Cultural responses to

SEXUAL REALITIES

Research brief: A case study on rights, values and services in Eshowe, South Africa

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ACRONYMS

CBO	Community based organisation
CSG	Child Support Grant
DoH	Department of Health
FGD	Focused Group Discussion
GBV	Gender-based Violence
HSRC	Human Science Research Council
KI	Key Informant
KII	Key Informant Interview
KRCC	KwaZulu-Natal Regional Council of Churches
KZN	KwaZulu-Natal
LO	Life Orientation
NGO	Non-government organisation
SGB	School Governing Body
SOGI	Sexual Orientation and Gender Identity
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually transmitted infection
ToP	Choice of Termination of Pregnancy
VMMC	Voluntary Medical Male Circumcision

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1. INTRODUCTION

Optimising the provision of sexual and reproductive health (SRH) services rests on a number of factors. Access to reliable information and services is one factor. However, cultural and religious norms and values can also influence SRH outcomes and affect the realisation of sexual and reproductive health rights (SRHR).

The social milieu in which men and women live shapes their ideas about sexuality, sometimes without regard to the legal protections of the Constitution. For instance, in a study conducted by the Human Sciences Research Council (HSRC), more than half the respondents were against the choice of termination of pregnancy, homosexuality and pre-marital sex (Rule & Mncwango, 2006), although these are constitutionally sanctioned in South Africa. This speaks volumes about the contestations over the realisation of SRHR.

Beyond legal protection, gender power dynamics, relationship inequity and social stigmatisation all compromise women's autonomy to make decisions about SRHR (Murithi et al., 2016), including on matters such as abortion.

Abortion remains one of the most inaccessible reproductive health services because it continues to be stigmatised. Women in South Africa experience challenges in accessing safe and legal abortions. Nurses are reported to talk negatively about abortion and counsel clients against making this choice (Lince-Deroche, Hargey, Holt & Shochet, 2015). Abortion is the second cause of death, after hypertension, for pregnant adolescents in South Africa (De Wet, 2016) as challenges to accessing safe and legal abortion persist.

Women are encouraged to use modern contraceptives and these are available in local clinics. However, young women in rural areas in South Africa may still struggle to access contraceptives. The availability of contraceptives in local clinics does not guarantee that people find it easy to access them. The negative attitudes of nurses can at times present a barrier to accessing contraception (Lince-Deroche et al., 2015). Nurses have often been reported to be uninterested in attending to the information, education and communication needs of clients (Khalema & Makiwane, 2014; Lince-Deroche et al., 2015).

In a study from Ghana, women's empowerment, decision-making powers and household and employment status were found to influence contraceptive use. It was found that empowered women, with educated partners, were more likely to use contraceptives than others (Blackstone, 2016).

For women, a busy schedule can present a structural barrier to accessing SRH services. This is the case for women in domestic and paid work who find public primary healthcare services closed in the evenings and on weekends. In South Africa, private healthcare services levy after-hours charges, often double the normal service charges. These costs are prohibitive.

Regarding contraceptive choices, a majority of young men and women in towns report using a condom at least once (Lince-Deroche et al., 2015; Shai, Jewkes, Nduna, Levin & Dunkle, 2010). Whilst this is good, challenges to condom use continue to be reported in various studies (Murithi et al., 2016; Shai et al., 2010). Preference for 'plain sex' and problems with lubrication are raised (Murithi et al., 2016).

Legal policy supports greater public awareness, which has led to better access to information. Young women interviewed in Soweto, a township outside Johannesburg, reported that they knew of at least one modern form of contraceptive (Lince-Deroche et al., 2015).

A recent study of 15 to 59-year-olds in the uMlalazi municipality, of which Eshowe is the administrative centre, reports an HIV prevalence rate of about 25%, with the majority of the people (81.4%) having been tested (Huerga et al., 2016).

These findings show that HIV-testing uptake is high. However, there are age and gender differences in HIV-testing patterns that need to be taken into account in research and programming (Heidari, Babor, De Castro, Tort & Curno 2016). For instance, a study conducted by Huerga et al. showed that men were less likely to have been tested and less likely to know their HIV status. Younger and female participants who had tested HIV-positive tended to be unaware of their status or not to have received

test results. This suggests that people who are at high risk of HIV are less likely to have been tested, may not be aware of their HIV status, and, if positive, may not be enrolled in ART programmes, and therefore may not be virally suppressed (Huerga et al., 2016).

Whilst SRH services tend to focus on women, some services are geared towards men, such as Voluntary Medical Male Circumcision (VMMC). The uptake of VMMC is good in various settings for reasons that are not necessarily associated with HIV prevention and SRH (Toefy, Skinner & Thomsen, 2015).

Research has highlighted challenges in relationships as barriers to optimum SRH outcomes. Young women from Soweto report experiences of various forms of intimate-partner gender-based violence (GBV). These range from forced sex, physical violence and threats of violence (Lince-Deroche et al., 2015; Makongoza, unpublished data).

Some participants in a regional study conducted on SRHR in Zambia and Malawi reported fears that their partners might leave them for other women if they did not give in to their demands (Murithi et al., 2016), a concern shared by women in the Pietermaritzburg site of this study (Nduna & Ndhlovu, 2016). GBV beyond intimate relationships continues to plague South African society, as described eloquently in texts such as P.D. Gqola's Rape: A South African Nightmare (2015).

Early parent-child communication about SRHR is important to address some of these challenges. Research suggests that in South Africa there are challenges in communication about sexuality between parents and their children (Lince-Deroche et al., 2015). This was reported in various sites used in this study (Nduna, 2016a). The moralising discourse when talking about, for example, pre-marital pregnancy among young people, is noted (Shefer et al., 2013). The discourse focuses on regulating sexuality and constructing teenage pregnancy as shameful (Shefer et al., 2013).

During the past two decades, South Africa has introduced a number of laws to extend SRHR and improve SRH services. In many parts of the world, including South Africa, legal frameworks have recognised sexual minorities, gender diverse and transgender persons, allowing for their increased visibility and rights access (Balakrishnan, 2016; Hamblin & Nduna, 2013). As laws are relaxed, more open communication and honest reporting, even of sexual orientation, is made possible (Charlton, Corliss, Spiegelman, Williams & Austin, 2016).

Challenges in accessing SRH services are particularly experienced by young women (Lince-Deroche et al., 2015). This is not to say that men and older people are not in need of these services or that they are adequately provisioned. If anything, it highlights that certain age and gender groups, especially young women, need these services most.

Most studies on SRHR conducted in KwaZulu-Natal are based on samples recruited in the cities and in big towns (Shefer et al., 2013). There is little research to help us understand the SRHR needs of the people who reside in rural towns and villages. Attention is rarely given to creating knowledge of the connections between SRHR and religion, culture and traditional practices. This study extends this knowledge base with data gathered from the rural areas of Eshowe, Estcourt, Greytown and Underberg.

2. STUDY DESIGN

This study is nested within an AIDS Foundation of South Africa (AFSA) Southern African Development Community (SADC) regional programme aimed at realising SRHR.

The study explored alignment between SRHR, culture and religion. The Eshowe study reported on here was part of a bigger community-based study undertaken in the Eastern Cape, KwaZulu-Natal (KZN) and Mpumalanga provinces in South Africa. Five sites in KZN, one in the Eastern Cape and one in Mpumalanga were included in the study.

This particular study explored views of the Eshowe community on SRHR. It aimed to provide baseline data needed to assess the influence of SRHR outreach interventions of an AFSA-supported community-based organisation (CBO), the KwaZulu Regional Christian Council (KRCC) in the Eshowe area. Ethical clearance for this study was obtained from the University of the Witwatersrand.

The specific objectives of this study were: 1) to describe attitudes, views and experiences of men and women in relation to SRHR; 2) to identify areas for interventions that can be examined at end-line; and 3) to make recommendations for interventions.

Participants in the study were adults (aged 18 and above) from rural village communities. Focused Group Discussions (FGDs) and Key Informant Interviews (KIIs), conducted in *isiZulu*, were used to gather cross-sectional qualitative research data. Preliminary findings were prepared and presented to the community in a member-checking meeting organised by the KRCC on 9 November 2015.

The report below describes the main findings of this study under the following themes: relationship dynamics, family planning and pregnancy, contraception, sexually transmitted infections (STIs), access to health services, communication between parents and children, sexual orientation and gender identity. All names used in this report are pseudonyms.

Study site – about Eshowe

Eshowe, accurately known as Ekhowe according to the Zulu-speaking authorities, is "the epicentre of the uMlalaze municipality, one of the biggest in the country covering 2,217 km and home to more than 200,000 people" (Dardagan, 2010, p. 1). According to Dardagan, 80% of the district's population live in isolated and remote areas.

This Eshowe district is faced with a range of challenges. Unemployment is high and the socio-economic status of many families is poor. Many lack the necessary resources to obtain food and therefore experience food insecurity. The burden of food insecurity further compounds the challenges posed by HIV and AIDS (Nkosi, 2005). Development in this area is hindered by bureaucracy and red tape.

Identity – being umZulu

Many people in KwaZulu-Natal claim a Zulu ethnic identity that derives from the historical experience of conquest and colonialism (Forsyth, 1993). However, there is no monolithic and universal perception of what it means to be *umZulu* (a Zulu person). The constructed versions of *umZulu* have arisen out of the political significance attached to being Zulu.

Ethnicity in KZN was, and continues to be, vigorously promoted as a means of establishing political constituency (Forsyth, 1993). For example, in one of the municipalities here, the practice of virginity testing, claimed to be indigenously Zulu, was used to enable or preclude young women from obtaining a 'maiden bursary' for tertiary education studies. This Constitutional irregularity created tensions in that a state-funded institution (the municipality) was used to enforce a particular 'Zulu' practice, a symbol of the continued manipulation of ethnic identity for political gain[1]. It is in such contexts that SRHR becomes inseparable from prevailing culture, religion and traditions. The state's provision of health services requires an exploration and understanding of this social context.

[1] The 'maidens bursaries' were stopped after the Commission for Gender Equality ruled them unconstitutional in June 2016.

3. FINDINGS

This section begins by describing the reported experiences of study participants in dating, courting and marriage. These relationships are located within the context of religion and cultural values as defined by participants themselves.

This is followed by a presentation of findings on parent-child communication, pregnancy, transactional sex, safer sex, health services, sexual orientation and gender identity.

Men and women, young and old, rural and urban, educated and illiterate, hold divergent views on sex and sexuality. These views are influenced by different factors, chiefly, by culture and religion.

Individual participants in this study differed in views about sexuality. Group differences were observed also: older people in disagreement with younger people; men in disagreement with women; younger men in disagreement with younger women; and older men in disagreement with older women.

Older people and women expressed a nostalgia for the past, for the way sexuality and sexual expression used to be construed, and condemned what they referred to as the sexual permissiveness associated with the era of 'democracy' and 'rights'.

Men, too, expressed wishes for relationships to be conducted as they used to in the past, especially in relation to women's sexuality and sexual expression. In general they appeared to support the pre-1994 restrictions on human rights, and, in particular, the proscriptions on homosexuality and abortion (Parliament of South Africa, 1950; Rule & Mncwango, 2006). It was clear that these views supported an older order, one characterised by Christian religious and fundamentalist values, and seeking to control women's SRHR.

Culture, religion and sexuality

Notions of sexual purity

Most participants expressed the view that the idea of sexual purity derived strongly from cultural, religious and traditional values. The traditional practice of *umhlanga*, the annual Swazi and Zulu Reed Dance ceremony, was upheld as an important way in which sexual purity is encouraged and enforced. Girls attending *umhlanga* are traditionally required to undergo virginity testing before they are allowed to participate in a royal dance. Participants reported that *umhlanga* aimed to encourage young women "not [to] rush into sexual relationships" (Traditional leader, KII). *Umhlanga* was reported to contribute to this grand aim through virginity testing to ensure sexual innocence and virginity until marriage was obtained.

Virginity testing remains a highly contested practice. Feminists and other critics of *umhlanga* focus on issues like consent for underage children, rights to bodily integrity and privacy for the participating girls. However, virginity testing was supported by study participants. A local chief interviewed said that "girls had issues about government intervention in their customs" and had requested that *umhlanga* be reintroduced in this community. Despite being a Christian community, she said, girls were consenting. In fact, she went further, stating that her support for the practice was a response to a plea from the girls.

> *"Girls are actually examined before they go to* umhlanga *and they said they want that … As a loving mother, I had to see to it that their wishes are realised …" (Traditional leader, KII)*

The chief said she supported advocacy for the practice and in some villages in the Eshowe area it had been reintroduced.

Maintaining virginity was seen by some of the research participants to have social benefits. It was said to be a means of upholding a girl's dignity and integrity until marriage, a religious ideal for many practising Christians and, at the same time, in keeping with Zulu beliefs. Within the framework of traditional and cultural beliefs, the girls were said therefore to have a right to the *umhlanga* intervention. Those who underwent *umhlanga* also had exclusive access to other village activities and benefits, such as the 'maiden bursary' discussed earlier. Their example could induce others to participate too.

The *umhlanga* is perceived as indigenously Zulu. This was evident in expressions such as:

> *"We are saying let us revive our*

origins and humanity. Let us revive our traditions, irrespective of how educated and religious we can be. I should be proud of being a Zulu because I am Zulu." (KII, Eshowe)

Umhlanga was perceived by other participants to provide a platform for sexuality education. Not only that, the practice reinforced Zulu identity. It reclaimed the identity of *umZulu* and defied the influences of colonialism, formal education and Christianity.

Similar movements that incorporate virginity testing exist in other parts of the country, with some variation in degree and form (Swaartbooi-Xabadiya & Nduna, 2014).

Religion was reported to influence approaches to relationships and marriage. This was the case with Shembe, a widely practised African traditional religion, in which it was said to be permissible for older men to marry younger women, something that the participants saw as frowned upon in 'Western churches'.

Older women were at the forefront of calls for the resurrection of *umhlanga*. They expressed a vested interest in *umhlanga* in that they believed it could work to prevent sexually transmitted infections (STIs) and HIV transmission. These were challenges that bothered mothers and guardians the most. Preservation of virginity was seen as a fool-proof way of avoiding these outcomes in girls and young women. When asked if this intervention accommodated young people who were already living with HIV, a traditional leader referred the interviewer to other SRHR interventions, such as Zazi, in which youth living with HIV were welcomed "to come forward as it is not too late to mend" (Traditional leader, KII). The participant assumed that young people would acquire HIV through risky sexual behaviours and implied that they needed to change their ways. It is a view that needs to be changed through education as some adolescents with HIV may have been infected through perinatal transmission (Mofenson & Cotton, 2013) and through rape.

Some feminists and gender activists view the virginity testing movement as creating conflict between individual human rights and collective cultural rights. Both rights are protected by the South African Constitution and should be read as complementary. Pressures to conform to particular traditional Zulu values and views appeared so powerful that they would affect personal views about sexuality, reproductive rights and practices. Conformity with the collective was reportedly valued in this community, whilst dissent attracted criticism. In this interpretation of Zulu culture it would appear that in-group norms influenced attitudes. Individuals would not have the latitude to adopt attitudes that reflected their own personal disposition lest this be seen as un-African and a betrayal of one's Zulu identity. This means that to promote healthy sexuality the community would need to adopt values that could be collectively appraised and supportive of individual decisions at the same time.

Sexual chastisement

Young men in Eshowe, like young men from the six other research sites, spoke of the physical attraction of women's bodies as influencing their sexual interests. A desirable woman, described as 'yellow', was one with whom a man could have unprotected sex because "a (very light-skinned woman) you want to impregnate" (East, FGD, younger men). In spite of the risks of unprotected sex, the sexual objectification of women regarded as beautiful characterised the discourse of 'appreciation'. This can be linked to earlier stereotypical connotations of HIV as '*isifo sabahle*' – the disease of the beautiful.

Women partners in heterosexual relationships were described by young men in a variety of ways, mostly to do with male control over female sexuality. For instance, the character of a 'good' woman was put under the spotlight by both men and women and used to reject certain behaviours from her. There was disagreement among the young men about who was responsible for turning 'good' women into 'bad' women, leading to sexual ills for both. Some participants thought that promiscuity was a problem created by a man who asked to date a woman when:

"you know that person has a man. Obviously, you go to ask her out because you crave her, and you want to sleep with her." (Rambo, FGD, younger men)

Yet, others thought a woman who had a partner should not agree to the proposition; she should resist the temptation. Failure to do so was viewed

badly and punitive actions for women with multiple partners were suggested.

At the core of this representation of women's promiscuous behaviours was a range of normative assumptions about what women could or could not do. These were presented as informed by cultural and religious scripts. One participant said that, customarily, cheating should be regulated and that "maybe it should be a crime that a girl has many boyfriends", adding that the man should ask for his partner's hand in marriage because in so doing "it's not easy for her to misbehave because if she misbehaves you will go and report at her home" (Kenny, FGD, younger men).

The young men participants seemed to be in agreement that women should not have more than one relationship at the same time. This was undesirable for men. Further, they seemed to believe that it was their role as men to ensure that women observed this. To achieve this goal, a man could either marry the woman he loved to ensure permanent monogamy, or use punishment, which could be violent, to ensure 'good behaviour' from her.

Kenny did not agree with taking punitive measures against 'promiscuity'. Rather, he suggested that families should discipline their daughters, as is the norm amongst the Zulus. Men delighted at the opportunity to have recourse to the family to deal with a spouse who was suspected of or caught cheating on her partner. Yet the family was not viewed as having the same role in punishing or resolving matters of a man who cheated. Here, as elsewhere, a man was seen to have latitude in having more than one partner, regardless of whether he may be married (Nduna, 2016b).

Ironically, women were viewed as weak, and yet they were expected to police their own and men's sexual behaviours. This was the view of one young man who said that women "should know themselves and hold us as men" (Lungile, FGD young men). 'Know themselves' here was used to mean to take sexual responsibility (Nduna & Bujela, unpublished work), and 'holding' men meant preventing them from being attracted to or courting other women. This 'holding' of men can even extend to women fighting with each other over a man (Ramphele, 1986).
One participant in the young men's group suggested that men should be guided by Zulu customs in how to regulate women's sexual behaviours. This was dismissed by fellow group members. Zulu customs were viewed as ineffective by the dissident voices, having been neutralised by modernity. One young man said:

> *"People look down upon Zulu traditions. It's hard to promote traditions in these changing times … just like people don't like reed dancing (virginity testing). It's taken as if you go to reed dance you are a farm girl … you are undermined…" (Rambo, FGD, younger men).*

Men viewed it as an indictment on them, as custodians of Zulu culture, that Zulu customs could no longer be relied on to promote 'responsible' sexual behaviour in women. This was their challenge. It was clear in discussions that the young men supported the control of women's sexuality but not that of men. The role of *amaqhikiza*, the chief maidens or women in charge of younger maidens (*amatshitshi*), was emphasised, especially for its value in promoting responsible sexuality for both men and women. There was no evidence that the *amaqhikiza* still played this role, but it was one that was recalled with nostalgia (Jama-Shai & Mdanda, 2016).

The policing of women's sexual behaviour was different for 'sober' women and women who drank alcohol. Participants' narratives suggested that a woman who drank alcohol would be treated with less prestige and less attention would be paid to her. Her sexual partnering was not controlled and her 'promiscuity' was dismissed and explained by her drinking habits.

However, one young man said a drinking woman was better than a sober woman because if a sober woman was promiscuous, "it fires [you] up [and] makes you angry. It hurts …" (Rambo, FGD, younger men). Young men were unanimous in the view that it was infuriating to be fooled by a sober woman. It was disappointing because a sober girl's behaviour should be different. A relationship with a woman who drank was characterised as mindless and with no love. The 'uncontrolled' actions of a sober woman were considered obnoxious because she was viewed as being deliberately and inexcusably insubordinate. It was this intentional and purposeful behaviour on

her side that was an insult to her (male) partner, and a challenge to his authority and power over her. The agitated responses in this FGD were informed by these young men's expectation that 'good' girls do not drink, and one should not be 'fooled' by someone who presents herself as a 'good' girl (by not drinking), and yet behaves otherwise. These categories were treated as fixed and yet, in reality, people move between not drinking to drinking and back.

Transactions, sex, compensation and punishment

The expectation that young women would remain virgins until marriage was upheld in this community. It was a longstanding traditional expectation. The chief, older women and the girls' parents were responsible for looking after girls and their prized virginity. 'Deflowering' a virgin girl was perceived as a transgression not solely to the girl involved but to others who have a stake in her virginity. Transgression, through pre-marital sex, was expected to be followed by punishment for the men responsible. This was also the case where a man made an unmarried woman pregnant.

> *"Yes, you've made all of the women in the area pregnant. After that you take out what you can for them to go cleanse themselves …" (S.F., FGD, older men)*

> *"It could be money … the chief's cow, the cow for cleansing of the home…" (Mfeniyabhoka, FGD, older men)*

There was consensus that an offender should be punished for impregnating a woman and this was expected traditionally. Inherent in this punishment was payment from the men and shaming of the woman, as they had both transgressed courting rules.

Young men were also not spared the policing of their sexual behaviour, as reported by the older men. When young men reached puberty, older men would coach them.

> *"When hair starts to show they see … they ask if 'usuqathile' [you have gone through puberty]? You will obviously say yes, and then you are taken with others of your age to go to ukuyohlaba. (S.F., FGD, older men)*

'*Ukuqatha*' indicates that a boy is maturing and showing signs of physical changes, and is ready for initiation (*ukuyohlaba*) which takes place in traditional Zulu fashion.

> *"When you go for* ukuyohlaba *it means your penis is prickled underneath with a thorn and tied with* inhlabi yenkuzi *(a tiny string from the bull's tail). It breaks on its own because of what it's tied with and [the wound] heals itself. After that, they tell you to go and propose to girls. Now you can realise that the law starts here at home … they will instruct you that if you have a girlfriend you don't enter the cow's kraal of a man." (S.F., FGD, older men)*

The 'kraal' refers to the vagina. Parents and elders generally communicated about sex in a cultural and linguistic context that is full of varied and creative phrases and euphemisms. The data in this study were rich in descriptions of interventions to ensure sexual preparedness and the setting of limits and boundaries in youth sexuality. Heterosexuality was assumed and normalised even for sexually inexperienced teenagers. From these FGDs, there was no evidence that talking about sex was taboo or frowned upon in *isiZulu*. What was communicated here was the disapproval of penetrative vagina-penile sex, with the risk of pregnancy, in favour of thigh sex (*ukusoma*). There were penalties for transgressing this rule.

> *"If you enter a man's kraal you will pay. You do not pay because you have impregnated a girl. Just to put your thing in there (penile penetration), you pay ... When she reports this, then there is a need to talk about what we call home cleansing because you've sinned. You have defiled her for she is no longer a virgin and the chief (*inkosi*) must get his cow. If you did what you were instructed not to do, then the girl gets pregnant, or even if she does not get pregnant, when she comes out she will tell her monitors that you failed to do as you were told. Now the girl is no longer a virgin … and you must pay for the damages you've done and pay the chief a cow because* iqhikiza *[a female elder] is watching out*

on behalf of the chief …" (S.F., FGD, older men)

The data on this theme demonstrate that there are opportunities for sexuality education in these communities, contrary to popular beliefs that black Africans in South Africa are shy to talk about sex (Khoza, 2012; Willan, 2013). These opportunities could be harnessed. However, communities have modernised and the age and sex sets that were formerly responsible for the education, do not, to a large extent, exist anymore (Jama-Shai & Mdanda, 2016).

In these communities, there were formalised intergenerational and gender peer groups: men spoke to other men and women to other women. While various South African communities battle with getting men involved in the sexual and reproductive health of their partners (Macleod & Morison, 2015), the findings of this study were that men were held responsible for their actions.

Material offerings, in livestock or in cash, characterised transactions that were entered into between men and women, between families and various parties within and between communities. The central features of the transactions seemed to be about sex, control and power. Sometimes such transactions were in the form of a penalty paid for some sexual transgression and, at other times, a sign of gratitude and promise. In both cases the man paid. There was no evidence in these narratives of women being asked to pay anything. *iLobolo*, the bride price, was one such transaction and the value was set and agreed by the community. The value of *ilobolo* was generally determined by the status of the man's family.

"A headman would get 16 cows for ilobolo *when his daughter is getting married; the chief got 20 cows … But now there's nothing like that … you can only get 10…" (Mfeniyabhoka, FGD, older men)*

Some practices, such as *ukulobola* [to pay the bride price], were seen to have changed in form through modernisation and the influence of the human rights environment that is embedded in the South African Constitution. For instance, the value to the family of 'maidens' does not correspond with family status as before.

Other traditional and folkloric views referred to changes in sexual behaviour in terms of diet. Certain food types were said by participants to be associated with sexual promiscuity.

"When the cock chases the hen, it just lies down and waits and the cock get on it (the cock has overrun and caught it). Now when the hen hears the steps of a cock it lies down and waits … There at the clinic it was revealed that they eat everything these girls. They even eat the tail of a chicken whereas the hen put itself in front of the cock when the cock is chasing it." (Mfeniyabhoka, FGD, older men)

This finding suggested that women who ate these pieces of meat would behave in similar sexual ways and easily give in to men who pursued them for sex. Those women would be sexually ready and thus promiscuous, like the said hen.

"That's why they were not allowed to eat them … you see, right now girls are chasing after men. They run after men. You don't have stress when you need a girl. Yes, girls were not allowed to eat chicken because it has impena *(sexual obscenity) even a pig has* impena*. A female pig can go a long way to look for a male pig when it is sexually aroused." (*Mfeniyabhoka, *FGD, older men)*

From a scientific point of view these claims could readily be dismissed. However, no amount of science seems to be able to dispel the claims found commonly across the research sites, and as reported in previous studies (Ewing, Nduna, Rolston, & Khunou, 2013). Oblivious to the gender prejudice connotations of his interpretation of courting, the participant continued to blame women for chasing after men. Men doing the same were not frowned upon, not judged for conceding to the said chase.

An infantalising discourse enters the frame with the women involved perceived as 'girls', assumed to be immature and of a minor status, regardless of age.

The above discussion shows that Zulu culture has longstanding practices that both permit

and restrain sexual practices. Beyond courting there are sexual scripts for conjugal rights within marriages. Families were described as typically involved in the initiation, maintenance and dissolution of a marriage in the community. The word *umfazi* befits the symbolic description of a traditional Zulu marriage. The word *umfazi* (a married woman) ties the woman to her new family.

> *"When the lady is going to her wedding, in a traditional way her family slaughters a goat to symbolise her death in her family. She must sit naked next to her kist. She must be naked as if she is in that box dead, because the word* umfazi *means she dies knowing (she dies:* ufa*, knowing -*esazi*) that today I'm dying. She comes to where she is going to marry at midnight. They take her into the kraal and smear her with bile. They raise her back to life in the new family. That's why she is called* umfi-azi *(*umfazi*)." (S.F., FGD, older men)*

The following example of family involvement in marital relations was offered in a discussion of conjugal rights within marriage.

"It is an offence in the family if this woman is married to you and you don't invite her in the bedroom. You need to explain why you don't go to bed with her. That's a serious case. Is she married to walls?" (Mfeniyabhoka, FGD, older men)

Individual preference, choice and rights could be overlooked and devalued here when the offence is elevated to the level of the family. When these views were probed further, others said they supported family interventions, saying "it is still happening and it works" (Jukujela, FGD, older men).

Withholding conjugal rights from a wife could be a punishable offence, in the view of the same participant:

> *"… you may end up being charged and paying a fine to the family … because a damage will occur. Someone may come and impregnate her because you don't give her what she came here for. When she is pregnant and you say you don't know. You see! You deserted her, so you must pay the damages. She wouldn't do this if you were there for her …" (Mfeniyabhoka, FGD, older men)*

An aggrieved spouse may raise the concern with the family (usually the husband's family), for their intervention and mediation. Again, punishment of the man and the payment of money are central in these scenarios. This approach may fail to take into account individual circumstances. Some men might have problems with low libido; others could be asexual or homosexual and still in the closet. There was a constant assumption here that all men and women were exclusively heterosexual, an assumption which is challenged by the data on sexual orientation and gender identity (SOGI).

A marriage may end, sometimes as a result of the untimely death of a spouse. In the event of the death of a husband, leaving a young wife behind, she may wish to remarry. Her in-laws treat the woman as one of their daughters. Due to the nature of the familial relationship, it is not her father-in-law but her older brother-in-law who presides over her remarriage. According to tradition, the suitor cannot go to the widow's maiden family if he wants to marry her.

> *"He must negotiate with the late husband's family … because she belongs with this family even if her ID says she belongs here. They are the ones who will give her to her suitor in marriage as their daughter and you pay* ilobolo *to this family. Cows must come to this family because she was raised back to life here. On her wedding day the elder brother of her late husband will hand her over…" (S.F., FGD, older men)*

In the event that the widow does not remarry but has a relationship that results in childbearing, the offspring would belong to her married family as well. This is in keeping with the value assigned to young and able-bodied family members as sources of labour in predominantly agriculture-based economies. In terms of compensation, should *ilobolo* be paid for a daughter, the biological father may receive one of the cows, referred to as *iqolo*, as a token of appreciation.

Men and women are taught about gender roles within familial relationships. These gender roles

culturally position men—sons and fathers—as providers, and women – mothers and daughters – as homemakers. Elders are responsible for this gender role-grooming.

> *"We start, when you don't have even a girlfriend, to tell you that when you go home you don't only buy a bottle of alcohol—you will never be a good husband if you do that. If you go home you buy meat, bread, sweets … when you come home before you get married. There must be things you buy for people at home that will make them happy. You are trained how to treat your wife well." (Mfeniyabhoka, FGD, older men)*

Men and women are trained in 'appropriate' gender roles in family life from a tender age. The gender division of household chores for children and youth are to be replicated in their adulthood. This is impressed on children from an early age. A girl should wash clothes for her brother and cook food for the household. By doing so,

> *"...she learns how to cook for her husband. A girl practises with her brother to wash and do everything at home. If she didn't respect her brother at home, she will fail to do it for her husband. If her brother is talking and she talks back like a dog, she will not make a good wife. She must respect her brother and listen to her brother, and a brother also should buy good things for her. Respect each other and there must be love in the family …"(Mfeniyabhoka, FGD, older men)*

In this narrative, love was equated to female-to-male deference and submission. Love also seemed to be associated with male-to-female provision. The context of these gender relationships helps to interpret the transactional nature of age-disparate heterosexual relationships, and to understand the rudimentary forms of love and respect.

Parent-child communication about sexuality

Participants expressed the view that communication about sexuality was necessary between parents and children in order to provide guidance to children. However, the perceived importance of parent-child communication (PCC) did not translate into action. This aspiration appeared to be fraught with multiple challenges.

In all the FGDs it was reported that parents were not open to communication about sexuality with their children. However, the data showed evidence of some forms of PCC about sexuality in the research communities. For instance, parents used to allow their children to go to the village elders—*amaqhikiza*—to receive information about sexuality and the community's expectations of them as teenagers and young people. Sexuality education started at puberty.

As the communities modernised it would seem that these organised strategies changed and there were no replacement forms of communication, education and information-sharing (Jama-Shai & Mdanda, 2016). Some participants said that parents were still not open to communicating with their children about sexuality. One participant described this problem in terms of racial identity and black people's culture.

> *"We know ourselves as blacks that this thing we don't get it. We do not get told at home. It is something we think for ourselves." (Lungile, FGD, younger men)*

The racialised sentiment about sexuality education in the family was common across all the study sites. The data in this study showed that cultures in South Africa are indeed racialised. White South African families were viewed as liberal, promoting a culture of openness in PCC on sexuality and an acceptance of premarital dating. Participants expressed the view that:

> *"They [white South Africans] usually say that if you have someone you are dating, either a girl or a boy, introduce them at home. They are doing things like that. Maybe you could sit down and talk. That thing is unusual to us most of the time."(FGD, younger men)*

When the research team presented and discussed preliminary results from the baseline study at a meeting with the AFSA programme implementing partners in January 2016, this finding was challenged and rejected by some project staff, who offered contrary views. Field staff at the

meeting went to lengths to explain dating and courting in their villages as it had always been practised traditionally. Largely, they agreed that it was common for partners and suitors to be known by families in Zulu tradition. With modernisation, however, some aspects of the traditional ways of courting had changed. It seemed that there was currently no uniform approach to dating and courting according to Zulu custom. This is to be understood in the context of the earlier discussion on different ways of being *umZulu*. It would seem that people embraced what worked for them, informed by their idiosyncratic understanding of culture, socio-economic status, religious views and the influence of education. Of course, all of these practices are intertwined. One influences the other with formal education at the centre of producing and reproducing cultural norms and socio-economic status (Mojola, 2014).

Parent-child communication (PCC) was viewed as requiring an acceptable language and *isiZulu* was not perceived to have the 'right' language to communicate about sexuality.

> *"Another thing, my brother, that makes things difficult to us as black people …* isiZulu *won't put something you must know in a way that is pleasant, like English [yes]. For English it's easy to say 'sex', but for* isiZulu, bhebha *(to have sex) … yoh! You see, it's vulgar! It is like you are saying profanities. The way we were taught makes it difficult. We must be free and name things easily. But if we are still going to speak in* isiZulu *… this thing will be alright in our generation." (Lungile, FGD, younger men)*

This view seemed to suggest that with formal education people can learn a toned-down way of talking about sexuality, by using English instead of isiZulu.

The extent to which lack of appropriate and respectful language is a fact is also questionable. It is possible that participants were giving voice to a latent problem which induces isiZulu speakers to reject an indigenous language as inappropriate, in favour of a foreign language, an aspirational language, a business language, a language of power, through which most sexuality education interventions are communicated. However, extensive discussions in *isiZulu* on sexuality in all FGDs referred to sex as '*ukulala*' [to sleep]. '*Ukulala*' and '*ukuya ocantsini*' [to go to the grass sleeping mat] were perfectly acceptable words known to the researcher and used widely to talk about sex. Yet, participants continued to mention language as a problem when African indigenous communities talked about sex.

While a conservative Zulu culture and a restrictive Zulu language were perceived as barriers to PCC, another view expressed was that changes in household composition also negatively affected PCC. Due to forced migration under apartheid and ongoing economic migration since, many households are headed by women and a large proportion of children grow up without their fathers. Because of the absence of a father, young men found limited opportunities for communication as they felt that their mothers (read: women) could not talk to them openly about sex and sexuality matters. Some male participants believed that this was supposed to be the role of a man or the absent father. One young man said they preferred that young men did this among themselves.

> *"It's because we're all males. We see that thing. We are able to tell each other and advise, you know, that there are things like this. You can't expect your mother to tell you of Implanon [a contraceptive implant for women]." (Lungile, FGD, younger men)*

Participants in the younger and older men's FGDs, in this site and other research sites, agreed that men-to-men communication, especially where the father could speak to his son, was preferable.

KwaZulu-Natal, Mpumalanga and the Eastern Cape provinces have historically been sites of recruitment for migrant labour for the mines, farms, construction and textile industries in the cities (Ramphele, 1986). Many communities in these provinces experience father absence to this day (Makiwane, Makoae, Botsis & Vawda, 2012) and women bear the main burden of raising children. Single women, widowed women and women with migrant worker husbands have carried this responsibility largely without a male role model in the home. This does not exclude the possibility that boys will find and learn from

'social fathers' and other male role models (Clowes, Ratele & Shefer, 2013).

There is no research evidence to suggest that mothers are freer to talk about sex with their daughters than with their sons. Single mothers may require interventions to strengthen confidence and skills in raising sons. However, the study suggests that parents generally lack the skills for PCC, and may not have the correct information themselves to share with their children about the different aspects of SRH, regardless of the sex of the child (Nduna, 2016a; Vilanculos & Nduna, accepted for publication).

When participants were canvassed about the correct age for parents to initiate talks about sexuality, most expressed the need to be careful not to be seen to be promoting early sexual engagement by youth. Adolescence and high school years were agreed to be the right age. This was in keeping with the traditional view of the age of maturity.

In summary, in spite of expressed beliefs that Zulu people are shy to talk about sex, do not introduce partners at home, do not have the appropriate language to address sexuality, and lack a respectful way to talk about sex, the data showed that the amaZulu are indeed expressive and open to talking about sex, have respectful ways to do so and can do it in their own language, as demonstrated in some of the FGDs and elsewhere. The challenge to PCC is more related to who should be responsible.

Family planning: pregnancy

The findings in this section on pregnancy deal with 1) experiences of pregnancy; 2) the genitor's response; 3) pregnancy prevention and 4) abortion.

Experiences with pregnancy

Pregnancy was reported by both men and women as socially significant event. If it did not happen women worried that their fertility would be called into question—an undesirable and stigmatising situation.

A number of things influenced men and women's experiences of pregnancy, among them, age, marital status, employment status and parity. The first sexual experience and first pregnancy was described as not planned and ill understood by women participating in various FGDs said:

> *"Me, even my first child, I didn't enjoy anything in sex, to tell the truth. I never heard a person saying that the first time she started sex she enjoyed it. They just fell pregnant. Falling pregnant when young … where you want to have fun, then you find that here is the baby crying for you. With whom are you going to leave this baby because the boyfriend is not there? He has continued with his life …" (Kip-Kip, FGD, younger women)*

It was clear that sexual encounters were unintentionally reproductive. Pregnancy sometimes happened in unstable relationships, especially for young people. For women, pregnancy appeared to be an arena in which they faced subtle discrimination and injustice. One young woman said that when you fall pregnant "they look first at how old you are … then they look at the family you come from" (Rubby, FGD, younger women).

Older participants expressed anxiety about pregnancy, about the risk of infections from unprotected sex and the acknowledgement of paternity.

> *"Some women do force their daughters … to go to the clinic because now the child will fall pregnant. They only pay attention to being pregnant but they just don't care much about getting diseases." (Nokweva, FGD, older women, eNkanini)*

> *"We are faced with difficult situations as parents, especially us women. We are the ones who gave birth to them. It hurts when your child is pregnant and doesn't even know the baby's father. On top of that pregnancy there's diseases." (Owami, FGD, older women, eNkanini)*

> *"Even parents might kick you out at home when you are pregnant. It's nice when the child is all grown up but I'm not encouraging kids to have babies." (Ma Luthuli, FGD, older women)*

Some participants spoke of the community's moral judgement of both the pregnant young person and her mother. Young women said the

community viewed you as "a person who doesn't behave well" (Stumza, FGD, younger women).

> *"Here, if you are pregnant, it is said that child of so and so doesn't behave well. The only thing she knows is to produce. They gossip: 'The child from Sthandwa is pregnant again. My God! I wonder how was it? She behaves like her mother'…" (Katsana, FGD, younger women)*

Some older women shared their experience of being pregnant in later years and also attracting criticism and social shaming.

> *"It becomes difficult when you have to go to the clinics … and they'll be like: 'Oh, you already gave birth. When did you get pregnant? What will your child do now?' which means having a baby was wrong. My child is the one who is supposed to have a baby because it's no longer suitable for me to have a baby. You will find them gossiping." (Nko, FGD, older women)*

> *"We have a problem as grown-up people. I would notice that the majority of people who were there [at the clinic] were kids. They even gossip about us saying, 'This granny still has babies!' And they laugh at me." (Zamile, FGD, older women)*

> *"People who are allowed to fall pregnant are grown up and have their own homes. But the problem is when you're pregnant as a grown-up woman the nurses they turn to be very disrespectful asking you: 'Why do you get pregnant at your age?' Which means young kids are the one who are supposed to get pregnant." (Nzama, FGD, older women, eNkanini)*

Men in this study did not report experiencing any challenges in relation to teenage pregnancy. They appeared to be concerned for the girls. They expressed the view that SRH rights were part of the broader socio-economic context in which people lived. The intersectionality with race and class was brought to the fore. The view from some was that young women deliberately fell pregnant. One participant said that in Africa you had "sexual rights" only when you had "financial stability", and that you couldn't marry if you didn't have financial stability (Kenny, FGD, younger men).

This view was similar to that reported by women from the Pietermaritzburg site. The condition of income poverty linked to lack of employment was presented as a black people's problem (Nduna & Ndhlovu, 2016). Older men constructed young women as deliberately falling pregnant in order to gain access to the child support grant (CSG).

> *"I once heard young girls talking in a bus. One was asking the other: 'How many kids do you have now?' The other said two. Then the one said: 'You must at least have five so that you can make money from the support grant.' [They see it as] their right to have babies … because children's rights [are] supported by the government. But children are playing this game to get money, while parents like Jukujela are crying. But to our children it's a money-making game. Whatever the father and mother are saying they don't care. Whether they continue learning at school or not, they are careless about that, as long as they can make money." (S.F., FGD, older men)*

This one-sided view absolves the men of the responsibility for the pregnancy. A fairer analysis would acknowledge that the genitor should be accountable and responsible for his actions or inactions. This is discussed further below.

Parents expressed concern that their children's education was being compromised by unplanned pregnancy due to girls and boys meeting at school and forming relationships. This suggests school interventions on SRHR need support from parents, school governing bodies (SGBs) and from teachers. Local NGOs can play an important role in supporting life orientation teachers and SGBs with SRHR programmes.

SRHR education and SRH services form an important part of advancing health and rights of men and women. Typically, young people source a lot of information about SRHR from

friends. Young men suggested, in this study and elsewhere, that schools and churches should also be used widely to promote SRHR awareness.

Young people expressed the view that contraception, including the implant, would benefit youth and help prevent pregnancy. One young man supported this idea but expressed concern that young women using the implant could "go sleeping around", exposing themselves to STIs.

Participants generally agreed that there was an ideal reproductive age for women. Someone who fell pregnant before or after this socially constructed age was frowned upon, ridiculed and stigmatised. Today there is a gap between age at first pregnancy and age at marriage in South Africa. As children stay longer in school, pursue post-matric studies and defer starting a family in favour of careers, a new order could be ushered in.

The genitor's reaction and responses

An act of impregnating a woman on the man's side could either be deliberate or accidental. One young man said that a woman will get herself pregnant because she wants to have a child.

> *"And you do not want this. Your side chick you never loved, you see. But you came drunk to her. You fetch her to the house. You hit [have sex]. [Laughter] Here is bad luck …"(Bhah, FGD, younger men)*

This perception—that men have partners they do not wish to impregnate because they do not regard them as their meaningful girlfriends—is reported in a study of young women in distress from the Eastern Cape (Nduna & Jewkes, 2012). It explains the disputes and denial of pregnancy by some young men. Most women who became pregnant out-of-wedlock were reported to carry the burden for the offspring. The future outcomes of the child were perceived to be in the hands of the woman and her family.

The reaction of the genitor was discussed and instances of pregnancy denial were reported.

> *"That is even worse because this baby can die any time because he has no surname. He is unknown and in this family they don't know him. The damage is worse to the baby's life than to his mother. The mother has a belonging. This one has no belonging. The life of the baby is damaged. This baby has no roots. The hurt is very deep to the baby." (Mfeniyabhoka, FGD, older men)*

Patrilineage and paternal identity are held in high regard by some South African ethnic groups: in particular black Africans (Nduna, 2014). Misfortunes and bad luck that would follow the offspring were framed in a way that suggested a curse. Some male study participants appealed to morality and conscience. When the father of the baby and his family did not acknowledge paternity for the child, or when the genitor reneged on his responsibility for the pregnancy, they said "life is not good".

> *"They go out and get involved with boys and come home pregnant. They come to parents with a child having no father to support it. Children are not supported. Boys are running away and they deny, and life is not good." (Cijimpi, FGD, older men)*

> *"This child gives birth to a baby without a surname because this boy is denying and the other boy is also denying, and that other boy denies that the baby is his. Now there is no one who will come to pay damages that we may know the surname of the baby. No one has admitted because paying for the damages is the admission of guilt and confirming that the baby is yours. So the baby's right is infringed because they are the unknown. That's where the problem is." (Mfeniyabhoka, FGD, older men)*

The insinuation here is that the pregnant woman behaved promiscuously. Yet, women who report being in exclusively monogamous relationships also experience denial of pregnancy from their partners (Nduna & Jewkes, 2012). This point was brought up to imply guilt on the woman's side: the onus is on her to prove that the man that she identifies is indeed the father. This is not easy for men or women because the man, should he admit responsibility, has to pay *inhlawulo* [damages].

Pregnancy prevention: contraceptive knowledge, attitudes and use

Participants, particularly young participants, demonstrated some knowledge of family planning and prevention of pregnancy. They knew about long and short-term methods, including the morning-after pill. The government was commended by the young men in their FGDs for introducing Implanon, a three-year treatment, as a long-term measure of contraception. In a discussion that elicited excitement young men participants seemed happy that if they had sexual intercourse with a woman who had the implant—"she won't fall pregnant for three years" (East, FGD, younger men).

Young men criticised women who were not honest about using contraceptives. One young man said they would "hear girls saying morning-after damages their system" (Nyovesa, FGD, younger men). This was said by others in the group to be an excuse women give when they do not want to have sex with them. The young men referred to making their partners pregnant as 'hitting the bone', to describe the consequences of unprotected sex. It was clear that here, as elsewhere in the sub-Saharan Africa region, social norms influenced young people's experiences of pregnancy (Otieno, Nyang'au, Ondeng'e, Otieno & Gust, 2015).

Male chauvinist attitudes prevailed in discussions of pregnancy, contraceptive use and childbirth. Where young women used contraceptives in secret, this was problematised and condemned by men as interfering with their intention to make their partners pregnant.

Sometimes young men came across as selfish and self-centred in their attitudes to sex and pregnancy. They seemed to believe that they should be the ones to allow or disallow the use of contraceptives, thus controlling the fertility of a female partner. Participants complained that their rights as men were affected by women's access to contraceptives.

> *"If I want a baby, this pill that you are busy talking of… now I don't get my needs. I wanted a baby, not from any woman but from someone I'm in love with. I want this to go back to our needs." (Bhuga, FGD, younger men).*

'Our' here referred to men's needs. However, it was not the only view expressed. Kenny in the younger men's FGD held the view that men were responsible for pregnancy prevention and the consequences of unprotected sex. Another participant said that families should be planned:

> *"You should talk to this person of yours that right now we are planning to make a baby." (Socks, FGD, younger men)*

This suggestion elicited laughter and a debate. The participant was dismissed by his peers for suggesting that a couple should consult each other and agree about getting pregnant.

The concern about possible side-effects of the implant as a hormonal contraceptive was raised. During the member-checking workshop, an official from the Department of Health (DoH) district office reported a declining uptake of the implant and a rising number of young women coming back to request its removal. Similar observations are reported elsewhere. The official cited accusations that the implant was Satanic and not suitable for girls. At the member-checking meeting, a nurse from the local district hospital confirmed this misconception.

Although there were some questions that betrayed ignorance, in the main the young men were knowledgeable. Questions of clarity were asked about whether one needed to pay a fee and whether the implant was reversible. There was confusion about whether the Implant had replaced the depo provera injection or if that was still on offer.

Some of the young men seemed to undermine women's knowledge of contraceptives and attested to their own superior knowledge. East said, for example, that

> *"You see, if talking about Implanon, you can ask people, not in a bad way or what. I respect girls, but if you can go maybe to Nosipho [*awuu*!] and say: 'Hey, do you use Implanon?' She would not know what that is, and ask maybe my mother about Implanon? She won't know." (East, FGD, younger men)*

Though this participant admitted that there is public education on radio and television, he

believed that young men had more knowledge than women. These opinions are based on the negative evaluation of women as a group and perpetuate sexism. These findings demonstrate that modern sexist attitudes are one way women continue to be undermined and are a means of perpetuating gender inequality (Swim & Bernadette, 2001).

The use of contraceptives for married women was discouraged by some participants. This was because sex within a marriage was seen as purely for reproductive purposes. It would seem that the traditional offer of a hand in marriage would be used by some young men as a reason for not allowing a wife to use contraceptives because they want to be in control of a woman's reproductive decisions. Men would say: "I've paid *ilobolo* and everything" (Lungile, FGD, younger men).

They advocated for men to be allowed to collect contraceptives for their partners so that they would always know when she is or is not using them. One complained that if they went themselves to get contraception for their partners, the clinics didn't allow this.

Participants also made a silly example about sleeping with an "ugly woman" without a condom, in the context of a drunken stupor and situations of "bad luck". In such instances one could instruct the woman to go to the clinic and "get [morning after] pills" [Bhah, FGD, younger men).

Male involvement in family planning is a right thing and is advocated; however, it needs to be implemented in such a way that women do not lose their independence in the process.

Some of the men acknowledged their role in unplanned pregnancy prevention, but said that peer pressure and alcohol use were some of the factors involved in unprotected sex.

Social media could also be used improperly for shaming partners and former partners. Young men were worried about being shamed and humiliated when they engaged in protective sex such as thigh sex.

> *"You see, nowadays sex is discussed on Whatsapp, Facebook. They update their status. Then they'll say I got to her thighs (*uzosoma*). I'll be a laughing stock. She's going to tell her friends and say he put it on my thighs. Actually you are helping her, but now she says you are a fool, you see. [It's] better [to] let it be. She might get pregnant or infected with HIV if I have HIV." (Bhah, FGD, younger men)*

One young man pointed out that young women carried an unfair burden of unplanned pregnancy.

> *"My brother, let's say I'm studying with a girl at varsity and she falls pregnant. It's going to be hard for her to come back because she must look after this child. But my friend who impregnated his girlfriend is able to come back the following year. It is not fair there? The girl has this burden, yet the guy can go on with life because he can leave [the baby] at home. Yet the girl is left behind, pulled down, tied down." (Kenny, FGD, younger men)*

According to the younger women, the use of alcohol was associated with men forgetting to use a condom and also with forced sex. "If you are drunk it's not easy to use a condom (Kip-Kip, FGD, younger women).

> *"If you're in a place of drinking maybe a man offers you a drink. When you refuse a person takes you by force and ends up sleeping with you without a condom. Some other time you fall pregnant and have diseases at the same time." (Rubby, FGD, younger women)*

Different forms of sexual violence that may result in pregnancy, including incest, were reported and condemned in the older men's FGDs. In the case of incest, a cleansing ceremony would be needed. The son who impregnated his sister would be "chased out of the family and given a new surname" because "they are no longer part of the family" (FGD, older men).

Although there is a differential in gender power and usually an age difference between the perpetrator and victim of incest, it appeared that both parties were to face equal punishment, on

the assumption that the victim had consented. Incest was not viewed as a form of sexual violence but instead as a taboo, a shameful act with no consideration for consent. Evidence of sexual violence here, including incest, suggests that strategies aimed at prevention of pregnancy should always be designed to include prevention of sexual violence.

Young women in the study reported that it was difficult for pregnant women to access skills development opportunities at a specific local youth centre. An employee at the centre admitted that employment selection criteria excluded women applicants on the grounds of pregnancy. Although it was not a military training centre, intense physical training was on the programme. The manager (KI) said that they screened applicants for pregnancy because it would be hard for them. It was not clear what the centre would do with the women who became pregnant during the training or whether pregnant women could be offered a place after the birth of the child. Education could address the negative impact that these practices have for women in the realisation of their reproductive rights.

In Eshowe, as in the other sites, pregnancy was a contested reproductive right. This applied to men and women, young and old, straight and gay. Young men confirmed they it was widely expected that the role of a father in a child's life was in delivering financial support. Speaking of planned pregnancies one young man said that the father's ability to "feed that person you impregnated and her baby was paramount" (Lungile, FGD, younger men).

Pregnancy was understood by the young men to be a natural consequence and an end goal of engaging in sex. However, it was not a value-neutral process. Some believed that religious values, mainly Christian, influenced decisions around pregnancy. Others focused on the parents' ability to provide for their offspring. According to one young man, if you are a parent, your responsibility was to "raise and develop the child" whether you had money or not (Nyovesa, FGD, younger men). Another said he didn't want a child to suffer because he was not financially stable: "I want to get a child when I'm ready" (Rambo, FGD, younger men). Participants disagreed on whether those who were working had more of a right to have a child.

> *"You know what, my brother, this thing of rights that a person, a child, should be supported so on. You see here in South Africa most people don't work, meaning, my brother, since we are not working we will be played by guys who are working just because they are allowed to impregnate [girls]." (Lungile, FGD, younger men)*

This posed a moral question in groups. Could the right to reproduce be 'bought' by those with money because they would be better able to offer private maintenance? Some argued that those without money were irresponsible in claiming this right without exercising the responsibility. One stated that the grant was really not enough: "Can you buy baby milk every month?" (Lungile, FGD, younger men). This begs a question of how rights are afforded to people from lower socio-economic status groups.

Participants on both sides of the argument recognised that having a baby was an important decision. Those who advocated family planning also took financial planning into consideration. They cited other considerations: would the parents have a place to raise their child? Would they be able to meet transport and medical costs, education costs, insurance, childcare costs?

The other group cited the satisfaction gained from having a child, and the hope that a child would one day assist them out of penury. One could argue that they were leaving their child's future to chance. Some participants noted that most young men did not find employment. How did reproductive rights and responsibilities work in this context? They said they knew many parents who had raised and educated their children with meagre incomes.

The debate became heated in the young men's FGD. Participants became vocal and emotional at the suggestion that they might grow old without a child or family of their own. It was a fact that there were no jobs, said one participant. Another said that men should keep trying.

"I'll keep on trying, fall where I fall. I want to have a baby at the end. I'll get satisfaction that I left the earth and I already have a child. I'm good." (East, FGD, younger men).

Some of these young men did not feel good that their inability to get jobs should preclude their ability to start families. Women in the Pietermaritzburg discussion group also recognised that income poverty limited their choice of the number of children that they should have (Nduna & Ndhlovu, 2016). However, young men in this discussion group believed that by some divine intervention a child would grow, be fed, be educated and would one day even assist their destitute parents out of poverty. Unemployment was seen as a matter beyond their control. It was a matter of bad luck. There was no guarantee that children would survive and be healthy. Yet hope was all they had. There were other variables to consider.

"There are people with babies. They are working but not supporting, and there are people who are not working with babies. So it doesn't mean because you are working you are going to support your child. There are people who are working but neglect their child." (Kenny, FGD, younger men)

Kenny referred to the benefit of having no-fee government schools. Further, parents' circumstances, he said, were not static. Situations could improve. Giving up on the aspiration to have a child and own family was not an option.

Choice of termination of pregnancy

When a woman becomes pregnant unintentionally, one of the options before her is to terminate the pregnancy (ToP). Whilst an unplanned pregnancy may be viewed as a condition that could be resolved with a medical procedure and feminists may emphasise the right to choose as an essential reproductive right, for many, ToP presents a moral question.

There was some agreement that culture and religion greatly shaped and influenced decision-making regarding ToP. For some, what was right might be different from what was chosen. Implicit and explicit moral codes arise from cultural socialisation and can lead to conflict between personal and professional attitudes. A youth development manager (KI) said that duty bearers were bound to "ensure that we do not infringe their rights", and yet, for themselves, due to "our upbringing … as a mother I would not accept [abortion]".

These personal values interfered with a duty bearer's acceptance of the right to choose. When an individual choice to terminate a pregnancy is in conflict people's collective culture and religious values, it is not supported. In this way reproductive rights can be violated.

Key informants seemed to be in agreement that abortion was unacceptable and that it was not possible for leaders in the community to promote it; communities didn't accept it, churches didn't accept it.

"You may go to the hospital, but when you come back the community will not accept that … even churches say that is not supposed to be done as it constitutes a great sin." (KII)

People care about the views of others and about infringing community codes, and do not wish to be judged negatively. It was suggested that both clients and providers of ToP are subjected to abortion stigma. People known to have performed an abortion were reportedly looked down upon. The KIs denied that they discriminated against women in this way and yet they maintained that they could not support that ToP nor promote the service. The denial that women who opt for ToP are discriminated against has been said to be a way for duty bearers and leaders to hide their preferences for maintaining the differential treatment of women and the status quo (Swim & Bernadette, 2001).

In this study it became clear that men, by dictating to women which options were morally acceptable, maintained their gender power. Participants who opposed abortion, mainly KIs and older men, consistently claimed to do this in the best interests of the women. Some KIs maintained this at the member-checking meeting and collided with

NGO representatives and younger women over a woman's right to choose.

Some women with unplanned and unwanted pregnancies were reported to opt for backstreet abortions. This was said to be a quick solution.

> *"It's not like at the hospital, my brother. They will criticise but it's dangerous because it could happen that the girl will never reproduce." (Lungile, FGD, younger men).*

Anti-abortion stance

Abortion is not new in South African communities (Niehaus, 2004) but safe medical abortion provided for in law is not widely available in clinics, leaving women with no option but to resort to backstreet abortion. Young men who disagreed with the use of emergency contraception or termination of pregnancy rejected these health interventions on the basis that some young women misused them and asked for them repeatedly. However, they did not see their stance against these health services as discriminating against women who need them.

Participants offered different defences of their anti-abortion stance. The foetus being a "departed soul" and "wandering" was one. There were many folk explanations to advance arguments against abortion.

> *"When it comes to abortion, it's true that the aborted baby grows up and is naked, without a name. That baby will grow deserted. You try your things in life and he says … I want my name, and you will find that your things are not coming together because of that deserted baby." (Sbukani, FGD, older men)*

> *"According to God, after fertilisation has taken place in the womb this is a complete person because this is God's work now. If you decide to abort you are killing a person. So, in fact, really, these rights are good and bad." (S.F., FGD, older men)*

> *"God and culture is one and the same. A man is made up of another man's blood so this baby which is aborted has no family. He is destroyed and this girl that aborted him is guilty in the family and before God. So abortion is very bad." (Mfeniyabhoka, FGD, older men)*

Abortion was framed as murder, a sin and as illegal criminal behaviour. Yet abortion is a legal medical procedure in South Africa. To defend a subjective anti-abortion view, participants tended to exaggerate scenarios. Here, and elsewhere, the risk of maternal death was used in defence of this stance despite the fact that death and emergency hospitalisation are linked to backstreet abortion (Hodes, 2016). As in Flagstaff, but unlike Pietermaritzburg, the Eshowe community believed that:

> *"abortion does not sound well and I do not think that is something that should be celebrated to a point where law is promulgated and encouraged." (Traditional healer, KII)*

In the older men's group, where teenage pregnancy was vehemently condemned, one participant differentiated between girls and young women who deliberately fell pregnant in order to access the Child Support Grant (CSG) from those whose pregnancy was a mistake.

> *"Those who are not after money, they abort and throw them into the forest or in the cane field. Those who were misbehaving and got themselves in that situation and they strangle the baby and throw into the bush … we have many such cases here in our place and you can see that this thing is increasing. It means she didn't mean to have a baby. She misbehaved and she just conceived and she thought oh no! Now people from the community will meet a dog running with an arm or a leg of an infant." (Jukujela, FGD, older men)*

Premarital pregnancy was very much framed as a girls' problem and older men vehemently disapproved of it. Sex out-of-wedlock for girls was viewed as a sin, but a forgivable sin if it did not result in an induced abortion. Rights, as enshrined in the Constitution, were evidently deployed for exceptional cases. Thus, local duty bearers acted as gatekeepers for access to rights.

They decided who would be awarded rights and in what circumstances. More work needs to be done to promote safe medical abortion services that are freely available and accessible at local district hospitals.

To deal with the 'departed soul', there is a Zulu tradition that involves a ritual to cleanse the mourner(s). In the case of abortion the performance of this ritual is intended to cleanse the woman of bad luck associated with losing a child. The cleansing is premised on a belief that the foetus was a fully-fledged human being. It was unclear if a man who has lost a child through abortion was also cleansed. By analysis, the ritual could work to name and shame the woman only.

Other participants viewed abortion as necessary only in particular circumstances, not in all circumstances provided in law. Women could have the right to ToP if the child was disabled or conceived through rape. These were sympathetic grounds on which ToP was acceptable. However, one participant wondered if women could routinely opt for an abortion. One manager (KI) asked if it was acceptable "for one person to terminate pregnancy five times". Such a question tends to heighten the moral panic against abortions and characterise women as careless. It is consistent with media discourses that condemn teenagers' use of abortion as a form of 'contraception'. This discourse seems to be deployed to discredit both young people and abortion services. The findings in this study seemed to suggest double standards in the policing of the number of abortions that a woman can have, medically speaking, and the belief that in some circumstances abortion was acceptable. Older men, who in the main were as opposed to abortion, made judgements of innocence and guilt:

> *"Because she is raped, she is innocent, because she has been forced. So she is not guilty because she has been forced. A forced person is innocent. The perpetrator is guilty." (Mfeniyabhoka, FGD, older men)*

> *"Firstly, maybe the victim is also a minor and doctors say the victim is too young and cannot keep the baby. My point here is that the child is raped. She never gave her consent. Since she was raped, if doctors say she is not ready to carry that baby, my opinion is that this young girl must be helped. You may call it killing but she is raped and she never agreed to it."(S.F., FGD, older men)*

In conclusion, it could be said that much work is needed to educate communities about SRHR and the legal and human rights grounds for universal access to them. SRHR are rights in order to protect life and health, and not privileges. Communities also need to be educated about the consequences of denying services such as ToP.

The discourse of deserving versus innocent victims is not new but continues to demonstrate that women's sexuality is often controlled by others.

Safer sex

There are different ways in which sex can be enjoyed and be made safer for the prevention of unplanned pregnancies and STIs, including HIV. Abstinence is one way. Another, reported by both younger and older men, was thigh sex (*ukusoma*), which was used to protect against loss of virginity and pregnancy. However, this was considered outdated and long abandoned.

Another prevention method discussed was the withdrawal method. Young men dismissed the withdrawal method and said it ruined the enjoyment of sex. Thigh sex, the withdrawal method and masturbation were all rejected as not pleasurable as they did not involve ejaculating on a woman, a "hot" woman.

Young men reported feeling under pressure to perform sexually and thought that withdrawal and thigh sex would make them a laughing stock and an object of ridicule among girls. Sexual performance was central in the young men's discussion, as it was in another site (Nduna, 2016b). In this study, men said they disapproved of sexual relations between younger women and older men on the grounds that older men could not satisfy young women sexually.

Condoms

In this study both men and women, young and old, seemed to believe that in principle, delayed sexual debut was a sensible option for children. For a younger woman, the use of condoms could not be relied upon.

> *"It's not good to have sex while young, because you do not enjoy it. You still don't know that sex is nice or bad. Maybe you slept with her without a condom and she falls pregnant. When pregnant you will leave her to go to Ntombi…" (Kip-Kip, FGD, younger women)*

Older men seemed resolute that condoms would prevent pregnancy and the spread of disease. However, one participant said that youth don't want condoms now, "because they want that thing [pills]" (Jukujela, FGD, older men).

Across all FGDs there was general support for use of condoms to prevent conception. Some older men were of the view that the government supplies condoms but that girls didn't use them. They "go out and get involved with boys and come home pregnant" (Cijimpi, FGD, older men).

> *"Condoms are there. Children are pumping them as balloons because they don't know what is this. There are condoms here in this house. When people from the clinic come they talk to mothers; these young ones are not there." (S.F., FGD, older men)*

Nokweva suggested that there were men who prevented young women accessing and using condoms (FGD, older women, eNkanini).

This study found overall that the reasons cited for non-condom use had the effect of 'othering' people, youth and young women in particular.

Older women spoke of needing to send children the message that there were many protective options. Dual protection could be used to prevent pregnancy and protect against STIs.

In the main, the message here was that both older and younger women should take the responsibility for condom use. Mothers were expected to promote safer sex practices; young women were expected to heed the call to use protection. This study found that older women (mothers) appeared overly concerned about their daughters' sexual and reproductive outcomes.

In this research, across sites, there seemed to be a preference for commercial condoms over the free-branded government-supplied condoms. Young men in Eshowe referred to their preference for commercial condoms as "settling the scores" to demonstrate the superior status and quality of these condoms. Young men complained that freely available condoms tore easily and had a lubrication that was not appealing to young people. These complaints were similar to those reported by men and women in other sites (Nduna, 2016a; Nduna & Ndhlovu, 2016).

Four reasons were given in this study for people's failure to use condoms: 1) poor access; 2) diminished sexual pleasure; 3) conjugal rights; and 4) alcohol use.

Poor access

Inadequate access to condoms outside the clinical setting was reported as a reason for sub-optimum condom use. Access was said to be poor for those people who "have no choice but to travel long distances" (Nganezimkhalela, FGD, older men). If clinics were nearer, young people could be advised in the use of condoms. This was the view of older men generally. However, their view on the availability of condoms may be not reliable as they themselves were not trying to access condoms.

Young people, on the other hand, reported knowing of condom availability beyond clinic sites. One said they were accessible through NGOs such as MSF and SHINE, in addition to the clinics. They were said to be widely available.

> *"Condoms are all over at eNkanini. I also come with them from work. They are different colours …" (Tuks, FGD, younger men).*

Young men suggested that being able to buy condoms was a status expression.

Diminished sexual pleasure

Diminished sexual pleasure was another reason given for the non-use of condoms. Older men repeated an oft-heard saying that a man "can't eat a sweet covered in a paper" (Jukujela, FGD, older men).

Conjugal rights

Being in a marriage complicated the choice for women. Unprotected sex within a marriage was perceived to threaten a woman's health. One young woman said:

> *"Have sex with him without a condom—it is said he's your husband—and you end up also sick." (Rubby, FGD, younger women)*

The study found that condom use was inconsistent and that people were selective about which partners to have non-protected sex with. The status of a relationship influenced condom use. One young man said that "most of the time men must use condoms" for one-night-stands (Bhuga, FGD, younger men).

Despite knowledge and easy access to condoms, condom use seemed to be a challenge for both adults and young people.

Alcohol

Alcohol use was given as a reason for the failure to use condoms. Participants said that young people lost their reasoning capabilities when under the influence of alcohol.

In the young men's group, the discussion around alcohol use and unsafe sex became something of an insolent discourse as it turned to ridiculing certain types of women – those believed to be promiscuous or ugly – who were thought of as undesirable to a sober man. Women in taverns were stereotyped as promiscuous, untrustworthy and unsuitable for a serious relationship. Similar views about women were reported in another site (Nduna & Ndhlovu, 2016).

Younger men exempted the use of marijuana in the link they drew between substance use and risky sex. Participants agreed with Lungile when he said: "Weed, no, we won't count [that] (Laughter)" (FGD, younger men). One young man suggested that marijuana "makes you a coward" (Rambo, FGD, younger men) perhaps due to its sedative effects which it was argued made a man shy about approaching women. A similar claim was made in a previous study (Ewing et al., 2013). Research evidence has, however, invalidated the claim that the use of marijuana does not lead to risky sexual behaviour (Kaufman et al., 2014; Sawyer, Wechsberg & Myers, 2006).

Gender-based violence

Four sub-themes were uncovered in this theme during data analysis: 1) statutory rape; 2) marital rape; 3) incest; and 4) intimate partner violence. In all the accounts women were presented as victims and men as perpetrators.

Firstly, violence against women and sexual violence were discussed explicitly but were also implicit in these data. Participants in the young men's FGD seemed aware of the definition of **statutory rape.** According to one young man, "if a guy sleeps with a girl who is below 16 he can get arrested" (Lungile, FGD, younger men). In unison, the young men admitted that when sleeping with underage girls "you hide that. It is done but we hide it" (FGD, younger men). Sexual intercourse with an under-age child was distinguished from play sex, which was referred to as hide-and-seek between boys and girls where both parties were minors.

Secondly, these data suggested that religion and culture had a direct influence on perceptions of and responses to sexual violence. Participants defended culture and called for researchers and others to distinguish between culture and traditions which they said were respectful of women, and what they referred to as "silly practices" conducted by people in the name of culture. For instance, some participants in the young men's group explained that sometimes some churches sanctioned the custom of an older man taking a young woman as a bride, negotiating this with the bride's family. This constituted a violation. Participants said that if the young woman's family agreed, she would not have the chance to disagree. To them, this was wrong.

> *"She did not agree. It is wrong. She's forced by family. It's wrong that thing. It is wrong. It's wrong, it's wrong, it's wrong" (Lungile, FGD, younger men)*

Putting themselves in the shoes of the victims to demonstrate his point, another participant said:

> *"Actually, you are forcing me to love you by force, because you have power... Some end up getting pregnant on purpose, getting pregnant outside …" (East, FGD, younger men)*

Thirdly, younger women cited arranged marriages as an example of the violation of women's rights.

They also brought up the subject of incest. One young woman offered a scenario in which an uncle was abusing his niece, grooming her and even using force:

> *"Slowly he plays with you, buys you sweets. If your mother is not home he touches you but when you tell mom … At his home they will threaten you by saying you will leave this home all of you and chase you out. Then the uncle will get you in his room by force. Then he tells mom that she mustn't tell people that she caught you with the uncle like this because you will end up not getting food at home, and to not have a place to stay…" (Sthe, FGD, younger women)*

The young woman could be staying at home to have her basic needs met: accommodation, food and financial support. She went on to say:

> *"The uncle will sometimes ask you if you have started periods. People don't ask that thing because even that is abuse … that a person asks you about periods when you haven't spoken to him or said that you need help. And again you see a person who asks because he wants to abuse you." (Sthe, FGD, younger woman)*

The participant said that it was inappropriate for her male relative to ask a girl about her sexual maturity. This made her feel uncomfortable as it suggested sinister motives on his part. Asking about such matters was an expression of sexual interest.

> *"A person that maybe you trust can go with you. You call him uncle. You even like him and he turns at you … spanking you (participants exclaiming), touching you, busy tapping your bums." (Sthe, young woman)*

The participant explained that the relationship of trust with and reliance on the perpetrator of sexual violence keeps the victim silent, instills fear in her, and makes her more vulnerable. Potentially this exposes her to consistent abuse.

The analysis of findings in this study also raised a question about whether a man who was drunk and slept with a woman who was equally drunk could be effectively charged with rape. In view of the fact that rape includes having sex with a woman who is too drunk to say no, participants asked where that put the perpetrator who was too drunk to recall the events.

Failure to report rape was confirmed by some older women at the member-checking meeting. Women participants confessed that even if incest or rape came to the attention of a mother, she sometimes did not act against the perpetrator and did not report further to bring him to book. Sexual abuse is normalised by failure to report. The role of local NGOs is crucial in supporting victims of violence to report abuse to the police. At the member-checking meeting some women participants reported that they sometimes knew of their daughter's rape experiences and would hide this even from the father of the victim. Rape was viewed as shame to the family and participants held back from reporting this experience. The stigma of rape and the mother's fear of being blamed by the father might contribute to self-abnegation. This is a shift from what is reported to have happened in the Lowveld in the twentieth century where it was rape within the family that was concealed and rape outside that was treated differently and criminalised (Niehaus, 2004). The way communities deal with incest and rape seems to have regressed. To some, rape suggested that parents, and mothers in particular, were negligent in their caretaking roles.

In South African society, the blaming and shaming of women is an element in gender-based violence (GBV). People from this community said that one of the factors that discouraged them from reporting was that they did not see a link between the Constitution, the law and the local rules around GBV. For them, local authorities did not put the same emphasis on the protection of women as the law did. There was also lack of knowledge about the state's interventions in cases of statutory rape, especially in cases of incest. The state's response to this was thought to be weak.

The final sub-theme on the topic of sexual violence was intimate partner violence. Young men confirmed what women in Pietermaritzburg reported: that when men want sex from their partners they do not take 'no' for an answer. Their demands are sometimes accompanied by threats (Nduna & Ndhlovu, 2016).

According to one male participant,

> *"It must happen the time I want it … when I feel that I'm on because tomorrow it won't be the same." (Kenny, FGD, younger men)*

Kenny meant that he may not be interested in sex with his partner at a later stage when she was ready. Women were of a different view:

> *"I think that another need of a woman is that if she says no, maybe if your boyfriend wants you to have sex on that day, you say that you don't like it and he should listen to you." (Katsana, FGD, younger women)*

In South Africa marital rape is an offence in law. Not all men in this study concurred with the law in this respect. Some men spoke of their right to sex when they needed it:

> *"Meanwhile the man is wanting. If that happens several times the wife says she is tired, the husband might go out because she is always tired. The government has given rights that the woman should not be touched. Once you touch her, you are raping her … but the government forgets that we pay* ilobolo *for our wives (all laughing)." (S.F., FGD, older men)*

Money was central and used to legitimise sexual demands in that a man 'paid' for a woman and could therefore punish her for refusing sex. The man could go to another woman who wanted him.

> *"Men are like butterflies. A butterfly, when it sees this flower, it goes for it and, then sees another one and goes for it." (S.F., FGD, older men)*

Legal instruments such as the Domestic Violence Act were referred to by some men as women's rights and not applicable to them. Women's rights were relegated to the younger generation in a tone that suggested that 'older ways' of doing things were entrenched and older people were resistant to change.

> *"Now there are men who know this, not the old like us but the young ones like* ***Cijimpi****. When he tries to play with her … and he thinks that if I continue I can overcome her but I will end up arrested for rape. It's better to go to those girls who still love me. Let me go and try them." (S.F., FGD, older men)*

The Constitutional provision for equal rights for women was understood to deprive men, to remove their right to control women and enforce their own demands. Mfeniyabhoka said that he believed men didn't have rights. "Women and children only" have rights. "A woman can do whatever she wants to you. I can do nothing" (FGD, older men). Men didn't have rights, he meant, to make demands of their wives, control their sexuality, to dominate and subordinate them.

Older men even complained that they could not do anything to their wives when they refused to have sex with them. This 'anything' referred to the use of force and violence. Their inability to do anything was blamed on the law, which prohibits wife-battering. In the past, it was believed, men were allowed to discipline their wives. This perpetuated the idea that women were dependent on their husbands (Stauffer, 2015). Hence, men's rejection of the Domestic Violence Act would be interpreted as a backlash.

Women reported experiences of sexual abuse in a number of arenas, including the home. When the findings about marital rape were presented at the member-checking meeting they were not welcomed by all stakeholders. Some prominent community members felt that the findings were "too feminist". They suggested that the research should be broadened to include evidence of men being abused by their female partners. This appeared to be backlash from key community leaders, rather than recognition of an opportunity for them to work on ways to resolve the problem of violence against women.

A similar response was observed at a stakeholder meeting hosted by Tshwaranang in Alexander township outside of Johannesburg where these findings were presented. Men and women were polarised on the issue of support for abused women and children versus support for abused men.

When a community stays in denial of its dark side, it does not have an opportunity to right the wrong. The culture of sexual violence is pervasive

in this community and at the member-checking meeting the traditional leadership was not vocal against women abuse. Their failure to condemn woman abuse could be interpreted as collusion with injustice.

What these findings demonstrate is that while legislation was enacted to protect women against violence, social attitudes remain a threat to realisation of women's rights. This needs to be addressed by the SRHR interventions delivered by KRCC and other organisations in this study area.

These findings need to be read with caution. It is possible that social desirability influenced some of the responses. For instance, a KI demonstrated difficulty supporting certain choices such as abortion, homosexuality, sex work, etc. There is a need to develop interventions against sexism that address social norms and their consequences, and strengthen women-led organisations.

Sexual and reproductive health (SRH) services

Education in SRH services

Participants in the young men's FGD agreed with their peers from the other study sites that talking about sex was misinterpreted in their communities as promoting (unprotected) sex. They said that older people would judge them disapprovingly and view them as bad people.

> *"They will ask here who was the person who was telling us about the vagina (laughter), telling us about sex." (East, FGD, younger men)*

Young men said that Life Orientation (LO) at schools was a useful source of information for them. The usefulness of LO was not reported from other sites. Not having gone to school or only having attended primary school was cited as a challenge because people with less education were viewed as less capable of understanding SRHR. Excerpts below from the FGD with young men reflected this view:

> *"But let's take someone who has not gone to school or maybe a person who ended in standard five. They know nothing about sex and sexuality because to them this was never mentioned. He will be learning on his own. At home nothing will be talked [about], so we have benefited from LO. If we never went to school and studied LO maybe we would know nothing. Otherwise in the community there is nothing you can say you gain about sex and sexuality [education]." (Kenny, FGD, younger men)*

At the member-checking meeting, Eshowe-based community educators agreed that they had to be careful in their approach lest they encounter resistance. One participant had this suggestion to make to the community educators:

> *"I think that if you try to push (implement) it in the community you won't succeed. Where you can succeed is to attract children, attract them to church, say this is a meeting, then introduce that topic." (Kenny, FGD, younger men)*

Another participant suggested that parents would not allow their children to attend meetings where sexuality was discussed. Participants reckoned that parents were anxious that if their children were knowledgeable, they would be curious to experiment, get pregnant and ruin their futures.

> *"You come [and] you knock at the home of someone to talk about sex; they will say no, here is a child who came to talk dirtiness. They grew up in front of us and now are disrespectful…there is that hostility you get at that house that you went to." (FGD, young men)*

Key informants also suggested that SRHR educators were stigmatised, especially those who supported ToP.

Once again, race was brought up by young men in relation to the credibility and acceptance of the interventions:

> *"… maybe we come with social workers or come with a white person. You know there is nothing people respect like a white person, especially black people. Grannies, my brother, there is a white person here. Let's go and hear what s/he will say, you see. It must be a white person that will be there just so you can speak the thing you want to speak about … speak, speak, speak … and then also the white person maybe greets and will say something to introduce the*

programme (laughter)." (Rambo, FGD, younger men)

Some participants suggested that youth education should be in the form of entertainment and edutainment, and popular people, artists, musicians could be used as ambassadors for such campaigns. In the main there was a sense in these data that relevant and attractive health education programmes were scarce locally. Access to health education was through national campaigns as well as limited NGO services from organisations such as loveLife. The media was also mentioned: radio, newspaper and social media platforms.

Clinic services

Participants from the FGDs and KIs at Eshowe reported that access to SRHR was made easier by availability at clinics. They all agreed that clinics were accessible. However, because clinics service a number of villages, their services were compromised locally. Clinics were often over-subscribed, and at times ran short of supplies. One participant said:

> *"You'd get to the clinic there, and there is no medication and you even regret why you went." (FGD, younger men)*

Another said that if you got to the clinic by 8.30am you may still be sitting in a queue in the afternoon. Delays were a source of frustration for the young men. Also, community members said ambulance services were not easy to access because of short-staffing at clinics. The delivery of services at the clinic was described as vertical, with clients expected to be in different queues for different services such as HIV, maternity, contraceptives, chronic illness, etc. This mode of delivery contradicts the policy of service integration as espoused by the National Department of Health (Minister of Health, 1997). Further, this may dissuade some people from attending services where their confidential health needs could be easily identifiable by the queue one is waiting in.

Young men commended services provided in Voluntary Medical Male Circumcision (VMMC). This was experienced to be a quick service and it was fully supported by all participants.

Transactional sex and the sexual economy

As in other times and places, money has always been central in the expression and control of sexuality in this community. Transactional sex, as reported in these data, was constructed as a unidirectional transaction in heterosexual relationships, where the man pays or gives a woman something in return for sex. Here, and elsewhere, the man paid for courting, marrying, impregnating, compensation for rape, etc. The payment was made to the family and or the chief (Niehaus, 2004) and not the person with whom the sexual transaction occurred.

Another form of transactional sex happens with a practice of *ukungenwa*, where a brother of a deceased husband would take over the widow and have a sexual relationship and even children with her. Participants at the member-checking meeting said that though this practice was rare it still happened sporadically. Men expressed their support for the practice of *ukungenwa* arguing that it had economic benefits for the family. The practice is not unique to Zulu culture. It has been reported in various other ethnic groups (Niehaus, 2004), although it is viewed as outdated.

Transactional sex has received new attention and focus in the era of HIV. It is implicated in young women's vulnerability to HIV infection in sub-Saharan Africa (Magni, Christofides, Johnson & Weiner, 2015). These findings support this literature and demonstrate the existence of economic threats, social opportunities and sexual networks facilitated by transactional sex. While women were blamed for 'extortion' and for perpetuating transactional sex, men who willingly gave their money to keep their *makhwapheni* (isiXhosa for secret partner) status were not blamed. The givers of money in these relationships were usually slightly older.

> *"Secret love is the root cause of this. More people—especially girls—they no longer have love but they love this [money]. Yes, now she doesn't fall in love with you openly. She will do it secretly because she is sucking money from you. No love at all. She is only milking you because there is too much milk." (Mfeniyabhoka, FGD, older men)*

The person who receives money for sex was judged negatively by participants in a discussion that was devoid of any acknowledgement of

women's lower socio-economic status in these communities.

> *"It happen that ladies may say let's hide it from the madam because she will fight for her hubby … but end up [having] children from that secret affair."(Jukujela, FGD, older men)*

> *"This thing is like this, I want to support what you say. Prostitution was from very old. I know it from the beginning." (Mfeniyabhoka, FGD, older men)*

Indeed, participants generally disagreed with the idea of sex work and transactional sex, with some suggesting it was Satanism. Other sexual practices that were found to be unacceptable were also blamed on Satanism. This serves to impose guilt on those involved, especially if they professed to be Christian.

Attitudes towards the LGBTIQ community

Across all FGDs and KIIs at Eshowe, strong sentiments were expressed in opposition to homosexuality. Attitudes were generally conforming, while the intensity of prejudice varied. In spite of the differences that were reported from the various sites, prejudice against LGBTIQ individuals clearly displayed common characteristics.

What was encouraging was that the views of the implementing partner, KRCC, were supportive of the rights of LGBTIQ people and publicly denounced any judgement that was passed in the name of religion. The Council (KRCC) and the community called for more information to be delivered to people to increase awareness about sexual orientation and gender identity (SOGI) and the rights of LGBTIQ people. Some recommended that education in LGBTIQ issues start early with children.

Acceptance of LGBTIQ persons

In the Eshowe study communities, ambivalent views were expressed on the acceptance and recognition of the rights of those with diverse SOGIs. One older woman said "we don't easily accept [gay people]" (Tebogo, FGD, older women). Some participants displayed a level of tolerance:

> *"We are living in a world where there are gays and lesbians. So based on different facts … others are religious, others traditional and others embrace customs [that] we have grown up to accept as norms and values of particular societies …" (Manager, KII)*

As in Pietermaritzburg, the Eshowe communities were seen to be slowly accepting and respecting "the choice made by these people", LGBTIQ persons, "… for the fact that they are human beings and they have a right" (Manager, KII). It is this form of a discourse that needs to be engaged with. The underlying assumption is that sexual orientation (SO) and gender identity (GI) is a choice, influenced by lifestyle choices in particular societies. While the acceptance is positive, the othering ("these people") is concerning and needs to be challenged to dispel myths and stereotypes. There was a slightly different view about lesbians who were viewed by young men as "not bothered … making herself a boy and not bothered …" (Lungile, FGD, younger men). Reactions were stronger on the issue of males dating other males.

Conditional acceptance

The conditional acceptance of LGBTIQ persons was also identified in these findings. Participants said that a lack of acceptance of LGBTIQ people was normative, but attitudes tended towards conditional acceptance:

> *"It's hard to accept gay people in our community. It's not accepted in the community, and you will find that at school he's not accepted. He will get chased away. Some may welcome him but you can see he is not living right. He will enter places like* imbizo *but will never feel free. He will be free when he is with other gay people but in the community he is not free. Even in churches he's not free as they will point fingers at him which means he's not accepted because it's like he is an animal amongst people…" (Nokweva, FGD, older women, eNkanini)*

> *"But if you were born in that community and grew up there they won't be surprised because they already knew. What's painful is when you come back changed after finishing school. It's scary because we will ask what changed him because there were no signs at all …*

She says she was raped—that's how she got a child—so she decided to turn herself into a boy. If you don't know you will think she was born like that. Some people change themselves when they weren't even born like that. It could be understandable if you grew up like that. What makes it hard to accept are those who just change out of the blue." (Ma Luthuli, FGD, older women)

This attitude raises questions. Firstly, as young people are discouraged from courting, how would the community know early on the sexual orientation of a child? Secondly, sexual orientation is a subjective feeling and may or may not be expressed. In that case, how would a young person who has not dated publicly be known to be gay or a lesbian? It appeared that participants were referring to gender expression rather than sexual orientation. They were referring to expressions of femininity and masculinity on the assumption that these were an indication of same-sex orientation for a masculine-looking girl and a feminine-looking boy.

The belief that young people can change who they are whilst pursuing education in faraway places has become an urban legend. Instead of seeing expression of sexual orientation as a part of human development, homophobes conveniently explain it as resulting from some undesirable situation, such as rape or urban influences. However, 'going out before coming out' seems to be a strategy used by some youth, so there is a grain of truth in the 'change' as observed by rural dwellers.

"I think they would like see a person grow as she is and not change when the person is older, and even having children. A person changes and becomes a male person. It's better if the person grew up like that. Maybe people can understand her." (Jali, FGD, older women)

"What's wrong is those that change themselves. Some are changing because they move to another place. But we cannot avoid going to places. It's good to go and learn." (Ma Luthuli, FGD, older women)

"In the community they are not well accepted. We don't understand them well but we used to see those who are bold about themselves, who used to clarify about who they are. But it's not usual. People who relate with them mostly are their friends and strangers but not even at home. Some kids show signs of being gay or lesbian at a young age and some other kids will tend to bully them." (Nokweva, FGD, older women, eNkanini)

Some participants alluded to the fact that even families are reluctant to embrace their own members who are 'different'.

"The other one told a story that at home they are starting to accept him now, because he was not like other children. They discriminated against him. If he plays with other children they will say: 'Get away from that and go to people like you.' But now he says they are starting to accept him." (Nokweva, FGD, older women, eNkanini)

There was a sense that rural communities were different from urban communities in terms of accepting variations in SO and GI.

"Unlike in the urban areas where people do not care, in the rural areas it is still an issue—how you dress, portray yourself, speak to elders is held under the banner of culture."(KII)

Notably, there is no research data from any South African study to support this widely held assumption that in urban communities gays are more accepted than in rural communities. If anything, their visibility puts them at risk of physical and sexual assault (Msibi, 2009; Muholi, 2004). This rural/urban comparison was voiced as a plea to know more and break the secret in rural areas.

Rejection

Narratives of rejection of homosexuality appeared to reflect a struggle to preserve the status quo in the defence of culture and Christian religious values. When African and Christian religious values are invoked, the emotional response seems more intense:

"This is a curse. This is hell because it's

something happening in hell (in jail). The man sleeps with another man. Prison is hell. Because these things are happening in other countries we don't want them here. It's an embarrassment. Even a boy that has slept with another man is a shame. And it's something not to be spoken of. You don't tell that it happened." (Mfeniyabhoka, FGD, older men)

Others agreed with this participant. However, as the discussion went on it became clear that same-sex practices were not only known to exist in prison, but that they were present in broader society. A couple of examples of these alternative sexualities were shared. In one, a well-known gender non-conforming person lived as a woman and there was no problem with her in the village. The very same participant who expressed a strong rejection of homosexuality went on to describe his encounter with the gay community. He referred to a music store, in a description that sounded like a club, which was frequented by gay patrons.

"I went to the place called uMkhumbane, Chesterville … opposite Chesterville was a place for gays. There were gay males only. Dancing and getting married. We came from Durban and from all over to see a wedding for gays and other men." (Mfeniyabhoka, FGD, older men)

Of note is that this participant's encounter was pre-1994, before the same-sex Bill was passed in South Africa. The reactions of some participants to decriminalise homosexuality gave the impression that they were not in support of this. Some participants advanced the biblical argument:

"When Satanism first came to this country, we then started hearing about this thing of same-sex marriage." (Nganeziyamkhalela, FGD, older men)

There was a contested discussion about Sodom and Gomorrah and whether SOGI laws were imported to South Africa. Some participants argued that the laws were unbiblical, unChristian and Western. This backlash is described extensively in the literature (Boswell, 2015; Xaba & Biruk, 2016). Evidence suggests that Africa's draconian and colonial laws, rather than African religious beliefs, opposed homosexual practice. This is reported in various African studies of sexuality. The Immorality Amendment Act is a case in point. Research reports that only half of Africa is found to have laws that are explicitly against homosexuality (see Rule & Mncwango, 2006).

"No, I just want to differ a little bit. The thing is the Americans followed us. We were the first to pass that law. They took it from us because we are the country known for its good laws. They commend our country that we have good laws. All people must align with it because it has good laws." (S.F., FGD, older men)

One young man suggested that a gay person, when entering his home, would quickly have to state the reason for his visit "because I'm not his friend. It's bad luck. It's demon[ical]" (Socks, FGD, younger men).

Some young men said that it would not be acceptable even if their brother brought his gay partner home. When asked how he would like to be treated if he was gay, he said it wasn't that he hated gay people. "It's alright if they are playing together there (laughter)" (Kenny, FGD, younger men). However, he continued to hold the view that homosexual people were possessed by demons and should be shunned.

"A gay must stand to be gay, not to come approach me. I'm straight." (Kenny, FGD, younger men)

"Me, I give him his place. In greeting I say 'ok, sure, sure, sure, sure'. I don't want to bother him because when he looks at me I don't know what this person is thinking of." (Bhah, FGD, younger men)

The characterisation of gay people as sexual predators is instrumentally deployed here to dehumanise gay men, a strategy that was used in the Flagstaff site also (Nduna, 2016a). Participants' construction of a gay man as 'dangerous' is problematic.

Heterosexual masculinities held sway in this conversation. Rambo asked if a gay man "sees a girl when he sees me" as if to suggest that gay men

engage in coital sex with girls. A possible proposition from a gay person was thought to be disrespectful and a violation of the young men's rights. An aggressive response was seen as appropriate. Gay sexuality was also associated with anal sex. Participants defended their heterosexuality: they were not candidates for anal penetration.

Bisexual people were rejected as a 'disgrace'. It would appear again that the source of contention was the possibility of engagement in anal sex.

> *"That's disgrace. You eat this and again eat this side. You have a wife, kids, you are a father of kids. You are wrong. It is better you choose one thing just. Know yourself. [Interjection: "Maybe it's both nice]. It's wickedness just." (Lungile, FGD, younger men)*

> *"Because this person … let's say when you're gay, let's say your feelings don't react maybe you see a man or woman nude but you react if you see a man naked. But it confuses to see a person like that. Erect if he sees a man, erect when sees a woman. That person in fact doesn't know what he wants. He hits here and there, thinks he wants to rule. He's insolent in fact. On the side he can have sex with women. He must come back and be complete." (Rambo, FGD, younger men)*

This quotation demonstrates that some people do not separate romantic and sexual attraction: they associate attraction with sexual arousal at the sight of 'sexualised bodies'. This is a discourse that sexualises, in particular, women and gay men. Bisexuality attracted moral judgement in defence of conservative family values.

> *"You see … I'm a father with a home and family so on so on … and can sleep with other men. Eish! So actually I don't respect my family (Laughter). I'd better not have it." (Bhah, FGD, younger men)*

Here, it was not the extra-marital affair that was questioned and frowned upon, but the partner's sexual orientation and the sex type (assumed to be anal). This was regardless of the fact that some straight men have anal sex with women in heterosexual relationships and this does not confer a bisexual or gay identity on them.

Two participants in the young men's discussion group held different views. One respondent brokered a way forward by suggesting that the conversation should be considerate of the families of LGBTIQ individuals as they are primarily affected.

> *"I wish that people like that we could accept as humans. Something I see … this is not the right platform to discuss that thing. All this, where does it start? How do we deal with gays that already exist? We do not care where it comes from. We will never get rid of this." (East, FGD, younger men)*

It seemed that those who supported sexual diversity were overwhelmed by those who took a strongly anti-gay stance.

Legal protection for sexual orientation provides social opportunities for many to freely express their diverse sexual orientations, and yet cultural and religious factors pose a social threat in this community. Education about separation of the state from church, as South Africa is a secular state, is needed. In terms of the law versus individual choice and rights, mixed messages emerged.

> *"It's a person's choice to do this, even though the government, when you look at the Constitution, is so flexible. It's a person's choice which gender do you want to identify yourself with." (S.F., FGD, older men)*

Yet this choice was vehemently condemned at the same time. Using religious arguments another older man said:

> *"I want to be straight and say a person who does this is the one with the devil inside … because the government does not force anybody. I say these people are possessed by the devil. Because it's not that they don't know that God is against what they do." (FGD, older men)*

Some participants expressed interpretations of

sexual orientation that advanced a pathology theory along the lines of sexual frustration.

> *"Around here, there was a woman who was busy sleeping with other women. Her husband was in jail. She was busy sleeping with other women and … eh … they loved this woman, till another joined them. These women were burning going to these people. Their husbands were not satisfying them." (F.S., FGD, older men)*

The participant suggests that sexual deprivation, which resulted from the absence of a husband due to his incarceration, resulted in homosexuality. As if to advance the idea that homosexual expression is a lifestyle choice, the participant went on and said "other women in the village whose husbands did not satisfy them sexually 'joined' her".

Here, and in other parts of this data, homosexuality was constructed as a reaction and a coping mechanism in the face of relationship woes. These examples confirm the widely held belief that homosexuality is something that can be 'corrected'; the affected person could behave correctly once the source of their frustrations was removed. An older woman suggested that people could change as a result of a bad experience. A homosexual person might have been in an abusive heterosexual relationship in which (she) began to hate males.

> *"Then she started dating other girls. There is this guy who said the same thing. He said he was in love with a woman who used to abuse him in [such] a horrible way that he can't even look that woman in the eyes anymore, so that is why he dates other men … and people do not accept that a person could just change because of a bad experience." (Nokweva, FGD, older women)*

The shift from a heterosexual to homosexual position was not acceptable. It was not acceptable that same-sex relationships become a way of escaping from bad heterosexual experiences. Other participants believed that some places, like cities or cosmopolitan communities, had an influence of legitimising alternative sexual orientations.

> *WW"I noticed the place where the she grew up. I noticed that she grew up in the place like Johannesburg with boys only. Afterwards she moved to another place. I saw her playing with boys and sometimes with girls. But at the age of 10 she ended up leaving girls altogether and playing with boys. She smokes like boys and drinks with boys, but at the age of 15 she moved to another place and she changed. She started going with girls again and behaved like a girl, though she continued smoking, but she was a girl. There were still boys who were her friends but not many. But, all in all, a person can change from here to there and come back again. I don't know why, but people can change. I don't know. Maybe it's the place or people's influence." (Nokwanda, FGD, older women)*

The participant's views emphasise stereotypical expectations of girls in 'appropriate' gender roles. When a girl contravenes these expectations, she is thought to be gay.

> *"Some girls even date each other, especially those in boarding schools. They stay all by themselves and they end up doing naughty things. You can see that this girl should have a boyfriend but plays with other girls. Even [the fact that] girls should have their own school is not right. They must go to school together with boys so as to learn life. But parents think that when girls are all by themselves they will behave like girls whereas they are not. You will find boys being naughty doing things with other boys and the other one are acting like a girl. I myself was once proposed to by another girl, promising me everything. I was confused. Why is she doing that to me? But afterward I saw her changed to become a boy and then changed back to be a girl again. I was glad she changed back to her original sexual orientation." (Ma Luthuli, FGD, older women)*

Here, as elsewhere, a homosexual orientation was seen as 'naughty' behaviour that could be stopped when people were placed in their proper

environments. There was no discussion of how the 'proper' environment may possibly suppress one's expression of sexual orientation and result in the 'change' that participants celebrated.

Some community members were reported to make threats to attack and chase away people of LGBTIQ orientations. Some alleged that a gay person was "trying to teach their children what he is." The examples offered were of the woman with an incarcerated husband who taught other women to be gay and the girls at boarding who learned to be gay. One older woman said that communities preferred gays and lesbians to "have a place of their own because they will teach our kids bad things." (Nokweva, FGD, older women, eNkanini)

Another participant asked if this meant a mother would have to be separated from a son. She declared that she wouldn't separate from him. (Owami, FGD, older women, eNkanini)

Other participants at this point called for tolerance arguing that "one does not know where this comes from. Sometimes a boy grows up only to change and become a girl. Where must you take your child to? At which hole must one throw this kid?" A compromise position was offered: the 'gay' child should be guided and given opportunities to correct his behaviour.

> *"If [others] tease him he gets hurt because he knows that he is a boy. I have to be the one who shows him the way because I can't picture him a gay person." (Owami, FGD, older women, eNkanini)*

Parents' attempts to change children are made out of desperation, as the community does not offer support to them. The (mis)understanding evident is that gender-role learning does not produce the desired results. Some men will be effeminate and others could pass as straight men and not fit the gay stereotype. Many, though, are rejected when found out to be gay.

Stigma against LGBTIQ persons was reported in this study. People were at times "poked at, regarded as disgraced and nobody wants to interact with them. They get isolated … and [there's] victimisation of parents and family because of that" (Manger, KII)

The victimisation of families could result in their rejecting their own children. Similar to findings from Flagstaff, it was suggested by some participants in the Eshowe study that when gay people "stand firm and defend their rights, society slowly ends up blending and accepting that that person is like that and there is nothing you can do" (Manager, KII).

It is one of the objectives of the AFSA SRHR project to support LGBTIQ persons to stand up and demand their rights. One of the indicators of success of such interventions would be to evaluate the visibility of and access to services for LGBTIQ persons. While some may disagree, counting indicators of success is important in equity work (Crowhurst & Emslie, 2014).

In terms of access to health services for the LGBTIQ community, participants seemed to agree that all people appear to receive the same treatment and help. Older women said they had not seen discrimination in service provision (FGD, older women, eNkanini).

These testimonies were from participants who did not identify as LGBTIQ themselves. Because discrimination is a personal and subjective experience, the voice of sexual minorities themselves may say something different. In addition, when there is a lack of active advocacy, the differential treatment of sexual minorities may not be visible because inaction makes invisible the struggles of marginalised populations. Hence, it is important to raise the struggle for the realisation of LGBTIQ rights.

Community members were asked how they saw the way forward with resolving the multiple dilemmas experienced by LGBTIQ persons, their parents and the community at large. Lack of awareness and resistance were highlighted here and these were "… maybe due to upbringing, socialisation, religion and tradition" (Manager, KII).

> *"People need to get taught about these things because some people are not well educated when it comes to such issues and some people end up being mentally disturbed for having a child who's in that condition."(Nokweva, FGD, older women, eNkanini)*

As in the other sites, such as Flagstaff and Pietermaritzburg, the people of Eshowe called for more information that will help them understand sexual orientation and gender identity. There was a sense that in Eshowe that "no one can actually come forward and say 'I stand against it'" (Manager, KII). This characterisation of covert discrimination was questionable because in fact people did express their objection to homosexuality in the FGD and KI interviews. Other participants continued to hold that perceptions and attitudes in rural areas had not yet come to terms with the rights of LGBTIQ persons.

> *"What I think is that the community must be taught about gays and lesbians, and how it happens so that albinos and gays must not be discriminated against. People must know that a person is not self-created; it is not what you choose to be." (Owami, FGD, older women, eNkanini)*

> *"I think people of the community have to meet so that they can be taught about things." (Nzama, FGD, older women, eNkanini)*

A concern was expressed that SRHR clinic services were not always confidential. This is a concern shared by the general community and the experience could be worse for gay clients to the extent that they may stay away from accessing services. Some older women suggested that to create a supportive environment,

> *"[t]he best way to teach people is to first inform the king so that the king can make a plan about how the community should meet to get information. It's best when you have informed the king." (Tebogo, FGD, older women, eNkanini)*

Whilst the suggestion to access the community through traditional leadership structures has merits in recognition of the cultural context of the study, sometimes traditional authorities blocked such programmes. This was reported in two other sites (Nduna, 2016a).

A positive shift in attitudes towards LGBTIQ individuals was observed throughout the research sites. Communities were reported to be prepared to accept people who had "grown up gay or lesbian". One of the KIs supported this saying that "you will find them talking about this, saying ever since he was a child he was always like this" (Manager, KII).

The challenge with this conditional acceptance is that it rests on what the community considers to be a gay person, that is, a typically feminine male or butch female. Yet, not all gays and lesbians fit this description.

In summary, beliefs about the origins and causes of homosexuality were related to prison, Satanism, Western values, sexual frustration, abusive relationships, same-sex boarding schools, and socialisation/learned behaviour. One of the common threads in this study was a belief by some members of the society that being gay was a choice. The choice becomes a problem for the community when it was interpreted in terms of African tradition and religion in a way that essentialises heterosexuality. This interpretation suggests that one can choose or unchoose to be gay, that homosexuality is a 'different choice'—as if straight people chose to be straight, and theirs is not a different choice

4. CONCLUSIONS

This study sought to examine how culture, tradition and religion influence SRHR and how these could be aligned to advance the realisation of SRHR in the research community.

The dominant discourse of what was good for *umZulu* is counter to the advance of SRHR and service provision. Whilst healthy relationships, abstinence (for youth) and marriage were encouraged, the right to abortion, non-conforming sexual identifies and homosexuality were not accepted and not promoted.

The dominant groups, namely men and some older women, deemed themselves to be in a position to decide what was best for the subordinate group, that being youth and young women in particular. This benevolent paternalism allowed them to justify dictating what was appropriate behaviour. As in the case of the question of multiple abortions, deaths resulting from abortions and bad spirits from the departed foetuses, men and older women positioned themselves as the concerned group in opposing young women's use of services such as ToP.

Paternalism was reflected in the expression of prescriptive beliefs, including supporting restrictive policies, and descriptive beliefs, such as that women were naturally inferior, narrow-minded, nagging, exploitative and offensive; these attitudes and beliefs support subordination of women. Some sections of the leadership did not explicitly condemn violence against women. This approach to rights needs to be addressed for better access to SRHR for all.

Not all KZN residents necessarily espouse the hegemonic 'Zulu' version of Zuluism; some people who live here may not even be Zulu. In this light, interventions are needed to highlight the individual needs of the different people of Eshowe, rather than the collective need of the 'Zulu' people, which may not accommodate all people.

Research participants at the member-checking workshop raised the question of the impact of the study on them, and the necessity for follow-up interventions. From discussions at the workshop, we learned that not everybody in this community believed in the value of counselling interventions. None of the participants who were referred for counselling during the data collection actually went. This reaction is similar to reports from other similar studies.

Photo credit: Mxolisi Nyuswa

5. RECOMMENDATIONS

Promote gender equality

Paternalist attitudes surfaced throughout this study. These attitudes are part of a traditional order and serve to support and perpetuate the superior position of men.

Through paternalist behaviour dominant groups maintain their social power over subordinates and this social power maintains inequality and at the same time prevents resistance. A reluctance to resist was observed from young women at a member-checking workshop. Some young women were observed to be shy; they sat at the back and did not speak unless directly asked for an opinion. It was clear that on many occasions they disagreed with the elders and traditional leaders, but rules of respect dictated that they keep their views to themselves.

Sexist attitudes were also found in beliefs that appear to be egalitarian and favourable to women, but resist a change to the status quo and keep women in a subordinate position towards men.

It is recommended that the implementing partner, the KwaZulu-Natal Regional Christian Council (KRCC), find ways to shift gender attitudes that discriminate against women.

Promote SRHR education

This study found that awareness of Sexual and Reproductive Health Rights (SRHR) and SRH service provision was uneven. While men and women participating in the study displayed a reasonable knowledge of SRHR, paternalistic attitudes and folk myths compromised the realisation of SRHR for all.

SRH rights for identified groups, such as women seeking contraception, women choosing the termination of pregnancy (ToP) and persons identifying as LGBTIQ were not often realised.

Clinic services, while widely available, were not experienced as user-friendly and confidential. Vertical streams of services—such as in HIV, maternity, contraception, chronic illness—contradicted the Department of Health's policy of service integration, and could deter people from accessing SRH services.

It is recommended that the implementing partner, the KwaZulu Regional Christian Council (KRCC), work to promote knowledge, awareness and skills in SRHR for men and women, young and old, to enable them to better position them to claim and realise these rights.

It is recommended that the implementing partner, the KwaZulu-Natal Regional Christian Council (KRCC), investigate ways to support the integration of services at clinics.

Support children in reporting abuse

The study found that sexual abuse of children and women has become normalised in communities through a conspiracy of silence and failure to report. At times, the study found, mothers would conceal knowledge of the rape of a daughter, believing that the family would be stigmatised and shamed.

It is recommended that community organisations and the KRCC find ways to support child and adult victims of sexual violence, to report abuse to the police.

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