

**Sex, violence and constructions of love among Xhosa  
adolescents:  
putting violence on the sexuality education agenda**

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## **EXECUTIVE SUMMARY**

Violence against women within sexual relationships is a neglected area in public health despite the fact that, in partially defining women's capacity to protect themselves against STDs, pregnancy and unwanted sexual intercourse, it directly affects female reproductive health. This paper presents the findings of a qualitative study conducted by the Medical Research Council among Xhosa-speaking adolescent women which revealed male violence to dominate their sexual relationships. Conditions and timing of sex were entirely defined by their male partners through the use of violence and through the circulation of certain constructions of love, intercourse and entitlement to which the women were expected to submit.

Violence against young women within their sexual relationships has been particularly neglected in the adolescent sexuality arena, despite the findings of several South African studies (described in the report) which indicate that it is extremely widespread. The authors make recommendations to National and Provincial Departments of Health and Education that comprehensive sexuality/sexual health education be implemented and supported in schools and community settings, and that one priority area within such an education programme be violence against women.

## TABLE OF CONTENTS

1.0 Introduction .....	1
2.0 Methods of the study .....	2
3.0 Findings: violence and coercion in adolescent sexual relationships .....	3
4.0 Discussion .....	7
4.1 Other research data on violence against young women in South Africa .....	7
4.2 Putting violence against women on the sexuality/sexual health education agenda .....	8
4.3 Specific content of sexuality/ sexual health curriculae. ....	10
5.0 Recommendations to Departments of Education and Health .....	11
6.0 References .....	12

# **Sex, violence and constructions of love among Xhosa adolescents: putting violence on the sexuality education agenda**

## **1.0 Introduction**

Adolescent sexual and reproductive health has been identified as one of the most important health, development and population problems facing South Africa (African National Congress 1994, Department of Health 1995). The teenage pregnancy rate is currently 330 per 1000 women under 19 years of age (Republic of South Africa 1995), and 40.2% of all pregnancies are estimated to be to teenagers (Department of Health 1992). While this is undoubtedly very high, the significance of these rates reveals itself more fully if they are regarded as both determinants and indicators of poor sexual and reproductive health, and of broader social problems among this group. Other indicators of sexual ill-health reveal similar problems; a 1992 community-based survey for example conducted among rural teenage women in KwaZulu-Natal found that 0.3% of 10-14 year olds and 1.65% of 15-19 year olds were already infected with HIV - the latter prevalence being the same as that for all women in the survey (Abdool Karim & Abdool Karim 1992). Improving the sexual health of adolescents in South Africa is a major challenge for all those involved in health promotion, policy-making and research.

This report presents the findings of a Medical Research Council study conducted among Xhosa-speaking adolescent women which revealed pervasive male control over almost every aspect of their early sexual experiences, and the male enactment of this in part through violent and coercive practices during sexual encounters. In discussing the findings the authors argue that violence against women has been widely neglected in health research and intervention, and more especially so in the adolescent sexuality arena. There is an urgent need to open up new avenues for intervention in the area of adolescent sexuality, in particular focusing on violence, if it is to be possible to create a space in which young women can empower themselves to control their sexuality, sexual experiences and reproductive health.

Violent practices against women have been described as endemic, in the sense that they are 'widespread, common and deeply entrenched' (Vogelman 1991: 209). Although South African statistics on this are somewhat problematic, as the research base and definitions of the commonly cited ones is unclear, quoted figures are that 1 in 4 South African women is regularly beaten by her male partner (Angless 1992) and that 1 in 3 will be raped at some time in her life (POWA 1994). A 1992 report by the Women's Health Project notes that 50-60% of marriages involve (physical and sexual) violence (Klugman 1992). As Vogelman (1991: 209) writes, 'so prevalent and tolerated is such violence that it has come to be perceived almost as normative and to a large extent accepted, rather than challenged'. The situation is upheld by the inadequacies of the police and justice systems in dealing with domestic and sexual violence: actual conviction rate is extremely low, bail is granted readily, and widespread reports of police complacency and inaction in dealing with rape and assault cases deter many Black women (in particular) from reporting it in the first place (police estimates for example suggest that only 1 in every 35 rapes is reported (Glantz 1995).

## **2.0 Methods of the study**

This study was conducted among pregnant Xhosa-speaking adolescent women in Khayelitsha. In-depth semi-structured interviews were conducted in Xhosa with 24 adolescent women, and were taped, transcribed and translated. Informants were recruited and interviewed in the township Midwife Obstetric Unit to which they had presented for ante-natal care. The age range of the informants was 14 to 18, with an average age of 16.4 years. More than 50% had come to Cape Town from rural areas in the Eastern Cape within the previous two years.

The original scope of the study concentrated on contraceptive use, bodily knowledge and pregnancy. However, the emergence of violence by male sexual partners as a central issue in informants' narratives led the researchers further to explore sexual dynamics within adolescent relationships. The data presented in this report is that which pertains to male violence against women.

### **3.0 Findings: violence and coercion in adolescent sexual relationships**

First sexual encounters were mostly reported to have occurred at a young age, often 12 years, with a male partner who was older by about five years. The consistently reported pattern was that women accepted male requests to establish a liaison, as revealed in the words 'he asked me if we could love each other and then I agreed.' To these young women, agreement to love was equated specifically with having penetrative intercourse and being available sexually. This equation clearly derived from their male partners, who told the women that sex was the 'purpose' of being 'in love', that people 'in love' must have sex 'as often as possible', and that sexual intercourse was 'what grown-ups do'. These constructions of love, apparently defined entirely by men, constituted the major reason to begin and continue sexual activity for the teenage women.

The peer context in which the adolescents were situated appeared to reinforce the pressure to engage sexually. Many informants explicitly indicated that sex was a strategy to avoid peer ostracism; as one woman explained, 'if you want to belong to that group you end of doing it, otherwise you become isolated and nobody wants that', saying that it was not that peers 'forced' others, but that there was no other option but to get involved with a man sexually in order to avoid being perceived as 'weird'. Strategies of exclusion were said to be practised whereby sexually inexperienced teenagers were sent away during conversations of sexual matters; 'they tell you that they won't discuss it in your presence until you experience it yourself'. Those who had heard peers talking were no more enlightened, reporting variously that they had heard that it was 'painful' and 'sore', that 'you don't feel alright', that 'the man comes on top of you', and that it was done at night. Informants indicated that as a result they had not known what to expect of the sexual act, and had been unclear about its actual mechanics before it took place. The mystifying of sex by peers, 'they would not say exactly what happens, what they do', emerged repeatedly. This lack of input by sexually experienced female peers appeared to preclude the creation of a space where male definitions could have been challenged, and consequently served to reinforce them.

Women then were initiated through the sexual act into sexual matters by men. An absence of sexual knowledge (which could potentially have been provided by female peers but was not) was reinforced by male partners who reportedly refused to explain what was about to take place. One informant, for example, explained that when she first had intercourse at the age of 11 years, she had asked her partner what he would 'do' and received no answer but 'you will see'. Consequently, sexual initiation was reported to have been a shock for most of the teenagers, whose words described the act as painful.

Although a minority mentioned that they had been 'curious' and had made an advance agreement to participate sexually, most reported that they had been deceived or coerced into sex. A standard pattern described by several informants was that the woman was asked to accompany the man home under the pretence of engaging in conversation, drinking alcohol together or going to do his ironing. Some informants explained that at this stage they had been aware of the intention and had expressed to the man that they were not willing. Others had not thought of the possibility that sex was the man's intention, in one woman's case because it was day-time and peers had told her that sex only happened at night. Women reported that once at the home, the standard formula was a series of demands by the man: 'undress', 'lie on the bed', 'open your legs'.

Many women reported to have attempted resistance but said that they had felt intimidated into submission to the demands when assault was threatened or done; 'he told me that if I didn't want to do it, he would force me to. He beat me up and forced my underwear down'. Threats aside, violent practices included forcing legs apart, tearing off clothes, punching with fists and locking the door. The language characterising the women's narratives was of compulsion: 'he made me', 'he just pushed me and overcame me', 'he forced himself onto me', 'he did as he wanted with me', 'what could I do?' Some women reported that they had wept and pleaded, in one case screaming for help until the man's parents actually came and intervened, although others had been compelled to silence by the knowledge that they were 'not supposed to be there'.

The legitimacy of the experience was reinforced by peers who indicated that silence was the appropriate response. This acted once again to preclude female re-definition or awareness that there were other possibilities; in the word of one woman, 'I thought that was the way

things were supposed to be between a boy and a girl'. One woman described meeting a peer in the street who 'made me stop crying and promise that I wouldn't tell my mother or anyone else, that I should go home, clean myself up and keep quiet about what had happened'; the sexual encounter and the subsequent silencing of it had made her think that 'this is what my mother meant when she said that I was now a woman'. The silence surrounding intercourse was manifested in other ways; most women asserted that they felt unable to discuss sexual matters, including in most cases contraceptive method, with their male partners. One woman said that the only talking her partner did about sexual matters was when he told her to remove her clothes. Some of those women who had been to a family planning clinic for contraception said that their partners had torn up their clinic card in anger, ordering them not to use it. Thus for some even protection against pregnancy in the form of 'invisible' hormonal methods appeared to be non-negotiable with men.

Subsequent to the first experience, women described continuing to comply with male sexual demands, a course of action partly derived from a perception that 'everybody does it'; parallel to this was the fear that their partner would lose interest and an observation that 'you need company'. Most complained that intercourse continued to be painful because men did not 'prepare' the woman for sex, though a minority said that it had improved with time. Only two teenagers mentioned that they ever actively wanted to have sex now, but emphasised that women were not 'allowed' to demonstrate desire and initiate sex, saying that 'we have been brought up to think that it is a man's place', and that they would be regarded as 'loose [*ndlavini*]'. Mostly it was said that sex was 'bad', an activity 'you are forced to do by someone who is stronger than you'. Many women stated a desire to be in a non-sexual relationship characterised by cooperation 'until we are older'.

The majority asserted that intercourse continued to be coercive, with violent practices a consistent feature of their sexual lives. The extent of this is indicated by the fact that 22 of 24 informants reported having been beaten by their partners on multiple occasions (the remaining two had been threatened with assault). Assault was described as occurring primarily when women attempted to refuse sexual intercourse. The term 'forced' emerged repeatedly and lay on a continuum of coercion which started with male 'pleading' and 'persuading' and escalated to assault, by hitting, in some cases with belts, shoes and sticks.

Refusal to submit to sexual demands was said to signify in men's eyes that the woman had other sexual partners and had been 'worn out.' In some cases control over women was reported to have been enacted and reinforced by brutal means; one informant explained that 'it happens all the time' that women suspected or known to have other partners were gang-raped by her partner's acquaintances to 'punish' her (this practice has been widely reported anecdotally). Women contrasted these standards with those established by their partners who projected themselves as 'entitled' to several partners when one girlfriend was not 'available'.

In one teenager's words, 'they don't care, they will hit you anywhere, face and all. You would think they would at least avoid that because your parents will see the bruises and the injuries, but they don't care'. Assault was so common, illustrated by one woman saying 'I think that if someone says they have never been beaten up they are lying', that some female peers were reported to perceive it as an expression of love. Words used by the informants themselves expressed this paradox, such as 'he forced me to love him' and 'I fell in love with him because he beat me up'. Assault was perceived to be a male strategy for 'getting you to love him'. Women said that the forced intercourse which they experienced with their partners could never be termed rape because 'it is with your boyfriend and there is something between you'.

Violence constituted a reason for some of the women to continue intercourse; 'I continue because he beats me up so badly I regret I said no in the first place'. Attempting to end a relationship was often cited as problematic by women because it could provoke violence, as could talking to an unknown man on the street, being late for a rendez-vous, and 'ignoring' him or refusing to go to his home (the request by a man to accompany him home signified a sexual demand). The former is exemplified by the words of one informant who said that after a particularly severe episode of assault she had warned her partner that she would end the relationship, but 'even that doesn't help because they will beat you up for leaving them, so you can't win'.

Practices of protection and resistance were described by women: protecting the head region during violent episodes, and allowing the assault to terminate without submission to sexual

demands. Strategies appeared to be modified through experience, as revealed by the words of one informant, 'previously I would fight back, but that makes him more angry and he fights with me like a man, so all I do now is make sure that he doesn't hurt me on the face and head'. For others the decision to resist or not was made situationally; one woman said 'sometimes I let him beat me up until he gives up'. Ultimately the teenagers indicated that they did not terminate the relationships for a variety of reasons; beyond peer pressure ('I don't want to be the only one without a boyfriend') and the probability of violence, women perceived that their partners loved them, a perception partly derived from men's demonstrations of material generosity in the form of presents of clothes, food and money. Some informants also expressed that since they loved their partners, they would comply with their sexual demands. One informant said, 'it is alright as long as he doesn't beat me every day'.

The words of these South African adolescents strongly suggest that they were for the most part aware of power differentials, inequities and double standards operating within constructions of love and sexual intercourse, but that resistance was complex in the extreme because of male violence and the immediacy of peer pressure. In the words of one woman, 'as a woman you have no rights. You must keep quiet and do as the man wants'. In addition many informants were motivated by love and the need for peer acceptance to remain with male partners, and since violence was perceived and experienced to be very common among married and unmarried people alike (and is likely to have been witnessed by some informants in the home context), it was accepted as part of relationships.

## **4.0 Discussion**

### ***4.1 Other research data on violence against young women in South Africa***

The extent of coercive sex, the use of violence and the importance of peer pressure described by informants in the data presented above is reflected in the few South African quantitative studies which have explored these issues. Notably, unpublished data from a sample of teenagers at an ante-natal clinic (mean age 16.3), interviewed as part of a study of determinants of pregnancy among adolescent African women in peri-urban Cape Town, reveals high levels of violence similar to those described in this qualitative study (Maforah,

*personal communication*). 30% said they were 'forced' to have sexual intercourse the first time. However, when asked to agree or disagree with a group of statements which 'came closest' to explaining how intercourse came about, half of this group chose 'people my age do it' and 'it was a natural follow-on in the relationship', which concurs with the qualitative findings which suggest that young women, even if non-willing participants, 'accept' sexual intercourse as part of being a teenager. By the time of the study, 71% reported having had sex against their will, and 11% said they had been 'raped'. The teenagers reported having been beaten by their male partners and to a large extent accepted this as part of a relationship: 60% said they had been beaten by their partner (a median of 10 times), but less than a quarter of these had terminated a relationship because of beatings. When asked what they thought the consequences of refusing to have sex would be 75% said they would be beaten, 38% feared being laughed at and 6% felt they would lose their friends.

Other quantitative research on reproductive health conducted among South African adolescents further indicates the high prevalence of violence against women in sexual relationships. Richter (1996) surveying African, Coloured and Indian urban youth found that 28% of the women in the sample had been 'forced against their will to have sex', mostly by their male partners. Another notable finding was that 'fear of losing partner' was cited by young women as the most important barrier to pregnancy prevention. Similarly Buga's findings (1996) among school adolescents in the rural Eastern Cape demonstrated that the most frequently cited reason by women for beginning sexual activity was being 'forced by partner' [28.4%], followed by 'peer pressure' [20%]. Forced sex in relationships was also extensively discussed by adolescent women in focus groups conducted by the National Progressive Primary Health Care Network (NPPHCN 1995). Women explained that they felt unable to refuse sex to their partners, whether on the first occasion or during a more long-term relationship. Among Zulu adolescent women, the threat or actual use of assault were cited as reasons for sexual refusal and contraceptive use being problematic (Varga & Makubalo 1995).

## ***4.2 Putting violence against young women on the sexuality/sexual health education agenda***

### *4.2.1 In the school context*

The development of interventions in adolescent sexual health promotion is a key challenge in the improvement of health status in South Africa. Where it exists, sexuality education in school contexts has been described as limited and inappropriate (Schoeman 1990). There is widespread recognition of the need to provide 'life skills' education in schools, encompassing sexuality education, but this study has demonstrated the critical importance of basing such education on an understanding of the dynamics of adolescent sexual relationships.

This data indicates the need to challenge male control of sexual knowledge and female access to it, by enabling adolescents to create and be aware of alternative constructions of love and sexual practice. Part of the responsibility of school curriculae must be to empower young women with sexual information in order to demystify sexual intercourse, which in turn would undermine peer power as exemplified by conversation exclusion strategies which are practised towards sexually inexperienced women. Schools must take a lead in educating adolescents of both genders about sexual health and the non-acceptability of violence.

Within this framework, of particular importance is that violence against women be seen as a priority on the sexuality/sexual health education agenda. In the experience of many adolescents interviewed in this study, the conditions and timing of sexual intercourse were entirely defined and controlled by men, through the use of violence and through the circulation of certain constructions of love, intercourse and entitlement to which the women were expected to submit. Sexual communication between women and their partners was non-existent. The capacity of these adolescent women for self-protection against unwanted sex and STDs was limited.

#### *4.2.2 In other community contexts*

Outside schools, sexuality/sexual health education could focus on a range of places, times and individuals (rather than exclusively on the sexual couple) which are key in framing and influencing adolescent sexuality in different contexts. Community settings are very important, and sexuality/sexual health education campaigns could target the home (where gender socialisation processes are primarily enacted), and be disseminated through other

networks including faith communities, youth groups, civic organisations, traditional structures and the workplace. Critically, attention within sexual health promotion must shift towards men, who remain neglected as an intervention focus.

#### ***4.3 Specific content of sexuality/sexual health curriculae***

The data presented here suggests in particular the need for the following questions, beyond informational input about sex, contraception and STDs, to be included in sexuality/sexual health curriculae as topics for discussion by teachers and teenagers:

- what is love? in which ways can it be demonstrated?
- what do young people do sexually? why do people have sex?
- do men and women have equal sexual rights?
- what kinds of relationships can young people have?
- what alternative sexual practices are there?
- how can men and women communicate about sexual matters?
- who can say no to sex, and how? who can ask for it?
- who has/is allowed to have multiple sexual partners? and why?
- what is sexual abuse and violence?
- when and why does violence occur within relationships?
- is violence acceptable within relationships?
- how can potentially violent situations be dealt with?

It is important that sexuality education is not an isolated part of the school curriculum, but is an activity approached comprehensively which is reflected in as many school subjects as is appropriate, including for example biology and literature. In the latter case for example, young people could have access through literature to constructions of love and relationships which are alternatives to the sexually-defined kinds frequently absorbed through television and cinema. Curriculum inputs could be usefully supplemented with education sessions about sexual violence given by representatives of the police, welfare and legal services, ensuring that young people are aware of the services available to them.



## **5.0 Recommendations**

### **5.1 to National and Provincial Departments of Education:**

- \* to ensure that comprehensive sexuality/ sexual health education exists in schools and that, within such programmes, violence against women exists as an integral part of the content;
  
- \* to support and implement teacher-training so that teachers feel qualified to deliver sexuality/ sexual health education, and are aware of existing welfare support and counselling services to which they can refer individual students;

### **5.2 to National and Provincial Departments of Health:**

- \* to support existing sexual health education initiatives (such as those implemented by NGOs) and to advocate, where necessary, for the inclusion of violence against women as an integral part of the content;
  
- \* to initiate and implement comprehensive sexuality/sexual health education initiatives which include violence against women as an integral part of the content:
  - a) in schools;
  - b) in other community settings- targetting parents, elders and adolescents in campaigns disseminated through civic organisations, youth groups, faith communities, traditional structures and the workplace;
  - c) through the mass media (print and radio);
  
- \* to ensure adequate access to welfare, medical, legal and police services for young people who have experienced violence.

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