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SOCIAL SCIENCE RESEARCH

**YOUNG PEOPLE'S  
SOCIAL NETWORKS,  
CONFIDANTS AND ISSUES  
OF REPRODUCTIVE HEALTH**

Anne Bakilana  
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CSSR Working Paper No. 44



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Southern Africa Labour and  
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# Young People's Social Networks, Confidants and Issues of Reproductive Health

## Abstract

*This qualitative micro study was conducted in the Metropole of Cape Town, the third largest metropole in South Africa during 2002. The study must be seen in relation to the Cape Area Panel Study (CAPS) that was conducted in June 2002. CAPS is planned as a longitudinal data collection project aimed at the youth in the Cape Metropole. The panel study broadly aims to supplement existing data sets like the Census, October Household Survey [OHS], Labour Force Survey [LFS] in particular with longitudinal and qualitative data addressing areas not necessarily done by national surveys. It anticipates uncovering determinants of schooling, unemployment and earnings of young adults and youth in this part of the country.*

*'Adolescent childbearing is common in South Africa as demonstrated by the 1998 South Africa Demographic and Health Survey, where by the age of 19 years, 30 percent of teenage females have had a child, 35 percent have been pregnant and the majority of teenage childbearing is outside of marriage.'* [Department of Health 1999] *Given the high prevalence of pregnancy and unmarried childbearing among adolescent females, it becomes important to understand the degree to which young people themselves understand how pregnancy and childbearing in adolescence delay or disrupt other life course events such as school completion or entering into marriage or cohabitation. Drawing on focus group discussion data from teenagers in Cape Town on normatively appropriate sequences, we note the degree to which the actual ways teenage males and females move through adolescence depart from the normative sequences.*

## 1. Introduction

The highly private nature of sexual relations has until recently limited the study of sexual behaviour and as a result the area did not have as wide and deep coverage as other areas of demographic and health research. The HIV/AIDS epidemic has changed the situation; and the number of papers now published on this topic, resulting from a range of small scale surveys to larger scale

Demographic and Health and the World Health Organisation's Global Programme on AIDS surveys is a testimony to this. The aim of most researchers has been to identify behaviours that propagate the spread of HIV infection as well as other sexually transmitted infections. The concern about HIV/ AIDS in South Africa is justified by the number of HIV/AIDS positive individuals. It is estimated that about 14.2% of South Africans are infected with HIV (Dorrington, Bradshaw and Budlender 2002). There are specific concerns regarding the prevalence of HIV/ Aids among the youth. According to the Department of Health HIV prevalence in 1998 among women aged less than 20 was 21%; and women in their 20s represent the group with the highest number of individuals living with HIV. Moreover HIV infection is still spreading very rapidly creating one of the fastest growing infection rates in the whole world. Of the 1500 new infections a day, over half occur in young people. This is despite the high level of knowledge in the population as 95% of teenage women in South Africa knew about Aids and that it was a sexually transmitted fatal infection. However, more than 50% of them did not know that a healthy looking person could be HIV positive.

Another motive for studying issues around sexual behaviour has been concerns about the extent of underage premarital sex and childbearing and the possible implications to health, loss of education, and risk of sexually transmitted infections for adolescent women. Similarly, there is an increasing interest in looking at the number of sexual partners that adolescents have, as well as their knowledge and level of contraceptive use. The concern about increased teenage childbearing and loss of opportunity for teenage mothers is based on evidence that the rate of adolescent sexual relations and fertility is more than was previously thought (Craig and Richter-Strydom, 1983; Jones et al. 1985; Meekers 1994b; United Nations 1994; Alan Guttmacher Institute 1998).

For South Africa, nationally representative results from the 1998 DHS show that by age 19, about 35% of all teenagers have been pregnant or had a child and the proportion of teenage girls who had experienced a pregnancy grew from 2.4% to 35.1% with each year of age (Department of Health 2002). However, smaller studies have shown that initiation of sexual relations is early but it also varies considerably. According to NPU (1998), a significant number of young people have their sexual debut before the age of fourteen; and a study of high school students in the Cape Peninsula, Flisher et al (1993), reports that age at first sex averaged 15 years for girls and 14 for boys, with a great deal of variability in these statistics. The concerns about early sexual relations are to do with the high rate of teenage pregnancies in the country, (O'Mahony 1987; Ncayiyana and Ter Haar 1989).

Despite the fertility rate dropping in the past 30 years, (in mid 1998 fertility stood at 116 per 1000 women in the age group 15-19, dropping to 78 per 1000 women in mid 1996) teenage pregnancies remain unacceptably high. By age 19, about 35% of all teenagers have been pregnant or had a child and the proportion of teenage girls who had experienced a pregnancy grew from 2.4% to 35.1% with each year of age, (Department of Health 2002). Not only are teenage pregnancies high, but also 1/8 of all teenage deliveries are by caesarean section suggesting complicated births. Termination of pregnancies remains a problem, (SAMJ 1997).

The Demographic and Health Survey Programme has been a major source of information on sexual relations and childbearing. The World Health Organisation's Global Programme on AIDS (GPA) has also conducted detailed surveys specifically on sexual behaviour linked to HIV/AIDS with the aim of identifying sexual behaviour and partner relations that were risky as far as infection of HIV/AIDS is concerned (Carael et al. 1992). The main deficiency of such surveys has however been their rigidly standardised questionnaires that have more or less the same questionnaires applied to all societies conducting the surveys.

## **2. Aim of the Study**

The aim of this study was to use alternative methods of data collection to explore issues around reproductive health and young people's social networks and confidants. The study was designed to relate to the Cape Area Panel Study (CAPS) that was conducted in June 2002. CAPS is a longitudinal data collection project aimed at the youth in the Cape Metropole, and has the aim of supplementing information from established data collection efforts such as the Census, the (then) October Household Survey [OHS], Labour Force Survey [LFS]. Among other issues, CAPS anticipates uncovering determinants of schooling, unemployment and earnings of young adults and youth in this part of the country.

In short, CAPS will collect longitudinal survey data focusing on the schooling, employment, and migration transitions of young people. In addition, the individual questionnaire will collect information on other important life transitions that take place around the same ages. Marriage, household formation, and fertility are clearly important events that are inevitably linked to schooling and employment decisions.

As a supplement to the CAPS, and specifically to the sections on Health and Reproduction and Living arrangements of families, a qualitative methodology to

add on to the understanding of these areas was proposed. Focus groups are in-depth qualitative interviews with a small number of carefully selected people brought to discuss a host of topics. Focus groups are therefore useful in providing vivid descriptions, opinions and attitudes that are very difficult to capture in a standard questionnaire. In addition to being a supplement to the quantitative methodology, the timing of focus groups would illuminate those areas of the questionnaire that are not clear, are too sensitive to elicit response or have not been well thought out.

### 3. Methods

Bearing in mind that focus groups are based on the homogeneity of a group, we proposed to have 4 sets of focus groups sessions, i.e. two sessions of 1.5 hours each per location for four areas of the six substructures of the Cape metro. These sessions would take into account existing demographics with particular reference to race and an equal distribution by gender would be considered as well as age. A mixture of qualitative techniques would be incorporated in these sessions bearing in mind that the ideal would be to have established a strong relation with the youth and young adults.

The areas selected for the focussed groups were based on the Schools Survey 1991 profile, and where necessary, we drew upon the Youth Forums to locate young adults out of school and elsewhere. Given the Cape Metro substructure boundaries it was deemed logical to select one or two groups from each substructure, given the representative spread by race. Despite the metro being predominantly coloured it was thought interesting to observe the groups from across the spectrum in the metro with regard to 'health/ reproduction and youth'. This translated into a potential list of participating schools versus an actual number for a number of reasons as illustrated below:

#### *Potential participating schools:*

South Peninsula:	Hout Bay Secondary, Herschel Senior School, Bishops, Norman Henshilwood and Wynberg Boys High.
Oostenberg:	Brackenfell High, Good Hope High, Delft.
Helderberg:	None.
Tygerberg:	Chris Hani Secondary, Matthew Goniwe Memorial, Harry Gwala, Thembelile High.
Cape Town/ City:	Mitchells Plain, Westridge Senior Secondary, Spine Road Secondary.
Blaauwberg:	Table View High.

Initially the idea was to select a focus group from each sub structure resulting in six focus groups but this did not occur because Hershel Senior and Bishops did not respond to our request in writing or telephonically; and Norman Henshilwood and Table View High School were not interested in participating.

Hout Bay Secondary School, Westridge Secondary School and Thembelihle responded positively to our request from the start and the first two focus group sessions for schools and two more sessions for youth out of school occurred in April 2002. The June and September vacations interrupted the research and considerable time was consumed with the normal correspondence of faxing, emailing and telephoning to set up further focus groups. As a result Thembelihle high only happened in September 2002 followed by Wynberg Girls High School in December 2002. Despite having randomly selected high schools for the metro and provisionally having indicated school names in our letter of application for permission to the Department of Education, Western Cape we were unable to engage further schools in the research.

Focus group discussions were conducted between April and December 2002. A mix of methods was employed to explore several aspects of young people's lives. These included spider diagrams to study young people's social networks, group mobility exercise and health and reproduction.

### *1. Semi-structured interviews*

- (a) Focus groups, homogenous in terms of gender and mixed with reference to race. The homogenous factor in this instance is relevant in terms of group dynamics which allows for additional information and possibly for optimal in-depth knowledge about and concerning high school students and out-of-school youth concerning their social networks, confidants and issues of reproductive health in this case.
- (b) Probing questions were applied to initiate discussion and debate in general. Also to lead-in the various sessions at times and the circumstances allowed for direct questions in some instances without being too subtle in one's approach to key issues, making the interaction more dynamic.

### *2. Construction and Analysis of Maps and Models*

Participatory mapping was applied to some degree in order to derive some demographic data, infrastructure, resources and some services relevant to these communities. This exercise was done collectively which allows for corrective measures amongst the participants and to get a spatial sense to exercise itself.

### 3. *Diagramming*

Although the “Spider Diagram” was utilised here, this exercise allows for ascertaining time lines, trend analyses, seasonal diagrams, activity profiles & daily routines and Venn diagrams to some degree.

### 4. *Do-it-yourself*

This element allows for the classical reversal of roles, i.e. between the insider and outsider and the latter promotes dialogue. Hands-on information is obtained by the outsider where activities are carried out under the insider’s guidance. A bit of this technique was also applied during the sessions.

A focus group session was conducted at three of the six substructures constituting the Cape Metropole at high schools and two sessions were with out-of-school youth from Mitchells Plain and Khayelitsha. [the substructures were as follows; Cape Town – City, South Peninsula, Tygerberg]. The above areas represent the bulk of the Coloured and African section of the population in the Metropole. Mitchells Plain Magisterial District constitutes 29.2% of the total population of the CMA and 74% of all Africans residing in the metro live within the Mitchell’s Plain Magisterial District. Similarly 20.27% of all the Coloured people live there. These percentages are based on Census 96 data. A pilot was conducted at the University of Cape Town with matric students of Princeton Technical College in Mitchell’s Plain to refine and tighten the schedule for the focus group sessions.

The focus groups were characterized by an informal, conversational and non-threatening approach. The sessions lasted for about four hours divided into three areas of activity, namely mapping one’s social networks, activity plans and health & reproduction. In order to ensure open and frank discussion this last issue was conducted by a female or male facilitator to match the particular group’s gender. The following areas of interest were covered in the three activities:

#### A. *The Spider Diagram / mapping our social networks*

- The objective was to elicit young peoples’ own description and evaluations of their social support systems (family, peers, neighbours, etc). Each was assigned the task of placing family, peers, friends, neighbours and teachers who are closest to them on a spider diagram. Those closest were placed on the spider’s shorter arms while those seen as more distant were placed on the longer arms, a longer distance from the spider’s centrally placed body.

### *B. Group Mobility map*

- The facilitator starts off with a rough map of the school concerned as the focal place where all participants meet regularly and a local landmark suggested by the participants. Each participant is asked and indicates on the map by means of drawing and or writing where he or she visits or spends their time during a typical week, over weekends, including other places and people that they see or visit for work, leisure or any other reason.

### *C. Health and Reproduction*

- The objective was to elicit young people's opinions on topics related to reproductive health, HIV and more general well-being.
- The primary approach adopted here due to the sensitivity surrounding the topic was to enable young people to talk in the third person and this depersonalized the discussion. The facilitator started this session by reading a letter addressed to 'Aunt Agnes' [in a community newspaper] from Marie who is distressed by matters of a reproductive nature. In turn the participants are asked to advise the young person concerned on the challenges confronting her. What would she or they do in order to get help or assistance?

Detailed notes and transcriptions were made during and after the focus group sessions.

## **4. Data Analysis**

All focus group sessions were recorded and then transcribed where independent close scrutiny by each author contributed to a summary of each session. One could clearly identify key issues, common denominators and anomalies. At times personal notes and observations complemented these summaries during the actual focus groups. Information collected was then thematically analysed.

## **5. Ethical Considerations**

Approval and permission for this research was granted by the Western Cape Education Department prior to commencement of this study (see Appendix 1). Additional approval was sought from the Heads of schools to be included in the study. The Heads would then assign the appropriate teacher with whom the study team would liaise on matters relating to the study including appropriate

ages of the young men and women as well as the main issues to be discussed during the focus groups. The prospective young men and women who were selected to participate were issued with consent forms (See appendices 2 and 3) that detailed the purpose of the study that guaranteed the participants' privacy and clearly stated that all were at liberty to refuse to participate in the study and could withdraw at any point during the focus group discussions. Young people under the age of 18 were issued with parental consent forms that parents had to sign and return to the teachers responsible to indicate their approval for their child to participate in the study. At the beginning of each focus group session participants chose distinct nicknames, which were used throughout the discussions in place of their real names. The names of participants were changed to preserve the anonymity of participants: the findings recorded here cannot be linked to any particular participant.

## **6. Results and Discussion**

This report addresses the following key themes:

- Importance of Friends
- Parents
- Social workers and teachers
- Pregnancy versus HIV
- Age at marriage and childbearing
- Consequences of childbearing
- Sexual violence
- Reproduction and ideal families
- Power over sexual relations
- Drugs and alcohol
- Same sex relationships
- AIDS or pregnancy: The lesser of two evils

### **I Young People's Social Networks**

#### **i. Parents**

In this exercise participants were asked to identify people who were individually important to them. As expected, the majority of participants mentioned parents as the people closest to them. In most cases the young people were living with their parent (s) and their siblings. The majority of participants irrespective of age

or of gender described their mothers as their closest person together with sisters and aunts. There seems to be a definite gender bias in terms of who is closest to young people. Even for the older groups of boys, mothers and aunts and sisters were the most important people, though as seen below, the older boys discussed their friends as quite important though not as much as their mothers were. For the few young people who lived with grandparents, these were put down as the closest people they had contact with.

## ii. Friendship

The next group of people who were close to these young people were friends who they invariably spoke to everyday, these were friends they met at school as well though there was an exceptional case of a youngster whose closest friends were from the local church youth centre. Friends were not only confidants but they were the ones who had the time to give more attention than parents, grandparents, aunts or uncles. They might even be able to solve your problems such as your homework or when you need to borrow money and make you happier. An ideal friend was described as someone who invariably could keep secrets, who was there when one is in time of need, who can cheer you up and not let you down, who was trustworthy and a good listener, who you can do similar things with, be loyal and encourage you to do good.

It was noteworthy that friendships among the young men were more closely associated with larger groups and were less one-to-one pairs. Most of the young men tagged along with the same group playing sports, belonging to the same church youth clubs and the like and drew on the different strengths from different members of the group. The young men also seemed to guard the closeness of their groups more fiercely as demonstrated by the following discussion:

*Participant (age 18): We actually have this small, little problem, like with our friend, his name is Richard\*. Now... wherever we go, it's the boys, Richard and his girlfriend. Now the thing is, what I do is, I will go to my girlfriend and tell her, okay, I am going with the boys. We don't want girls with us because it's our time now.*

*Participant 2: It's bonding time.*

*Participant 1: It's time for the boys to be together and we can always be together alone some other day, but Richard is always there with his girlfriend, no matter where we go or how we go, he will still be there*

.....

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\* Not real names

### iii. Grandparents

Next to parents and friends the closest people were grandparents and especially grandmothers from the mother's side. Though quite a number of youth had relatives who lived abroad they were still listed as people close to them despite the distance. Teachers were invariably recorded as people who were quite distant from them. When asked to discuss whether there had been changes in these relationships compared to when they were 3-5 years younger, the answer was overwhelmingly yes. The most important people when the young people were younger were mothers and grandmothers, aunts and older sisters for the girls.

### iv. Young People's Confidants

Asked whether the people who are closest are the ones that they would talk to in case of problems, the answer was yes for the girls. But when asked whether there were issues that could not be discussed with these people the answer was also yes; for example one couldn't discuss 'boyfriend' problems with one's mother. Sisters were mentioned among the people girls could talk to and one of the reasons mentioned for this was because 'she has been through all that'. Teachers were very often mentioned as people the youth could not talk to; the reason mentioned was that 'some of them gossip'. Other things that young people couldn't discuss with their family members were 'smoking' and alcohol use. This was because they did not want them to smoke or to drink alcohol. 'there are some things also, like when you talk to your family, like when you busy talking now about this boy and that, they understand what you are going through. Once you talk to your family about it, then they say you are 'ougat' [frivolous with sexual connotation].

But friends "*ja, they know. [yes, they know] For all the girls they know what girls go through and, the boys say*". Do you think there are certain things that you really want to talk to your family about, but you can't? A typical response from the girls went something like: '*Yes, ja like, if you have a boyfriend, you must hide it away*' or '*then you get out of the bath and you have this pimple here on your vagina or whatever or wherever, you cant go to her and say 'kyk hier' [look here], they will tell you 'go to hell'*'. From the boys a typical response to the question was like: '*Relationships with girls..... what you do behind close doors*'. Some of the responses that young men reported came from their parents included '*Ja, you are too young to know about girlfriends and things like that*'. [Young man aged 18].

Young men mentioned that they could discuss a lot of issues with their friends though not with their parents, for example,

*Participant 1: You can even tell your friends, like about all the girls you have been with. I don't think John can tell his mommy about that, because, well... she will never be seeing him again, he'll be locked up in his room.....*

*Facilitator: So, you can't talk about girls what else?*

*Participant 1: I don't think John can tell his mommy that he is greedy for girls. Sometimes you cant talk about things like sex and alcohol and things like that with your mother, you know things you discuss between the guys like when John was going out with Angela\* and Monica\* and Evelyne\* and who else and he didn't know what to do, he couldn't talk with his mummy about it, so he rather came to us and so we told him that he must be a 'one woman man' one at a time'.*

*Participant 2: ... you cant speak to your mother about if Tony\* had a drinking problem, or Joseph, then you cant speak to your mother about their drinking problem, so you will go to your friends and discuss it and say hey Tony 'you eat vegetables'*

## **v. Parental Control**

None of the girls that participated had left home and when asked to talk about the feeling of wanting to leave home quite a number of them agreed to having such feelings. Reasons included early curfews and feelings of 'lack of freedom', which was reserved just for the girls. For those who had brothers the feeling was invariably that the boys did not face such lack of freedom. The girls did understand however why their parents required them to be home by a certain time, issues of safety were constantly mentioned. When asked to describe a perfect parent the following qualities were mentioned: basic rules, open to discuss issues, trustworthy, understanding, good listeners, [parents were often mentioned as '*they never want to listen to what we have to say*'], non judgmental. Parents were often mentioned as being unable to listen or to trust the young men and women, that they often didn't listen to the child's side of the story and that they should be able to correct them when they are wrong but not in a manner 'where you are going to kill one another or something like that or make you feel guilty about what you did but help you in a way where you can learn from them, to see that what you did was a mistake and they should set an example for you'. Participants were asked to discuss values and benefits that they got out of their friends which they didn't get out of their family members. The aforementioned issue was that of friends being confidants of their secrets, these secrets were however restricted to friends of the same gender, there were

secrets to be told to friends of the same sex and others that could be shared with other friends. Parents must be fair, for example in terms of housework division between boys and girls.

Parents were noted as being of a very far away generation and of having had very different experiences when they were young people. Young men and women noted that they now had better opportunities than when their parents were young, for example, they could study at any university they so wished, their parents had corporal punishment while they do not.

## **II Health and Reproduction**

There was a mix of reactions that came out of this particular exercise as far as the advice that was offered to the hypothetical Marie. Invariably the first piece of advice that was offered by the girls was that Marie should leave her husband and raise the child on her own since she was still young and she could still go on and study to complete her education.

### **i. Legal Issues of Child Custody**

In all groups the first piece of advice that was offered to Marie as far as the upkeep of the child was that Marie should take the father to court showing that the girls were very familiar with the idea that the father has a legal requirement to fulfil. This was true irrespective of gender and of the ages of participants. There was however recognition that the process was not a simple one and that it took time though the fact that the two were married would simplify court matters. It was also recognised that the court process was a stressful one, but eventually worth it because the girl could not afford to sustain the child on her own. The girls felt that since the husband was also young, there were going to be problems to get him to commit for longer though he should pay maintenance just the same. All the girls mentioned that they knew a person to whom such a thing had happened and what they did was to raise the child with support from the family especially the girls' mothers. Mothers were invariably mentioned as the person that Marie should leave the child with if she had to go back to work or back to school.

Invariably all participants felt that the husband should provide economic support for the girl and as one young man put it: *'She must stand up and its her right to like say what she wants and what she wants, how many nappies and how many milk..... And he must buy it..... He must buy it because he made the child'*. There was however more variation in views about this issue among young men

than among the young women. For example the following exchange demonstrates this:

*Participant 1: 'Or maybe he is just one of those guys that's just..... they make babies and go'*

*Participant 2: 'It was a hit and run'*

*Participant 3: 'Guys nowadays just hit and run'.*

In such circumstances the girls in Marie's position usually moved on and found someone else to marry eventually. When asked whether it was going to be easy for Marie to find another husband, the response was invariably a 'no'. This was because she had been married before and had a child.

## **ii. Moral Support When Pregnant**

The other people that Marie could get assistance from was the social worker who could assist her to get a child support grant. All the girls knew of a social worker in their area and they were there to talk to anyone about problems. When asked whether the social workers could be trusted with their secrets the response was an overwhelming NO. In such cases then mothers were seen as less daunting when compared to the social workers. The main reason for this feeling was that social workers could not be trusted to keep secrets and the whole neighbourhood would soon find out. Most of the participants knew exactly where the social workers' offices were located in their neighbourhood. There was mention that there should be a Help Line where Marie could also call in and seek advice.

## **iii. Early Marriage and Childbearing**

Participants were asked to look at the issue of having children at a young age and to discuss the pros and cons. Children at a young age were invariably viewed in a negative light by the young women, the foremost reason being that they deprived you of the independence though it is not really the child's fault to be born. There were however sympathetic views if the girl and the boy loved each other and wanted to get married and to live together, the rule was that they should get married first, though. The participants acknowledged a mixture of ways of doing 'things' and that marriage does not in practice always follow a rigid direction as there are some who got married and then had children and those who had children then got married and not necessarily to the fathers of their first child. For the girls there was also an appreciation for living together in relationships before one settled down with a particular partner, to spend time

with one's proposed partner to get to know him and to get to know the relatives to see if they get along. Participants acknowledged the importance of marriage classes though none knew what took place in those classes.

There was a high level of awareness among the girls about girls that have become pregnant while still at school and when they were too young. For example:

*'Like my friend, Elizabeth\*, she had a baby when she was 13 years old, that was last year. I got so a fright. I didn't know her like that. She's not actually my friend, she's my friend's friend that was in the same class but she talked and everything, but I didn't know she was pregnant and after a while she had a baby, but she didn't look pregnant, but some people are flat. She didn't look pregnant and after a while she had a baby. Her mother took it for serious man. Her mother said 'ja, you must now get your own house, you must now look for that father and we didn't know who was the father until a few weeks ago, so we found out who the father was, the father was the man that lived opposite us. His name is Mark\*. He is a very, he is not so a nice man. He likes to bring girls in and out like that.*

The girl (14) goes on to describe the man as not married and being 'old' like 30 years old. The girl had to drop out of school in standard 5 and look after her baby. There were, however, strong feelings that girls should be allowed back into school after a baby is born since it was unfair that the men or boys who impregnated them do not face the same hindrance and are free to continue school.

Young men also had quite a few examples of girls that had become pregnant when at school. The disadvantages of having children early were also mentioned in terms of lack of experience of raising children since one is a still child herself. This example demonstrates that.

*'When we were living in Mowbray\*, there was this girl, she was 9 when she had her periods and so she got pregnant by the man opposite, her daddy's best friend, but so, there happened something with the baby, but her mommy said nothing and her mommy still lets her out late at night and all this and so she slept with the baby in her bed and so she forgot so she went and sleep on the child and so the child died and she was 13 years old and she had another child and her mommy still did nothing.*

#### iv. Childbearing and Material Wealth

Overwhelmingly participants associated the undesirability of having children at an early age with the inability to provide for that child. Most pictured themselves being in a better financial and material situation before embarking on family building. Children were viewed as ‘expensive’ and it was thought important to first become financially stable, as the following text from a young man demonstrates:

*‘I’ll say the disadvantage of that could also be... how will the child be educated, like I mean nowadays you see street children and homeless children, I mean that is parents who perhaps didn’t take care of the child and things like that’.*

A few exceptions among young men voiced the opinion that having a child early might be beneficial to both father and son by narrowing the gap between generations and making the relationship closer to that of friends than of old style parent/ child. For example a young man said this:

*‘I always pictured that I still want to be young when I have a child so that by the time he comes to you know more or less his teens that we have that lekker [fun/healthy] relationship that I can take him out and say, ‘kyk hier [look here], I am not your daddy, I’m your ‘boeta’ [older brother] you know, have that kind of thing’.*

The young man however went on to say that he would need to be financially secure to do that. A typical comment was:

*‘ Ja [Yes], I want to give him the best, that’s what everybody wants nowadays, just want to wear the best and be the best, take him to the Cornerstore, share a cool drink’.*

It was clear that the majority of the girls had been warned of some of the consequences of having a baby while still at school, though these warnings sound to be more like threats than useful discussions. For example:

*‘Okay, my mommy said that ja, if I have a child, I must go live by the father of the child, but I know my mommy doesn’t mean that...’ and ‘Pregnant, you’re mad before you finish school, we’ll chuck you out!’*

These are some of the observations from the participants regarding warnings they had received from their mothers.

## v. Ideal Family Size

An overwhelming majority of girls viewed a small family size as ideal citing a family of 1-2 with a maximum of 3 children. The girls overwhelmingly saw themselves working even after they had children.

## vi. Ideal Partner

When asked to identify characteristics that one would look for in a husband or a wife the following were mentioned: faithful, respect for you and your body, honest, understanding; and have a steady job.

## vii. Peer versus Parental Pressure

There was a mix of responses to the issue of whether one felt under peer pressure if one didn't have a boyfriend or a girlfriend. A large proportion of the girls felt that the pressure was very different from different sources. Parents were always of the opinion that the girls were too young to be having boyfriends while friends encouraged them to have boyfriends. Parents always say things like '*you are too young*' without explaining exactly what being young meant and in some cases simply said '*I am going to kill you*'. The girls mentioned that the parents were always worried about them getting pregnant and '*having sex before your time*' and being '*beaten up*' with advice that they should wait until they were married. Invariably participants felt that they could not talk to their parents when they were not in agreement with them about issues surrounding sex and waiting until one was married. They could also not discuss issues of protection though it was easier to have such a kind of discussion with aunts and sisters, though invariably not with their friends who are likely to 'gossip' about such detailed issues.

The young men invariably didn't feel the pressure if they didn't have a girlfriend. A few actually felt that it might be advantageous not to have a girlfriend because it was actually cheaper that way.

*Participant 1: You save money too. Ja [Yes], if you don't have a girlfriend then you have more time for yourself and your friends, you have more money, and you have less problems, less grey hair'.*

*Participant 2: And you can actually do more, what you want when you want to because wont have like, if you have a girlfriend then you have to see her, you have to see her in the week because otherwise you would be actually, how can I say, 'jy gaan haar afskeep man' [you will be neglecting her] you would be umm...'*

*Participant 2: Sleeping [casting aside] her off'. An unusual comment was that actually a young man could feel broke if he DID NOT have a girlfriend because 'ja [yes] because it's a form of income' by keeping your stomach full, it's a place to eat. One needed to choose a girlfriend that also had money because 'if you take a girlfriend that's broke then you are also going to be broke' and 'if you take a girlfriend that's got money; obviously you are also going to have money, that's beneficial'.*

## **viii. Same Sex Relationships**

Overwhelmingly the gender disparity was very clear with the men voicing strong opinions against same sex relationships between homosexuals while not mentioning such female relationships at all. Women were a lot more accommodating of such relationships. For men it was an issue of homosexual men challenging the participants 'manhood' while for girls there was a lot of sympathy about the treatment that homosexuals receive with a lot of acceptance.

For the female groups, comments such as: 'That's what they are. You can't change them' 'I'll accept them for who they are'. 'They can't help it if they are like that. They are just attracted to that person', were more common.

Young men on the other hand were very vocal about their disapproval of same sex relationships. The many comments demonstrating this ranged from: 'They are not right in their heads' others considered it to be an issue of 'sin' since God made human beings to be attracted to the opposite sex, 'God never made Adam and Steve, He made Adam and Eve'. Young men felt that gay people are viewed as people from another planet and that they will always be made fun of. Young men were scared that a gay guy would 'come on to us'. An example of this fear is demonstrated in this account:

*Participant 1: I got once upset at school with this guy, Julius\*. He is sideways and then um, he asked, I was like with a couple of chicks and buddies of mine, we were all chilling out and then I gave him something and he called me, 'baby' or 'bokie' [pet name, like sweetheart] or something and I totally flipped and my whole day was spoilt. I flipped out on him and told him that if he ever calls me that again I am going to smack him, because he should also respect my manhood. I don't like being broken down as a man, don't take my manhood or manliness away from me. I am solid man.*

*Participant 2: Can't be called that. I mean if somebody else heard it in the wrong and they take it into the wrong context, 'Ja [Yes] Michael\* is also sideways' phew, I can't handle that. I am not going to handle that.*

## **ix. HIV/AIDS Knowledge**

Overwhelmingly participants said that they did not know enough about AIDS though all of them mentioned that they knew how it was transmitted and knew how to protect themselves. When asked to discuss where they would like that information to be provided schools came up as the most popular venue where information could be provided in a more open way. All of them knew of where to go to get an AIDS test (this was especially true for the focus group of a school that had a youth centre and a family planning clinic on the school premises). All of them knew that the tests were free and that they knew that people did use the clinic for tests. The staff at this particular clinic were said to be ‘nice’ though when asked whether they themselves would go to the same clinic for testing invariably the answer from this particular school was that they ‘would go somewhere else’. There was a strong feeling among participants that it was important to get tested before one got married even when the couple had been together for a long time; and that it was important to ask the future spouse to go for a test. It was however overwhelmingly the case that the girls groups mentioned that the men/ boys were usually reluctant to go for a test and that a request for one was usually accompanied with the response “Don’t you trust me?” with the general view that the boys would think the girl ‘slept around’ It was without exception agreed that in such cases it was then better to part ways with the boy/ man who refused to have the test. When asked what they would do if the man refused one of the girls said they would say ‘Honey, it is for our safety’.

Quite a number of young men mentioned why one would be reluctant to accept to go for testing citing fear and embarrassment among the reasons. However when asked to discuss whether the hypothetical Marie should go for an HIV test the answer was an overwhelming yes. The feeling was that it was best for Marie and her husband to know their status so that they would not infect each other in case they decide to have sex again and for the sake of the child so that the couple could make provisions for the future of that child. Knowing one’s status was also viewed as beneficial so that one could have peace of mind, as: ‘because if they don’t go, its always going to be on your mind, especially in Marie’s case that if he can abuse me, he doesn’t care... then he’s most probably sleeping around’ was advanced by a young man.

## **x. Perception of Risk: HIV Infection and Pregnancy**

It was mostly the case that the participants appreciated the risks of acquiring HIV when involved in sexual relationships, and irrespective of gender they viewed HIV/ AIDS as a greater danger than getting pregnant though there were quite a number of exceptions who had more fatalistic views regarding HIV. For

example it was mentioned that: *'If you get AIDS you can die. Everyone must die one day so'*. . When asked to discuss this further it emerged that there might be a division in these views by gender. For the young men there was more of an apprehension of the chances of making a girl pregnant and having to face the responsibility for that. For girls it was the case that they might not have sufficient information about HIV/Aids and that a lot of information is still geared towards prevention of pregnancy.

It was surprising that for young men the risk of making a girl pregnant weighed on their minds more than the risk of HIV infection and though facilitators tried in a number of ways to steer the discussion back to HIV it seems that in most cases the most feared outcome of a sexual relationship was still pregnancy.

A typical discussion:

*Facilitator: ... what do you think are the dangers when you are going out with girls or dating them? Is it a question of getting pregnant, becoming HIV positive or.....*

*Participant 1: Girls becoming pregnant*

*Facilitator: So you think that pregnancy is serious, what about AIDS?*

*Participant 2: You are going to die, but pregnancy is like, 'what do I do now?'*

*Participant: Ja [Yes] it's like taking a part of you*

*Participant 1: You don't know what to expect, but with Aids you know OK, this time and that time, you are close.*

*Facilitator: So you mainly fear pregnancy than Aids?*

*Participant 2: Because you don't know what your mommy and daddy is gonna say. Extra luggage to carry and you will be forced by the mother of the child to get this for the child and get that .....*

*Facilitator: So you guys seriously think, do all of you agree on that? I mean, do you seriously think that pregnancy is much more of an issue?*

*Participant 4: I don't see Aids s so serious like*

*Participant 1: Pregnancy is two lives, Aids is only one life.*

*Participant 5: You could possibly affect your partner also. You can affect your partner also.*

*Participant 1: Ja [Yes], but one gave it to the other.*

*Participant 1: ..... If you don't look after the child properly, the child can die, then you get the blame, but if you die there is no blame, no fingers pointed.*

Factors such as violence and especially drugs and alcohol that increased the risks to pregnancy and HIV infection were mention by a substantial number of

female participants. In these discussions around places that young people would go if they wanted to have a 'private moment' with their boyfriends, the girls mentioned that most girls fell pregnant at clubs or at parties at somebody's house. The reason given was that it's because there would be drinking there and likely a bed there too.

It was also mentioned that the reason why girls fell pregnant was because parents were reluctant to talk to their children about sexual relations. For example this was mentioned by a young man who was talking from real experience:

*Participant: Girls fall pregnant and things like that is because their parents not being open with them and telling them about the real, about real things that actually happens and then perhaps they like go out and then experiment so to say, they will try out and without knowing what to sue or what to do that happens. Like I know somebody that's mother kept her in okay, never wanted her to come outside and things like that and she had like friends that drank and things like that. And I mean today she is like doing drugs, she is smoking dagga, she is doing all the things that some... are not allowed to.*

## **xi. Social Support, Stigma and HIV**

All participants knew of someone who was HIV positive and noted that while it was known in the community that they lived in, it was an 'embarrassing' issue when it was first known and that people were nasty to these people. It was noted that the situation has improved for people who are HIV positive and admiration was voiced in particular for a lady who had chosen to 'come out' and visit the school and talk about the HIV issue. For the participants still at school, there was however an overwhelming feeling that if any of the participants wanted to speak openly about their HIV positive status they would not receive the support and love that is needed.

## **xii. Extent of Sexual Relationships**

Overwhelmingly the participants knew that the majority of their friends were having sexual relationships with their partners. When asked where they would go if they wanted a 'private moment' with their partners, participants mentioned 'sit behind corners' and 'go to the beach'. When the girls were asked to speculate about the ages of these boyfriends it was overwhelmingly the case that these male partners were older.

### **xiii. Control over Sexual Relationships**

A number of issues came up in the discussions regarding Marie, the fictitious girl seeking advice which concerned the issue of one's control and sense of power in sexual relationships. For the girls there was a feeling that it is common for girls to feel that there are circumstances where one can feel powerless in a relationship. For example it was mentioned that Marie could have been in a violent relationship where she was forced to have sex with her husband. Men were also mentioned to 'get cross' when they are refused sex.

*'But some men are very...., they get very.... They force you'. 'Yes and then they like hit you'. It was also mentioned that she could have been drunk 'or maybe she had too much to drink' 'sometimes they put like stuff in your drink to make you....' 'And like an 'E' or something like that, especially by the clubs, they do that' 'Like in the club it was dark, now this boy says, "Nee, ek wil jou 'n drink koop" [No, I want to buy you a drink] and now you like drink it. You can't trust anyone nowadays because like my Grandma said, 'Daar is niks meer' [There are no more] guys now want to be serious with you. They are only using you and these guys that call themselves players, you don't know where they have been to because they are just like going to use you and then afterwards they go to their friends, "Nee, gaan daar, dis lekker daar". [No, go there, its nice there -sexual connotation]*

### **xiv. Violence and Abuse in Sexual Relationships**

Other experiences of violence came up under the discussion around HIV testing. This is a description by a girl of 16 about a particular young man.

*'Ja there's this boy I went with now. I am not going to be shy, he was 21 and I was like 15. We went out for a week, so I told him that its not going to work between the two of us, because he is 21 and I'm like 15 and so he told me that he, ja, he was like 28. 'Maar kyk hiero, ek gaan vir jou nou sê, jy sê nie vir my wanneer jy 'n kind wil hê en wanneer ek sê dis 'over' tussen ons twee, dan's dit 'over', [But look here, I will tell you, you will not tell me when you want a child and when I say its over between us, then its over] so I told my mommy, so my mommy said I must just stay away from this one, because he has like a lot of friends that's gangsters and for me, I walk through the park late at night, maybe to my cousin because she just lives on the opposite side of us and then I go to that and one night I went there and so he got me there against the wall and said 'ek wil nou 'n vry stuk he'[I want some sex now] dan sê ek [then I said] 'Nee, ek ken nie vir*

*jou nie' [No, I don't know you] He says' Hullo, jy's my kind, ek sê so' [you are my girlfriend and I say so].*

The girls were overwhelmingly aware of the dangers they faced in their daily lives and the circumstances that could elevate that risk. This is a girl describing just one example of where a girl could fall pregnant as a result of violence and factors beyond the girls' control.

*Participant: 'And then there was this other girl, me and my auntie we went to the clinic, my nose was bleeding .... And there was this long queue of ladies and this one child, who was not even 10 years old, she was standing there, but no stomach nothing she was just standing there and she came out crying and my auntie asked one of the ladies there, 'what's wrong with the child?' They said the child is pregnant, but she didn't know it and the mother didn't know it'.*

*Facilitator:' ... so who do you think these children who are very young are having sex with?'*

*Participant: 'They get raped'. It could be one of the father's friends; it could be one of the mother's friends. Even if the mother is single, the mother is not worried with the father, it could be the mother's boyfriend or the boyfriend's friend' so you can't actually say it's their own fault..... they could be sexually harassed as well and they could be forced into doing that.*

## **7. Discussion and Conclusions**

It does not suffice to be able to measure the quantitative indicators of young people's health risks. There are significant determinants that are not easily understood by quantitative indicators such as age at first sex, age at first birth, the number of sexual partners that young people have and their use of methods of contraception. This study found that young people are very aware of the issues around reproduction and sexual health. They have seen live examples from their friends and from within their societies of the consequences of risky sexual behaviour.

One cannot ignore the strong voices captured in this report. Cape Metropole young people mention their parents as the people closest to them but also maintain that these are not the same people they want to confide in about health matters that could affect their lives. Young people lack a well-informed confidant to talk to about issues of reproductive health and choose instead to rely on friends with whom they feel they can confide 'most' things to. Young people cannot talk freely to their parents whom they feel do not understand

them, and simply adopt a 'don't do' attitude without offering explanations. Teachers and social workers are regarded as not to be trusted with their deepest secrets. There are strong feelings of powerlessness and a sense of inevitability as far as pregnancy is concerned though this is intertwined with a high level of knowledge on how one could protect one's self. The issues of violence against women, sexual abuse of minors, are well reported and these come out strongly in the report as do issues of drugs and alcohol, which the young people do not feel they could easily discuss with their parents although they are recognised as important factors that put them at risk of having sex and hence falling pregnant.

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en Reduire l'Ampleur notamment pour Remédier aux Abandons Scolaires.

Web Page:

<http://undp.org/popin/regionalneca/unecapop/pe1994/pe1994tb.htm>: United Nations Economic Commission for Africa (UNECA).

# Appendix 1: Western Cape Education Department

Enquiries     Dr Frances J Wessels  
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Wes-Kaap Onderwysdepartement

Western Cape Education Department

IsiXhosa Isifundo Isintshona Koloni

Dr A Bakilana  
School of Economics  
UCT  
Private Bag  
7701

## Re: FOCUS GROUPS WITH YOUNG PEOPLE

Your application to conduct the above-mentioned research at schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The investigation is to be conducted during April 2002.
6. Should you wish to extend the period of your survey at the schools, please contact F Wessels at the contact numbers above.
7. No research will be allowed during the fourth school term.
8. A photocopy of this letter is submitted to the principal of the learning site where the intended research is to be conducted.
9. Your research will be limited to the following schools: Hout Bay Secondary; Westridge Secondary; Table View High and Thembelithi High.
10. The Department receives a copy of the completed report/dissertation/thesis addressed to:  
**The Director: Educational Research  
Western Cape Education Department  
Private Bag 9114  
CAPE TOWN  
8000**

We wish you success in your research.

Kind regards.

*F. Wessels*  
PP ACTING HEAD: EDUCATION  
DATE: 05/04/2002

## Appendix 2: Letter of Consent

### Informed Consent Form [Parents]

The University of Cape Town is carrying out a youth outcomes study looking at how the current economic conditions in South Africa impact on the ways young people meet challenging constraints and how they make decisions about critical issues such as schooling, employment and migration. Given the HIV/AIDS sweeping through the country, the study will look at other important life transitions such as beginning of sexual relations, marriage, household formation and fertility. These are clearly important events that are inevitably linked to health, schooling and employment decisions.

You are hereby asked to allow your son/daughter to participate in a focus group that will discuss some youth specific issues surrounding reproduction, marriage, household information and having children. The focus group meetings will last about 1hr 30 minutes. Your child's participation in this research is entirely voluntary; please feel free to contact us should you have questions about the research. The study will help us understand, among other things, the determinants of youth outcomes.

Thank you

-----  
Student's full name: .....

Parent/Guardian's signature: .....

Date: .....

Contact person:

Anne Bakilana · Demographer · School of Economics · UCT  
Tel: (021) 650 3831 · Fax: (021) 650 5697

## Appendix 3: Letter of Application

School of Economics  
UCT  
Private Bag  
7701  
22 March 2002

Dr Frances Wessels  
Department of Education, Western Cape

Dear Dr Wessels

**RE: 'Application for permission'**

I, Dr Anne Bakilana, project leader for the Focus Groups of the Cape Area Panel Study (CAPS) hereby wish to apply for permission from the Department concerned to conduct four focus groups workshops in the metro at the following schools; Hout Bay Secondary, Westridge Secondary, Table View High and Thembelihle High subject to agreement from the schools and approval from the Department.

The sample is drawn from the recent School Census database and in part from Youth Forums given our target audience, ie. 14-17 and 18-22 age cohorts. Please see attached document.

Please find the relevant documentation in terms of rationale for the focus groups as part of the larger CAPS study, sample design motivation and proposed consent form to parents/guardians and learners enclosed.

The proposed time-frame for the focus groups are scheduled tentatively for 25 March –11 April 2002, given the key facilitator's availability and potentially to guide sections of the larger questionnaire as well.

Your response at your earliest convenience would be appreciated.

Thank you.

Sincerely,

Dr Anne Bakilana  
Tel: (021) 650 3831

# The Centre for Social Science Research

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## The Centre for Social Science Research

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The CSSR is an umbrella organisation comprising five units:

The Aids and Society Research Unit (ASRU) supports quantitative and qualitative research into the social and economic impact of the HIV pandemic in Southern Africa. Focus areas include: the economics of reducing mother to child transmission of HIV, the impact of HIV on firms and households; and psychological aspects of HIV infection and prevention. ASRU operates an outreach programme in Khayelitsha (the Memory Box Project) which provides training and counselling for HIV positive people

The Data First Resource Unit ('Data First') provides training and resources for research. Its main functions are: 1) to provide access to digital data resources and specialised published material; 2) to facilitate the collection, exchange and use of data sets on a collaborative basis; 3) to provide basic and advanced training in data analysis; 4) the ongoing development of a web site to disseminate data and research output.

The Democracy in Africa Research Unit (DARU) supports students and scholars who conduct systematic research in the following three areas: 1) public opinion and political culture in Africa and its role in democratisation and consolidation; 2) elections and voting in Africa; and 3) the impact of the HIV/AIDS pandemic on democratisation in Southern Africa. DARU has developed close working relationships with projects such as the Afrobarometer (a cross national survey of public opinion in fifteen African countries), the Comparative National Elections Project, and the Health Economics and AIDS Research Unit at the University of Natal.

The Social Surveys Unit (SSU) promotes critical analysis of the methodology, ethics and results of South African social science research. One core activity is the Cape Area Panel Study of young adults in Cape Town. This study follows 4800 young people as they move from school into the labour market and adulthood. The SSU is also planning a survey for 2004 on aspects of social capital, crime, and attitudes toward inequality.

The Southern Africa Labour and Development Research Unit (SALDRU) was established in 1975 as part of the School of Economics and joined the CSSR in 2002. SALDRU conducted the first national household survey in 1993 (the Project for Statistics on Living Standards and Development). More recently, SALDRU ran the Langeberg Integrated Family survey (1999) and the Khayelitsha/Mitchell's Plain Survey (2000). Current projects include research on public works programmes, poverty and inequality.

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