at the same time, taught to be strong and assertive in her decision-makings from her family. **Tebogo** and **Obakeng** were the only participants in this study who used condoms consistently. **Tebogo** said that her peers influenced her. She also encouraged her friends to engage in safer sex practices with their partners. She had access to a supportive environment from her friends but said that she lacked such support from her family and especially her mother. In agreement with a study by de Bruin and Panday-Soobrayan (2017), I found that the majority of the participants' parents and caretakers held conservative norms and values which restricted the young women of this study to appropriate information on SRHR. These norms and values also shaped participants confidence in negotiating safer sex practices with their sexual partners.

Growing up, **Tebogo** said that she had never discussed matters of sexuality and condom use at home. She said she would have appreciated that and that she would give such support to her future children. **Tebogo** said that her life orientation teachers were supportive and provided a safe space for her to talk about issues of sexuality and safer sex practices. As with **Tebogo**, other participants in this study were also short of a supportive environment from home. They said they did not have access to resources such as supportive environments and safe spaces to discuss these issues elsewhere either. Especially the older women in the study said they did not have access to such.

Tebogo had an advantage where her peers and educators supported her to think positively about her sexual health and wellbeing. Unfortunately, this case is unique for this study and does not represent any of the other participants. She said that she had learned the importance of condom use and prevention methods. She had self-efficacy because she could insist and actually use condoms with her boyfriend.

Nombongo, who was **Tebogo's** friend and classmate, seemed slightly uncomfortable talking about sex during the interview. She said that if she talked about it, it would be with her boyfriend, and only him. **Nombongo** could have access to an environment like **Tebogo** but said she did not want to talk about matters of sexuality, nor share her sexual experiences with others. It was a private and personal aspect of her life that she did not want to share. The academic literature argues that, if one has access to a supportive environment, one's sexual agency improves, and one can become confident in performing agency and self-efficacy. Naila Kabeer (2003) said that agency and access to resources can make up for women's ability to use condoms during sexual intercourse which is true in **Tebogo's** case. Arguably, if **Nombongo** would communicate with someone she confided in, she would also be able to voice her opinions to her boyfriend. They had agreed they would use condoms every other week. Though, if she found support in a network, it could help her promote and negotiate condom use every time they had sex.

6.4.5 Agency through social and economic resources

As already established and retrieved from the data, men commonly have a higher position of power if there is an economic transaction in a relationship. However, women can feel a sense of agency when they utilise their erotic power, with partner choice and by determining the time of the sexual encounter. In their study, Stoebenau et al. (2016) found that that "...when choice was made, their power was greatly circumscribed" (p. 190). Women in this study assessed their own power as their ability to access social and economic resources. The economic incentive of their relationships, especially those who were dependent on money from their partners, highly influenced their ability to act out their agency. The majority of the participants were not able to promote condom use with their partners because of the financial incentive. The financial contribution sustained their relationships as imbalanced where their partners had the dominant position.

Tshepo, who was in a long-term relationship, said that her boyfriend (main partner) gave her all that she wanted. Such as food, clothing, and make-up. She said that he gave her what she wanted, so she should do the same. In return, he wanted sex without protection. She did not face these challenges with her side partner. She said that her side partner respected her and her desire to use a condom. Perhaps because she did not depend on him to provide for her, **Tshepo** said that the relationship between her and her side partner was based on love and

attraction, not through economic incentives. However, **Tshepo** was vulnerable to her main partner's dominance and his decision and behavioural control of condom use. Her boyfriend's reluctancy to use condoms mirror the lack of power she had in the relationship, demonstrating how much power he had.

6.5 Summary

Naila Kabeer argued that gender inequality is strengthened by imbalanced demonstrations of power in sexual relationships. Findings show that women would prioritise their financial wellbeing over their individual health or safety in long term relationships. The women perceived the loss of financial stability worse than leaving a power-imbalanced relationship. Participants in this study disclosed that women who find themselves in these kinds of relationships are less likely to promote and negotiate condom use because doing so may be considered inappropriate and problematic due to various reasons. This study found four recurrent themes. One; the economic incentive of the relationship profoundly influenced participant's ability to use condoms with their sexual partners, two; the likelihood of the participant acting out her agency without consequences, three; the risk of jeopardising her relationship, and four; if her environment and its social norms in which she found herself, allowed her to do so.

Chapter 7. Conclusion

The overall objective of this study was to explore young South African women's sexual agency and their ability and desire to use a condom in heterosexual relationships. The thesis further sought to explore sociocultural, structural and collective components which influenced the women's agency and their condom use self-efficacy (CUSE). The study was framed by Raewyn R. Connell's theory of gender and power, which addresses social and structural factors affecting women's agency in decision-making and in communicating their sexual and reproductive health and rights. Naila Kabeer's concept of agency was applied to examine participants' ability to act on their sexual agency and desires. This study revealed three main exposures as to why participants were unable to use and negotiate condom usage with their partners; economic, physical, and social exposures as found in the theory of gender and power.

Thirteen young women between 19-30 years of age from Atteridgeville, South Africa were interviewed for this study. All participants engaged in sexual intercourse at the time of the study, and all identified themselves as black heterosexuals. There was a considerable variation of participant's relationship statuses, but a consistent finding was that all engaged in transactional sex. They were categorised into three categories; monogamous relationships, multiple sexual partners, and sex work. Twelve of the participants wanted to use condoms, but only two were successful.

The complexities of young women's sexual agency and condom use self-efficacy

Findings of this study demonstrate that several factors influence a woman's sexual agency. Sexual agency in this study was defined as women's ability to recognise, accept, and respond to one's sexual feelings, reproductive rights, and one's ability to refuse unwanted sex. However, the participants' sexual agency was highly individual. Their ability to use condoms in their relationships was not directly related to their relationship statuses. It was evident that the women in monogamous relationships, on average, found negotiating and promoting condom use with their boyfriends more challenging compared to the women who had multiple sexual partners. The majority of the women in monogamous relationships were unable to use condoms with their partner, this was also found with those who engaged with multiple partners. They were unable to perform HIV preventative behaviour such as partner communication and condom use; they did not have sexual self-efficacy (SSE).

The women in monogamous relationships found power-imbalanced relationships and sociocultural behaviours and norms to be significant barriers to condom use. In their relationships, they experienced love and trust as compromising factors to consistent condom use. Many of the women found themselves in relationships where their partner had the dominant position and the behavioural control of condom usage. Their male partner's reluctance to use condoms constrained participants' ability to promote and negotiate condom use. They avoided condom use in various ways, and these condom avoidant strategies were found to be both physical and psychological. To some extent, all participants engaged in transactional sex; they received gifts, money or favours from their partners. Women in Atteridgeville were economically constrained due to lack of employment opportunities, and the majority of the participants relied on contributions from their boyfriend, partner or clients. The economic exposures reflect on the first of three structures of the theory of gender and power: the sexual division of labour. Participants in this study explained that Atteridgeville is a township marked by the sexual division of labour; men are paid for work while young women do house chores, care work and rely on their sexual partner.

Transactional sex took different forms. Participants in monogamous relationships generally received a gift or favour from their partner, while the participants who engaged in concurrent, and multiple partnerships relied on financial contributions. Participants of this study perceived the potential loss of their financial stability worse than leaving a power-imbalanced relationship. Findings show that women prioritise their financial wellbeing over their individual health or safety in long term relationships.

Because of the different relationship statuses and differences in age and sexual experience, one single conclusion of this study is not achievable. The nature of the participant's relationships proved to influence the degree of unprotected sex, but women's condom use self-efficacy cannot be measured based on the type of relationship because the majority of participants in this study did not use condoms during sex, regardless of relationship status. All participants, except one, had a desire to use condoms, but only two of thirteen women were successful in negotiating and promoting condom use in their relationships.

In conclusion, this study found that women's sexual agency and success in using condoms did not depend on the nature of their relationships. However, the women in monogamous and

concurrent relationships found it more challenging because they were emotionally involved with their sexual partners. The women who engaged in sex work did so out of necessity, and those involved with multiple partners did not want to jeopardise the material and financial contribution from their partners. The women who were in power-imbalanced relationships suppressed their desire to use condoms which influenced their sexual and reproductive health and rights and hindered them to act out their sexual agency. According to data from UNAIDS, HIV transmission in South Africa continues to rise where women in heterosexual relationships are disproportionally affected. This study revealed that the majority of the participants were unable to use condoms with their partners; this is a particular concern, especially when HIV is increasing. The participants engaged in risky sexual behaviour caused by partner dependency, low sexual self-efficacy, power-imbalanced relationships, partner disapproval of condom use, and cultural and social factors and norms.

7.1 Limitations of the study

I encountered several challenges during the study. In the methodology chapter, I described how the participants' age disparities created a barrier to how homogenous the participants were. This means that it has been hard to analyse the participants at group level, since there is great variation in their sexual practices and experiences.

The different nature of the participants' relationships made the process of presenting my findings challenging and time consuming. Some of the participants had been in monogamous relationships for years and had limited sexual experience with other men than their main partner at the time. Other participants were not emotionally involved with their partners. This could have been avoided with more specific participant criteria. However, I was not aware that sex work and transactional sex was that widespread in Atteridgeville as the participants disclosed.

While generating initial codes and searching for themes in the transcripts, I found that some of the participants who engaged in sex work referred to their sexual partners as boyfriends which challenged me when I started to categorise the participants into relationship statuses. I chose to rely on the literature which defined these women as sex workers. The social desirability effect was also clear in my material. One of the participants told me she was exclusive with her sexual partner. However, Hope, my gatekeeper, said that she had multiple

partners. Similarly, when we discussed matters of condom use, most of the participants initially said that they used condoms with their partners, but later in the interviews, it turned out that they did not. This made some confusion while I analysed my data. Still, it also confirmed my initial thoughts of women's ability and desire to use condoms with their partners.

Another limitation was how the women frequently said: "You know how men are". The fact is I do know in a way, and from the literature, I had an individual interpretation in my head. However, I had to make the participants explain what they meant by that and try to make them reflect and describe what they thought while they said that.

7.2 Recommendations for further research

High rates of HIV among young South African women together with inconsistent and declining condom use calls for a critical examination of the gendered division of HIV transmission and gendered aspects of HIV.

Matters of women's sexual agency and sexuality in Africa are well-known with adequately research already conducted. However, most studies are published in public health journals, with health-specific frameworks, and through a public health perspective. Many of the studies do include gendered perspectives, but, I highlight the need for research based on gender theories.

This study demonstrates that there is a significant variation between young women's sexual behaviour and forms of sexual transactions. The phenomenon of condom use in monogamous relationships versus multiple partnerships is multifaceted. This study focused exclusively on women, but future studies and interventions should explore male perspectives or conduct a male-focused study regarding condom use. Future research should also take relationship statuses into consideration when designing their studies.

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Appendices

Written statement about study

"Women's agency and condom use in Atteridgeville, Pretoria, South Africa"

This is an inquiry about participation in a research project where the main purpose is to explore South African young women's agency in relation to condom use in sexual relationships. In this letter, I will give you information about the purpose of the project and what your participation will involve.

I am a Norwegian master's student at the University of Bergen, Norway. I am studying Global Development in Theory and Practice. I am doing fieldwork for my thesis in South Africa August 2019 – September 2019. The study has been recorded with the Data Protection Official for Research, NSD – Norwegian Centre for Research Data.

Purpose of project

The purpose of this project is to conduct research for my master's thesis. I will be looking at gender roles and norms with an emphasis on women, their agency and power in a relationship directly linked to their ability and interest in negotiating condom use.

Who is responsible for the research project?

The University of Bergen is the institution responsible for the project.

Why are you being asked to participate?

You have been asked to participate in this project because Belinda Pakati referred me to you or another participant in this study recommended you.

You are selected based on these criteria:

- You are a woman and without children
- You are over the age of 18 (and under the age of 30)
- You have been sexually active/in a relationship
- You speak English

What does participation involve for you?

If you chose to take part in the project, this will involve an interview where I ask questions and you answer. It will take approximately of 1-1.5 hours. The interview includes questions about your experience in a sexual relationship, whether or not you prefer to use condoms and how you feel about this. Your answers will be recorded with an audio recorder.

Participation is voluntary

Participation in the project is voluntary. You will not get paid to participate. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how I will store and use your personal data

I will only use your personal data for the purpose(s) specified in this information letter. Only my supervisor Siri Lange and I will have access to the personal data. I will process your personal data confidentially. I declare that I will work in line with the Norwegian Ethical Guidelines for Research (https://www.etikkom.no/en/ethical-guidelines-for-research/guidelines-for-research-ethics-in-the-social-sciences--humanities-law-and-theology/). I will replace your name and contact details with a code. The list of names contact details and respective codes will be stored separately from the rest of the collected data. I will not use any personal data or information in the thesis and will anonymise according to research standards (NSD - https://nsd.no/personvernombud/en/index.html).

What will happen to your personal data at the end of the research project?

The project is scheduled to end in June 2020. The personal data will be deleted, including the digital recordings, at the end of the project. The information is exclusively being used for academic purposes and will not be shared with third persons.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability)

- at any time prior to the hand-in of the thesis, withdraw the approval for the use of the information given to me, and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives me the right to process your personal data?

I will process your personal data based on your consent.

Where can you find out more?

- The University of Bergen, Norway via Siri Lange, by email: Siri.lange@uib.no or by telephone: +47 55 58 48 32.
- Myself – Kaia Helgemo Lindtner, by email: kaia.lindtner@student.uib.no,

or by telephone: +47 48 03 05 84 or +27 (79) 569-4670.

- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Interview guide

Introduction/background

Can you tell me about yourself and your background?

Where did you grow up? Your family, where did you go to school?

Theme 1. General perceptions about condoms

Can you tell me about the perceptions women in your community have when it comes to the use of condoms?

Do you know if women and men have the same perception of condom use?

Are men or women more positive to use them? Why/how?

(How) Would a man react if a woman said she wanted to use a condom? Why?

(Positive/negative, infidelity)

Do you think it is normal for partners to use a condom during sex? If so, why/why not?

What are the main reasons, in your opinion, for young people to use condoms?

Is condom use different if you are in a relationship or not?

Does age affect usage? Old vs. young

Theme 2. Personal experiences

Do you remember the first time you used a condom? Can you tell me about that experience?

Who wanted to use condom? You or your partner? Can you tell me about that?

Was that your first time having sex?

How do/did you discuss condoms with your partner? Did you talk about it beforehand? Can you tell me about that conversation?

How do you, personally, feel about condoms today?

Do you use them every time or does it depend on the man you interact with?

When, or if, would you stop using condoms with a man?

If you use, why do you want to use condoms? (STI risk, pregnancy, abortion)

Do you use other prevention methods? (instead of, or in addition to)

Has your perception or view of condom use changed over time? If so, why and how?
Did you have a different perception about condoms before you became sexually active? Why (not) did that change?

When we talked about people's perceptions of condom use,…you said…, why do you think that is?

Have you ever been in a situation where you wanted to use a condom and your partner did not want to? If yes, please explain what happened.

Are condoms easily accessible? If so, where do you get them?

Theme 3. Peers
Have you discussed condom use with your friends?
If so, do they use condoms? Are they able to say they want to use them with their partner?

If they do not use condoms, do they use other prevention methods? Such as?
If they do not, what is the reason for that?
How long did they use condoms before they stopped using them? What is the reason for that?

Do you know a girl/woman who has had trouble when saying she wants to use a condom?
If so, could you tell me what happened?

Theme 4. Condoms, campaigns, target groups
What do you think about the campaigns to use condoms?
Numbers show that HIV rates are increasing among women in South Africa, do you think condom campaigns are insufficient? What should be done differently?
Have they reached all young people in Atteridgeville? If so, how?

Are women specifically targeted in the campaigns or are they general/mostly for men?

Ethical clearance

NSD sin vurdering

Prosjekttittel

Exploring young women's agency to negotiate condom use in sexual relationships

Referansenummer

835240

Registrert

27.06.2019 av Kaia Helgemo Lindtner - Kaia.Lindtner@student.uib.no

Behandlingsansvarlig institusjon

Universitetet i Bergen / Det psykologiske fakultet / Hemil-senteret

Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)

Siri Lange, Siri.lange@uib.no, tlf: 55584832

Type prosjekt

Studentprosjekt, masterstudium

Kontaktinformasjon, student

Kaia Lindtner, kaia.lindtner@student.uib.no, tlf: 48030584

Prosjektperiode

01.08.2019 - 01.10.2019

Status

08.07.2019 – Vurdert

08.07.19 - Vurdert

Our assessment is that the processing of personal data in this project will comply with data protection legislation, presupposing that it is carried out in accordance with the information given in the Notification Form and attachments dated 08.07.2019, as well as dialogue with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the Notification Form. On our website we

explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION

The project will be processing special categories of personal data about ethnic origin, health, sex life or sexual orientation, and general categories of personal data, until 01.10.2019. After the end of the project collected personal data will be stored for research on a locked computer in a password protected folder until 01.07.2020.

LEGAL BASIS

The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing special categories of personal data is therefore explicit consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a), cf. art. 9.2 a), cf. the Personal Data Act § 10, cf. § 9 (2).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes
- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Karin Lillevold

Data Protection Services for Research: +47 55 58 21 17 (press 1).