

## GIRLS, CONDOMS, TRADITION, AND ABSTINENCE

Making Sense of HIV Prevention Discourses  
in Rural South Africa

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### **HIV and Girls in South Africa**

In South Africa, 5.1 million people are living with HIV or AIDS (UNAIDS 2012); an estimated 2.1 million are adolescents (between the ages of ten and nineteen years), and adolescent women make up 60 percent of this cohort (Kasedde et al. 2013). There is a critical need to address the reasons why women under the age of twenty in South African contexts are eight times more likely than their male counterparts to contract HIV (Abdool Karim 2013). Factors that contribute to girls' increased risk are gender-based violence and sexual coercion; poverty; a tendency for young women to have older, sexually experienced male partners; the gendered inequality of sexual relationships, which makes it difficult for women to choose safer sex practices; the susceptibility of younger female bodies to HIV infection; and low risk perception (Mavedzenge et al. 2011; Kasedde et al. 2013). Statistical reports illustrating the extent of the HIV epidemic among young South Africans are important. However, qualitative research has identified that “[i]t is through more nuanced micro-level research, in particular, that we can start to deconstruct the categorical gender variable used in quantitative research and open up a dynamic theoretical and social space to engage with the construction of gender and sexual identities ... [with] the potential to inform us how the HIV/AIDS pandemic in South Africa has been conspicuously gendered” (Reddy and Dunne 2007: 161). Recognizing the disproportionate effects of HIV on girls and young women points to the need to better understand why and how this is happening in different contexts.

### **The Study**

In 2010 I worked with a group of grade eight high school students (nine girls and two boys, all fourteen years old) in a rural district of Kwa-

Zulu-Natal, South Africa.<sup>1</sup> We used digital story making to explore how young people understood HIV and AIDS. In this chapter I focus on one of three digital stories made during the research intervention, and present it, along with its images, its text, and some of the points that arose out of the focus group discussion I had with the participants about the story. What makes this digital story unique is its representation of girls' sexuality, their responses to the risk of contracting HIV, and how they feel about HIV prevention. I begin my reflection on this story by presenting the research context, describing the digital story workshop, and the methodology I employed, as well as outlining my method of analysis. Along with the reproduced images of the story, I provide an account of the story itself and a discussion of the key themes that emerged during a discussion of the visual data with the research participants. Through this analysis I then present, with some discussion, the participants' construction of adolescent female sexual desire and the complexities of how these young people interpret and make sense of HIV prevention practices in their rural context. The findings presented here raise issues associated with the complexities of HIV education and prevention and the need to work continually with young people to ensure that prevention methods are synchronized to take into consideration the crucially significant specifics of place, beliefs, and understandings.

## **Methodology**

### *Context*

I conducted my field research at a Vulindlela district public secondary school. This region is approximately 150 kilometers from Durban and twenty kilometers from Pietermaritzburg (the provincial capital) and has a population of around four hundred thousand. The Vulindlela region is highly affected by HIV and AIDS and has high unemployment and low per capita income (MacQueen and Abdool Karim 2007). HIV and AIDS as a social problem in this district has been widely documented from epidemiological and public health perspectives (see, e.g., MacQueen and Abdool Karim 2007; Young et al. 2010). Many of the households in this area depend on government grants for survival. Despite economic struggle, school enrollment is high, which suggests that, in theory, children and youth growing up in Vulindlela have access to basic education (Mitchell et al. 2005) and are exposed to the South Africa Department of Education Life Orientation (LO) curriculum, which

covers HIV prevention and awareness as well as dispensing information about sexual health practices from public media campaigns (Pettifor et al. 2005).

### *Workshop Synopsis*

In consultation with my participants, I organized three three-hour workshops held during school hours. I co-facilitated the workshops with my colleague, Lukas Labacher, another Canadian. We both have extensive experience conducting HIV and AIDS prevention programs for youth using a variety of participatory and arts-based methodologies. Participants worked in three single-sex groups (this grouping was decided on by the participants) to create one digital story per group. All the participants agreed to make their digital stories available for research analysis and presentation. The digital storymaking process is discussed below. Alongside the digital story process, during the workshop I presented information about HIV transmission, condom use, and living with HIV and AIDS through lecture-format presentations, condom demonstrations, and group discussions with the participants.

### *Digital Storymaking Process*

A community-based participatory visual research methodology, digital story making strives to be participant-centered and to promote community-based dialogue and solutions to social and public health issues (Gubrium 2009). The visual method allows for participants to explore research themes using a range of verbal, artistic, and embodied modalities. The method and prompt used for this project needed to be malleable and open to interpretation by the participants to allow them to express their opinions and their vision about the relationship of HIV and AIDS to their everyday lives. The prompt, “Youth and HIV in My Community,” was presented to the participants to help guide their digital stories and promote critical reflection on how young people understand themselves in relation to HIV and to their community.

Following the workshop instructions, the participants brainstormed themes, topics, and ideas they associated with the prompt. The groups then decided on a general story idea and developed the idea in a visual storyboard format (Labacher et al. 2012). The digital story I focus on here was produced by the Girl Group.<sup>2</sup> The story is titled “The People’s Who Does Not Wear Condom get HIV/AIDS” and is composed of six images. The other two groups involved in the research re-enacted their storyboard sketches and took photos of themselves role-playing the dif-

ferent characters in their stories, which focused on the need to address HIV-related stigma in their community. The Girl Group decided to take photos of their storyboard drawings and use these as the main images in the telling of their story. Their story is distinct in its portrayal of young people's sexual activity in relation to HIV prevention, and, as mentioned above, for its graphic depiction of young people engaging in sexual activity. Using Microsoft PowerPoint the researchers helped the group members to transfer each image into a presentation slide that was overlaid with a short caption that helped describe each drawing. The girls used a voiceover recording of the caption for each slide. The completed story was presented on a laptop to the larger workshop group, and it, along with the other stories that were presented, was discussed. The researchers and the participants questioned the group members so as to learn more about what they were trying to convey in their digital stories. This discussion was audio recorded and later transcribed. Conducting a close reading of the Girl Group digital story and the audio recordings of the discussion about it offers a unique opportunity to see how a group of girls represent sexual activity and what they deem important to tell in a story about youth and HIV in a rural Zulu community.

### *Method of Analysis*

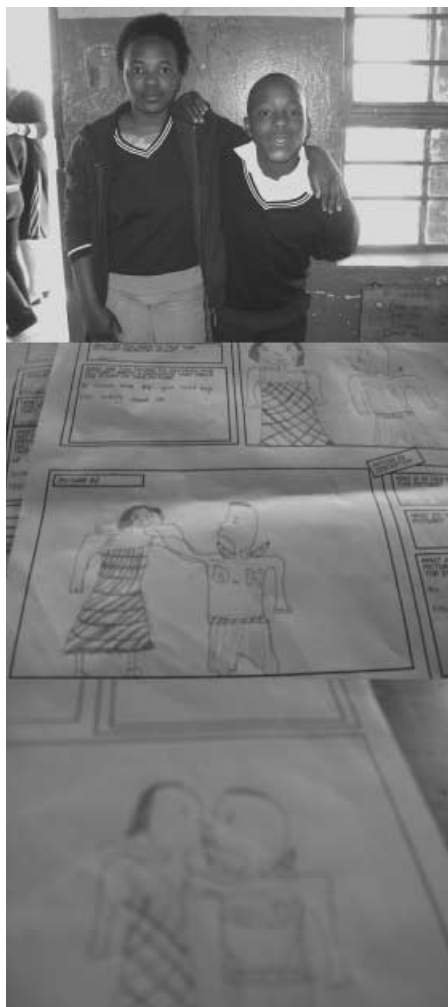
I used Rose's visual methodology framework, *Discourse Analysis I*, to analyze the images, text, and participant discussions in relation to this digital story. This methodology centers on the idea that discourse is articulated through a variety of images and verbally based texts. Hinging on the work of Foucault, Rose's method defines discourse as "a group of statements which structure the way a thing is thought, and the way we act based on that thinking" (2001: 136). Rose emphasizes the way discourses are endowed with power, construct particular aspects of the social world, and are meant to be persuasive. While persuasive, they are also often naturalized or taken for granted and invisible. In an effort to identify the discourses at work in the digital story, I looked at the images, text, and related recorded focus group discussion with what Rose calls "fresh eyes" (150). Attempting to set preconceptions aside, I scrutinized the material for ideas and representations that had been missed or overlooked. Following this step, I grouped quotations and aspects of the images thematically, identifying recurring ideas and descriptions across the different data sets (visual, text, and discussion transcripts). I then reviewed the material, and the themes adapted with each revision many times, allowing new connections and ideas to come to light. Keeping in mind the work of discourse to persuade, I also critiqued how the girls

used and described their story to articulate claims of truth or natural fact. Finally, I considered the data in terms of what might be missing or absent.

## The Digital Story

In this section I present a close reading of “The People’s Who Does Not Wear Condom get HIV/AIDS” (see Figures 18.1 and 18.2). Working in a participatory manner, the Girl Group took the pictures included in their digital story. The students were somewhat unfamiliar with operating digital cameras, and some of the images in the story are rather unclear, so I provide a description of the six images to help clarify the difficult-to-reproduce pictures. Nevertheless, I think it is important to include the original version of the story to reflect the realities of using this methodology and because, even with a few blurry pictures, the Girl Group was successful in producing a powerful and informative text.

The first image is the only photograph of a girl and a boy with arms linked behind their backs, and the caption reads, “we are talking.”<sup>3</sup> The boy and girl stand with their backs against a brown painted wall covered with graffiti. There is a large square-shaped hole in the wall where it is presumed a light switch used to be. The boy is pulling a face, stretching his neck towards the camera with a big smile. The girl

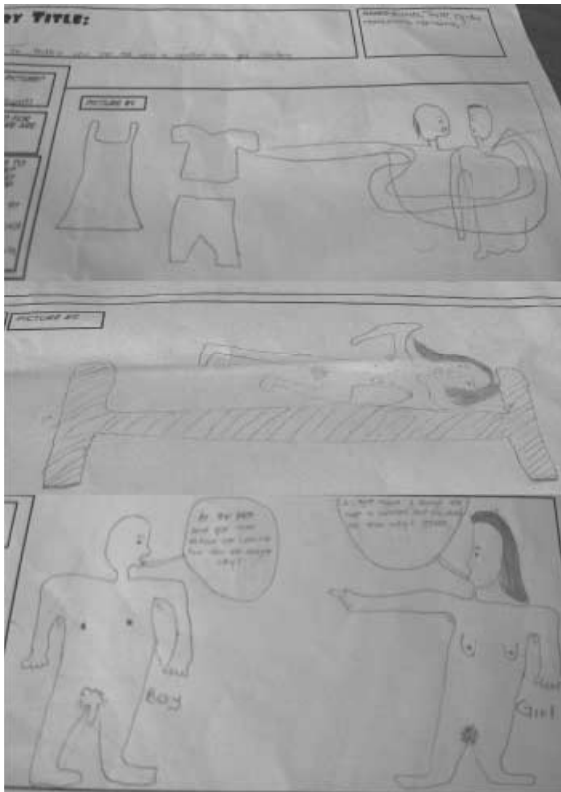


**Figure 18.1.** Images 1 to 3 of “The People’s Who Does Not Wear Condom get HIV/AIDS.”

appears more reserved, standing straight, shoulders back, also facing the camera. Her lips are turned up into a demure smile. This is the only photographic image in the story and it helps display the general state of the rural school. The graffiti and the missing electrical switch suggest a level of poverty or neglect.

The second image is a black-and-white pencil outline of a boy and girl on a white background. The girl, wearing a dress, is pictured face-on; the boy, in profile, with puckered lips, is turned toward the image of the girl. He is wearing shorts and a shirt. Each has an arm wrapped around the other's shoulder. The caption for this image reads: "they are touching each other."

The third image is out of focus, but one can still make out the pencil drawing of two faces—the boy and girl, this time both in profile with their lips pressed together in a kiss. Both characters still have an arm wrapped around the other's shoulder. Short and to the point, the caption reads: "they are kissing."



**Figure 18.2.** Images 4 to 6 of "The People's Who Does Not Wear Condom get HIV/AIDS."

The fourth image is more abstract; the figures are not fully drawn but are, rather, just two heads, thin necks, and a widening mass of what are presumably their bodies vaguely sketched in. They stand close and are looking at each other. Extending from the two bodies are long arms. The girl's arm loops around the boy's body in an embrace, and the boy's arm snakes in front of the girl, across the page, and ends at the outline of the girl's dress and the boy's shirt and shorts. The caption reads: "clothes are off."

The fifth image shows the girl naked and lying on a couch or a bed. The boy is not drawn, and the change in perspective from the previous images suggests that the viewer is seeing through the eyes of the boy looking down at the girl from above. Her left leg is slightly bent, while her straight right leg extends away from her body at a slight angle. The result is a clearly displayed vagina. There is shading around the vagina, which looks like pubic hair, and here an X is drawn.<sup>4</sup> Two U-shaped breasts with nipples are also clearly visible, as well as some hair under her arms. Her dark hair frames her face, her eyes are open, and her lips are drawn with a prominent divot/procheilon at the top center. The caption reads: "the girl is waiting for a boy."

The final image of the story shows the girl and boy both standing naked. Despite the clearly drawn vagina and penis, the artist(s) have written labels ("boy" and "girl") beside the characters. The boy and the girl are looking at each other. The boy is saying to the girl: "why are you saying no, you said you were going to sleep with me." The girl's right arm is extended and pointing at the boy and she is saying: "you said you had a condom but you don't. I won't have sex with you without a condom." The caption at the bottom of the image reads: "the girl is shouting at the boy." This is the end of the digital story.

## **Reflecting on my Role**

Since the participatory aspect of the digital story making asks the participants to reflect on their understandings of sexual health, condoms, and gender roles in their community, it is also necessary that I reflect on my role in the research process before I present my analysis. Shefer and Strebel (2012) remind us that as researchers working on gender and sexuality we need to interrogate our own gendered constructions and address how our research can challenge or reinforce normative patterns.

With this in mind, I reflect on my own journey during this research process. This data was collected during the second of many trips I have made between Canada, my country of birth, and South Africa, to con-

duct doctoral research on participatory visual methodologies and HIV prevention with youth. It was a project I developed while working in collaboration with the Centre for Visual Methodologies for Social Change at the University of KwaZulu-Natal and my contacts at two high schools in the Vulindlela district. I am now in my thirties, I come from a white, middle-class, Irish Catholic background and I have lived my whole life in cities. There are many differences between Zulu young women raised in rural postapartheid South Africa and me. These differences made the research difficult at times, especially since I do not speak isiZulu—the local language—and some of the youth participants had limited skills in speaking English. During the recorded focus group discussions, I noticed for this project in particular long moments of silence as participants struggled to find the words to express themselves in English, and at times I felt that the language barrier led me to ask more prompting questions than I would normally have done. Details and nuances of experience were difficult to communicate for all of us at times, and clearly the work would have benefited from a translator. This was also my first time working in a research context with youth younger than sixteen.

## **Analysis**

The story stands alone as a succinct narrative. At the same time, discussions with the participants throughout the research process illuminated the contested and contrasting elements of the story. The findings seem to reinforce Harrison's observations from her work, also with rural KwaZulu-Natal youth, on the topic of sexuality. She writes, "[A]lthough young people's own understandings of their sexual ideology was clear, their approach to relationships and prevention was rife with paradoxes and contradictions" (2008: 185). I analyzed the seemingly conflicting elements in the research data on my own without further input from my participants. Through this analysis I identified four key themes, each of which I explore in this section: moments of positive girl sexuality; barriers to condom use; a context for abstinence; and condoms and culturally appropriate HIV prevention.

### ***Moments of Positive Girl Sexuality***

The beginning of the story—the first four images—depicts an active and sexualized female character. Through the images and in the focus group discussion, the participants explain that both the girl and boy



characters are willing participants in the mounting sexual activity. Two participants explain; the first says, “[T]he girl was thinking that the boy had the condom” and the second adds, “[T]he boy telling the girl, ‘go to sleep and having sex, I have a condom.’” We can see that the boy was initiating this encounter, and the girl was agreeing to the terms. The girl’s sexual desire is indicated through her smiles and embraces, which show how she participates in the increasing intimacy.

Representations of girls voluntarily participating in sexual activity are sometimes overshadowed in the media and in sexual health curricula. More common are depictions of the girl as victim or as passive to the sexual advance of men and boys, and sexual education often ignores or vilifies female sexual desire. The LO curriculum, taught throughout the public school system in South Africa at the time of this study, as mentioned earlier, has been criticized for using metaphors of danger and disease in connection with girls’ sexuality (MacLeod 2009). Although it is indubitable that their overrepresentation as victims of gender-based violence means that girls experience an increased risk of HIV infection, as Weckesser argues, the “gendered focus [in the academic and development literature] represents a double standard, with female orphans’ sexuality perceived as a significant threat and/or at risk, whereas male orphans’ sexuality is not” (2011: 52).<sup>5</sup> Similarly, public media AIDS campaigns often denounce certain high-risk sexual activities while at the same time marking girls as victims if not key players in these acts. For example, in 2012 the National Department of Health initiated what Brouard and Crewe describe as an “ill-conceived” campaign against Sugar Daddy relationships. Erecting over 800 billboards around the province meant to stigmatize these relationships, the campaign concurrently “conceives of young women in ways which [disempower] them and [deny] their agency and it runs the risk of stigmatising the young women and not just the older men” (2012: 49). Therefore, the representation in the digital story of the girl actively enjoying a sexual encounter, albeit with, in this case, a boy of her own age, offers a refreshing counternarrative to the barrage of negative images and discourses of risk associated with female sexuality. This aspect of the digital story suggests that the girls were able to use the arts-based technique to resist or transgress taboos around representations of adolescent sexuality.

In Zulu culture, as Wickström explains, “virginity is not connected to chastity; both virginity and sexual experience are of great importance” (2010: 538). Wickström’s distinction between chastity and abstinence is helpful when we are interpreting the switch from the beginning of the story, when the girls depict a willing female participant, and its decisive ending that shows the girl yelling at the boy when she finds out that he

has lied and does not have a condom. In the text bubble drawn in the final image, the female character succinctly names the boy's coercive behavior, outlines her decision to practice protected sex, and refuses sex without protection. The participants did not express any moral derision of the female lust depicted earlier in the digital story, and they did not express any confusion or surprise over, at its end, the girl's sudden switch to anger and defiance.

The conclusion of the story can also be read as an act of assertive sexual decision making. Most sexual health education focused on behavior change promotes this kind of response given that, as one participant explained, "[T]he girl and the boy know they are not supposed to have sex." The LO curriculum encourages adolescents to control individual behavior primarily by delaying their sexual debut, then, if they are sexually active, by condom use and limiting the number of sexual partners (see, e.g., Kirby et al. 2007). The ability to control sexual encounters promoted through behavior change models is in line with what Hunter (2010) describes as South Africans' "growing acceptance of condoms in an era of high HIV prevalence and modern notions of gender equality" (2007: 137). These ideas have proliferated across South Africa in the post-apartheid democracy, but they sometimes mask underlying gender inequalities that prevent women from actually practicing these rights. Similarly, development discourse has seized upon representations of girl power in the third world to help construct millennium goals and expedite development outcomes while overlooking the undue burden this might place on girls living in developing contexts (Gonick et al. 2009). It is often seen to be the responsibility of women to somehow control what is thought of as the oversexuality of men, and this is habitually performed through women and girls closely monitoring each other's bodies, attire, and attitudes judged to promote sexual behaviors in men (Pattman 2005). The following is instructive.

Researcher: Is it always the girls' job to say no?

Female participant: I think it is.

The question that remains at the end of the digital story is this: Is the girl respected? The participants report that "it is not easy for a girl to say no to a boy." We do not know if the girl character in the story is successful in stopping the proposed unprotected penetrative sex. The strength depicted in the girl standing, pointing her finger, and yelling at the boy suggests the research participants' efforts to illustrate the empowered female agency promoted by the rights-based discourse of the education curriculum. However, even the Girl Group may have felt apprehension about representing the lived complexities of such moments in girls' lives.

### *Barriers to Condom Use among Youth*

During the discussions associated with the digital story, the participants described condoms as deterrents to abstinence. The absence of a condom can influence young people's decision to have sex; the participants said that the lack of a condom made it possible for the girl character to abstain. This is clear in the dialogue from the digital story when the female character points to the male character and declares: "You said you had a condom but you don't. I won't have sex with you without a condom." Moreover, the youth participants felt it inappropriate for young people to have access to condoms—one male participant believes that "it should be difficult." Previous reports have focused on how young South African women avoid insisting on condoms because this risks undermining the level of intimacy and trust in the relationship, and carrying condoms suggests that a girl is sexually experienced, which goes against socially constructed norms of feminine passivity and sexual naivety (Reddy and Dunne 2007). Low risk perception is also thought to impede condom use, especially among girls (MacPhail and Campbell 2001; Bryan et al. 2006). MacPhail and Campbell's (2001) work with South African youth also notes that condom availability, peer norms, adult attitudes toward condoms and sex, and the economic context of adolescent sexuality have an impact on the likelihood of young people using condoms. How condom use is taught and promoted in schools can also vary depending on teacher comfort levels and community tolerance, alongside a fear that teaching about condoms might promote sexual activity (Gallant and Maticka-Tyndale 2004). All this suggests that youth may not be learning that condoms are an effective protective method against HIV, sexually transmitted infections, and pregnancy. That young people themselves view the presence of condoms as contradicting abstinence discourses may pose another barrier to incorporating regular condom use among sexually active youth.

### *A Context for Abstinence: Virginity Testing*

The World Health Organization (WHO) strategy for HIV prevention promotes the slogan "Know Your Epidemic, Know Your Response" and suggests "identifying the social, legal and economic conditions that increase the risk of HIV transmission and limit access to HIV information and services" (WHO 2011: 9). Francis's review of sex and sexuality education literature in South Africa similarly argues for a strongly defined curriculum "that recognizes both context and student perceptions of need" (2010: 318). The perceptions of these research participants, who

view condoms as detracting from abstinence and argue for them to be kept from young people, are significant in terms of a growing interest in promoting culturally and contextually appropriate sexual health practices.

The practice of virginity testing is significant in the context of rural KwaZulu-Natal. Girls as young as six submit to various tests, including a physical examination to establish whether the hymen is intact or not as a way of proving sexual activity or the lack of it. There is no test or practice that establishes the virginity of boys or young men. Unlike the images of threat and disease that are promoted through the LO sexual health curriculum described above, virginity tests are perceived to operate within a discourse of culturally appropriate HIV prevention methodology and what is becoming known as a cultural renaissance (Leclerc-Madlala 2001). Support for testing argues that “by making virginity a matter of public concern ... people can help girls delay their sexual debut and encourage men to respect girls’ sexual integrity” (Wickström 2010: 535). Critics argue that virginity testing counters the Rights of the Child and places undue pressure on young women to protect communities and the nation against AIDS. Leclerc-Madlala (2001) writes, “Virginity testing can be understood as a gendered response to a local disease experience that is fundamentally gendered in nature. Examining girls to determine their chaste status is another thread reinforcing a web of meaning that places women and women’s sexuality at the epicenter of blame for the current AIDS epidemic among the Zulu” (2001: 536–537). This discourse of tradition and culture is being used to justify patriarchal and heterosexist behavior in this context (Moletsane 2011). Public monitoring of girls’ sexuality is presented not only as the solution to the ongoing AIDS crisis in South Africa but also constructs virgin Zulu girls as the cultural champions of a society otherwise under threat from Western influences and moral decay. Virginity testing is a common practice in the Vulindlela district, and the research participants were familiar with, if not participants in, this practice.

### *Condoms and Culturally Appropriate HIV Prevention*

Whereas virginity testing is being promoted in a discourse of what are considered to be culturally appropriate responses to HIV in this rural context, analysis of the data suggests that the young people in the digital storytelling workshop viewed condoms as a culturally *inappropriate* response to HIV. The girls who produced the story felt it important to insist that their story strongly promotes abstinence until marriage. When asked by another participant, “What is your story *really* about?”

a member of Girl Group explained, “It’s about a boy and a girl who do not have sex because there is no condom.” Condoms were neither readily available to these young people in reality nor in this story. The local clinics are supposed to provide free condoms for everyone, but the youth we talked to reported that healthcare workers chastise young people who come asking for them. Asking for condoms from friends and family invites punishment or gossip. One female participant explains, “They would gossip about you. [Making little talking motions with her hands] ‘Vavavava, vavava!’” Asking parents or elders for condoms was seen to be “really bad!” Buying condoms (if they could afford to) free of prying eyes would mean a one-hour taxi ride into Pietermaritzburg, twenty kilometers away.

With further probing, it became clear that the youth participants did not support making condoms more readily available to young people; they believed that young people should not have access to condoms. Instead, they promoted abstinence. Abstinence was important to the participants, they said, because it reaffirmed their cultural tradition of waiting until after marriage. As one girl explained, sexual activity was inappropriate for young people: “Our tradition says that we have to get married first before [we] have sex.” The discussion with the participants seems to suggest that the presence of condoms made it more difficult for youth, and for girls in particular, if we are to follow the gendered roles of the story, to abstain. The impact of this type of thinking bears particular relevance to HIV prevention strategies that attempt to promote condom use among sexually active youth. If youth seek to access condoms, there exist many barriers to actually obtain them. What is more, the data suggests that youth may experience a secondary barrier impeding condom access associated with cultural discourse and ideas of appropriate sexual behavior that the presence of condoms would be seen to undermine. This creates a complex minefield for youth to negotiate.

## **Discussion and Conclusion**

Given that the story told by the girls is one group’s perspective, further research would be useful to explore the significance of these types of insights and how generalizable they might be. We were invited to present the project at a local World AIDS Day community event attended by youth, educators, and community leaders. However, time restrictions meant we were unable to show all the digital stories made during this workshop. Added to this, there were concerns expressed by some of

the event organizers that the graphic nature of the Girl Group's digital story was inappropriate to show to such a large group and in a setting that would not allow for a debrief session with the audience. The apprehension was that depictions of female sexuality shown to a large and mixed audience could, in fact, perpetuate girls' sexual oppression. It was disappointing for the girls and the researchers that we were unable to screen the Girl Group's digital story to the Vulindlela community. At the time, these decisions frustrated me, and the Girl Group was disappointed. I now feel that the organizers were correct in their decisions, including that of not showing this particular digital story. I am extremely grateful for my participants' commitment to the project and for their working so hard to share their insights and knowledge.

Grewel (2013) warns of the temptation for Western researchers to outsource patriarchy and focus our attention on the questionable practices or beliefs of economically disadvantaged countries and regions. By relying on a "narrative of difference," we covertly construct ourselves (in my case: heterosexual, Western, white, and middle-class) as having broken free of oppressive practices. As I analyzed the data back in Canada at my desk at McGill University, I was aware of the privilege that my position allowed me to work with these youth, make connections between and among the data, and disseminate it in my own words. I also acknowledge that there exist many homemade socially constructed barriers and beliefs that prevent young people in Canada from accessing condoms and practicing safer sex. What I stress, therefore, is not a condemnation of how these young South African people understand gender, culture, and condoms but that researchers and interventions need to cultivate a more nuanced understanding of young girls' realities in relation to AIDS and rurality. As the AIDS epidemic matures, the communities affected by this disease also evolve. The youth in this research have grown up with AIDS in their lives; the messages and prevention campaigns are ever-present in their schools, in the media, and in cultural practices. In an effort to build awareness and effect safer sexual practices, advocates argue: "Interventions that target youth will need to be of high quality and coverage and must be sustained because there are new generations continuously entering this age group. HIV prevention interventions will also need to be sustained into older age groups because risk does not suddenly disappear after people pass a certain arbitrary age threshold" (Mavedzenge et al. 2011: 566). With this in mind, this research has explored how young, rural, South African women construct and understand girls and HIV in their communities to inform current thinking on sexual health education and prevention.

The digital story method seemed to allow the girls in this project to explore the contested nature of female sexuality, which they represent as passive while at the same time having agency. The girls in this research used their story to present a girl actively choosing to take part in sexual expression with a partner. Given the emphasis in HIV prevention on the risks involved in sex for young women, it is encouraging that these girls could express adolescent female desire alongside messages of safer sexual activity. The use of digital story making seems to have created a space in which youth could explore and express the often taboo articulation of their understandings of sexual encounters among adolescents without having to disclose personal, potentially stigmatizing information about their own experiences.

The analysis of the digital story and surrounding focus group discussions revealed how girls decipher and negotiate sometimes competing discourses about HIV prevention. The messages of individual agency and risk put forth by the HIV prevention curriculum and abstinence campaigns based in cultural mores were represented at different points in the same story. Girls can and do switch back and forth between these different discourses. For sexually active youth, condoms arguably remain the most effective (easily applied, affordable, and somewhat discreet) prophylactic. Of particular interest to HIV prevention campaigns that promote condom access is the emergent theme connecting condoms, abstinence, and cultural practices. Further research is needed to determine whether young people in this context view condoms as directly contributing to moral decay and if girls using condoms might be interpreted as a cultural offense. Given the gendered nature of condom access (the belief that girls should not carry condoms), pro-condom messages could further isolate girls from prevention options. How are girls responding to these conflicting messages? Are they adding another layer of complexity to these competing discourses? If condoms were more accessible for youth, would these responses change? Providing girls with a range of options that they can access and employ to protect themselves from HIV infection is imperative. It is unlikely that there is one solution that suits all individuals. However, how girls are interpreting these different HIV prevention discourses in relation to their own sexuality and how they are negotiating its practice must be considered.

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## Notes

1. Ethical approval was obtained from the McGill University Research Ethics Board. In accordance with local protocol, further approval was obtained from the school principal. The principal identified a cohort of grade eight learners as potential participants, and these individuals were invited to attend a short presentation during which I introduced the research project and myself. Interested youth were given parental/guardian information and consent forms in isiZulu to have signed as a prerequisite to participating in the research. All participation was voluntary, and disclosure of HIV status was not a requirement of participation.
2. This was the group name the participants chose.
3. The girl pictured in the first image is one of the Girl Group members, and the boy is one of two male research participants. All participants and their parents signed consent forms allowing themselves to be photographed and for the photographs to be used for research purposes and in research publications.
4. During discussions with the participants, the meaning of the X was unclear. The participants were unable to explain whether this X marks the entrance to the vagina or whether it represents some kind of barrier (either artificial or the hymen).
5. Weckesser (2010) bases her observations on single- and double- orphaned girls and young women living in South Africa in particular.

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