What are we missing? A qualitative exploration of sexual agency and the related behaviours of AGYW in two HIV interventions in South Africa.

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DECLARATION

I, Chantal Fowler, hereby declare that the work that I have submitted is based on my own original work and has not, in whole or part, been submitted towards another degree at this university or elsewhere. Where the work of others has been used (whether quoted verbatim paraphrased, or referred to), it has been attributed, acknowledged, and duly referenced.

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DEDICATION

This thesis is dedicated to all the beautiful women and girls of Africa who are so greatly affected by histories of violence perpetrated against them by virtue of their womanhood. In the first months of my journey, I wrote this poem for you. I can only hope to offer my assistance. This doctoral thesis is one such attempt.

Her tears

They cry: “these tears of hers”
Tears of hers she cries
Expertly analysed, published tears
So easily erased, these tears

They claim: “this path is hers”
This path of hers she claims
Expert analysed, published paths

The line lies here
The vulnerability clear
A simple choice, so expertly crafted
Simple solutions, but something’s there
An unpublished fierceness these tears mask
Know this

We are more

Author: Chantal Fowler

ABBREVIATIONS

AGYW: Adolescent Girls and Young Women

ALHIV: Adolescents living with HIV

ART: Antiretroviral therapy

ARV: Antiretroviral

BRIDGES: Building Research in Inter-Disciplinary Gender and HIV through the Social Sciences

CDA: Critical Discourse Analysis

COVID-19: Corona Virus Disease 2019

CSE: Comprehensive Sexuality Education

DREAMS: Determined, Resilient, Empowered, AIDS-free, Mentored and Safe

ESSM: European Society for Sexual Medicine

GBV: Gender Based Violence

GF: Global Fund

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)

HSRCSA: Human Sciences Research Council South Africa

KGIS: Keeping girls in school

KPI: Key Performance Indicator

MAP: Map of Adaptation Process

MSH: My Sexual Health

NIMH: National Institute of Mental Health

PATHSA: Professional Association of Transgender Health South Africa

PMP: The Parents Matter! Program

PrEP: Pre-exposure prophylaxis

RCSE: Rights-based Comprehensive Sexuality Education

SAMRC: South African Medical Research Council

SANAC: South African National AIDS Council

SES: Socio-Economic Status

SNT: Social Norms Theory

SR: Social Representation

SRH: Sexual and Reproductive Health

SRHR: Sexual and Reproductive Health Rights

STI: Sexually Transmitted Infection

TB: Tuberculosis

ToC: Theory of Change

TSR: Theory of Social Representation

UNAIDS: The Joint United Nations Programme on HIV/AIDS

WHO: World Health Organization

WPATH: World Professional Association for Transgender Health

YPAR: Youth participatory action research

ABSTRACT

Title

What are we missing? A qualitative exploration of sexual agency and behaviours of AGYW in two HIV interventions in South Africa

Background

In Sub-Saharan Africa, Adolescent Girls and Young Women (AGYW) aged 15-24 years bear a significant HIV prevalence rate of 20.6%. Additionally, AGYW experience a disproportionate burden, being 3.3 times more likely to contract HIV compared to their male counterparts. This group has remained a key focus for global HIV interventions, yet high incidence has been sustained. While several contributing social, behavioural, and structural factors have been identified, research suggests that interventions may not sufficiently address complexities located within the lived experiences of intervention beneficiaries. Some of these less explored areas within lived experience of sexual agency and subsequent behaviour choices may be contributing to the sustained incidence but may be less understood due to a lack of research that adopts a lens prioritising this focus. The legacy of colonial history in the study of sexuality in Africa may also be contributing to this sustained incidence. This research adopted a qualitative approach to explore experiences of AGYW navigating sexual decision-making and who meet the criteria for being recipients of two large-scale HIV reduction interventions — one of which is one of the largest HIV interventions for AGYW in the world.

Methods

I used Critical Discourse Analysis (CDA) to conduct a document review of programmatic documents of the two interventions outlining specific details of the background of the programme, its programme design, implementation, service delivery and monitoring and evaluation. Further to this, I used thematic analysis to analyse twenty nine interviews with AGYW, teachers, and implementers who lived and worked in intervention sites across South Africa, and who met the criteria for intervention (n=29). These interviews were comprised of a combination of primary and secondary data. I worked in the process

evaluations of two large HIV interventions and used transcripts that were generated during this work as secondary data, as they provided data that was relevant to my PhD questions. I also conducted interviews with participants whom I sourced from my work with these evaluations which comprised my primary data set.

Results

The document review revealed that the two interventions frame AGYW as lacking in knowledge and unable to enact agency. Further to this, they are described as being too concerned with daily priorities which compete with Sexual and Reproductive Health (SRH) priorities. These 'misplaced' priorities are what is problematised in the narrative, with the burden for change being placed on AGYW to shift them. Interviews with AGYW and community members revealed that advice from parents, teachers and interventions about sex is experienced largely as warnings about the dangers of sex and chastisement to "stay away from boys"; messages grounded in the sex- negative paradigm. As a result, AGYW express feelings of shame and fear of judgement if they are seen to be sexually active and subsequently attempt to hide their sexual activity. AGYWs' agency in sexual decision-making is diminished as they are afraid of shaming and judgement from adult caregivers should they try to enact sexual agency by accessing HIV prevention services for example. AGYW reported personal experiences of sex to be positive, resulting in peers encouraging each other to have sex and to ignore the warnings of adults, leaving AGYW confused and ambivalent as to which messages to believe and act on. I assert that as researchers, we need to better understand the experience of AGYW trying to adopt more sex positive attitudes in a context so heavily shrouded in sex negative paradigms. I offer suggestions around the need to create social structural conditions that can facilitate and support AGYW in their development of sexual agency. I conclude that currently, intent is not strong enough to shift toward a more decolonised approach to sexual empowerment of AGYW due to colonial legacies that persist in public health discourse and rhetoric around SRH.

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CHAPTER ONE: INTRODUCTION

Problem statement

The human immunodeficiency virus (HIV) prevalence rate for young women in Sub-Saharan Africa aged 15-24 years is 20.6%, with Adolescent Girls and Young Women (AGYW) at greater risk of infection than their male peers, being 3.3 times more likely to be infected (Human Sciences Research Council South Africa [HSRCSA], 2019; The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2023). This group has remained a key focus for global HIV interventions, yet high incidence has been sustained (George et al., 2020a; Harrison et al., 2015; HSRCSA, 2019). Several social and behavioural factors have been identified as contributing to this disproportionate and sustained incidence. These include biological predisposition, multiple concurrent partners, as well as transactional and age-disparate sexual relationships (Bhana, 2018; A. Z. Duby et al., 2020b; George et al., 2020a; Harrison et al., 2015). HIV incidence has also been associated with high levels of gender-based violence (GBV) in South Africa (Harrison et al., 2015; Jewkes & Morrell, 2012a; Perrin et al., 2019). Added to these AGYW have poor access to Sexual and Reproductive health care services (LoVette et al., 2019a)

Further to this, adolescence is a developmental period marked by emotional turmoil and psychological distress, which is correlated with high-risk behaviours that are associated with higher HIV incidence (Bhana, 2018; Few & Stephens, 2009; Toska et al., 2019). Structural factors within a social context relating to low socio-economic status (SES) compound with those mentioned above to create conditions of hypervulnerability (Bay-Cheng & Goodkind, 2016; Harrison et al., 2015). These social and biological determinants of HIV incidence are what is most often cited as reasons for sustained HIV incidence, but what tends to be overlooked are factors relating structural violence rooted in colonial legacies (Bhana et al., 2022a; Shefer, 2023).

Despite considerable effort directed at reducing HIV incidence through tackling the social and behavioural determinants in AGYW in South Africa (the large majority of whom are Black in South Africa), they remain the only population group that have not seen a

significant reduction (Harrison et al., 2015; Kippax, 2010). This calls into question whether more can be done to understand lived realities of navigating these determinants, and more especially the effects of these violent legacies of South Africa's colonial history (Mendoza, 2015; Shefer, 2023).

When it comes to scholarship around colonisation, much more focus is given to the racial components versus the sexual shaming and associated dehumanisation that was also implicated in the project of colonialism(Bhana et al., 2022a; Coetzee & du Toit, 2018) . The sexuality of native Black African people was perceived to be deviant and lascivious, justifying the imposition of Victorian standards of sexual morality, despite them being quite foreign to African societies (Coetzee & du Toit, 2018; Tamale, 2014a). The extent to which this 'Black' sexuality was observed was the measure of the 'inhumanity' of Black people. The tropes that were produced through these narratives provided the justification for violent control of the subjects of the colony in Africa, described in this quote by Coetzee and du Toit (2018):

> "By locating his inferiority in his very body as sexual deprivation epitomised, colonial logic justifies violent external control over the native."
>
> (Coetzee & du Toit, 2018, p. 220)

Black women were given even lower status, in that they were dealt the sentence of being the subservient party within the heteropatriarchy, as well as the inferior racial classification – rendering them twice removed from humanity according to Gouws (2021). An interesting perspective offered by Mendoza (2015) speaks to how the voices of previously colonised women of colour have been silenced under the weight of this epistemic oppression. In more recent years, as the oppression of these women has received greater attention in academic enquiry, one way in which their voices have come to be 'heard', is through the guise of Western academic discourses which claim to articulate their lived realities (Mendoza, 2015).

These discourses have been criticised for lacking critical impetus as they are framed from the lens of the academic writers who very rarely share the same lived experience, and even when they do, their perspectives are what the author terms 'whitewashed' and

become devoid under the weight of prevailing discourses that hold far more power (Mendoza, 2015; The Santa Cruz Feminist of color collective, 2014). The author quotes a groundbreaking essay by Spivak (1985) entitled: “Can the subaltern speak?” in which the epistemic violence directed at women of colour in what was still termed “third world countries” is described as the production of Western knowledge that discursively birthed the identity of the subaltern women. The supine, poor, inescapably oppressed and vulnerable “third world women”, an identity that has persisted in discourses that claim to reflect the lived experience of women of colour in previously colonised countries (Mendoza, 2015; Shefer, 2023; The Santa Cruz Feminist of color collective, 2014;) .

Less is written about the impact of this colonial history on the evolution of HIV intervention for young people in South Africa (Bhana et al., 2022a; Shefer, 2023). In light of this research and embedded in the context of two large HIV interventions with AGYW, my thesis explores the lived experience of AGYW whom such interventions target. The question I explore is: why do AGYWs have persistently high HIV incidence and related poor health outcomes despite the number of interventions and considerable funding aimed at supporting them? Upon reading related literature and working for the process evaluations of two large HIV interventions, it emerged that much of the research sought to problematise AGYWs’ behaviour and was framed as a call to action for AGYW to change these behaviours. AGYW were almost always framed as vulnerable and lacking sexual agency, which echoes the ways that subaltern identities were described in colonial accounts above. AGYWs choice to engage in sex was seldom, if ever, framed as developmentally appropriate or positive in any way.

The lack of efficacy on the part of interventions for this group might suggest that perhaps some aspects of the experiences of sexual decision-making and sexual risk management is not being fully considered in the literature. Further details of these research findings are presented under the Rationale heading later in this Chapter, but first it is important to explain how my PhD study was situated within the two interventions.

The evolution of my PhD study

Upon application for the scholarship for my PhD study, my intention was to design a study that would allow me to explore how young women and girls in areas where HIV incidence remains a challenge, think about sex, how they construct narratives about the risks associated with it and how they then make decisions about how to engage with sex. The Building Research in Inter-Disciplinary Gender and HIV through the Social Sciences (BRIDGES) fellowship programme called for research looking at the intersection of gender and HIV which aligned well with my research interests. The fellowship programme had connections with many academics who work across multiple large scale HIV interventions in Southern Africa. Upon commencement of discussions around the development of my PhD proposal, and based on my area of interest, my supervisor introduced me to a team of researchers from the South African Medical and Research Council (SAMRC) who were about to start a process evaluation for the Global Fund (GF), a large donor-funded HIV intervention aimed at Adolescent Girls and Young Women (AGYW) in South Africa.

The GF is one of the largest interventions in the world. According to their website they have invested a total of $65.4 billion dollars in 100 countries to fight HIV/ AIDS, TB and Malaria since its inception in 2002 (https://www.theglobalfund.org/en/results/#impact, 19 November 2024). They offer a wide range of services across twelve districts in South Africa spanning, behavioural, bio-medical, and psychosocial services. The process evaluation for the GF was called HERStory, the purpose of which was to assess how well the GF had achieved its' stated aims and objectives. The HERStory team were looking for a researcher to do a critique on how the Theory of Change (ToC) had been implemented in the GF intervention. I was not paid for this work, but an agreement was reached that I would work as the lead ToC analyst for HERStory, and as a collaborator on the project and PhD student.

In lieu of this work, I was given access to all the qualitative data generated from the process evaluation which I could use as secondary data for the purposes of my PhD. Initially I planned to make the ToC critique the focus of my PhD, but upon refinement of my proposal, this focus of my PhD shifts to what I present here: A qualitative exploration of lived experiences relating to sexual agency and high-risk behaviours of AGYW in two HIV

interventions in South Africa. I commenced the work as the ToC analyst for the HERStory team in March 2020. I was named as a Doctoral student attached to the evaluation in the capacity of lead ToC analyst. My role was approved under the ethics clearance for the evaluation (protocol ID: EC036-9/2020). Between 2020 and mid-2021, I worked as the lead ToC analyst while I was finalising my PhD proposal and preparing to get Ethics approval for my PhD.

By mid 2021, upon completion of the HERStory evaluation, the SAMRC published the results of HERStory study in a 192-page official report. I wrote all the contributions on ToC critique in this report. At this time, the same team was asked to do a similar evaluation for another similar but smaller scale intervention called Imagine. The research team from HERStory invited me to do the same type of ToC analysis for the Imagine process evaluation. I commenced work with them in mid-2021 until December 2022. Unfortunately, by the end of 2022 there were significant challenges with implementation of the Imagine intervention as well as funding cuts. As a result, the intervention had not yet been properly rolled out which caused further delays in the roll out of the evaluation, and it was not possible to keep the staff on the qualitative team on. My work with this evaluation thus ended with my contribution to this pre-intervention report at the end of 2022. The pre-intervention report was designed as a form of needs/risk analysis before intervention roll out.

To elucidate how my PhD study is situated in the context of my work in the two evaluations, a detailed description of both the interventions, my work in the process evaluations and the process through which I refined my PhD study design is offered in the methods section of this thesis in Chapter three. For the purposes of clarity, throughout this thesis, I have specifically made use of the term “intervention” when referring to the two intervention/s (GF and Imagine) and the term “evaluation/s” or “study” when referring to the two process evaluations (HERStory and the Imagine evaluation). “Programmes” refers to the programmes that are offered within the two interventions.

Danny's story

The next section turns attention to a vignette of one particular participant whose story frames much if what I sought to explore in this PhD study. She was the first participant that I interviewed for my PhD study, a twenty-five-year-old teacher, pseudonym Danny, who lived in Newcastle, KwaZulu-Natal, South Africa. Danny's story relayed such rich detail of her lived experience which aptly captures what I sought to explore in this thesis. When Danny was twelve years old, her mom left her with her father, who was emotionally and physically abusive. She described her father as neglectful, often leaving her alone to go and be with women. She said, "…and you know men, they will go and be with their women and forget they have children."

Her mother had a new partner who was also abusive, so she preferred not to go to her mother's new home. She explained that they experienced poverty to the extent that some days, she had no food. She had a brother four years older than her, but she did not have a strong bond with him. As such, she recalled feeling alone and isolated as she tried to navigate puberty: "So, I was always isolated, I was always at home, I didn't have friends, I didn't have anybody really to guide me, yah... I had to find my way around 'adolescenthood' and adulthood, and yah."

She told me how she felt lonely, unwanted, and misunderstood. As such, when a boy from the neighbourhood showed her some attention, she explained: "I felt, for once in my life, I felt wanted; I felt like somebody was giving me attention, somebody wanted to be with me, somebody wanted to talk to me…so it's like the boy made me feel good for that particular period." She related how she had sex with this boy out of a sense of obligation and desire to keep him happy because he made her happy. She told of how she wanted to retain the financial support that he was offering her and thought that sex was how she could do that: "When you are younger, the only way to make a man happy is through sexual contact; you just have to give him what he wants, in order for him to keep entertaining you, and given the neglect that I had experienced, the boy, he would also like give me maybe like lunch money or something."

When Danny was sixteen, she realised that she was pregnant. She told me that she knew about contraceptives and condoms and how she might get pregnant from sex, but not the details or what options were available to prevent pregnancy. She was too afraid to ask adult caregivers for help to access contraceptives for fear of being judged and ridiculed: "Yah, I didn't know the options that were available. I was just more concerned with being judged, being uhm, being ridiculed. I was like, oh no, I am not going there (to the clinic)." Her boyfriend denied paternity, left her and was not involved in childcare at all for the first year of the child's life. Both her parents were furious with her and made her feel deeply ashamed of having a baby. She described ed feeling like "the most horrible person in the world."

Despite this, Danny managed to finish matric (final year of high school in South Africa) and finished a teaching degree with the support of older women in the community who took care of her child while she studied and received financial resources from various male partners. She spoke about how angry she was at herself for the many times older men manipulated her to have sex without protection and even expressed feeling lucky that she had never contracted HIV. A poignant statement that Danny made was, "I was hungry, I was neglected, I was alone, I felt lonely, so I was like, ok, let me just do this (have unprotected sex)." She reiterated how she had no one to talk to, to help guide her in her decisions and to help her navigate the shame and taboos around sex, which is why she was not able to develop sexual agency and access or negotiate protection during her sexual encounters.

Danny's story exemplifies the layers of vulnerability mentioned earlier, where conditions of abuse, neglect, and poverty compound and limit AGYWs' capacity to develop sexual agency. Unfortunately, when I spoke to Danny, she had completed her teaching practicum and qualified as a teacher, but had not found employment, so she remained unemployed. Danny exemplified that even when AGYW overcome these hypervulnerability conditions and obtain a tertiary qualification, they still sometimes face unemployment and remain hopeless about their prospects. This depicts another important finding that will be discussed further in subsequent chapters.

When I asked Danny what she thinks might have helped her during her teenage years, she replied that she needed people to talk to: “Yes, I think counselling would have made me feel better…so now you are pregnant and you disappointing them (parents) and it means really you don’t have a relationship with anyone that’s gonna help you or assist you or, encourage you to finish your studies, I honestly do not know how I managed to pass my matric.” When asked what she thinks AGYW in her area needs now, her response was: “I feel like maybe they need you guys to create a session where they can all be invited and be free, create an environment where they can be free to express themselves and to talk about behaviours and in a manner that you’re doing now. You’re not making me feel as if I’m talking about myself, but about the things that I can observe, that I see young girls experiencing.”

The two interventions that I worked with both provide such counselling services and a host of other sex education input on an extensive scale, yet the AGYW that they reach still largely reveal similar challenges to those that Danny described. This PhD study thus sought to understand more about the lived experience of AGYW trying to develop sexual agency and their choices to engage in sexual practices that could put them at risk for HIV and unintended pregnancy, despite them having access to the assistance that these types of interventions offer them. In the next section I present an argument around the rationale for my research questions.

Rationale

Research on the sustained high incidence of HIV in AGYW has suggested that interventions may not sufficiently address and account for the complex social forces and legacies of structural violence generated through apartheid and colonialism that influence the lived experiences of intervention beneficiaries. These factors may be instrumental in bringing about or impeding the behaviour change processes that most interventions aim to effect. (Chmielewski et al., 2017; Kippax, 2010; Leclerc-Madlala, 2011; Mendoza, 2015). The HIV pandemic was first recognised by the Centre for Disease control on June 5th 1981, with the first patient identified residing in Los Angeles. By the late 1990s HIV prevalence was just

less than 1% globally, but 6% in sub-Saharan Africa. Apathy in governments around the world during the 1980s lead to a groundswell of activism organisations agitating for more to be done to prevent and treat HIV infections (Merson et al., 2008).

During this time several donor agencies and international NGOs joined the cause of activists in trying to tackle the spread of HIV, specifically in developing countries. The USA had an established tradition of reproductive health programmes that were designed by public health experts and implemented by US-based non-profit organisations and local contractors and had various such programmes in place (Merson et al., 2008) . In South Africa, we were far behind the curve when it comes to HIV prevention due to the denialist attitude of president Thabo Mbeki in 1999 who was resisting the call for the roll out of Anti Retrovirals (ARVs) (Coetzee & du Toit, 2018).

South Africa made history in 2002 when the Treatment Action Campaign (TAC) an activist group, won a constitutional court case for rights-based HIV treatment, forcing government to allow ARVs to prevent mother to child transmission cases. In the years following the TAC was instrumental in convincing government to support the HIV treatment programme that we currently have (TAC, 2024). By this stage international public health rhetoric was reflecting the need for HIV interventions to transition to combination prevention, meaning interventions that combine behavioural, structural, and biomedical approaches that recognise the need for adaptation to specific contexts and lean on local systems as well as externally directed input. This saw the birth of the Global Fund in 2002 in the USA, along with the President's Emergency Plan for AIDS relief, two of the largest donor-funded HIV preventions organisations in the world (Merson et al., 2008)

A systematic review was published in 2010 which looked at evidence for what HIV interventions were working for youth in South Africa. They recommended that interventions address social risk factors, that they work to shift gender norms, that they target both structural and institutional contexts and engage schools more effectively, reflecting similar sentiment around moving away from biological interventions that require individual behaviour change, towards a more rights-based approach in which the entire system in which the problem originates is addressed (Harrison et al., 2010). Despite South Africa

remaining on the cusp of HIV prevention since, the incidence in AGYW remains at critical levels. Current research indicates that despite the framing of a more rights-based approach, interventions still rely too heavily on change to happen at the level of individual behaviour change (Kaunda-Khangamwa et al., 2022; Kuo et al., 2019; Swartz, 2017; Van der Riet et al., 2019a).

As much as there has been this huge impetus toward this more rights-based approach to intervention, current research suggests that the dominant public health discourse around adolescent sexuality still frames it in moralising and negative terms that adopt a singular view of sexual relationship dynamics, reducing them to a sum of individual behaviours and practices grounded in the sex-negative paradigm, which views sex through the lens of risk, (im)morality and shamefulness (Kaunda-Khangamwa et al., 2022; Kuo et al., 2019; Shefer 2023). Sexual behaviour and practice are, however, strongly influenced by sociocultural and political structures. Reducing them to terms related solely to individual behaviour is thus problematic (Kaunda-Khangamwa et al., 2022; Kessi & Kiguwa, 2015; Ngobi, 2015).

Bhana et. al (2022) calls for research to take into account peoples' own conceptualisations of sex, how they think about it, feel about it and the lived experience of it. These personal perspectives often include the more positive elements of sexuality, such as romanticism and pleasure, which also influence and shape interventions' outcomes of interest and are grounded in the sex-positive paradigm. Further to this, from a historical perspective, research done on 'African sexuality' framed it as being violent, excessive, and perverse (Leclerc-Madlala, 2019; Tamale, 2014; Bhana, 2022). Through pathologising 'African sexuality' in this way, these more positive meanings attached to sexual practice have remained conspicuously absent from contemporary research on the issue, while these aspects have a significant bearing on sexual decision-making and subsequent behaviour choices (Chmielewski et al., 2020; Tamale, 2014b). How young women negotiate their sexual and social relationships may play out in far more complex ways than the individual behaviour-change models employed by most public health interventions may assume (Bhana, 2018; Chmielewski et al., 2020; Swartz, 2017; Tamale, 2014b).

Additionally, the individuals sampled make choices within complex social relationships, in which concern for protecting one's social reputation can often supersede concerns about physical health. Based on these findings, it is prudent to understand the social and cultural drivers that produce this risk, and also the lived experiences of people at risk as they navigate these (Leclerc-Madlala, 2019; Ngobi, 2015; Rowlands et al., 2021). A standard critique of public health interventions aimed at HIV-positive adolescents is an overreliance on the rational-choice paradigm, which assumes that young people are immune to the effects of their social context and will thus always act rationally and choose 'correct' behaviour when given advice to do so (Breton, 2022; Kessi & Howarth, 2015; Ngobi, 2015; Owumi & RAJI Sakiru, 2013).

The notion of agency has been cited as central to gaining an understanding of the development of female adolescent sexual behaviour choice (Bhana, 2018; Chmielewski et al., 2020; Shefer, 2016). Shefer (2016), however, notes that frequently used binary constructions around agency, such as victim-agent versus passive-active, may be maintaining the very discourses they seek to negate. The following section presents studies that did seek to explore the lived experience of sexual decision-making in South Africa and revealed that AGYW navigate agentic discourses in complex ways that differ over time and are significantly influenced by under-recognised factors within their lived experience (Bhana & Anderson, 2013a; Fahs & McClelland, 2016; Shefer, 2016; Willan et al., 2020).

Jewkes & Morrell (2012a) reported results of an ethnographic study in rural Eastern Cape in South Africa, on how being desirable and "keeping a man" were tied to constructions of successful womanhood, which comes with elevated social status. Other potential benefits of sexual engagements include the offer of entertainment, a sense of possible protection that sexual partners may provide from the many precarities of life in their contexts, and, albeit less frequently reported, sexual pleasure. Expressions of dreams and aspirations for upward social mobility in terms of modernity, material goods, leisure experiences and idealisations of relationships based on trust, respect and love are also frequently observed. (A. Z. Duby et al., 2020b; Groes-Green, 2013; Psaros et al., 2018a; Zembe et al., 2013)In contexts of scarcity, girls spend considerable time and effort figuring out which partners could provide them with these aspirations. Strategic sexual

engagements represent a potential pathway to the achievement of dreams and aspirations. The pursuit of these aspirations and the priority assigned to managing these partner choices successfully often supersedes their immediate perception of risk. These studies span across rural to urban settings such as Maputo Mozambique, Western Cape 'townships', the HERStory 1 evaluation sites, and also in Kwa-Zulu Natal. Many of these studies spoke to AGYW who engaged in transactional sex. (Bhana, 2018; Selikow & Mbulaheni, 2013; Swartz, 2017; Van der Riet et al., 2019; Zembe et al., 2013). These findings suggest that in the South African context, sexual agency may not always look like prioritising risk prevention. This is explored further in the literature review section of this thesis.

Added to this, AGYW must also navigate confusing discourses around their emerging sexuality. As much as sexual development is framed as "normal", it is also often presented within a framework of risk, panic, and shame. Studies on AGYW globally show that they face increasing societal pressure to 'be sexy' but then are also shamed for engaging in behaviour that expresses these supposedly normative sexual desires. The sexual double standard dictates that girls ought not to appear to be too desiring of sex, while their male counterparts are praised for doing exactly this (Carboni & Bhana, 2019; Sommer, 2009; D. Tolman, 2016; Van der Riet et al., 2019b).

The resulting discourse implies that 'good girls' are not interested in sex other than in the context of a loving relationship, and it is 'bad girls' who desire sex for pleasure or any aspiration other than an expression of love (Bay-Cheng, 2015; Chmielewski et al., 2020; Lindegaard & Henriksen, 2009; D. Tolman, 2016). Girls then feel tremendous pressure to achieve this 'good girl' status in society. Still, research shows that girls from lower socio-economic settings and minority groups are far less likely to achieve this status than those from White, middle-class settings. These findings have been replicated in studies in multiple countries, including South Africa (Bay-Cheng, 2015; Chmielewski et al., 2020; Lindegaard & Henriksen, 2009; D. Tolman, 2016).

Girls in low-income settings such as South Africa thus engage in various practices while navigating their sexual development against this complex backdrop. These practices, however, do not always fit within the conceptual framework of 'risk prevention', as girls

may prioritise other factors, such as protecting their social reputation above risk aversion, even when they are aware of these risks and are offered the support that interventions (Bhana, 2018; Bhana & Anderson, 2013b; Swartz, 2017; Zembe et al., 2013)wartz, 2017; Zembe et al., 2013). This framing of the prioritisation (or lack thereof) of risk prevention behaviour as a lack of agency may be an example of the assumptions made about the identities of the subaltern woman presented in the Problem statement section earlier, where alternate views about such decisions are not given validity, due to the weight of the prevailing discourse which clearly dictate that they ought to prioritise risk aversion above all else (Shefer, 2016; D. Tolman, 2016). Given the context of precarity in which AGYW find themselves, perhaps the decisions they do make represent a different kind of agency, rather than a lack thereof. The following section outlines the research questions that emerged from my analysis of the issue.

Research questions

While the risk that pervades the sexual landscape for AGYW in terms of SRH outcomes is undeniable, an approach that seeks to understand, validate, and explore their lived experience in which they appear to be ignoring sexual risk management, rather than pathologizing this experience and imposing an expectation for them to change it, may allow for the development of more context-responsive strategies that can challenge the oppressive social practices that reproduce the harmful SRH outcomes that they experience. This research firstly seeks to explore this under-recognised complexity within the lived experiences of AGYW as they navigate their sexual risk management and agency. I aimed to focus on how they experience their sexual agency and sexual practice, some of which could be considered 'high-risk', as well as how they respond to the risks that they may perceive. I then looked to assess how the two interventions conceptualised AGYWs' lived experiences, specifically in terms of sexual agency and high-risk behaviours and how this informed their strategies for intervention. Finally, I present responses to these two questions (about AGYWs' lived experiences and the interventions' understanding of the lives of AGYWs) in relation to each other and look for commonalities, gaps, and tensions.

Primary Research Questions:

a. How do AGYW, who these two interventions target, experience their sexual agency and unprotected sex in the context of HIV prevention?
b. How do these AGYW respond to the risk that they perceive and experience, and how does this impact their sexual decision-making?
c. How do the two interventions understand and attempt to shape AGYWs' sexual agency, high-risk behaviours, and sexual decision-making?
d. What are the points of overlap, contradiction, and disconnect between AGYWs' lived experiences of sexual agency and decision-making and the two interventions' understandings of these issues?

Due to the scale of the two interventions being considered, they provide an opportunity for exploration within large-scale intervention settings where the experiences of AGYW can be assessed. This thesis presents the findings and discussion from the perspective of heterosexual participants and with a heterosexual lens. This in no way represents a view that supports heteronormativity, but it was justified as the scope of this thesis looks at the problem of AGYW who are framed as female-identifying and heterosexual by the interventions I am critiquing, as well as the research I referred to.

This research employed a qualitative approach and used two data collection methods. First were twenty-nine semi-structured interviews, some which were primary data that I collected and some secondary data from the work that I did with the two process evaluations. I analysed this data using thematic analysis. Second was a critical discourse analysis of the programmatic conceptual documents which describe the objectives, aims and purposes, intervention design, implementation, service delivery and monitoring and evaluation used by both interventions. Below is a table for ease of reference, clearly showing the various groups of data collected:

Table 1. Summary of methods

Data collection method:	Population	Sample size	Total sample

1.	Semi- structured individual interviews: Group 1	AGYW – primary data	5	
	Semi- structured individual interviews: Group 2	AGYW – secondary data	11	16
	Semi- structured individual interviews: Group 3	Community members / implementers – primary data	4	
	Semi- structured individual interviews: Group 4	Community members / implementers – secondary data	9	13
		Total sample		**29**
2.	Critical discourse analysis	2 x 70+ page programmatic concept documents	N/A	N/A

Structure of thesis

Following this introduction chapter, Chapter Two offers an overview of current literature and an explanation of the conceptual frameworks that I used to frame my findings and discussions. Chapter Three outlines the details of my methodology, explaining my study design, study context, sampling strategy, and data collection and analysis methods. Chapters Four, Five and Six comprise my findings chapters. Chapter Four details the results of a Critical Discourse Analysis (CDA) of the programmatic documents of the two interventions and how they frame the lived experience of AGYW. In Chapters Five and Six, I turn attention to the findings of the thematic analysis of interviews with AGYW and community members. I then move on to my discussion in Chapter Seven and make recommendations and conclusions in Chapter Eight. Below is a table representing the chapter structure for ease of reference, followed by Chapter Two.

Table 2. Thesis structure

	Description
Chapter 1	Introduction
Chapter 2	Literature review and conceptual framing
Chapter 3	Methodology
Chapter 4	Findings 1 – Critical Discourse Analysis
Chapter 5 & 6	Findings 2 – AGYW and community perspectives: experiences of sexual risk and sexual decision-making
Chapter 7	Discussion
Chapter 8	Recommendations and Conclusion

CHAPTER TWO: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORKS

The problem - Review of sustained HIV incidence in AGYW

A systemic review of the sustained incidence of AGYW in South Africa revealed several key social, behavioural, and structural factors that contribute to the disproportionate HIV incidence that AGYW in South Africa face. Among those listed were the biological predisposition of young girls being more likely to display cervical ectopy (George et al., 2020a; Harrison et al., 2015). Other factors include multiple concurrent partners and engaging in transactional sex, especially with older men, although these findings have been contested in more recent research (Bhana, 2018; A. Z. Duby et al., 2020b; Leclerc-Madlala, 2019).

There is a strong association between the experience of GBV and HIV incidence. In South Africa, levels of GBV are incredibly high in this age category (Jewkes & Morrell, 2012a; LoVette et al., 2019b; Perrin et al., 2019). Pertinent to the issue of GBV is early age of sexual debut as a result of coercion, which has also been shown to maintain high incidence (Jewkes & Morrell, 2012a; LoVette et al., 2019b; Perrin et al., 2019). Furthermore, the period of adolescence is described as a time of rapid emotional, physical, and developmental changes and one that is often fraught with emotional turmoil and psychological distress, which renders teenagers more likely to meet the criteria for mental health disorders and low self-esteem (Pleaner et al., 2022; Toska et al., 2019). Adolescents are also likely to be more impulsive and engage in high-risk behaviours such as unprotected sex and substance abuse, all of which are associated with higher HIV incidence (Bhana, 2018; Pleaner et al., 2022; Toska et al., 2019).

A host of other social and contextual factors related to low SES, such as high rates of unintended pregnancy, disruption to household structures and familial support structures, low education levels and declining marriage rates, were also noted (Harrison et al., 2015;

Mabaso et al., 2019; Wabiri & Taffa, 2013). Added to the gender disparity of HIV prevalence in South Africa, there is also a significant racial disparity, with the highest overall prevalence among Black women (Mabaso et al., 2019). A press release issued by the Human Sciences Research Council in November 2023, stated that HIV prevalence amongst black people is 20%, with coloured people at 5% and only 1% amongst white people (HSRC website, 2024). The significant difference between women and men in terms of HIV prevalence was only evident among Black people and not evident within other race groups, according to the 2012 population-based national household survey (Mabaso et al., 2019). While much attention has been paid to understanding gender norms, stereotypes, and practices that influence the gendered patterns of HIV prevalence, some authors claim that the racial dimension of the gender lens has not been fully considered (Fahs & McClelland, 2016; Mabaso et al., 2019; Rosenthal & Lobel, 2020). These results highlight gender inequalities which are perpetuated by contextual factors that predispose young Black women to sustained HIV incidence (Chmielewski et al., 2017; Froyum, 2010; Kenyon et al., 2016; Mabaso et al., 2019).

These factors represent a multi-layered causal web of disadvantages reinforced by developmental and social vulnerabilities that combine with structural barriers to create conditions of hypervulnerability. Despite considerable efforts to address these factors, only a moderate effect has been reported in this population group (Harrison et al., 2015; Leclerc-Madlala, 2019; Psaros et al., 2018a). In the next section, I provide an overview of the critiques of interventions aimed at AGYW to understand this limited efficacy.

Public health interventions to reduce HIV in AGYW: critiques and alternatives

As previously stated, interventions may not adequately speak to complex social forces that play out within the lived experiences and personal contexts of role players; forces that may have a far greater bearing on individual sexual decision-making than is assumed (Leclerc-Madlala, 2019; Mannell et al., 2019; Rapport et al., 2018). Public health intervention models aimed at individual behaviour may conceptualise how young women negotiate their sexual and social relationships too simplistically (Mannell et al., 2019;

Ngabaza et al., 2016; Psaros et al., 2018a). In the following sections, I explore various theoretical frameworks that commonly inform public health interventions in this population and offer some alternatives.

Rational-choice paradigm

The rational-choice paradigm, which assumes that people will act rationally and choose 'correct' behaviour when given expert advice and assistance to make these choices, regardless of their social context, predominates HIV prevention interventions (Blue et al., 2016a; Chmielewski et al., 2020; Owumi et al. 2023; Leclerc-Madlala, 2011;). As evidenced in the section outlining the reasons for sustained incidence in AGYW, the sexual behaviour of adolescent girls is a product of individual behaviour choices made within a personal context heavily influenced by complex social, political, and cultural practices (Kessi & Howarth, 2015).

Literature reveals an important distinction between behaviour and practice. Practices are socially produced and tend to take on cultural patterns of organisation. Sexual behaviour and the forms that it takes, for example, is largely influenced by the sociocultural, economic, and political structures in which they are produced; therefore, it can be problematic to try to understand it solely in terms of individual behaviour (Howarth, 2006; Kessi & Kiguwa, 2015; Kippax & Holt, 2009; Ngobi, 2015). Blue et al. (2016, p. 38) put forward a similar argument for an alternative social-theoretical tradition, which they describe as follows:

> "One which views the patterning of daily lives (and their health implications) as outcomes of the coordination and synchronisation of social practices which persist over time and space, and which are reproduced and transformed by those who 'carry' them. We contend that public health policy would do better to focus on the 'lives' of social practices, treating social practices as topics of analysis and as sites of intervention in their own right."

To heed the call of Blue and colleagues (2016) to move away from such thinking, which is so strongly aligned with individuals making rational choices about behaviour change when conceptualising sexual behaviour, it would be necessary to seek to understand the processes involved in the practice of sex as defined above. This will require theoretical frameworks incorporating ideas about sexual practice rather than individual behaviour. In the second part of this chapter, I offer more detail on what I propose as more relevant theoretical frameworks. For now, attention is turned to another common critique of public health studies on AGYW, which focuses on risk reduction and behaviour change.

Historically, in the field of public health, 'African sexuality' has been problematically conceptualised as primarily a source of risk and a site for behaviour change. What is often neglected are the historical oppressive ideologies as well as social and political agendas that are so pertinent to understanding the largely neglected racialised component of gender disparity of HIV incidence previously noted (Epprecht, 2009; Mabaso et al., 2019; Oinas & Arnfred, 2009; Tamale, 2014b; C. Undie & Izugbara, 2020). In the following section, I assess how the current concentration on efforts aimed at risk reduction and behaviour change may further embed historically oppressive research practices.

Public health studies of African sexuality – a risk reduction and behaviour change focus

Early colonial accounts of 'African' sexuality produced tropes of immorality, lasciviousness and excess (Leclerc-Madlala, 2019; Tamale, 2014b; C. C. Undie & Benaya, 2006). African women were forced to abandon what was seen as primitive forms of sexual expression and conform to the Victorian ideals of chaste femininity bound within Christian religious ideology (Lindegaard & Henriksen, 2009; Tamale, 2014b; Coetzee et al. 2018). In light of this framing, the expressed aim of public health efforts was to control and suppress the dangers that 'natives' presented to early settlers, essentially silencing what was considered the aberrant sexual nature of 'natives' by curbing these excesses and perversions under the guise of the management of disease and pregnancy (Leclerc-Madlala, 2019; Oinas & Arnfred, 2009; Tamale, 2014b).

This biomedical approach, which pathologised African sexuality and ignored other meaningful contextual and positive aspects of sexual wellness, such as desire and erotism, largely remained ignored, even in more recent research (Epprecht, 2009; Fine, 1988; Ivanski & Kohut, 2017; Tamale, 2014b; C. C. Undie & Benaya, 2006). In the 1990's, evidence that the HIV epidemic was rampant in Africa led to a significant upsurge in well-meaning research efforts to find preventative measures, but these mainly employed the same pathologising bio-medical models aimed at eradicating aberrant 'African' behaviours through risk reduction and behaviour change efforts (Epprecht, 2009; Coetzee et al. 2018; Leclerc-Madlala, 2019; Ngobi, 2015; Oinas & Arnfred, 2009; Shefer, 2016; Tamale, 2014b).

These models sought to super-impose interventions that focused on eliminating 'risky cultural practices', which may have been deemed appropriate in global north contexts at the time, but little consideration was given to the socio-ecological impact in African contexts (Coetzee & du Toit, 2018; Kippax, 2010; Tamale, 2014b; C. C. Undie & Benaya, 2006). Mainstream scholarship views African cultural practices negatively, rendering them an impediment to development while making the foreign intervenors' knowledge legitimate (Jovchelovitch, 2019; Kessi & Howarth, 2015; Tamale, 2014b). This standpoint undermines the potential that local cultural practices may also hold the key to emancipation if researchers can creatively and resourcefully weave respect for local values into intervention efforts (Reeler & Van Blerk, 2017; Tamale, 2007; C. C. Undie & Benaya, 2006; C. Undie & Izugbara, 2020). Evidence now suggests that interventions that call for the pathologisation and elimination of local cultural and sexual practices in service of what is deemed necessary changes in individual behaviour will yield mixed success. This is concerning given that current literature claims that elements of this elimination strategy may still be evident in HIV interventions today (Epprecht, 2009; Kessi & Howarth, 2015; Leclerc-Madlala, 2019; Tamale, 2014b).

The previous section outlined the framing of the problem of sustained high incidence of HIV amongst AGYW in South Africa and some of the broader contextual factors that bring to bear on the situation. However, when thinking about behaviour change, the perspective of the individual to whom the change effort is directed is as important as the context in which they find themselves.

Personal values and meaning making of change recipients

This section focusses more on the lived experiences and personal contexts of research participants which are seemingly not taken into account by HIV interventions (Chmielewski et al., 2017; Kippax, 2010; Leclerc-Madlala, 2011; Mannell et al., 2019). In a journal article published from the results of one of the process evaluations that I worked in, implementers noted that AGYW feel that they have other priorities, which they described as the "hustle" and "struggle to survive", which supersedes their concern for and perceived need for pre-exposure prophylaxis (PrEP). The implementers framed this as a "lack of interest in PrEP", rather than a different prioritisation of need (Duby et al., 2023).

This highlights two important issues. Firstly, AGYW are juggling different priorities within a context of poverty, and HIV prevention does not appear to be the highest among these. Secondly, implementers frame this re-prioritisation as a "lack of interest" in HIV prevention rather than as AGYW struggling to manage competing demands within a context of poverty and having to choose strategies that may negate their SRH but meet other personal priorities. This suggests that lack of agency or knowledge may not be the only factors influencing high-risk behaviour choices. The following section focuses more closely on research that has studied perspectives of AGYWs' lived experiences.

Sexuality, Identity and Agency

Identity formation is a key aspect of the adolescent period, and the initiation of sexual relationships is a key part of the transition to adulthood. Teenagers therefore need to develop a sense of themselves as sexual beings within the context of their general identity formation, as described in the quote below (Kimmel, 2007; Van der Riet et al., 2019b). According to (Van der Riet et al., 2019b):

> "Sexual identity is thus established through the social constructions that produce and give meaning to sexual acts, providing ways for young people to 'make meaning of' themselves, integrating a sexual self into overall identity."
>
> (Van der Riet et al., 2019b, p.1036)

Within heterosexual relationships, boys' sexuality is most often framed as unrestrained and insatiable, relegating girls to the vulnerable position of having to manage and curb the onslaught of male sexual desire for which boys cannot be held accountable. Central to the understanding of female adolescent sexuality is the notion of agency that girls have in mediating this apparent onslaught (Bhana, 2018; Chmielewski et al., 2017, 2020; Shefer, 2016; Swartz, 2017; Swartz et al., 2016). While there is extensive literature on definitions and mechanisms through which sexual agency operates, Tolman (2016) offers a valuable concept of agency in adolescent development, which they term sexual subjectivity. They define it as:

> "…having a sense of oneself as a sexual being who is entitled to have sexual feelings and make decisions about sexual behaviour."
>
> (Tolman, 2016, p. 139)

It is the opposite of 'it just happened'…which has been identified as one of the only stories girls tell about their sexual behaviour." (D. Tolman, 2016). This same 'it just happened' narrative was evident in the interviews conducted in the process evaluations and many other South African studies with AGYW, indicating a potential lack of sexual subjectivity and agency in this group (Appollis et al., 2020; Davids, 2020; A. Z. Duby et al., 2020a, 2020b; Lesch & Kruger, 2004).

While the debate around agency is key to uncovering how girls come to develop sexual subjectivity (or not), as mentioned in the introduction chapter, Shefer (2016) cautions against binary constructions of victim-agent and passive-active, as the framing of young women in this way may inadvertently serve to reinforce the problematic discourses that they aim to deconstruct (C. Undie & Izugbara, 2020; Willan et al., 2020). Shefer (2016) suggests that agency plays out in far more complex ways, that AGYW are complicit in and

resistant to gendered agentic discourses in different ways at different times in their lives, and that the process is influenced by several contextual factors (Bhana & Anderson, 2013b; Shefer, 2016; Willan et al., 2020). Other authors also caution against adopting a totalising view of AGYW in contexts of poverty and determining a homogenous feminine adolescent sexuality, as South Africa represents a vastly diverse array of racial and cultural sub-settings within which the two interventions are situated (Bhana & Anderson, 2013a; Jungar & Oinas, 2011; Shefer, 2016). The following section explores some of the ways that females' sexuality has been written about and understood.

Female sexuality: "Good girl/ Bad girl"- representations, paradoxes, and double standards

Both international literature and literature published by South African authors on female adolescent sexuality suggests that adolescent females need to navigate confusing and paradoxical discourses around their newly emerging sexual identities. While on the one hand, sexual development is framed as a normative developmental process, on the other, it is couched in shame, panic, and risk (Chmielewski et al., 2017, 2020; Sommer, 2009; D. Tolman, 2016; Van der Riet et al., 2019b). AGYWs, thus, have to navigate the demands of their emerging sexual desires against the backdrop of increased societal pressure to be sexy, but also expectations of age-appropriate sexual conduct, which essentially prohibits them from acting on these desires and incites panic and shame for even having them (Chmielewski et al., 2017, 2020; Sommer, 2009; D. Tolman, 2016; Van der Riet et al., 2019b). In isiZulu culture in South Africa, for example, girls are expected to attend ceremonies which provide them with knowledge about sex and applaud them for entering into sexual relationships, but also other ceremonies that test and celebrate their virgin status, leaving them confused as to which expectation to adhere to (Willan et al., 2020).

Girls are also held to the sexual double standard, which mandates that they should not appear too sexual or desiring of sex, while boys are lauded for expressing their sexual desire in the same way. Girls contend with powerful messages about what it means to be 'good girls' who are essentially asexual, and 'bad girls' who are more sexually expressive and active. Girls are socialised to strive for 'good girl' status, which requires them to subdue their supposedly normative emerging sexual desire (Bay-Cheng, 2015; Chmielewski et al.,

2020; Lindegaard & Henriksen, 2009; D. Tolman, 2016). Racial and socio-economic divisions are further embedded into these classifications. As mentioned previously, research has shown that girls from low socio-economic backgrounds and minority racial groups are far less likely to attain and maintain the status of 'good girl' than their white middle-class peers (Bay-Cheng, 2016; Chmielewski et al., 2017; D. Tolman, 2016).

All the participants of these interventions are located in low socio-economic settings and are members of racially oppressed groups. In many contexts such as these, virginity is highly prized, and as such, performances of discourses around respectability and virginity generate access to valuable social benefits through reputational augmentation (Bhana & Anderson, 2013b; Harrison et al., 2015; Willan et al., 2020). However, as girls enter sexual maturity, they must compete in a morally contested space where they must deny their sexuality and show sexual restraint to achieve this prized reputation of "good girl", which in lower socio-economic settings in South Africa, is valued even above physical health as such girls may find themselves constrained in sexual decision-making (Bhana & Anderson, 2013b; Harrison et al., 2015; Willan et al., 2020). Even if they express reasonable intent (agency) to prevent adverse health outcomes for themselves, they face enormous pressure to maintain an image of innocence which belies even possessing knowledge about sexual bodily functioning, much less acting upon it (Froyum, 2010; Heise et al., 2019; Lindegaard & Henriksen, 2009).

Other paradoxical discourses have been found in the various settings of the AGYW interventions, where adolescent sexuality is both a taboo but also an important means by which girls can establish themselves within the patriarchal order, something which younger women report they are encouraged and even pressured to do. Girls who do not have sex are thought of as "having ice", a local term for being frigid, or they are accused of having a Sexually Transmitted Infection (STI). They must, however, work hard not to be seen as wanting or initiating sex, as their sexuality is only sanctioned when performed in acquiescence to a male's overtures and prescriptions and within the context of a loving relationship (Bhana, 2018; Davids, 2020; A. Z. Duby et al., 2020a; Willan et al., 2020).

In terms of unintended pregnancy, AGYW report scant knowledge and ambivalences around SRH or pregnancy prevention but simultaneously explain that they are encouraged to get pregnant as a show of fertility, as this renders them more valuable to young men (Davids, 2020; A. Z. Duby et al., 2020a, 2020b; Willan et al., 2020). On the other hand, they report being shamed about the pregnancy, especially if it happens too early or outside of a socially appropriate relationship (Davids, 2020; A. Z. Duby et al., 2020a, 2020b; Willan et al., 2020). Considering these confusing messages that they receive about pregnancy, their ambivalence around the issue would seem reasonable. While the experience of their sexuality may be beleaguered by the paradoxes and double standards described above, the following section depicts how AGYW successfully navigate this landscape to gain access to a host of positive benefits from their sexual expression.

A different Prioritisation of self - the affective and material benefits of sex

As much as sexual docility aids in the attainment of the 'good girl' reputation, girls also quickly learn that enacting the 'bad girl' role by engaging in sex with males can yield several emotional, material, and psychological benefits. While the pervasive narratives in public health literature around Black AGYW sexuality in South Africa speak to reduced agency, vulnerability to HIV and unintended pregnancy, danger, sexual suffering and risk, AGYW themselves report varied and nuanced meanings that they attach and derive from sexual relationships (Bhana & Anderson, 2013a; Carboni & Bhana, 2019; C. Undie & Izugbara, 2020). For some, sex affords them access to financial support for basic needs, but also for items such as cosmetics, which gives them the highly valued social status linked to enhanced physical appearance, an aspiration common across many cultures and socio-economic settings during adolescence. Still, girls must carefully consider these decisions in a context where a reputation of chasteness is highly prized (Bhana, 2018; Davids, 2020; A. Z. Duby et al., 2020b; Shefer, 2016; Zembe et al., 2013).

The offering of material gifts and financial assistance is seen as a show of love, so transactional sexual relationships are often framed in this way, yet pathologised mainly in literature (even though these practices mirror global north ideas of materiality and love more closely than is often reported) (Bhana, 2018; Davids, 2020; A. Z. Duby et al., 2020b;

Shefer, 2016; Zembe et al., 2013). Even when sex is linked to financial provision, there is often a strong affective component related to ideas of romance and love when describing young girls experience of these interactions (A. Z. Duby et al., 2020b; Leclerc-Madlala, 2019; Selikow & Mbulaheni, 2013; Van der Riet et al., 2019b; Zembe et al., 2013). When considering unintended pregnancy, for example, as much as they often fear pregnancy and do report awareness of the risks of pregnancy, AGYW also consider the potential of the baby securing the financial and emotional support of the father and the subsequent attainment of the aforementioned idealised notions of romantic relationships (Swartz, 2017; Swartz et al., 2016; Willan et al., 2020).

In the HERStory 2 transcripts and multiple other studies, girls spoke of romantic notions of love when describing their sexual decision-making processes. They often use "fall in love" as a euphemism for entering into a sexual relationship, showing how deeply enmeshed the concepts of sex and love are for young girls. Based on this obfuscation of the meanings of sex and love, the promise of these ideals may only be realised once you initiate sex, and more often, unprotected sex. Girls report practising unprotected sex as a means of proving their love for their partner but also because demanding, using or having protection may result in them being accused of being too sexually astute, an indictment only issued upon 'bad girls' (Bhana, 2018; Davids, 2020; D. Tolman, 2016; Van der Riet et al., 2019b). This seeming abdication of self-care is thus mediated by complex investments in sexual relationships and social reputation, reflecting a different prioritisation of the self, not simply an individual act of risky behaviour (Bhana, 2018; Lesch & Kruger, 2004; Selikow & Mbulaheni, 2013; Van der Riet et al., 2019b).

Young girls thus come to see that their sexuality can be both a source of power and status if they do choose to enact it, but that they are also held accountable through judgment when the active expression of their sexuality is not framed within aspirations of love and relationships. The next section turns attention back to the debate around agency and how girls navigate the complexities of attaining agency amidst these confusing messages around their sexuality.

An agentic performance of passivity

Even when girls report multiple sexual partnerships, it appears that, as long as their motivations relate to aspirations of upward social mobility in the context of loving relationships, they are still afforded 'good girl' status (Bhana, 2018; Davids, 2020; Jewkes & Morrell, 2012a; Van der Riet et al., 2019b). Sex for any other motivation, it seems, is met with stigmatised chastisement and social reprobation, which they are socialised to avoid at all costs (Bay-Cheng, 2015; Carboni & Bhana, 2019; Chmielewski et al., 2017, 2020; Davids, 2020; Jewkes & Morrell, 2012a; Van der Riet et al., 2019b). This is the double bind that girls find themselves in and the complex landscape against which they must work out their sexual identities.

The fact that sexual pleasure is so rarely cited as the reason for sexual engagements demonstrates the enactment of the commonly cited sexual script that dictates that it is 'bad girls' who seek sex for pleasure and that 'good girls' desire for sex is anchored in relational and romantic aspirations (Heise et al., 2019; Kimmel, 2007; D. Tolman, 2016). The enactment of this script can be seen as a powerful catalyst for the reproduction of the patriarchal gendered order but also as a form of agentic decision-making that fits Tolman's (2016) definition of sexual subjectivity, albeit with the proviso that their entitlement to sexual feelings and decisions must be within the context of aspirations to romantic relationships. Adopting the passivity inherent in this script allows girls, as active sexual beings, to maintain their social reputation, which is what is of primary importance to them, but also to enact their sexual desires in service of attaining their dreams and goals, yielding a rather agentic performance of passivity (Bhana & Anderson, 2013a; D. Tolman, 2016).

The enactment thus affords girls opportunities to work out their sexual identities and to benefit from seeing themselves as sexual beings (a regular and integral part of their sexual development), which in their case has to be worked out against a landscape of the added complexity of social disadvantage. This calls into question whether the problem is a lack of agency or, instead, a kind of agency that is highly responsive and adaptive to challenging environments and limited resources. This adaptive form of agency is simplistically framed by most interventions as high-risk behaviour (Shefer, 2016; D. Tolman,

2016). As noted in the introduction, while the SRH risks are pervasive, perhaps if interventions chose to frame high-risk behaviour as a form of agency instead, may have a clearer understanding of AGYW responses and devise ways to shape these responses to minimise the risks.

(Mannell et al., 2019) argue that interventionists should shift their orientation toward encouraging young people to generate ideas about approaches to interventions, as they are best placed to understand their worlds and the change processes within them (Jovchelovitch, 2019; Kessi, 2013). Many authors have argued that for young people to be able to do so, however, they need a language couched in more positive messaging about sex (Shefer, 2016; C. Undie & Izugbara, 2020; Wabiri & Taffa, 2013). AGYW will continue to be constrained in their capacity for developing agency when the narratives that surround them incite shame and fear about having sexual desire.

This brings me to the second part of this chapter, where I discuss the theoretical frameworks that were deemed suitable in exploring the problem. The first one is the sex-positive paradigm, which I felt was important as so much literature points to how much public health discourse engages sex from a deficit and negative perspective. I will introduce the Social Norms Theory (SNT) and the Theory of Social Representation (TSR) to frame the discussions emanating from my findings. I then outline the socio-ecological model I used to frame my recommendations section. I also explain the Theory of Change (ToC), as this is a lens that I applied in my findings, discussion, and recommendations.

Theoretical frameworks

The sex positive paradigm

As has been shown above, a continued emphasis on AGYW as powerless and passive victims of sex may silence instances when they do attempt to resist the status quo in innovative ways, albeit ways that initiate risk. Many authors have noted that these restrictive responses to HIV/ AIDS may further constrain AGYWs capacity to express and

engage with positive discourses of African female sexual desire (Shefer, 2016; C. Undie & Izugbara, 2020; Wabiri & Taffa, 2013). While there is no widely agreed-upon definition for sex positivity, it can be understood as an ideological position that embraces the principles espoused in the World Health Organization's (WHO) (n.d.) definition of sexual well-being, which acknowledges sexuality as a key element of one's overall psychological health, quality of life, relational satisfaction, and as a fundamental human right. A positive attitude to sex is positioned in opposition to negative attitudes that frame sexuality as immoral, abnormal, aberrant, risky and other prevailing harmful tropes that populate much of the literature surrounding African adolescent sexuality, known as the sex-negative paradigm (Burnes et al., 2017; Cruz et al., 2017; Ivanski & Kohut, 2017; Mosher, 2017; Shefer, 2016).

As such, the sex-positive paradigm is respectful of personal sexual autonomy and actively opposes the shaming of women (and all genders) who enact such autonomy in defiance of gendered norms. It invites a positive attitude to all sexual practices and particularly to sexual desire, thus calling for the emancipation of discourses of desire and sexual pleasure that have been so conspicuously absent from HIV research concerning AGYW in Africa (Cruz et al., 2017; Fahs & McClelland, 2016; Fine, 1988; Mosher, 2017; Shefer, 2016; Wabiri & Taffa, 2013).

Further to this, the sex-positive paradigm seeks to examine how systemic and institutionalised oppression has affected experiences of all forms of sexuality. The pejorative language that has been used to denigrate sexuality and is often located in paradigms of racism, sexism and immorality can be re-appropriated when sex is viewed more positively. Sex positivity is also critical of the stricture and frequent omission of culturally diverse narratives of sex and sexuality in mainstream academic literature (Cruz et al., 2017; Fahs & McClelland, 2016; Ivanski & Kohut, 2017; Lick, 2000; Mosher, 2017).

Social Norms Theory

Extensive research has pointed out that the most potent influences on the expression and regulation of human sexuality are social norms – morals, taboos, laws and beliefs (Heise et al., 2019; Kippax, 2010; Willan et al., 2020). If this is true, then it stands to

reason that these same social norms also have the power to shift and change the socially produced practices they generate (Heise et al., 2019; Kippax, 2010; Willan et al., 2020). Social norms are:

> "rules of action shared by people in a given society or group; they define what is considered normal and acceptable behaviour for the members of that group." (Legros & Cislaghi, 2020, p. 3).

The SNT suggests that people have beliefs relating to what other people do (descriptive norms) and beliefs about what others approve and disapprove of (injunctive norms). While there are a host of reasons that people comply with these norms, the most commonly studied of these is the anticipation of social rewards and punishments with regard to compliance or non-compliance (Cislaghi & Heise, 2019, 2020; Young, 2014). According to this theory, norms change when a small group of people or a single individual in a setting changes, and then act as agent/s of change, thereby challenging community members' perceptions of what others in the community approve of (Cislaghi & Heise, 2020; Young, 2014).

The initial agent/s must be capable of and willing to withstand the potential negative social repercussions of resisting the status quo (D. Tolman, 2016). These changes then facilitate broader acceptance of the adjusted or alternative norms, which then reach a tipping point when the social rewards for enacting the new norm outweigh that of resisting it - resulting in the old norms being phased out in favour of the new (Cislaghi & Heise, 2019, 2020; Young, 2014). While the impact of social norms on gendered HIV risk is well documented in the literature, some authors have suggested an overreliance on norms in understanding how HIV risk is locally produced via social and cultural drivers (Cislaghi & Heise, 2019, 2020; Kippax, 2010; Kippax & Holt, 2009; Leclerc-Madlala, 2011, 2014). An alternative theory that attempts to explain the links between individual change and change at the broader level of social practice is the TSR outlined in the next section.

Theory of Social Representations

While there are some similarities between the way SNT envisions social change, TSR offers a deeper social contextual analysis than SNT, which may allow for exploration of some of the social and cultural drivers of HIV risk practices that SNT has been limited in capturing. While theories such as SNT present a psychology of cognitions about social life, TSR attempts to illuminate the process whereby these cognitions form and arise as a consequence of social activity (Cahill et al., 1991; Howarth, 2006). It draws attention to social and cultural thinking of society and the way in which social cognitions and subsequent representations of reality, known as Social Representations (SRs,) are formed and transformed over time through communication. These SRs comprise various forms of collective cognitions or thought systems that are representations of social, cultural or symbolic objects and such, encompass processes of collective meaning-making (Campbell & Cornish, 2010; Höijer, 2017; Howarth, 2006; Rateau et al., 2012).

While the process of change presented by SNT focuses on individual behaviour and how this can influence changes in others' behaviour, it is the process whereby communities negotiate their social context in the formation and re-formation of their values, beliefs and norms that are of greater interest to SR theorists (Cahill et al., 1991; Howarth, 2006; Kessi & Howarth, 2015). Rationality or logic in TSR is theorised more as social and political processes whereby people name, blame and justify their perceptions of reality. It is via these social practices and personal reflexivity that people create shared meaning about how to think and behave (Jovchelovitch, 2019; Kessi & Howarth, 2015).

In this way, SRs produce common ideas that unite social units and set up phenomena that can then be debated and contested. These ideological struggles can potentially alter the course of the collective thinking of these social units (Höijer, 2017; Jovchelovitch, 2019). Change in the social order happens when an individual can reflect on new behaviour from the perspective of the subjective experience of another in relation to others. This reflexive process is influenced by the symbolic position of that individual and the degree to which the new behaviour is legitimised within the larger community, which is situated within a specific socio-political and cultural system (Jovchelovitch, 2019; Kessi & Howarth, 2015). Not only is this relevant for participants of interventions, but it also applies to researchers, who are equally susceptible to these systems, which influence how they

frame problems and the assumptions in their assessment of what needs to change. An understanding of the SRs of the researchers is thus equally as important as understanding the SRs of the intervention recipients (Cislaghi & Heise, 2020; Heise et al., 2019; Kessi & Howarth, 2015; Psaros et al., 2018b)

In terms of thinking about how health information is received, TSR would emphasise that health information is not passively imbibed but actively tested and filtered through the cultural and social meanings embedded within the social context – meanings that have been shown to exert greater influence on sexual practice than solely the perception of risk, even when considerable assistance to avoid that risk is offered (Heise et al., 2019; Kessi & Kiguwa, 2015; Kippax, 2010). The TSR thus might be able to shed light on established social practices and the potential for understanding how these practices shift to promote individual behaviour change within the context of broader social change (Höijer, 2017; Jovchelovitch, 2019; Kessi & Howarth, 2015).

In my discussion chapter, I refer to a particular aspect of TSR called *representation*. This involves establishing knowledge hierarchies, where one standard of knowing is established as absolute truth against which all other knowledge is measured and legitimated or delegitimated. This can be problematic as it leaves little room for alternative representations to be given voice or status, leading to the potential for oppressive knowledge systems to be developed and reproduced ((Jovchelovitch, 2019). Thus far, it has been shown that linear models dependent on logic and rational choice are limited when intervening in complex social phenomena. As evidenced in the literature presented above, theories such as SRT may offer more room to grapple with such complexities.

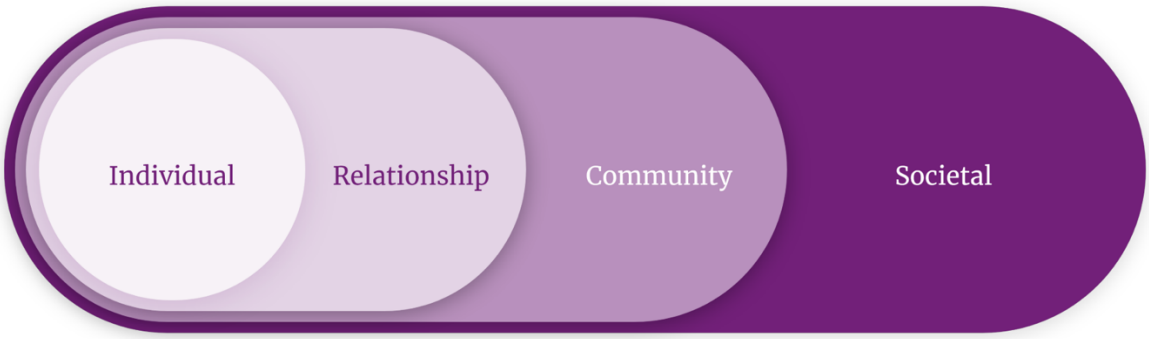
The socio-ecological model

The recommendations section of this thesis will use the socio-ecological framework as a structure. The socio-ecological was first introduced by Urie Bronfenbrenner in the 1970s as a conceptual framework for understanding human development. It was later formalised into a theory in the 1980s (Kilanowski, 2017). The theory is premised on the idea that prevention of any social problem requires one to take into account all the factors

within the social context in which the problem occurs and which contribute to the problem's existence (Dahlberg & Krug, 2002; Ncube, 2022a). The theory considers the interplay of four levels of the social context, namely, the microsystem which is closest to the individual and encompasses their social relationships which exist in their immediate environment. The second layer, the mesosystem, includes the impact of their community affiliations, such as church, their neighbourhood and schools. The next level called the ecosystem does not directly impact individuals but has effects via the contexts in the mesosystem. The last layer called the macrosystem includes values at a societal level that exert influence on the individual such as religion and cultural values (Heisi, 1998; Kilanowski, 2017; Ncube, 2022b).

In the case of my recommendations, I assess the impact of male sexual partners and parents at the level of social relationships, teachers, sexuality education and interventions offered at school at the level of community affiliations, and public policy at the level of social systems. Figure 1 shows a diagrammatic representation of the socio-ecological model:

Figure 1. The Socio-ecological model

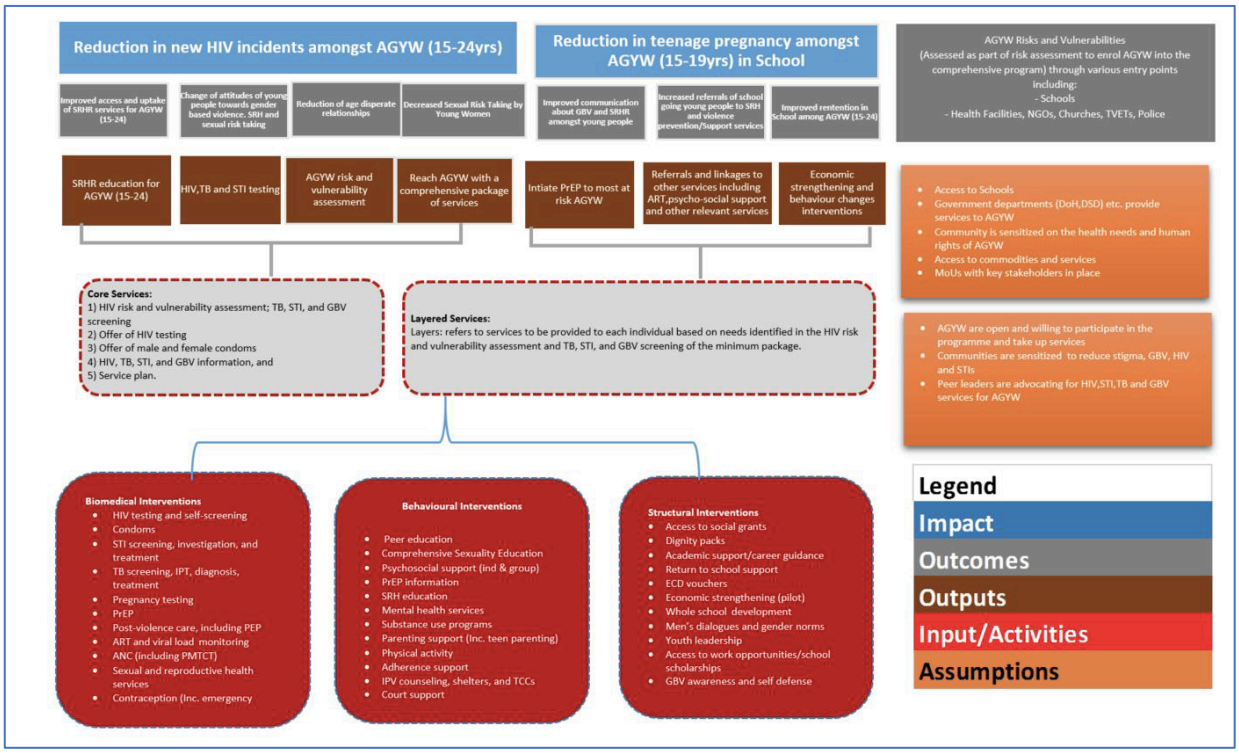


Theory of Change

Both the interventions I used for in my analysis used a ToC model, which I thought important to comment on in my findings later, as the ToC models essentially define how the interventions envision change within their implementations. The change that interventions such as the GF aim to effect can be seen to exist on a spectrum. There is a tension evident in the literature between the one side of the spectrum that represents the need to simplify

social change processes into manageable frameworks that explain and predict change through cause and effect with reasonable ease versus the need on the other side of the spectrum to account for the immense complexity of the social systems that interventions operate within (Blue et al., 2016b; Green, 2015, 2016; James, 2011; Reeler & Van Blerk, 2017; Valters, 2015). On the one end, change is usually conceptualised within a logic model, often called a ToC model. Figure 2 shows the GF's ToC model:

Figure 2. GF Theory of Change model (Source: 2019-12-13 FINAL AGYW Programme Description pdf)



Such models can be translated into practical interventions that can readily be aligned to the requirements of large donor-funded projects such as the GF but often fail to provide accurate theoretical links between inputs and outcomes with explanations of how change happens. As such, they exemplify that change occurred but not necessarily how (Breuer et al., 2016; Ebenso et al., 2019; Nilsen, 2015; Wiess, 1995).

(Vogel, 2010) suggests that most ToCs rely too heavily on logic model thinking and should instead include discussions around related elements such as social, political, and

environmental conditions. A systematic review of the use of ToC in public health interventions found that the papers reviewed rarely explained how the theory was integrated into the analysis (Breuer et al., 2016; Care, 2012; Nilsen, 2015). In practice, many ToCs fail to account for the complexity of systemic change within social systems because they focus on individual behaviour change with too little consideration for the influence of the contextual complexities inherent in social change processes (Coryn et al., 2011; Cullen et al., 2016; Kessi & Howarth, 2015; Reeler & Van Blerk, 2017).

On the other end of the spectrum, theories of social change that grapple with more complexity within the research context include conceptualisations of how the system is changing more broadly and thinking about local change processes that were already active before the intervention began. They also include ideas about how these change processes will continue and/or are mitigated by the intervention's actions and how change may continue, with or without continued intervention activities. This thinking is more aligned with TSR principles and respect for local knowledge systems (Green, 2015, 2016; Leclerc-Madlala, 2011; Presseau et al., 2016; Reeler, 2015).

Theories of social change at this end of the spectrum, however, are fraught with challenges in terms of translating the nebulous and capricious nature of social systems into practical interventions that can meet the requirements of significant donor-funded interventions such as the GF intervention, which need to generalisable and scalable over large sites of coverage. When attempting to explain how change within complex social systems happens, the proponents of broader theories of social change suggest an approach that seeks not only to explain but also to explore and uncover what change systems already exist and operate within the intervention sites, with the assumption that more profound knowledge and understanding of this can perhaps provide more contextually sensitive impetus for further change (Green, 2015, 2016; Leclerc-Madlala, 2011; Presseau et al., 2016; Reeler, 2015).

Conclusion

This literature review has presented evidence that complex social practices may confound research outcomes of public health interventions aimed at behaviour change with the aim of HIV prevention. The research gap that this thesis will attempt to address is the effects of colonisation as it applies to sexuality and HIV prevention in AGYW in South African. The thesis draws on elements of the sex positive and sex negative paradigm to understand how these have influenced the evolution of the theories that interventions aimed at this population group use. The findings also investigate how AGYW are engaging with these two paradigms in their daily lives. While social norms theory predominates the current understanding of behaviour in Public Health interventions, I apply the tenants of the Theory Social Representations and Theory of change as a critique of theories that rely more on rational choice to explain and design interventions aimed at behaviour change. I draw on literature that speaks to the remnants of colonial history that may still be influencing how researchers frame the experiences of AGYW and their engagement with sexual agency. In the final chapter the socio-ecological model is applied to the recommendations to highlight the importance of considering the entire system and moving away from systems that lean so heavily on individual behaviour change.

CHAPTER THREE METHODOLOGY

The Introduction Chapter of this thesis gave a brief description of each of the interventions and evaluations that I worked in. This chapter will share more detail about the methodology used, starting with further details of the two interventions, the two process evaluations and how my work with them shaped and influenced the direction of my PhD thesis. Following this more detail of the study sites, data collection, sampling and data analysis methods will be offered.

The Global Fund AGYW intervention:

At the time of me writing my thesis, the GF intervention was ongoing, starting in 2016 and implemented across twelve districts in South Africa. The total spend for the grant period 2016-2022 was estimated at one billion US dollars, making it one of the largest such interventions in the world. This gives one an idea of the enormity of the scale and reach of the intervention. Due to the complexity of the intervention, responsibility for implementation of the intervention was given to three organisations, namely AIDS Foundation of South Africa (AFSA), Beyond Zero and Networking AIDS Community of Southern Africa (NACOSA). These three organisations were considered the principle recipients or managing agents of the intervention and are three of the largest HIV organisations in South Africa in and of themselves.

The first grant period was 2016 to 2019 and the second one from 2019 to 2022. The sites of implementation have been affected by previous apartheid policies. As such, the residents typically face economic challenges of high unemployment and low income, if employed (Duby et al., 2020) The commonly associated social ills of poverty, such as high levels of domestic violence, substance abuse, crime, and poor access to public services such as health services, permeate these areas. Added to this, these areas have all been identified as displaying high HIV incidence and prevalence, and thus, chosen as intervention sites. (Adolescent girls and young women Programme Description, 2019). Details of each site is offered later on this Chapter.

Most of the schools in the areas chosen for intervention also report high rates of teenage pregnancy, which has been seen to significantly reduce attaining school completion as well as other life outcomes such as income and maternal health (Mathews et al., 2019). South Africa has one of the highest teenage pregnancy rates globally, with one in four women under the age of twenty becoming pregnant. It presents considerable associated risk to their life outcomes should they become pregnant so early, suggesting that AGYW may not be aware of these risks or that they do not perceive the risks as significant (Mashele, 2024; Mathews et al., 2019; Mchunu et al., 2012). Statistics released by Statistics South Africa revealed that 90,037 girls aged 10-19 years gave birth across our nine provinces between March 2021 and April 2022 (Mashele, 2024). Below is a table representing the sub-districts that the GF intervened in.

Table 3. Global Fund interventions sites

Province	**District**	**Sub-district**
KwaZulu-Natal	Zululand	AbaQulusi
KwaZulu-Natal	King Cetshwayo	City of uMhlathuze
Mpumalanga	Ehlanzeni district	City of Mbombela
Mpumalanga	Get Sibande	Govan Mbeki
Eastern Cape	Nelson Mandela bay metro	Nelson Mandela C
Eastern Cape	Oliver Tambo district municipality	Nyandeni
Free state	Thabo Mofutsanyana	Dihlabeng
Free state	Thabo Mofutsanyana	Setsoto
Limpopo	Greater Sekhukhune	Fetakgomo-greater tubatse
Gauteng	City of Tshwane metro	Tshwane 1
North West	Bonjala Platinum	Rustenburg
Western Cape	City of Cape Town Metro	Klipfontein

The primary objectives of the GF intervention was to increase retention in school, decrease HIV incidence, decrease teenage pregnancy, reduce GBV and increase economic opportunities. This was delivered via a multi-pronged approach that sought to offer services tailored specifically to each AGYW's individual needs. The services range across biomedical, behavioural, and structural support interventions. In terms of defining their objectives, the intervention used a ToC logic model, which is described below:

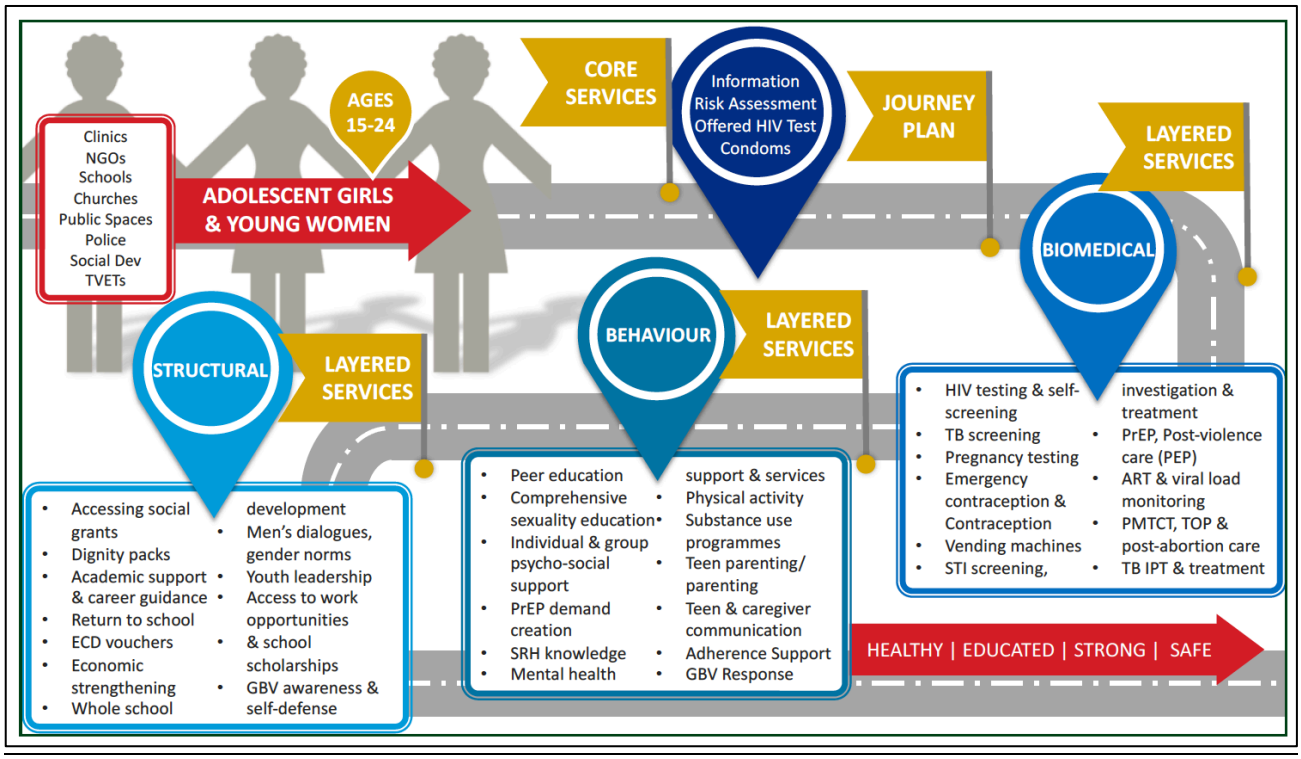
Figure 4. GF Theory of Change (Source: 2019-12-13 FINAL AGYW Programme Description pdf)

> 3.1.3.1 Theory of Change
>
> The Adolescent Girls and Young Women (AGYW) Programme theory of change is built on the assumption that **IF** adolescent girls and young women are identified through various entry points (in schools, communities through NGOs, churches, public spaces and higher education institution through TVET colleges) and have their risks and vulnerabilities assessed and, **IF** AGYW are linked to biomedical, behavioural and structural HIV prevention interventions, **THEN** that may lead to positive heath and behavioral outcomes, that, in turn should lead to reductions in new HIV infection among this group, **IF** programmatic, financial and political assumptions hold true.

Figure XX below details the pathway that the ToC predicts for AGYW to follow in the intervention. The first step is recruitment, where AGYW are recruited by intervention staff. There are number of entry points within the communities where AGYW are sought, such as schools, colleges and churches. There is a vast range of different services, as can be seen. Once an AGYW is introduced into the programme, they are lead to services being rendered via two main service components i.e. core and layered services. Core services consist of demand creation which include activities that create interest and awareness of the intervention's programmes. Once recruited, a risk and vulnerability assessment is then conducted, and basic services such as STI screening and condoms are offered.

Based on the outcome of the risk assessment, the layered services are determined based on the AGYW's specific need. The layered services are grouped into structural, behavioural and biomedical services. Examples of structural services may be help accessing social grants or homework support. Under behavioural services they may receive services such as substance abuse programmes or teen pregnancy support. Biomedical services focus more on medical intervention such as screening and contraception services.

Figure 5. Diagrammatic representation of services (Source: 2019-12-13 FINAL AGYW Programme Description pdf)



The next sub section will explain the HERStory process evaluation in more detail.

HERStory 2

As mentioned previously, the first grant period for the GF intervention was 2016 to 2019 and the second one from 2019 to 2022. There had been a process evaluation for the first grant period which was called HERStory 1 and was led by the same research team. The process evaluation after the 2016 - 2019 grant period, was thus called HERStory 2 and was in being conducted at the time that I joined the team (for the second grant period). HERStory 2 was led by Professor Catherine Matthews, chief specialist scientist in the Health Systems research unit of the SAMRC , who was the overall Principal Investigator (PI). HERStory 2 consisted of four components: 1) a quantitative survey, 2) a leadership and monitoring evaluation, 3) a record review and 4) a qualitative component. This HERStory 2 qualitative component was led by Dr Zoe Duby, senior socio-behavioural researcher in the SAMRC, who was the qualitative PI. There was one other overall data co-analyst, Dr Brittany

Bunce who was an independent researcher and then me, who was the ToC analyst. Further to this there was an administrator and five members of a data collection team who conducted most of the interviews in home languages of interviewees, as the majority of sampled participants could not be interviewed in English.

The aim of the HERStory 2 evaluation was to assess the extent to which the various interventions, according to the ToC, were being implemented as planned and to assess whether the implementers were on a trajectory to achieve the desired outcomes. The purpose of the evaluation was to provide recommendations to the intervention implementers to support course correction where necessary, with a view to improve the alignment with the ToC and best practice to enable optimal outcome delivery. These outcomes included elements such as the promotion of high school completion, HIV prevention such as condom usage and contraceptive usage. The HERStory 2 evaluation outlined three specific research questions: 1) how acceptable the intervention was to AGYW and key stakeholders, 2) to what extent the context was conducive to intervention implementation and 3) to what extent the ToC was appropriately specified to achieve the intervention goals.

The qualitative study component employed single one-time in-depth interviews (IDIs). The team drew the qualitative sample from six of the twelve districts in which the GF intervention was being implemented. Within each of the six districts, they randomly selected four schools and four community settings per district from which to draw the sample as shown in the figure below:

Figure 5. HERStory 2 evaluation sites (Source: HERStory 2 report)

District Research Sites	Provinces	Language/s spoken
Klipfontein, Cape Town	Western Cape	isiXhosa, Afrikaans, English
King Cetshwayo	KwaZulu-Natal	isiZulu
Ehlanzeni	Mpumalanga	siSwati, English
Bojanala	North West	seTswana, seSotho, Zulu, English
Nelson Mandela Bay	Eastern Cape	isiXhosa, Afrikaans, English
Thabo Mofutsanyana (Dihlabeng)	Free State	seSotho

AGYW aged 15-24 were sampled whether they were in or out of school / tertiary education, on the basis that they had been enrolled in the GF intervention. They were sampled regardless of whether they had or had not actually gone on to receive the services offered by the intervention. Further to this, the team also interviewed various intervention implementors from the sites, as well as community key informants such as male peers of AGYW aged 18 years and older, school teachers, principals, community / religious leaders, parents of AGYW intervention recipients, health care workers and social workers. Eligibility was established based on the participants' willingness to participate and to give written consent. The final sample consisted of 100 interviews as shown in the figure below:

Figure 6. HERStory sample (Source: HERStory 2 report)

Final study sample

The final qualitative study sample included a total of 100 respondents, comprising 50 AGYW, 27 intervention implementers, 4 health workers, 7 social workers, and 12 other community stakeholders.

Table 2: Qualitative Study Sample IDI Respondents

Sample Group	Western Cape	KwaZulu-Natal	Free State	Mpumalanga	North West	Eastern Cape	Survey Follow-Up	Total
AGYW 15-19 years – Core intervention recipients		5	1	4	5	2		17
AGYW 15-19 years – Biomedical intervention recipients		1			2			3
AGYW 20-24 years – Core intervention recipients	1	6	2	5	6	2		22
AGYW 20-24 years – Biomedical intervention recipients	1	4	2		1			8
AGYW Total	**2**	**16**	**5**	**9**	**14**	**4**		**50**
Intervention implementers & facilitators	4	5	4	1	2	1	10	27
Health workers	1		2			1		4
Social workers	2	1	1	2	1	0		7
Male Peer and Partners		4	1		3	1		9
School Teachers and Principals								0
Parents of AGYW 15-24 years								0
Community Leaders	1		1	1				3
Total participants	**10**	**26**	**14**	**13**	**20**	**7**	**10**	**100**

All of the interview schedules were developed with input from all three qualitative analysts, Zoe Duby, Brittany Bunce and me, for the purposes of meeting the aims and objectives of the evaluation. The interviews were conducted by the interviewers in participants' home languages, and then translated into English for transcription. From the sample above, I personally conducted six of the twenty-seven intervention implementers and facilitators interviews as part of my ToC analysis. I could conduct these myself because these facilitators' interviews were able to be conducted in English. All the transcripts were put into a google drive to which all three analysts had access. We engaged in a collaborative analysis process where all three of us conducted thematic analysis of the data concurrently

using a collaborative qualitative analysis approach. We had regular meetings where themes were identified, discussed in-depth, and refined.

Each of us were aware of the themes that other team members were focussing on, in my case ToC. As such, whenever one of the other researchers came across a reference in a transcript that related to ToC, they would tag me in the shared document, pointing me to the relevant information in the interview transcript, and I did the same for them. We then began slowly creating the scaffolding for the report, all the while working closely together to refine and review the themes. In total one hundred transcripts were reviewed, each of us analysing transcripts to varying depths, depending on how relevant the particular transcript was to our specific individual focus areas. I focussed specifically on all those themes that clearly spoke to ToC. I authored the sections on ToC in the official published report based on my participation in this analysis process. I co-authored five of the published journal articles and am currently involved in a manuscript for a sixth article. Links to these articles can be found in Appendix A.

Being part of the analysis and writing up of the HERStory 2 report helped me to refine my own PhD study focus area, and it was this work that fuelled the shift in interest from ToC to lived experience of sexual agency. Despite the HERStory 2 report revealing so many valuable and varied aspects of AGYW's experience of the intervention, my personal reflexive journal at the time pointed to a sense that there was little detail on the lived experience of sex and decisions made about it. Results appeared to be written through a lens of measurement of the Key Performance Indicators (KPIs) set by the intervention, rather than the daily experiences of AGYW despite it being a qualitative report. The Key Performance Indicators measured items such as how many AGYW were enrolled, the extent to which they attended their follow up sessions or how many were initiated on Pre-Exposure Prophylaxis (PreP), rather than the processes and experiences they had that influenced their choices in this regard, probing my interest in exploring this further in my PhD. The next section will outline my subsequent involvement in the Imagine intervention.

Imagine intervention

As previously stated, I was offered a part-time paid position to join the evaluation team for a second intervention called Imagine and commenced work with this team in mid 2021 upon completion of the HERStory 2 published report. NACOSA was awarded a grant by the SAMRC for the implementation of this intervention as part of pilot of new Social Impact Bonds (SIB). SIBs operate through a funding mechanism where private or philanthropic investors provide up-front finance for the implementation of an intervention and then receive a return on their investment from what is termed an outcomes funder, which can be a donor agency or a government department. The rate of return of investment is based on the extent to which specified outcomes of the intervention are achieved. A SIB requires contractual agreements between the Government (outcomes funder), an implementer/ service provider (Abdullah et al., 2019; Imagine SIB Programme description, SAMRC, 2021).

The intervention, branded as Imagine, attempted to address the need to intervene in sexual and reproductive health (SRH) challenges faced by AGYW in the South African context. Imagine had two stated objectives, firstly to improve HIV outcomes, and secondly to improve pregnancy outcomes for school going AGYW (15-19 years old). Those who were influencers of young women's attitudes and behaviours such as AGYW, parents and teachers were also targeted but were categorised as secondary targets. This intervention was planned to run for three years, from January 2021 until December 2023. The Imagine intervention operated on a much smaller scale than the GF intervention with the initial investment for the SIB being one hundred million rand. The intervention was implemented in Moretele situated in the Bojanala district in the North West, and Newcastle in the Amajuba district of KwaZulu-Natal. The GF intervention also operated in these two sites. The schools in these areas report high pregnancy rates and the areas are hot spots for high HIV infection in the sample population (Imagine SIB Programme description, SAMRC, 2021) .

Much like the GF intervention, Imagine planned to deliver services via comprehensive approach involving multiple stakeholders that address biomedical, behavioural, structural and social risk factors. Imagine used the same process whereby

AGYW are recruited and then offered a “Journey plan” by a “coach” who assists them to embark on a health journey provided via the various services offered. Once recruited, AGYW would take a risk assessment which then results in them being segmented into four lifestyle segments which would determine which further services they are referred to (Imagine SIB Programme description, SAMRC, 2021).

The risk assessment tool probed social circumstances and life goals, current health status and SRH needs and goals as well as physical, emotional, behavioural and other potential barriers preventing the achievement of these goals. This assessment was planned to be conducted by two Imagine peer facilitators who were trained to provide holistic intervention and support. The categories of available services were very similar to those of the GF intervention. They included SRH services at school such as contraceptive planning, school based support such as gender transformation workshops and mobile clinic services offering a full range of SRH biomedical services from STI screening to breast examinations (Imagine SIB Programme description, SAMRC, 2021). Below is a diagrammatic representation of Imagine’s intervention and their ToC model:

Figure 7. Diagrammatic representation of Imagine's intervention (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

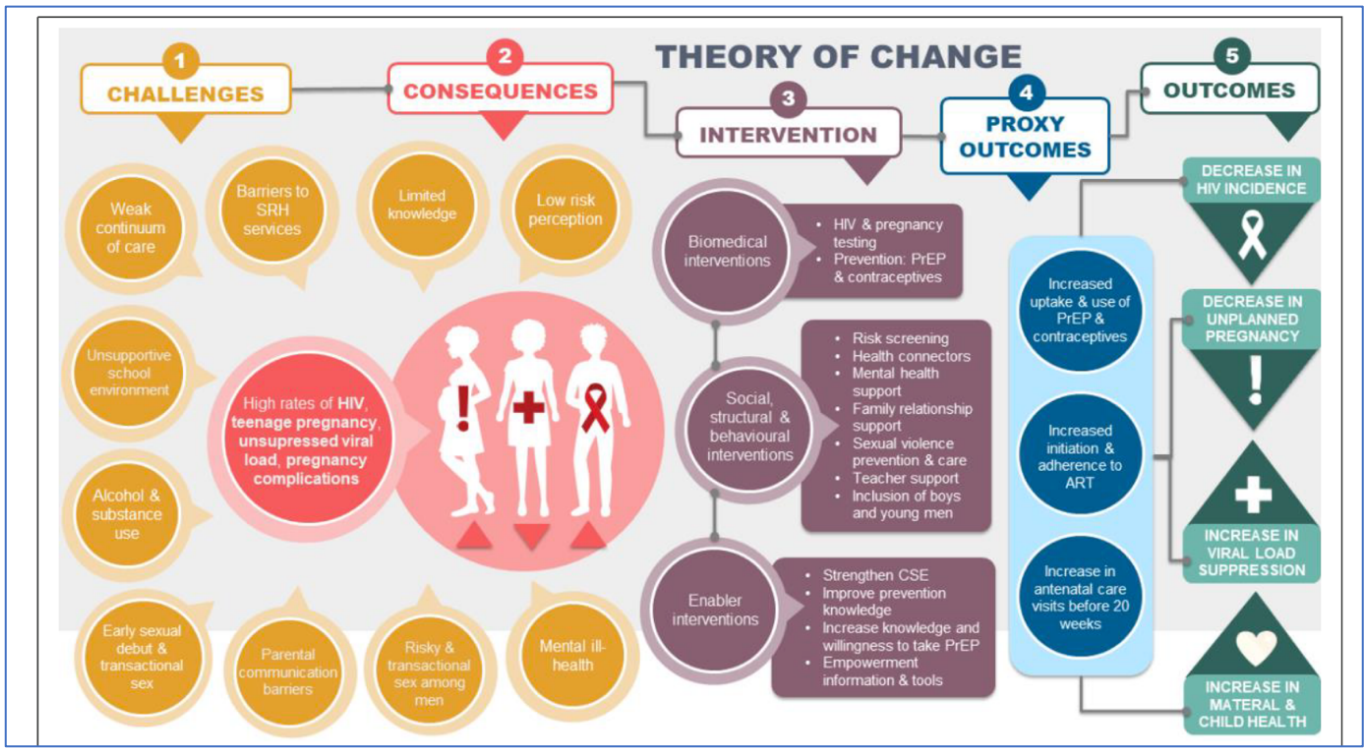


Figure XXX below details Imagine's ToC model

Figure 8. – Imagine ToC (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

2.5 Theory of Change

The Theory of Change was co-created by the SAMRC with various stakeholders over a period of two years (Annex 1: Theory of Change). At its core the Theory of Change assumes the following:

1. **IF** young women are *segmented* based on their relationship needs **THEN** targeted communication and service delivery can be offered and may increase the *relevance* of engagement with the Imagine Programme Representatives,
2. **IF** engagement with Imagine Programme are tailored to the specific *SRH needs* (including risk and vulnerability) of young women **THEN** the need for *access* to biomedical products and services may increase,
3. **IF** the biomedical products and services *availability* are aligned with the young women segment SRH needs **THEN** the *uptake* of a more comprehensive package of services may increase
4. **IF** the uptake of biomedical, psycho-social and behavioural interventions is *supported* through an adherence journey rewards programme **THEN** the *adherence to* treatment and care may increase
5. **IF** uptake and adherence to biomedical, psycho-social and behavioural interventions increase **THEN** the SRH outcomes of the young women in the Imagine Programme would be more positive

As can be seen, Imagine operated on very similar lines to the GF intervention, but one of the key differences is that Imagine integrated a Human Centred Design approach which, in theory, foregrounds the "human", in this case the AGYW rather than outcomes and KPI's. Imagine set out to design an intervention that would allow for collaborative coordination and implementation, committed to facilitating co-creation with AGYW. They planned to get continuous feedback from AGYW and to integrate this feedback and change the way that services are provided based in this feedback from AGYW across the three years of intervention (Imagine SIB Programme description, SAMRC, 2021). This style of intervention appealed to me because the results from the HERStory 2 study showed that AGYW revealed a need for more relationship building with intervenors.

A key barrier that implementors reported in the HERStory 2 report was the burden of administrative challenges as well as pressure to meet targets, as this limited the time they had to build relationships with AGYW. They reported that relationship building was a crucial part of programme success, but sadly often overlooked during implementation, in favour of achieving targets. AGYW similarly valued the programme components that offered

psychosocial support the most. The types of programmes that facilitated relationship building between intervenors and AGYW also yielded better outcomes (SAMRC, 2021). I was particularly interested in the slippage that was seemingly happening between implementors feeling pressured to achieve targets, versus engaging in relationship building with AGYW. These results pointed to my growing interest in how AGYW lived experiences appeared not to be privileged when interventions need to consider targets and KPIs. These insights were central to the process of redefining my PhD study topic during this time.

Imagine process evaluation

The Imagine process evaluation team were tasked with running the evaluation from the onset and throughout the duration of the intervention to offer real time feedback into the system. They planned to follow a cyclical participatory evaluation approach which meant that based on data that was collected, lessons learnt would be continuously fed back into the system so that modifications could be made to intervention activities, and strategies could be adapted in real time throughout the implementation phase (SIB evaluation protocol document, 2021). Below is a quote from the Imagine iterative qualitative evaluation protocol document explaining how the cyclical participatory evaluation approach was envisioned:

> *"Data collection will be cyclical and on-going, with data analysis from each phase informing the next phase. Emerging lines of enquiry will be incorporated into each subsequent phase of data collection. Analysis will run parallel to data collection and will inform subsequent interview enquiry. Reports will be shared every 4-6 weeks with the intervention implementers, comprising of emergent themes and findings, to inform the adaptive implementation approach."*
>
> *(SIB evaluation protocol document, 2021, p.10).*

The qualitative evaluation team consisted of the same PI, Zoe Duby, a co-analyst, me, and two interviewers / data collectors. I was named in the same capacity as a Doctoral student and lead ToC analyst. The three stated aims of this evaluation were 1) to assess the extent to which ToC was appropriately specified, 2) to assess the acceptability of the intervention and 3) to inform the adaptive implementation approach. Data collection was to employ a circular iterative participatory learning approach. A variety of methods were to be used, such as individual in-depth interviews, as well as serial in-depth interviews and other tools to aid

discussions such as workshops. There were some delays in the planned roll out of intervention activities, so the evaluation team conducted a pre-intervention study in early 2022 while they waited for the roll out to commence. This study took the form of a needs assessment field testing.

The questions posed in these interview guides explored how young women would feel about talking about sex and also asked for their, as well as their influencers' input on how they would prefer interventions to engage them on this matter. These interviews were of particular interest to me as they probed lived experience rather than KPI's, which is what the HERStory 2 IDIs were much more concerned with. This interview guide was also much more closely aligned to how I was thinking of structuring my own PhD interview guides, please see the Imagine guide below:

Figure 9 NACOSA needs assessment interview guide (Source – SIB evaluation protocol document, 2021)

NACOSA Needs Assessment Field-testing: Individual Interview Guide

Below is the topic guide that was used to guide discussions in the interviews. The guide was translated into isiZulu. Respondents were able to choose whether they wanted to be interviewed in English or isiZulu.

1. Is there anyone in your life that you talk to about issues around your sexual and reproductive health? By sexual and reproductive health, I mean things like periods, sex, condoms, contraceptives, HIV, pregnancy, and things like that.
    a. Who do you talk with about these issues? Why?
    b. Can you talk to your parent or caregiver about these issues?
    c. Do you talk to your friends about these issues?
    d. Where do you get information about these issues from?
2. If you had to answer questions about your sexual and reproductive health, what would make you feel more comfortable before discussing your sexual and reproductive health?
3. How would you feel about being asked these questions in a group with your peers, writing down your answers confidentially and then giving these written answers to your coach?
4. Is there anything that would help you to answer questions about your sexual and reproductive health more honestly?

[Interviewer presents My Sexual Health card stack to the young woman]

5. Each of these cards has a question on it which asks something about your sexual or reproductive health. I am ***not*** going to ask you to answer any of these questions. Instead, when we look at each question I would like to understand:
    a. How the question makes you feel;
    b. Whether you think there is a better way to ask the question;
    c. How you would ask this question to a friend; and
    d. Whether you would feel comfortable answering this question in a peer group format if no one else sees your answers other than your coach after the group session is over.
6. What would make you answer the question honestly? (*Prompt*: If I put it into a sealed box; If I put it into an envelope that I seal myself; If I leave it on the desk for the coach to collect).

[*Allow young woman to make other suggestions not in the prompts above]*

The sample for this study is represented in the figure below:

Figure 10. Imagine evaluation sample (Source: Imagine evaluation qualitative data tracking log 2022)

			Moretele	Newcastle		
Sample Group			**North West**	**KwaZulu-Natal**	**Total**	
Sample category 1: AGYW Intervention Recipients	**01**	AGYW 15-19 years –Intervention recipients			**0**	
	02	AGYW 15-19 years – Non-intervention recipients	8	11	**19**	
	03	AGYW 20-24 years – Intervention recipients			**0**	
	04	AGYW 20-24 years – Non-intervention recipients	5	8	**13**	
	09	Peer Influencer AGYW	2	6	**8**	
		AGYW Total			**40**	AGYW total
Sample category 2: Intervention Implementation key informants	**05**	Intervention implementers & facilitators			**0**	
	06	Other Service Providers	2	3	**5**	Implementer total
Sample category 3: Context / community key informants	**07**	School Teachers and Principals	5	5	**10**	
	08	Parents of AGYW 15-24 years	6	8	**14**	
	10	Other Community Members	2		**2**	
		Total interviews	**30**	**41**	**71**	**Total all sample groups**

A total of 71 interviews were conducted, 40 of which were with AGYW, the balance comprising various community members. I was part of the analysis of these transcripts which were all conducted in various South African languages and then translated into English. The same process of collaborative analysis which was used by HERStory 2 was used here. The next section I will explain the process of gaining ethics clearance for my PhD and how my work within these two evaluations helped to shape my final proposal and study design.

Ethics approval process

My first ethics submission, submitted in December of 2020, supported the first iteration of my PhD proposal where the focus was on ToC. The title of this proposal was: "Theory of change in intervention design and implementation: perspectives and experiences of role-players in a combination HIV intervention programme for Adolescent Girls and Young Women in South Africa." I received feedback from this submission in July 2021. Based on this feedback and the experience and insights that I had gained in being involved in the HERStory 2 evaluation (noting the results emanating for the HERStory 2 report), I embarked on a process of a fairly significant restructuring of my proposal and reframing my study design for my ethics re-submission which happened in May 2022. I started working for the Imagine team

in June of 2021 so was exposed to this process evaluation for the entire period of restructuring my PhD proposal until May 2022.

As previously mentioned, this process of reframing and restructuring was largely informed by the knowledge that I had gained working in the HERStory 2 evaluation and was gaining working in the Imagine evaluation. It is difficult to state exactly the number of transcripts that I personally analysed during this time, as I was not required to keep a record of these due to the nature of the collaborative analysis method. Where interviewees spoke about ToC, I may have read the sections that were relevant, rather than the entire transcript, but the work of analysing transcripts and writing up the reports for both evaluations informed the redefining my PhD topic and proposal. The personal reflexive journal notes that I kept during this time were a valuable source of information as I reshaped the outline of my PhD study design.

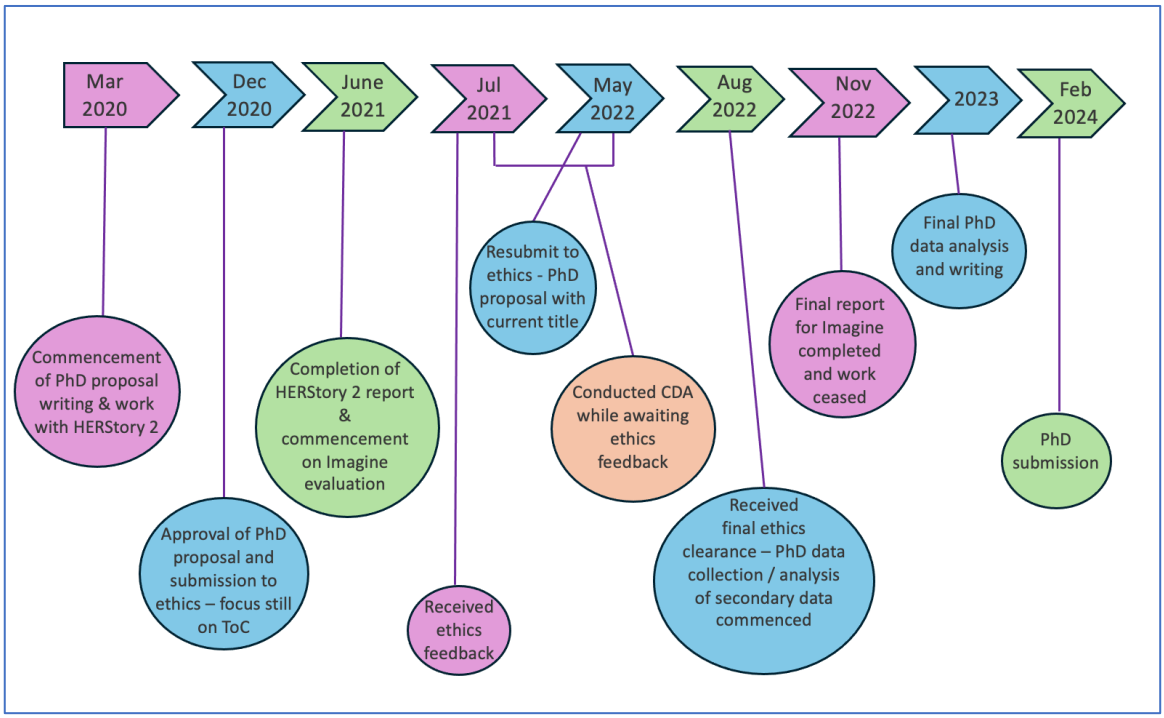
In my second ethics resubmission, which was accompanied by the second iteration of my proposal, I requested the use of some of the transcripts that I had come across working in the two evaluations as a source of secondary data. This raised some interesting questions around how one defines secondary data and whether the secondary nature of the data derives from how and by whom it was collected and analysed, or for what purpose it was collected or analysed. In my case, a small percentage of the 'secondary' data was in fact collected by me, and a significant portion was also analysed by me. Further to this, while the purpose of the data was not to answer my PhD questions, I was given access to use the data afterward for purpose of answering my PhD questions. Based on how close I actually was to all of this 'secondary' data, one examiner and a few reviewers of my PhD thesis questioned whether it was to be considered secondary or primary data.

According to Coffey (2014), defining secondary data does not relate to the collection process, but rather to the analysis process. The definition implies that data is called secondary when an existing set of data is analysed to answer a different research question, or for a purpose other than that which it was originally intended. Based on this definition, my transcripts would be considered secondary, but I was very close to this data and even the purposes for which it was collected and analysed were very close to that of my PhD study,

leaving it perhaps less removed from the source than other secondary data often may be. I conducted nine interviews that are considered primary data and selected twenty secondary transcripts to be used as secondary data. Of the twenty secondary transcripts I conducted six of the interviews myself, but used topic guides created for the purposes of the HERStory 2 evaluation. Given that my involvement in analysing all the transcripts played such a significant part in the overall restructuring of my PhD study design and research questions, while I only incorporated twenty secondary transcripts into my formal thematic analysis, my overall PhD was informed by all the transcripts I was involved in analysing in the two process evaluations.

I resubmitted the new proposal with its current title to the ethics board in May 2022. Due to these delays in obtaining ethics approval, between July 2021 and May 2022, I went ahead and conducted my critical discourse analysis (one of my proposed data collection methods), as this did not require ethics approval to conduct. I then finally received ethics approval in August of 2022, which is when I was able to begin primary data collection and analysis of the secondary data that I had selected. Details of data collection will be further clarified in the latter sections of this chapter. Below please see a timeline of my activities showing how my work with the two evaluations dovetailed the restructuring of my PhD proposal:

Figure 11: Timeline of my involvement in the evaluations and my PhD development



Study design

This research adopted a qualitative approach to exploring the lived experiences of AGYW that the two interventions target. Because of the complexity of the two studies and the combination of use of primary and secondary data, it seems prudent to offer a summary of my methods here to ensure clarity. My first data collection method was semi-structured interviews. Some were primary data using topic guides that I created for my PhD with participants that I interviewed myself. Some were sourced from secondary data which came out of the work that I did for the two evaluations. This secondary data set was composed of some interviews that I conducted myself and some that were conducted by other interviewers. My PhD topic guides resembled those of the Imagine pre-intervention shown above, as they sought to explore the lived experience of navigating sexual risk and sexual agency. For my primary data interviews, I sampled four community members / implementers and five AGYW who were able to speak English. For the secondary data set I sourced transcripts from nine community members / implementers and eleven AGYW. Below is the table of data sets presented in my introduction again for clarity:

Table 4. Summary of data collection

	Data collection method:	Population	Sample size	Total sample
1.	Semi- structured individual interviews: Group 1	AGYW – primary data	5	
	Semi- structured individual interviews: Group 2	AGYW – secondary data	11	16
	Semi- structured individual interviews: Group 3	Community members / implementers – primary data	4	
	Semi- structured individual interviews: Group 4	Community members / implementers – secondary data	9	13
		Total sample		**29**
2.	Critical discourse analysis	2 x 70+ page programmatic concept documents	N/A	N/A

I was interested in the way in which the two interventions understand and shape lived experiences as they pertain to sexual agency, high-risk behaviour, and sexual decision-making. Chandler et al., (2013) describe how qualitative methods can provide more nuanced explanations around why and how interventions work or do not and also allow for capturing and understanding of the unintended consequences which potentially confound research outcomes (Kleinman, 2010; Leclerc-Madlala, 2019). When researching matters relating to human sexuality in particular, because of the associated taboos, silences and privacies, qualitative techniques aimed at revealing deeper and nuanced meanings that are so often silenced by social practices are deemed appropriate (Leclerc-Madlala, 2019; Tamale, 2014).

Before moving on to describe the study sites and population sample, I have provided a breakdown of each of the sample groups in tables 5 and 6 below. These two tables show details of each interview / transcript that I used, including who conducted the interview using which interview guide, what language it was conducted in, the age of participants and the place that they lived / worked in and their role (in the case of groups three and four). I have grouped them by number for ease of reference:

Table 5. AGYW sample detail

Group 1 - primary data AGYW

Named in thesis	Interviewed by	Topic guide used	Language	Age	Site
(AGYW 09, 15 yrs, Moretele)	Myself	My PhD topic guide	English	15 yrs	Moretele
(AGYW 10, 16 yrs, Moretele)	Myself	My PhD topic guide	English	16 yrs	Moretele
(AGYW 11, 15 yrs, Moretele)	Myself	My PhD topic guide	English	15 yrs	Moretele
(AGYW 12, 16 yrs, Moretele)	Myself	My PhD topic guide	English	16 yrs	Moretele
(AGYW 13, 18yrs, Newcastle)	Myself	My PhD topic guide	English	18 yrs	Newcastle

Group 2 - secondary data AGYW

Named in thesis	Interviewed by	Topic guide used	Language	Age	Site
(AGYW 01, 15-19 yrs, Klipfontein)	Evaluation interviewer	HERStory 2 IDI guide	isiXhosa	15-19 yrs	Klipfontein
(AGYW 02, 13-17 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Moretele
(AGYW 03, 13-17 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Moretele
(AGYW 04, 13-17 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Moretele
(AGYW 05, 13-17 yrs, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	13-17 yrs	Newcastle
(AGYW 06, 13-17 yrs, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	13-17 yrs	Newcastle
(AGYW 07, 13-17 yrs, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	13-17 yrs	Newcastle
(AGYW 08, 13-17 yrs, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	18-24 yrs	Newcastle
(AGYW 14, 15 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Moretele
(AGYW 15, 15 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Moretele
(AGYW 16, 15 yrs, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	13-17 yrs	Newcastle

Table 6: Community members and implementer sample detail

Group 3 Primary data community / implementer group

Named in thesis	Interviewed by	Topic guide	Language	Site	Role in organisation / area
(Implementer 01, HS2 & Imagine interviewer, National)	Myself	My PhD topic guide	English	National	HS2 / Imagine interviewer
(Implementer 02, HS2 & Imagine interviewer, National)	Myself	My PhD topic guide	English	National	HS2 / Imagine interviewer
(Implementer 03, GF Principle Recipient manager, National)	Myself	My PhD topic guide	English	National	GF Principle Recipient manager
(Teacher 01, Female, Imagine, Moretele)	Myself	My PhD topic guide	English	Moretele - NW	Female teacher

Group 4 Secondary data community / implementer group

Named in thesis	Interviewed by	Topic guide	Language	Site	Role in organisation / area
(Implementer 05, GF Principle Recipient manager, Klipfontein)	Myself	HERStory 2 IDI guide	English	Klipfontein - WC	Social worker, Manager in GF NGO
(Implementer 06, GF counsellor in NGO, Klipfontein)	Myself	HERStory 2 IDI guide	English	Klipfontein - WC	GF counsellor in NGO
(Implementer 07, GF counsellor in NGO, Klipfontein)	Myself	HERStory 2 IDI guide	English	Klipfontein - WC	GF counsellor in NGO
(Teacher 02, Male, Imagine, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	Newcastle - KZN	Male teacher
(Teacher 03, Female, Imagine, Moretele)	Evaluation interviewer	Risk assessment - Imagine	Setswana	Moretele - NW	Female teacher
(Teacher 04, Female, Imagine, Newcastle)	Evaluation interviewer	Risk assessment - Imagine	isiZulu	Newcastle - KZN	Female teacher
(Implementer 07, GF peer facilitator, King Chettswayo)	Myself	HERStory 2 IDI guide	English	King Chettswayo - KZN	GF peer facilitator
(Implementer 08, GF programme manager , Rustenburg)	Myself	HERStory 2 IDI guide	English	Rustenburg - NW	GF programme manager
(Implementer 09, GF peer facilitator, Bonjala)	Myself	HERStory 2 IDI guide	English	Bonjala - NW	GF peer facilitator

Population, sampling, and recruitment

The population sample for the process evaluations was AGYW aged 15-24 years who had lived in the areas where the interventions had been conducted for at least six months. They were sampled regardless of their participation in the intervention's activities. I followed the same principle when sampling my PhD participants. My overall AGYW sample represents a mixed group of those who had and those who had not received intervention activity. Under the heading: “Problem statement” in the introduction section of the thesis in Chapter one, I presented empirical evidence that, in general, the GF (and other donor funded interventions) have had far less success in reducing HIV incidence that they set out to achieve, which is why AGYW remain a key population.

My aim was thus not to test how different the experiences of AGYW who had received input from the intervention versus those who had not. My research questions were built on the assumption that the interventions were not as effective as they sought to be therefor, I did not seek to prove this by comparing AGYW who had or had not received intervention input. Rather, I aimed to explore the lived experience of AGYW whom these interventions target as a means of possibly trying to understand this lack of efficacy.

The sample of community members included teachers and social workers who lived and/or worked in the study sites. Implementers who worked on the interventions were also interviewed. For my study, I selected candidates based on them meeting the criteria for being recipients in the interventions, and also suitability and availability for my study and their general willingness and interest in participating in the research. I have laid the next section out by sample group as per tables 5 and 6 above for ease of reference.

Group 1 - AGYW primary data sample

The first community / implementer participant that I interviewed from Moretele was the teacher, Danny, whose story I shared in the introduction in Chapter one. Danny was referred to me by the interviewer who was recruiting and interviewing AGYW for the Imagine risk assessment at the time. I had met this interviewer as part of my work with the Imagine evaluation and asked her if she could assist with recruitment of participants for my PhD representing purposive sampling. After my interview with Danny, I asked her if she could refer English speaking AGYW from the area to me. She sent me the details of one girl, who then gave me details of two other friends, representing snowball sampling.

I had read the transcript of one AGYW in my work with Imagine. This AGYW had been a part of the GF for years and was now being recruited for Imagine as well. Her transcript stated that she was actually heading up one the programmes of the GF in her school. Based on this information, I thought that she would also be a good candidate to interview for my PhD and I managed to get her contact details and recruit her myself. This is how the four AGYW in Moretele were sampled. The AGYW who I interviewed from

Newcastle was referred to me by the interviewer who was stationed there for the Imagine evaluation. Two of these girls were 15 years and two were 16 years and one 18 years old.

One girl lived in a complex where she felt safe, but she was not allowed to go outside of her complex due to it being unsafe. All the other girls described their neighbourhoods as unsafe and their schools as being poorly resourced. One girl's parents owned the house she lived in, but she said that they didn't have a lot of money. The others implied that their parents struggled more financially. One girl was from a single parent family headed by her mother. Boredom was a feature that they all described, linked to it being unsafe to walk around in their neighbourhoods, and also a lack of recreational activities available to them. None of them admitted to having sex but they were well versed in what was considered problematic behaviour for young girls and how peer pressure influenced sexual decision-making (mirroring the findings from my secondary data).

Two girls described having good relationships with their parents, while the others did not. The general sense was that parents were preoccupied with making a living and taking care of financial burdens and thus did not invest much time helping these AGYW navigate their sexuality. None reported overt abuse, neglect or extreme poverty, although I was tentative when probing these issues so as not to cause offence. The two interviewers aided me with obtaining consent from the AGYW and their parents.

Group 2 – AGYW secondary data sample

Of the eleven transcripts chosen, ten were from Imagine and one from HERStory. As mentioned in the introduction, the risk assessment interview guide from Imagine leaned far more on exploring lived experience than KPIs, which is what the HERStory guides focussed more on. I was far more interested in results that explored lived experience which is why the Imagine transcripts held greater appeal. I also had a good sense of the results of the analysis of the HERStory transcripts as these findings has been published already.

One of the revelations noted in my personal reflexive journal during the time working for HERStory was how common many of the themes across the various sites

seemed to be. I was amazed at how similar the experiences of girls from across the country were. This made it difficult to decide how to select transcripts as they all seemed to reflect such similar sentiment. In the end I chose transcripts that yielded the highest number of codes during my analysis work with Imagine. The thinking was that these would hopefully give me a good breadth of experience to draw from when re-analysing them. All of these interviews had been conducted by evaluation staff and had been translated into English.

Group 3 – Community members / implementers primary data sample

As mentioned above, my first participant was Danny (Teacher 01), the teacher who had been referred to me by the Imagine interviewer. I decided to also interview two of the interviewers who had worked on both the Imagine and the HERStory 2 evaluations (Implementers 01 and 02). These interviewers had done many of the interviews in the two evaluations as they spoke multiple of the AGYWs' first languages. They were also both involved in many of the transcriptions of interviews so knew the data and the nuanced language behind the data very well. In the Imagine intervention, they were both permanently resident in the two sites for the first year of the intervention so were able to give me a good sense of the context there. They were not part of the analysis of data, so my assumption is that their positions did not require formal academic training or qualifications.

My fourth participant (Implementor 03) was a senior programme manager and analyst for one of the GF's principle recipients. He had a wealth of knowledge and experience having worked in the field for eight years. His highest level of education was a Masters degree. He had published many papers as he was involved in high level academic analyses for his job. I met him through my work with HERStory. This comprised my four primary data participants who represented a purposive sample.

Group 4 – Community members / implementers secondary data sample

It made sense for me to use the six transcripts where I had personally conducted the interviews for in HERStory 2. I used all these interviews to draw on my ToC change critique,

but the interview guides explored a wide range of topics related to implementation and probed the implementers' views on AGYW and their experience of the programmes. These interviews ranged from people in fairly senior management to counsellors who worked in the NGO's. These participants were all sourced via the HERStory 2 team for me during the HERStory 2 work.

Implementor 05 was a social worker who was a managing in an NGO for the GF. She managed a team of three social workers, 10 social auxiliary workers and 11 peer group trainers that are in the program. Implementors 04 and 09 were peer group trainers / facilitators who were the first line of contact with AGYW. They required only a matric certificate and were given three months of training. Their primary role was to recruit AGYW using the risk assessment tools, to refer them to correct services and then follow up to ensure that the AGYW were retained in the system). Implementers 06 and 07 were counsellors who did the same work as the peer facilitators but were also trained in pre and post-test HIV counselling, PrEP and condom usage initiation.

In terms of the Imagine transcripts, the intervention had not yet begun, so there were no implementers as such to interview, therefor interviews were only conducted with teachers, social workers and some parents in the schools that had been identified for intervention. The teachers' interviews were of interest to me as they had the most direct contact with learners in their schools. Here, the same was true about the large degree of overlap in themes across most interviews so the choice was made based on which interviews yielded the most themes when I analysed them for Imagine, hoping that this would give me the greatest breadth of data. My sample here represented a wide range in terms of levels of qualifications, responsibilities and experience.

Study sites

As mentioned previously, all the sites were chosen by the GF and Imagine based on them being flagged as hotspots for teenage pregnancy and /or HIV incidence in AGYW aged 15-24 years. They are all populated by people of colour, mostly black people and suffer social ills that result from apartheid policy restrictions. All the districts follow the national

trend with HIV/AIDS being the leading cause of mortality. Following I will list some more detail about each site that my population sample lived / worked in.

Moretele

The population of Moretele was estimated at 186 947 and six schools were chosen for intervention by Imagine. 31% of the population are younger than 15 years old with 61% of the population are between 15-64 years old. The sub-district rates number 25 of 52 districts on HIV Incidence for AGYW 15-19 years. The sub-district is also highly rural with 88% of the population living in traditional areas and 99.4% of the population are black Africans. Most of the land falls under four Traditional Councils. The youth unemployment rate is 57%. and only 20% of those over 20 years old have matric (SAMRC; NACOSA, 2021) According to stats SA, while 84% of houses are categorised as formal dwellings, only 9% have piped lines for water inside the dwelling and only 4% have flush toilets thus a large majority of the population still relies on pit latrines. 43% of homes are female headed households This area is described as rural with most of the population being engaged in agricultural activity (SAMRC; NACOSA, 2021).

Newcastle

The population of Newcastle was 363 236 and the eights schools were chosen for intervention because they do not have any other significant donors who influence them. 70% of the area is considered urban. In Newcastle, 32% of the population are younger than 15 years old and 63% of the population are between 16 and 54 years old. This district rates 11 out of 52 for HIV incidence in AGYW 15-19 and 23 of 52 districts for the delivery of births to young women under the age of 18 years. The discovery of coal the last century sparked the development of the area's economy. In 1969, ISCOR to built its' third steel works in Newcastle, which became an important source of employment for the local population. Despite this, only 33% of people over 20 years have matric and youth unemployment 15-34 years old is 49%. (Imagine SIB programme description document, 2021; Stats SA). 55% of houses in Newcastle have flush toilets and are 50 plumbed for water (Imagine SIB Programme description, SAMRC, 2021) . The province of KZN is reported to have the highest HIV incidence in the country, with overall prevalence rates estimated 22% and at 30% for

women aged 15-40 years, with some districts reporting even higher than this in younger cohorts (Nel et al., 2012).

Rustenburg / Bonjala

The population of Rustenburg is estimated at 549,575 of which 89% are black African. Only 5% of those older than 20 years have completed matric and 36% have completed some form of higher education. Sadly, 5% of those older than 20 years still have no form of schooling at all. 35% of homes have piped water inside their dwelling. 35% of youth are unemployed (Stats SA). One study conducted in Rustenburg reported HIV prevalence in the province at 30% and HIV prevalence in antenatal women in the Rustenburg district to be at 34%. Rustenburg is often chosen as a site for HIV research due to its high HIV incidence and prevalence, especially amongst women (Feldblum et al., 2012). Its leading cause for mortality is also HIV/AIDS related deaths (COGTA, 2024)

King Chettswayo

99.8% of this population are black with 92% being isiZulu speaking. This is a relatively larger population of people at 982 726. 80% of the households are considered to be in rural areas and 50% of them are female headed. In 2019, 70% of the population were living below the poverty line. 49% of homes have access to flush or chemical toilets, while 3% have no access at all to toilets. Overall, 44% of houses have piped water in their yards, and some areas have percentages as low as 2% of homes with piped water inside their homes. 86% percent of homes have access to electricity. The leading cause of death in this district is HIV / AIDS at 34%. In 2019, 19% of the population were HIV positive. but youth unemployment here is at a staggering 50%. Only 10% of homes have access to piped water inside their dwellings and 5% have flush toilets. 30% of 20yr + aged people have matric and 3% have higher education (PROFILE: KING CETSHWAYO dISTRICT, 2019).

Klipfontein

The population of Klipfontein is estimated at 384 189. The population is 49% coloured and 45% black African. 37% of 20 years and older people have matric. Unemployment of ages 15-64 was 32%. 83% of dwellings have piped water inside or to their backyard. 83% of houses have flush toilet access and 98% of homes use electricity.

40% of houses are classified as informal (Capetown government 2024). While HIV prevalence in the western cape are the lowest in the country, this area represents a hot spot for HIV. An advert put out by NACOSA to source NGO's to work with the GF in the area sited that 16 year-old females in this area are 13 times more likely to be HIV positive than their male counterparts, much higher than the national stats in this regard (NACOSA, 2022)

Data collection

Individual interviews

Groups 1 and 3 primary data

To answer the questions that were more specific to my PhD study, I used a tool that I use in my private practice as a Sexologist, which is designed to assess an individual's psychosexual development as a means of helping them gain a better perspective on their process of developing sexual agency. Essentially, the tool yields a deeper understanding of one's process of sexual socialisation. The tool is called "Your Sexual Biography" and was adapted from (Gurney, 2020) by Catriona Bafford, renowned South African Sexologist.

I added some further adaptations to this tool to make it adolescent-friendly and used it as a topic guide for my interviews with AGYW. I was also influenced by the style of questioning from the Imagine needs assessment interview guide. My topic guide for AGYW starts with conversational questions, probing the environment that they live in, what they do for fun, and so on. It then delves into issues relating to sexuality by asking about topics such as how young people start dating, how they behave when they find someone attractive, how they think their peers make decisions about sex and where they get information about sex. Using the topic guide, meant that I could allow the conversation to flow as naturally as possible and with care to attend to the participant's comfort level.

For the interviews with community members, I designed a topic guide which aimed to assess how they think AGYW navigated sexual agency and high-risk behaviour. The major topics were perceptions of the interventions and lived experience of AGYW; risk perception

and management and balancing personal and SRH priorities and sexual agency. Topic guides were deemed a suitable data collection method because they allow for more open-ended questions and the potential for further probing and digression from planned themes, which lends well to qualitative research (Terre Blanche et al., 2006). Please see Appendix B and C for the topic guides used.

Groups 2 and 4 secondary data

As shown in the previous sections outlining all the details of the two process evaluations, the same team of researchers designed the interview guides for both process evaluations, and we were all given opportunities to contribute to their development. These interview schedules were designed to answer the specific questions that the evaluations sought to probe, but they yielded answers that overlapped extensively with what I was interested in for my thesis. I was thus able to extract rich data that related to the lived experience of sexual agency and high-risk sexual behaviour from these interview transcripts.

Data analysis

The overall approach of this research was a qualitative exploration that employed various qualitative analysis methods, as outlined below.

Semi-structured interviews

The individual interviews I conducted, and those that form part of my secondary data collection were transcribed and analysed using thematic analysis to yield a narrative experience. I was interested in observing how my participants speak about the phenomenon being studied and analysing these narratives using thematic analysis. I aimed to explore the lived experience of AGYW using a narrative approach to yield a description of the stories told about the process of managing risk within their sexual context.

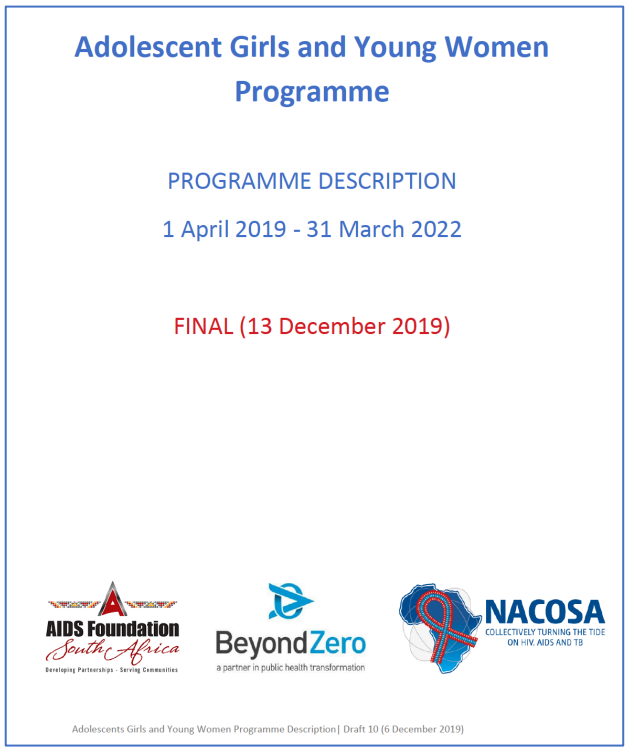
Thematic analysis involves an iterative interpretation of qualitative data that allows for the emergence of various themes (De Vos et al., 2011). I used Braun and Clarke's (2006)

six-step approach to thematic analysis. According to Braun and Clarke, thematic analysis elicits patterns and themes in data, so it is well suited to qualitative research. Thematic analysis yields rich and detailed data accounts without necessarily being linked to any particular theoretical approach (Braun & Clarke, 2006). The six steps are: (1) familiarising oneself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining and naming the themes, (6) producing the report (Braun & Clarke, 2006).

Document Review

My second data collection method was a document review. I conducted a document review of the conceptual documents from the two interventions (+/- 70 pages each) that outline specific details about the background of the intervention, intervention design, implementation, service delivery and monitoring and evaluation. They both offer the outcomes and objectives as well as a detailed overviews of programmes offered within interventions. They give extensive background on the need for the intervention including epidemiological evidence. They provide both explanation and justification for the chosen methods of intervention. I analysed the interventions' documentation using a CDA approach to explore, highlight and critically reflect on the principles and values underlying the intervention approaches. The focus was on identifying how the intervention conceptualised the lived experience of AGYW. Below are the cover pages and content pages of each document, showing the scope that they each cover:

Figure12. GF programme concept document cover page (Source: 2019-12-13 FINAL AGYW Programme Description pdf)



Adolescent Girls and Young Women Programme

PROGRAMME DESCRIPTION

1 April 2019 - 31 March 2022

FINAL (13 December 2019)

AIDS Foundation South Africa
Developing Partnerships - Serving Communities

BeyondZero
a partner in public health transformation

NACOSA
COLLECTIVELY TURNING THE TIDE ON HIV, AIDS AND TB

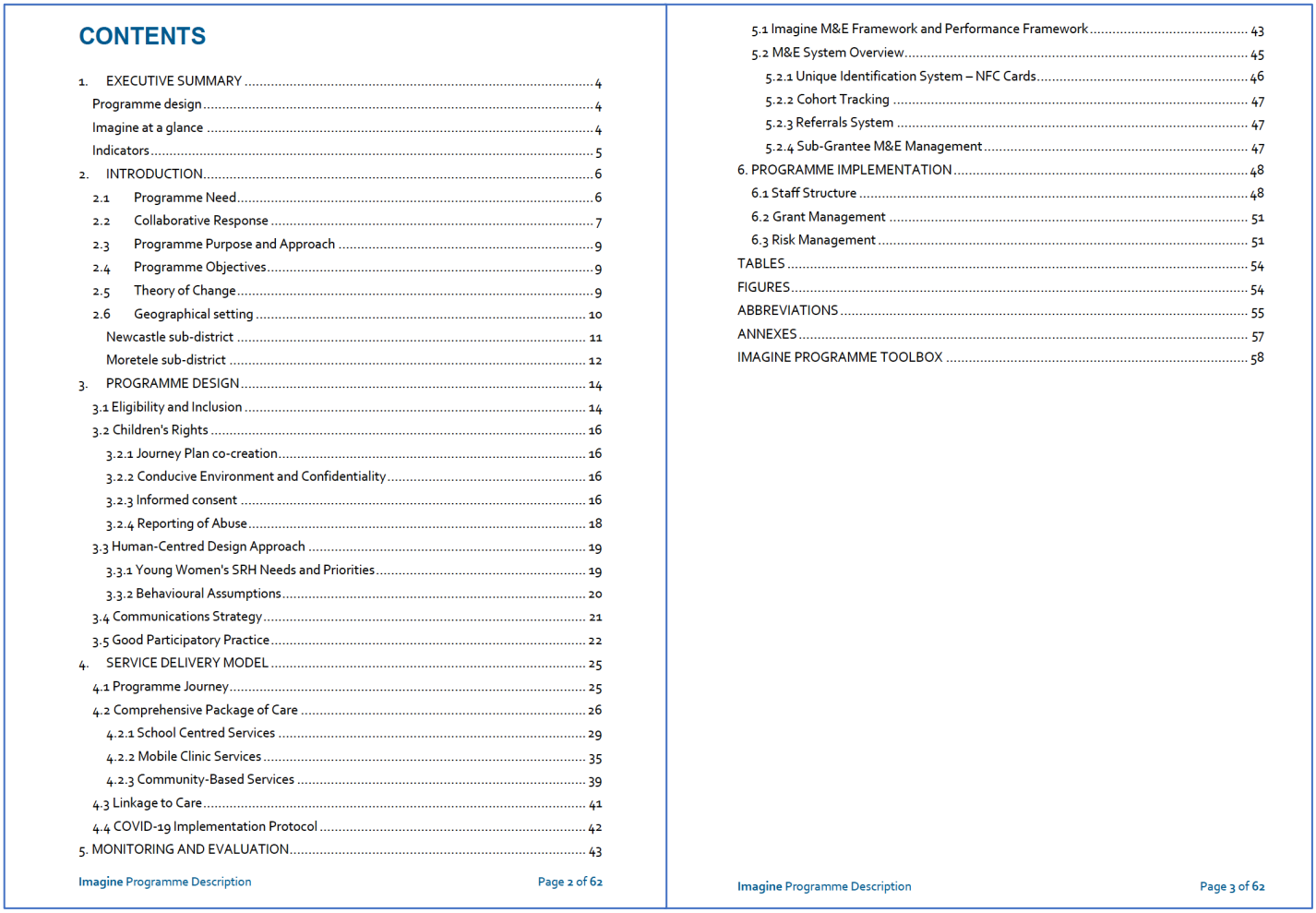
Adolescents Girls and Young Women Programme Description| Draft 10 (6 December 2019)

Figure 13: GF programme concept document content pages (Source: 2019-12-13 FINAL AGYW Programme Description pdf)

Table of Figures

Figure 14. Imagine programme concept document cover page (Source – SIB evaluation protocol document, 2021)

Figure 15. Imagine programme concept document content pages *(Source – SIB evaluation protocol document, 2021)*



CONTENTS

When referencing quotes from the GF AGYW document, I used the following tag: *(Source: 2019-12-13 FINAL AGYW Programme Description pdf). When referencing quotes from the Imagine document I used the tag: (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf).*

I searched the terms AGYW/young/adolescent/girl/s and lived experience/realities in each document, then extracted each sentence that contained some reference to their lived experience, sexual decision-making and/or risk. Lived experience in social psychology refers to understanding experience from within the experiencer (Dieumegard et al., 2021). Meaning in life is considered an important factor in the psychology of human functioning,

and lived experience is an avenue that allows for an exploration of such meaning-making processes (Hicks & King, 2009). In this analysis, I framed "lived experience" as any way in which AGYWs' current experience is described and anyway in which the intervention deems necessary to intervene in that lived experience.

I extracted 111 phrases/sentences/paragraphs and six tables and diagrams. Initially, I engaged in a thematic analysis to remove themes and possible discourses. Following this, I engaged in a more rigorous critical analysis of these emergent themes and discourses using Fairclough's (1993) textual analysis system, which I describe in more detail in the CDA chapter. The Imagine intervention design intended to consider the findings of the GF intervention's process evaluation to improve its intervention's outcomes. In addition to analysing how the lived experiences of AGYW are described in both intervention documents, I also commented on observed shifts in discourse between the two interventions' documents.

I engaged in a thematic analysis to remove themes and possible discourses. Following this, I engaged in a more rigorous critical analysis of these emergent themes and discourses using Fairclough's (1993) textual analysis system, which I describe in more detail in the CDA chapter. The Imagine intervention design intended to consider the findings of the GF intervention's process evaluation to improve its intervention's outcomes. In addition to analysing how the lived experiences of AGYW are described in both intervention documents, I also commented on observed shifts in discourse between the two interventions' documents.

I used a CDA lens in all my analyses, particularly for my document review. This approach adopts a particular socio-political stance. It concerns itself with relations of dominance in elite groups and institutions as they are reproduced, enacted and legitimated through text and talk (Van Dijk, 1993). Dominance is exercising social power that leads to social inequities, such as race or gender inequality. A crucial aspect of analysing power and discourse is how different social groups are afforded access to public discourse. To understand this, the author refers to as a "cognitive interface" that is needed, which they define as models, knowledge, ideologies and other forms of SRs of the social mind, which

create the bridge between the individual and the social within a social structure (Van Dijk, 1993).

Language is constitutive of social identities, social relations and systems of knowledge and beliefs, all of which are complicit in the production of dominance (Carvalho, 2008; Fairclough, 2010; Van Dijk, 1993). The CDA is concerned with what structures, strategies and properties of text and talk are involved in reproducing these modes of power (Blommaert & Gunther Kress, 2000; Van Dijk, 1993). Another important aspect of CDA, which is informed by the Foucauldian tradition, is that CDA is less concerned with what the stated intention of discourse is and more with what the discourse reinforces in reality. The process of CDA often highlights ways in which intended discourse becomes taken-for-granted knowledge, which occludes oppressive social determinants inherent in the discourse, resulting in instances of tacitly reinforced dominance (Aulette-Root, 2008; Fairclough, 2010).

Data Synthesis

My research is interested in the gap between the complexities within the lived experience in which recipients navigate the intervention's outcomes of interest (HIV prevention), which public health interventions tend to neglect, and the stated intention of the two interventions, which is to assist girls in preventing HIV infection successfully. It is my aim that my interviews might yield an understanding of some of these complexities, and through applying CDA to the documentation produced by the interventions, I hope to shed light on what the discourse reinforces within the lived experience of the AGYW it intends to help. I aim to interrogate them about how the disjuncture between these two may impact the effectiveness of the intervention's stated intentions.

Training and Experience

I am a Clinical Psychologist and Sexologist. I do part-time work in private practice in this capacity. I completed my Masters in 2014, internship in 2015 and Community Service in 2016. Since then, I have worked in private practice and various lecturing positions. I am a

member of My Sexual Health (MSH), the largest professional network of sexual healthcare workers in South Africa. I am an accredited member of the World Professional Association for Transgender Health (WPATH), as well as a founding member of its South African contingent, the Professional Association of Transgender Health South Africa (PATHSA), which aims to advocate for transgender healthcare rights as well as transgender sensitive training for healthcare workers. I am also a member of the European Society for Sexual Medicine (ESSM), where I obtained my sexology accreditation. My professional affiliations are all born out of a passion for providing sexual health information and training to healthcare workers.

This study is the first postgraduate research work I have been involved in since my master's research in 2014. As a UCT doctoral candidate in the BRIDGES programme, I have participated in NIH-sponsored' Responsible Conduct of Research' training. Dr. Alison Swartz is my primary supervisor and is a Senior Lecturer at the Division of Social and Behavioural Sciences based in the School of Public Health, University of Cape Town. I attended a three-week-long sabbatical at Brown University in the United States from September to October 2023, where I had the privilege of presenting my doctoral research and engaging with various faculty members at Brown University.

The SAMRC was established in 1969 with a mandate to improve the health of the country's population through research, development, and technology transfer so that people can enjoy a better quality of life. The SAMRC has mandated the HERStory study and the Imagine evaluation as an external research group to evaluate these interventions. Zoe Duby, my co-supervisor, is the principal investigator of the qualitative components.

Positionality

In private practice, I work mainly with affluent non-Black people from middle to upper-class SES; as such, the understanding of sexuality centres around personal and relational pleasure and satisfaction, explored from a relatively privileged position where HIV STIs and other negative risk factors associated with sex that pervade public health research are rarely of concern. The professional sexology networks that I belong to are fully

committed to framing therapeutic needs through a sex-positive lens, ensuring that the help-seeking behaviour of patients is premised on finding greater levels of personal comfort with and pleasure from sex. However, the vast majority of the studies in my literature review focus on risk avoidance and reveal very little concern for the pleasure of the AGYW they study. The class and racial divides across sex-positive messaging have thus become starkly evident to me through writing this thesis.

As a 46-year-old 'Coloured' woman, in many ways, I can identify with the experiences of the Coloured girls described in the studies that I have cited. In South Africa, we have many racial classifications, including White, Black, and Coloured ('Coloured' in South Africa does not have the same derogatory connotations as in the US). My family were poor (although not nearly as poor as most of the women in this study are), and as such, we suffered from severe shortages of basic needs throughout my childhood. My parents also exhibited many of the social ills that typified lifestyles of poor coloured families of the time, such as excessive alcohol consumption, which often led to domestic violence and interruption of domicile. Due to us living in what was then a separate state called Transkei, I attended a 'White' school for three primary schools as these were the only English-medium schools available in Transkei.

White schools offered far more excellent amenities and resources than Black and Coloured schools, but they would only accept white children in the rest of South Africa. It was quite a unique experience for me to have been allowed to attend this school at that stage. We returned to Cape Town in South Africa when I was in my second last year of primary school, and then I had to go back to a school designated for only Black and Coloured learners. In the year that I started high school, White schools were opened to children of colour, and I was offered a scholarship to attend a 'White' high school based on sound academic performance.

My assimilation of 'White culture' from a young age left me in the strange position of constantly feeling not rich enough to be entirely accepted by my White friends but not Coloured enough to be wholly accepted by my Coloured friends either. Added to this, my family saw me as the 'white sheep of the family' and expected me to marry a White man

because I could 'pass' (looked and sounded ‘White’), yet I was always too ashamed of my family's poverty and social malignancy to ever indulge the interests of the affluent, White boys at my school. I thus grew up with deep feelings of ambivalence regarding my racial and class identity. My academic ability afforded me a university education through which I graduated from my born socio-economic class.

At the start of my doctoral journey, I assumed that my participants would not readily identify with me and that they would perceive me to be of a privileged background. Compared to most of them, of course, this will be true, but in some, it may not be as true as they would believe, as I spent much of my childhood living in the area just adjacent to one of the HERStory Western Cape intervention sites. As I wrote this thesis, I was keenly aware of two positions I vacillate between. The first can be encapsulated with the phrase: "you researchers don't know what it's like to be us". The second position is me as a researcher, feeling like, "I don't get what it's like to be them." I feel overwhelmed by the idea of trying to address their problems. Still, at the same time, I feel a deeply personal yet undefined connection to the 'complex social context' that I speak to throughout my thesis.

I liken this vacillation to the same ambivalence that I grew up with in terms of my class and racial identity. I see the research problems I propose as both theirs and mine. Upon interaction with my participants, I was surprised by how some of them expressed that they felt that I did understand them in a way that they had not experienced from other adult caregivers or implementers before. Danny and Mimmy said that what AGYW need are spaces to have the kind of conversations I had with them. Mimmy contacted me months after interviewing her to tell me that she thinks we need to start a programme for boys and asked me if I could help her with that. I found myself puzzled at this request, as she has been part of these two interventions for many years and is a peer leader now but somehow feelt that there is something that I might offer that would be more appropriate. I refer back to this in my conclusion chapter. In closing, however, I suppose I underestimated the extent to which my upbringing represents the experiences my participants can relate to more than other researchers may have encountered. This has only fuelled my passion to continue advocating for greater respect for lived experience in academic research in the area of sexual agency in this study.

Methodological Rigour

Using the various data collection methods allowed for data and methodological triangulation, which is said to improve reliability and validity by using multiple data sets and research methods to interrogate the same research question (Barbour, 2001; Bekhet & Zauszniewski, 2012). This study also incorporates investigator triangulation via my engagement with the other members of the evaluation teams and theoretical triangulation. The use of multiple theoretical frameworks and analytical triangulation in terms of the various analysis methods outlined above was achieved (Thurmond, 2001). I

Elliott et al. (1999) offer guidelines for establishing methodological rigour when using qualitative data. One of them is owning one's perspective, which involves recognising the values, interests and assumptions and their role in understanding the research outcomes. I believe I have expanded my views on my positionality as outlined in the abovementioned positionality. This has allowed me insights into the research gap that I presented and deepened the impact and understanding of my work. Another two of the guidelines are ensuring that you provide a rich description of the participant's lived reality as a researcher and ground them in examples. I achieved this by offering Danny's vignette and Mimmy's case study.

I feel that my position and work in private practice offer an alternative perspective and provide me with input from academics who are not directly involved with my research but whose work is closely aligned with sexual healthcare, showing what I feel could be a unique form of professional perspective triangulation and cross-fertilisation of praxis relating to my research. My participation in the BRIDGES fellowship programme afforded me access to intensive mentorship and supervision with leaders with extensive experience working in similar projects and settings, which I know is crucial. I have had input from multiple people who are considered experts in the field, which I can only imagine has bolstered the relevance of my work. While none of these methods are without criticism, and none of them can guarantee rigour in an absolute sense, I do believe that they have all served to strengthen my overall methodological rigour.

Data management and data access

All notes, documents and transcripts have been stored on a password-protected computer and backed up to an iCloud storage account, to which only I have access. As per the University of Cape Town's HREC regulations, data was stored on a password-protected computer and will be for five years.

Ethics

One of the most significant ethical considerations during this project was my various professional roles. I was a researcher in the process of evaluations of the two interventions that I was critiquing, an independent doctoral student, and a professional in private clinical practice. As mentioned in my positionality section, being a sexual health professional in private practice affords me access to the rhetoric of the sex-positive paradigm, perhaps even making me biased towards this view. Before this doctorate, I had had no exposure to the public health discourse on HIV prevention, as even my Masters was not in Public health. As much as this was the case, I presented enough academic support for the arguments for greater inclusion of the sex-positive paradigm.

As my positionality section highlighted, I also felt that I straddled the line between the "us and them" divide, sometimes feeling like a researcher and sometimes feeling like one of the AGYW. During the writing process, I worried that this might be a limitation but later felt that perhaps it was a strength. At the outset, I felt like there were issues within the lived experience that were missing from journal articles, and this sense was born from my own lived experience and process of sexual socialisation. Had I not 'known' in this way, I would never have sought to investigate this angle of the problem.

Another significant problem I had to address with the ethics committee was the tension between the work I was doing with the process evaluations and using the data I worked with as secondary data. I was required to provide rigorous support for my choice to

use this secondary data, as it was not considered appropriate to use topic guides not explicitly designed for my thesis research questions. In the end, however, I feel that the data that I could from these interviews was rich and extremely valuable, so I am glad that I argued to be allowed to use them.

Ethical considerations included ensuring voluntary participation, obtaining informed consent from participants, maintaining the confidentiality of participants' information and data, and offering of reimbursements. Throughout the study, participants were free to withdraw from the research without facing any negative consequences. These ethical guidelines were implemented to safeguard the rights and well-being of all participants involved in the study. The study obtained ethics approval from HREC. HREC approval was received in August 2022 (Reference number: 124/2022). The study adhered to the ethical principles outlined in the research proposal.

CHAPTER FOUR: How two HIV interventions conceptualise the lived experience of AGYW

Introduction

Using a CDA approach requires cognisance of the social conditions that give rise to textual production and reception which results in dominance (Janks, 1997). The approach locates its critique at the juncture between language/discourse/speech and social structure. Analysts using CDA seek to find ways in which social structure impinges upon discourse in the forms it takes, such as power relations. Through this analysis, the silenced groups could be given voice, and proposals for corrections to discourse could be made (Blommaert & Gunther Kress, 2000). As stated in my methodology section, I analysed the two interventions' conceptual documents of 70+ pages each for the purposes of this chapter.

Applying Fairclough's discourse analysis method

Norman Fairclough aimed to apply linguistically orientated discourse analysis to the understanding of social change (Fee & Fairclough, 1993). As I am interested in understanding the impact of discourse in the social change that the two interventions aim to effect, Fairclough's system of analysis was deemed appropriate (Fee & Fairclough, 1993). Fairclough (1993) outlined a three-dimensional framework for analysing discourse. The first dimension is "discourse-as-text" where one looks at aspects such as patterns of vocabulary, grammar, and structure. The second dimension is "discourse-as-discursive-practice" which is a process whereby one links the elements of the first dimension to the context in which the text, as linguistic objects, are produced and circulated into society.

The third dimension refers to "discourse-as-social practice" which is concerned with the ideological effects in which the discourse features (Blommaert & Gunther Kress, 2000; Fee & Fairclough, 1993). Fairclough (1993) asserts that discourse also contributes to the shaping of these social structures which in turn also shapes and constrains discourse.

Discourse not only represents the world, but signifies it by constituting and constructing the world of meaning, which is linked to the concept of lived experience as described above (Fee & Fairclough, 1993).

Fairclough (1993) outlines three aspects that result from these constructive effects of discourse. Firstly, discourse contributes to the construction of social identities described as social "subjects", social "selves" and "subject positions". Secondly, it contributes to social relationships between people, and thirdly, to the construction of systems of knowledge and belief systems (Fee & Fairclough, 1993). The three dimensions of language correspond to each of the constructive effects respectively as they coexist and interact within discourse. Fairclough (1993) classifies these effects as the "identity", "relational" and "ideational" functions of language These relationships are represented in Table 4.

Table 7: Fairclough's discourse as social change effects

Dimensions of language	**Constructive effects**	**Functions of Language**
Discourse as text →	Social identities →	Identity – ways in which social identities are set up in discourse
Discourse as discursive practice →	Social relationships →	Relational – how social relationships between discourse participants are enacted and negotiated
Discourse as social practice →	Knowledge systems and beliefs →	Ideational – ways which text signify the world, its processes, entities and relations

Fairclough (1993; 2010) attempted to amalgamate three traditional styles of discourse analysis; the first being traditional textual analysis using linguistic tools; the second, analysing social practice in relation to social structures and third, the interpretivist approach of viewing social practice as something that members of society actively produce and make meaning of from the basis of what he terms 'shared common sense procedure' (Fee & Fairclough, 1993). The first level textual analysis analyses text under four main headings: (1) vocabulary; (2) grammar; (3) cohesion; and (4) text structure. Vocabulary

refers to individual words; grammar refers to words that are combined into clauses or sentences; cohesion refers to how these clauses are linked together and text structure to the overall organizational properties of texts (Fee & Fairclough, 1993). Clauses are the main unit of analysis in discourse analysis and each clause is a combination of ideational, interpersonal (identity and relational) and textual meanings (Fee & Fairclough, 1993).

In the following section, I conduct a CDA using the first level of analysis proposed by Fairclough (1993), namely textual analysis, applying it to the four main themes that emerged from my initial thematic analysis of the programmatic documents. I apply the other two levels of analysis to my findings in the discussion chapters of this thesis. In this first CDA analysis, I focus on the effect of the use of active versus passive voice which Fairclough (1993) explains can affect discourse and power differentials within discourse.

Theme 1: How is the context in which AGYW live described?

Both interventions describe the lived experience of AGYW as one of navigating excessive risks and vulnerabilities within contexts of great precarity, rendering AGYW susceptible to poor SRH outcomes. High HIV prevalence and high rates of unintended pregnancy are exacerbated by structural factors (such as poverty) and gender dynamics within complex contexts:

> "Challenges faced by young women: physically, psychologically, and socially that are exacerbated by structural constraints. Adverse sexual and reproductive health outcomes: HIV infection, pregnancy and related health complications which further limit the prospects of health and wellbeing of young women."
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.10)*

The GF intervention frames the problem of HIV and unplanned pregnancy in AGYW as critical. As mentioned in the literature review in Chapter Two, the inherent characteristics of being an adolescent experiencing rapid psychological, physical, and social developmental

transitions, sexual debut, peak fertility, and relationship transitions are cited by the Imagine intervention as exacerbating this risk. The disease burden is described as 'enormous', asserting that there is an urgent need for intervention:

> "AGYW urgently need additional programming to support uptake and use of condoms and contraception services to prevent HIV acquisition..."
>
> *(Source: 2019-12-13 FINAL AGYW Programme Description pdf; pg.8)*

There is further acknowledgement that women are disproportionately affected by these structural challenges which compound with poor economic prospects that have a negative impact on health outcomes:

> "…placing demand on them (AGYW) not only physically but psycho-socially disproportionate to their male peers and partners."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.6)*

> "Young women also face high rates of early, unintended pregnancies which further place undue pressure on their health outcomes, given the disproportionate risk of pregnancy and childbirth complications and long-term risk of premature mortality."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.4)*

> "Livelihood insecurity increases AGYW's vulnerability to HIV."
>
> *(Source: 2019-12-13 FINAL AGYW Programme Description pdf; pg.8)*

Other factors that are noted in more detail as negatively affecting the health and wellbeing of AGYW are the effects of GBV, early sexual debut, inability to negotiate condom usage and transactional sex. In summary, the personal, social, and economic context that AGYW find themselves in is described as being fraught with overwhelming risks and vulnerabilities which render young women susceptible to poor SRH outcomes and high risk for acquiring HIV. The Imagine intervention described the context in much the same way, so there appears to have been no shift in this aspect from the time of the writing the GF's document to that of the Imagine intervention's.

Textual analysis: active versus passive voice

Based on these assumptions around the context in which AGYW live, the solution that is proposed in the ToC models of both interventions (which essentially summarise the way that change is envisioned to happen) is that AGYW need to take up the services offered by the interventions. The interventions are thus framed as being able to provide the solution for the vulnerability that AGYW face in these contexts. Many clauses that refer to the ways in which the intervention will influence AGYW are phrased with verb-subject combinations in the passive voice when they refer to AGYW:

> "- IF adolescent girls and young women are identified through various entry points and have their risks and vulnerabilities assessed"
>
> "- IF AGYW are linked to biomedical, behavioural and structural HIV prevention interventions"
>
> "- IF young women are segmented based on their relationship needs THEN targeted communication and service delivery can be offered."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.9)*

When compared, there are many instances where intervention objectives are described with verbs in the active voice such as:

> "-Decrease the number of new HIV infections amongst AGYW
> -Increase access and retention in care for Adolescents living with HIV (ALHIV)
> -Improve the pregnancy outcomes amongst AGYW."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.9)*

Fairclough (1993) proposes looking at the structuring of the relationships between words and between the meanings of words and how these can be forms of hegemony in themselves (Aulette-Root, 2008; Fee & Fairclough, 1993; Halliday & Mattiessen, 2004). They define hegemony as the manner in which certain economically defined classes exert power

of aspects of society as a whole, by allying with social forces. These forces only ever achieve this partially as hegemony represents a constant struggle of different social factions to resist and maintain dominance over each other (Fairclough, 1993). Hegemony also does not represent overt domination but is concerned with the way in which social forces align with each other and concede in the process of the contest of struggle for power (Fee & Fairclough, 1993; Halliday & Mattiessen, 2004).

In this case, perhaps framing AGYW as passive recipients of the intervention while setting the intervention up as an active benefactor may create a discourse that renders the intervention as having power over AGYW. One can also question how the exclusion of any reference to intrapersonal strengths or resilience in AGYW may serve to further entrench this potentially disempowering discourse. While there is an assumption that improving uptake and adherence will lead to improved outcomes for AGYW, the discourse does not necessarily speak to actively empowering AGYW. By referencing the programmatic services in this way, a discourse that possibly speaks to the intervention being the saviour of these vulnerable AGYW who lack the skills and knowledge that the intervention can offer them is set up. When such narratives are backed by powerful forces such as well documented public health rhetoric, one may consider the potential for hegemonic installation of power, albeit the best of its intentions.

In the next section, the individual identities of AGYW are described in the documents, noting again, how their vulnerability is highlighted and how it relates to the way in which the intervention sets up its own identity. According to (Fee & Fairclough, 1993), choices about the design and structure of clauses are made based on assumptions about their subject matter, which in turn signifies and constructs social identities which then influences the relational and ideational effects of discourse. The effects of the establishment of social identities in this way is explored, showing how the discourse which intends to empower AGYW may unintentionally have a contrary effect.

Theme 2: How are AGYW described?

Both interventions describe AGYW as vulnerable and lacking knowledge and skills to cope with the vulnerabilities described earlier:

> "…the Programme will allow Young Women to identify and develop required skills to cope with the vulnerabilities and risk related to their SRH they have a high probability of facing due to their lived realities."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf, pg.21)*

Interesting to note with both interventions, is that there is no way in which AGYW are described other than their vulnerability. There is no reference to the strengths or resilience they may possess. When AGYW are described, it is mostly in reference to statistics or public health concerns associated with them. This is exemplified in the quote below:

> "The ability for AGYW to negotiate condom use increases with age, but nearly half (48.6%) of adolescent girls (18-19 years) in KwaZulu-Natal report never using a condom with male sexual partners. Transactional sex is common, with 37.0% of young women (age 20-24 years) receiving money or gifts at last sex."
>
> *(Source: 2019-12-13 FINAL AGYW Programme Description pdf; pg4)*

The Imagine intervention has a far more specific approach to outlining how they conceptualised the identities of AGYW. They expressed specific intent to embrace a Human-Centred Design (HCD) that included a view of the person in totality and acknowledges that identity is not homogenous:

> "A Human-Centred Design Approach not only increases the potential success of the Imagine Programme…within an HCD process, the 'Human' (in this case, young women) are centralised. Young women are proactively involved in

Health Journey planning, addressing their specific life realities and challenges directly."

(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.19)

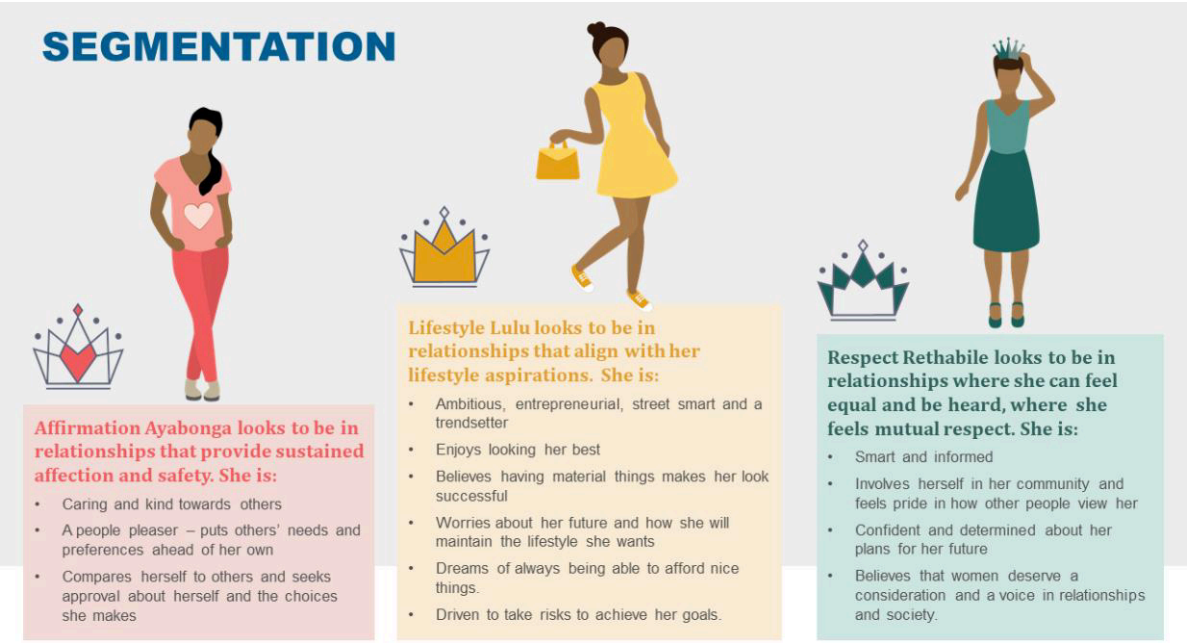
Based on this, the Imagine intervention deemed it necessary to create three segments of social identity into which to categorise girls upon recruitment:

"Not all young women are motivated and behave in the same way, which necessitates the segmentation and profiling of Young Women reached by the Programme to ensure more targeted messaging, journey planning and engagement. The use of segmentation to group young women is not new, with interventions focusing on grouping young women by vulnerability or risk. However, for the Imagine intervention, young women will be segmented based on their salient needs in intimate relationships. Three main need segments were identified, allowing a better understanding of the motivational drivers of behaviours and decisions related to SRH and HIV prevention and help inform the positioning and communication of products and services to them."

(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.19)

Below is a diagrammatic representation of the three lifestyle segments into which all AGYW enrolled into the intervention are allocated after partaking in a twelve-question online questionnaire:

Figure 16. Lifestyle segmentation - Imagine (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)



Textual analysis: Setting up social identities

The intent to segment AGYW based on "salient needs in intimate relationships" rather than vulnerabilities and risks represents a significant shift from the GF intervention. There is a recognition here that AGYW are not homogenous and that they have different identities and needs. The document, however, does not explicitly state what these salient needs are or how these segments offer a "better understanding of the motivational drivers of behaviours and decisions related to SRH". While the journey plan for young woman after recruitment is stated in the document, it is not entirely clear how the segmentation influences the pathway that is offered to girls. It is thus not clear how the allocation of social identity functions to improve targeting of services. This is shown in the diagrams below, which do not include separate pathways for each and as such appears to portray more of a generic pathway for all segmentations:

Figure 16.1 Identity pathways (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

Figure 8: A young woman's journey through the Imagine Programme

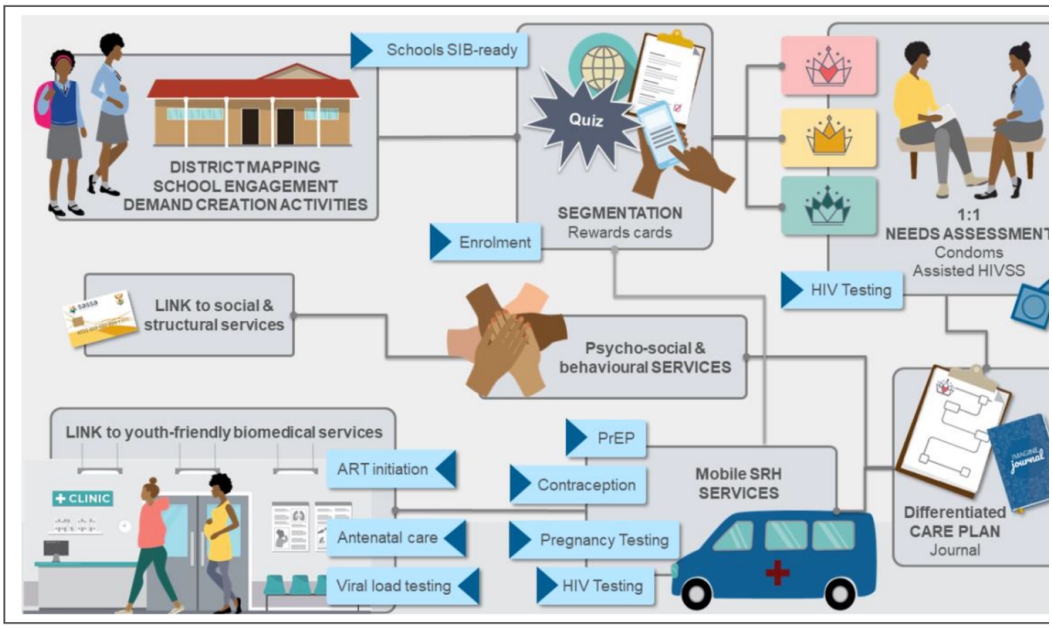


Figure 16.2. Identity pathways (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

Figure 9: Wrap Around Services and Enablers

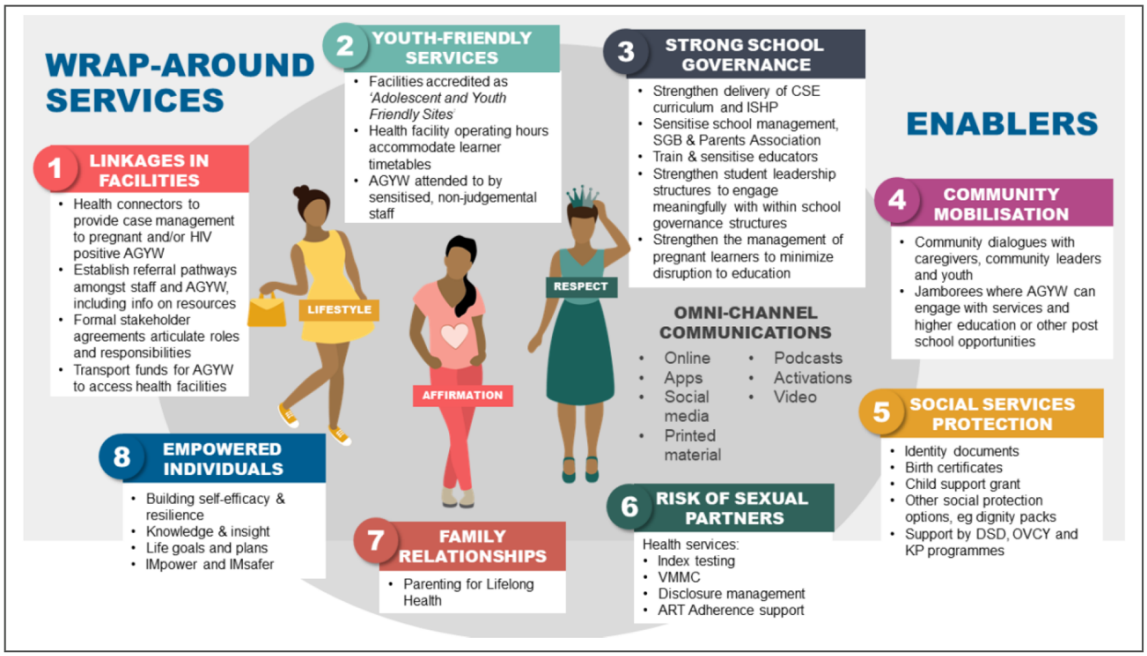
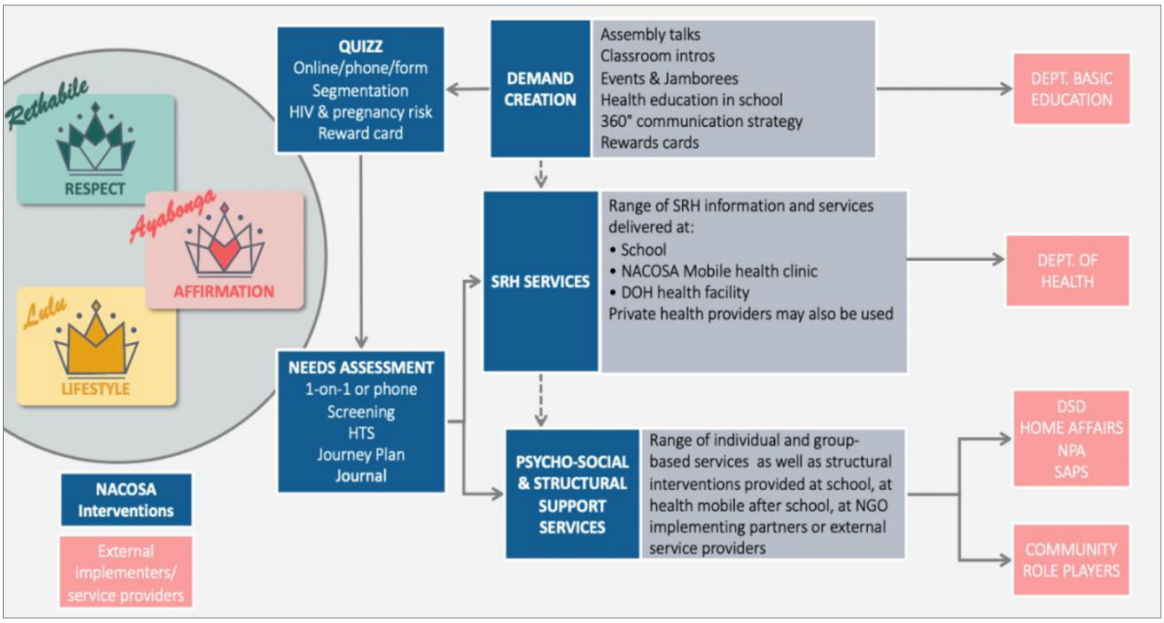


Figure 16.3.Identity pathways (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

Figure 10: Services delivered by NACOSA and links with Government and Community service providers



There is an acknowledgement, however, that the segmentation will be used to deliver more targeted communication and marketing to girls:

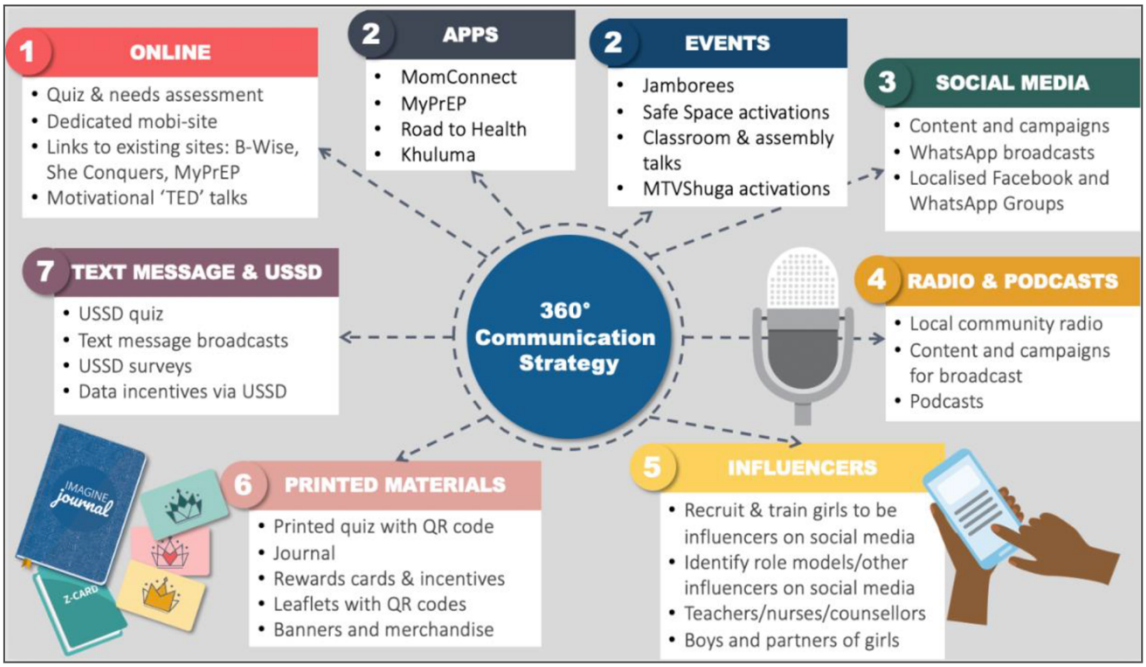
"…the following principles shape and guide the communications strategy…

- Create an engaging, powerful brand to promote trust and credibility.
- Differentiated messaging based on segmentation, risks and needs."

Despite this stated intent, the overall communications strategy also does not show differentiated strategies for each identity segment as below:

Figure 16.4. Identity pathways (Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf)

Figure 6: Imagine Programme Communication Channels and Tactics



Looking at the three social identities in more detail, one could question whether three identities, described in the level of detail outlined and derived from only twelve items in a questionnaire, could yield a comprehensive enough description of the social identities of all AGYW who are recruited. There is no reference to how these identities were established and what personality theory or test they were based on, or how the results are to be applied. This brings the validity and reliability of the measure into question.

Considering the use of the clauses and their meanings that set up social identities, there are two clear subject positions (social identities) in these texts. That of the AGYW who

are set up as being vulnerable and lacking in knowledge and skills and that of the interventions which are framed as providing the solutions that AGYW need. The identities of the interventions are set up as being able to offer tailored and specific services to achieve their stated key objectives of reducing poor SRH outcomes. They are positioned as being able to identify, assess and enrol girls who can benefit from the intervention and support girls in uptake and adherence to the intervention. Both interventions are presented as providing solutions to the challenges faced by AGYW, positioning them to wield significant influence over AGYW.

Another aspect that is important to note are the three desired types of relationships mentioned:

> "Relationships that provide safety and sustained affection and safety"
>
> "Relationships that align with her lifestyle aspirations"
>
> "Relationships where she can feel equal and be heard, where she feels mutual respect"

As part of the intervention's personalized goal planning strategy, each AGYW is assigned to one of these categories. However, one might question the extent to which these categories are mutually exclusive and whether they encompass all aspects of relationships that most girls would desire. There could be considerable overlap beyond what the segmentation allows, potentially restricting the conceptualisation of the greater complexity of social identities experienced by AGYW. The provision of distinct social identities may hinder AGYW's ability to recognize themselves and could make it difficult for honest engagement, particularly regarding identity elements not represented in these categories. This challenge is heightened when AGYW are navigating the complexities and uncertainties of their emerging social identities.

Further, the value of these social identity groups is not clear in terms of how they direct the intervention activities. For example, in the case of 'Affirmation Ayabonga', it seems that those who seek safety and sustained affection in relationships are also "people pleasers" and overly reliant on the approval of others with no theoretical foundation provided to support this assumption. 'Lifestyle Lulu's' descriptors don't actually make any

reference to how she engages in relationships, but rather focus solely on her desire for material success, which begs the question as to how these descriptors are relevant to her "salient needs in relationships". 'Respectable Rethabile' is the only one whose descriptor includes a positive attribute (respectable) and is the only one wearing a crown. Her descriptors are all positive and seem to describe a more well-balanced psychological profile. To assess the effect of these social identities, one would need a clearer understanding of how the treatment options for each category differs. Based on the principles of standardised personality tests, however, there appears to be little to no theoretical basis for the development of these segments.

According to the HCD approach, AGYW are foregrounded in the development of the intervention design. While this is clearly outlined in the document as an intent, there is no evidence that AGYW were consulted on the practicality and utility of these segments and whether they accurately represent their lived experience of the "salient needs in their relationships". It is also unclear as to why these needs are referred to as "salient". The intent of this discourse of segmentation may have validity from the perspective of the intervention but may not translate as smoothly from the perspective of AGYW.

When thinking about how sexual partners of AGYW are treated in the discourse, this extract from the ToC model is one of the only extracts where interactions with male sexual partners of AGYW are specifically described:

> "…for the AGYW male sexual partners, it is built on the assumption that IF male partners of AGYW are identified through various entry points (Formal and informal workplace spaces, such as factory workers, government employees, taxi drivers, and business owners, who will be targeted as possible or potential male sexual partners of vulnerable AGYW), and IF they are offered HIV testing services and IF, there is increase in the uptake of HIV services amongst male sexual partners of AGYW and IF, they test for HIV and know their status, and IF they are referred to relevant services, THEN they are more likely to act responsibly and this will lead to a reduction in HIV infection amongst their female AGYW partners."
>
> *(Source: 2019-12-13 FINAL AGYW Programme Description pdf; pg.10)*

What is being communicated about the intervention's assumptions about the identities of male sexual partners? Male sexual partners are seen to be older men with specific work backgrounds. They are older men who have access to money through employment, with no mention of school going boys or students as potential partners. Again, AGYW are painted as vulnerable partners of these men. Is this supporting the trope of AGYW being put at risk through transactional sex?

It is interesting to note that the expected outcome of the intervention appears to be men "acting responsibly," implying a perpetuation of the assumption that they are inherently irresponsible. There are subtle indications of the denigration of male identities within these assumptions, a theme that will be explored further in the Discussion chapter. Although men are expected to contribute to the change process, they are often given secondary focus in practice. This supports the finding that women bear a disproportionate burden of responsibility for change within public health discourse regarding their SRH.

In the following theme focuses on how AGYWs' sexual relationships are described. The textual analysis in this section will focus on how the use of words can be enmeshed with particular political and ideological assumptions and what the potential effects might be.

Theme 3: How are AGYW's sexual relationships described?

All references to AGYW's sexual decision-making describe the pervasive risk in public health terms as evidenced previously, opposed to the actual personal perspectives of AGYW. The only way in which sexual relationships are referenced from a more personal perspective is when AGYW are described as having competing personal priorities which result in them making poor SRH choices. The need for improving SRH outcomes is thus the main lens through which AGYW sexuality is framed, setting up public health discourse as being potentially more legitimate that any view that AGYW themselves may have.

Competing priorities

Both interventions seem to draw a distinction between the way that AGYW manage relationships and prevention and mentions 'trade-offs' they make when juggling these two aspects:

> "Three distinct Young Women segments were identified based on their relationship goals. These goals influence the trade-offs made in the context of sexual relationship management (boyfriends / partners) and prevention product and behaviour choices."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.19)*

When it comes to their sexuality, both interventions imply that AGYW do not necessarily express sexual risk and SRH management as prominent areas of concern, compared to the priority that they assign to managing concerns within the relationship aspects of their sexual partnerships and managing the struggles of everyday life:

> "AGYW are not focused on HIV prevention in any sustained manner as a significant issue or meaningful priority…young women at high risk of HIV acquisition focus primarily on their relationships and daily realities. When it comes to sexual and reproductive health risks such as HIV or pregnancy, these appear only as metaphorical 'blips' on their life journey."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.7)*

> "As young women pointed out they focus on their relationship realities of which SRH and prevention considerations form but a part."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.5)*

The GF intervention was based on the assumption that AGYW would recognise the importance of the intervention and willingly participate. This would occur by informing them of the risks they face and developing an independent understanding of the necessity

to utilise and maintain the services provided by the intervention. Based on the feedback from the process evaluation of the GF intervention, however, uptake and adherence to services was much poorer than anticipated (Mathews et al., 2019). The Imagine intervention has made shifts based on this feedback to try to improve uptake and adherence as this is what has been identified as the main barrier to positive SRH outcomes for AGYW. Imagine aimed to do this by improving intention to act, increasing perceived relevance of the intervention, creating a sense of urgency for positive health choices, and addressing misperceptions and lack of knowledge and skills.

> "South Africa is considered a leader globally with its rollout of antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP), but despite several ground-breaking national interventions, several studies conducted by the SAMRC during 2017 to 2019 identified that access, uptake and adherence to SRH products and services remain a key barrier to positive health outcomes for young women."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.4)*

> "The SAMRC developed a new intervention of comprehensive biomedical, social, structural and behavioural interventions for adolescent girls and young women that are evidence-based and have proven to work."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.4)*

This discourse often portrays interventions like these as commendable while framing the issue as AGYW's failure to access, adopt, or adhere to them. Consequently, the stated aim of the Imagine intervention is to shift focus towards persuading AGYW of the intervention's envisioned value, guiding them to commit to health priorities aligned with its advocacy. Noteworthy is that the problem emphasised is AGYW's underutilisation of intervention services rather than the interventions' failure to offer valuable services. Additionally, there is a puzzling assertion of interventions being proven effective despite acknowledging low uptake and adherence.

According to this narrative, the reason that AGYW do not take up and adhere to services is that they prioritise other aspects of their lives such as their relationship and daily lived realities, which seemingly occludes their perception of the importance and value of the SRH priorities that the intervention deems more important for them to prioritise. Other than the issue of competing priorities, AGYW sexual relationships are not described in any detail that shed any light on the personal processes involved in sexual decision-making.

Textual analysis: Political and ideological assumptions

Fairclough (1993) offers another focus when using textual analysis emphasising political and ideological assumptions embedded in chosen words signifying the meaning of the text (Aulette-Root, 2008; Fee & Fairclough, 1993). As shown above, AGYW's resistance to using and adhering to services and their inability to perceive the value of the intervention is what is problematised in the discourse. What is not tackled in this conceptualisation of the problem, is the possibility that the intervention may be failing in its aim to provide a valuable service to AGYW. Further to this, issues that AGYW prioritise are devalued by this discourse, rendering them insignificant in the construction of solutions. Daily lived realities and relationships form a key part of AGYW lived experience, particularly relating to their sexual decision-making. However, these are problematised and framed as what requires change, even though these priorities ostensibly play a much bigger role in influencing sexual decision-making than the interventions' proposed priorities.

While it is understandable that the interventions advocate for their own priorities based on poor SRH outcomes emerging from the current situation, perhaps what can be contested is that most people focus on their relationships and daily realities as their main priority in life. This begs the question whether pathologizing and dismissing the relevance of AGYW lived experience of sexual decision-making in this way will aid or hinder the aims of improving uptake and adherence. Another challenging aspect of this phrasing is that it is unclear what "daily realities" entail; the point made was that AGYW prioritise "daily realties" over making better SRH choices. These phrases can be seen to be dismissive of the importance that girls place on issues in their lived experience, possibly negating what AGYW

themselves give priority to, despite the interventions' claims that they aim to consider the voices of young girls and their lived experience:

> "…a participatory approach, involving and listening to young women and girls and amplifying their voices."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.22)*

Considering political and ideological assumptions, this may represent an instance of installation of the intervention's power over AGYW, reinforced in the way that AGYW are problematised for not adopting the same set of priorities as the interventions. AGYWs' own alternative priorities are constructed as being incorrect priorities, thereby setting up the interventions' perspectives as the correct lens which potentially allocates more power to the interventions' perspectives than that of AGYW's lived experience/daily reality. Paralleling this, the Discussion chapter delves deeper into the colonial roots of establishing one group's knowledge as inferior to another's and the harmful effects of such assertions.

According to Fairclough (1993), one can also consider the actual choice of word, and what effect alternative wording might have. The excerpt where AGYW conceptualise SRH management as "but metaphorical 'blips' on their life journey", the use of this phrase seems to illustrate that AGYW have a flippant attitude to SRH, are potentially irresponsible or frivolous. This is yet another example of how the discourse may discredit the perspectives of AGYW. When looking at the use of the term "salient" mentioned earlier, this may be because AGYW's own priorities are perceived to be of less importance than what the interventions focus on.

When examining the cohesion of text, the way in which words and clauses are interconnected forms what is known as schemata, such as an argumentative structure, which can shape different modes of rationality. Fairclough (1993) delineated how specific text structures can establish what he termed "taken for granted knowledge," which remains unchallenged, leading to an imposition of rationality rather than its presentation and argumentation. This is accomplished by presenting only certain perspectives while excluding

others (Fairclough, 1993). By solely promoting the discourse portraying AGYW as vulnerable and helpless, the argument structure limits consideration of alternative perspectives where AGYW are seen as possessing agency. When coupled with the authoritative way programmatic intent is expressed using the active voice, contrasted with the passive expression on behalf of AGYW, and the dismissal of AGYW's priorities in favour of the interventions', this may reinforce this establishment of taken-for-granted knowledge. This highlights the devaluation of perspectives rooted in the daily and relational realities of AGYW while legitimising the priorities of the interventions.

In the next section focus is turned to what these discourses reveal about change and what needs to change. The ToC models of both interventions which are central to their objectives is used. In the textual analysis, the focus is on links to the TSR which incorporates the idea of the cognitive interface mentioned in the introduction section.

Theme 4: What needs to change?

The Imagine intervention asserts that AGYW must alter negative behaviours by providing them with choices that facilitate better decision-making.:

> "The researchers deduce that SRH especially HIV risk and pregnancy vulnerability, are complex issues requiring a complex response that optimise the choices available to them to make decisions that will lead to more positive health outcomes."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.7)*

Added to AGYW not aspiring to positive health outcomes, both interventions highlight that another part of the problem is that AGYW do not aspire to 'a bright future'. The interventions aim to help AGYW to do so by assisting AGYW to articulate better outcomes for themselves and identify perceived barriers and challenges to achieving these aspirational outcomes and goals. The 'brighter future' being implied is one in which girls can achieve their aspirations as a result of achieving the SRH standards that the interventions

aim to help them achieve. What constitutes a brighter future is not specifically outlined but is described as an assumed result of improved SRH outcomes:

> "...providing a comprehensive package of targeted interventions that help young women (ages 15-19) imagine a brighter future for themselves."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.4)*

> "Empower them to identify their goals, barriers to achieving these goals and make plans for achieving these goals."
>
> *(Source: 2019-12-13 FINAL AGYW Programme Description pdf, pg.24)*

Many young people remain unemployed with bleak prospects, even if they finish tertiary education, as was the case with Danny. For this reason, it might be problematic to hinge achieving SRH goals with a brighter future, as their lived experience predicts that a bright future may not be realistic. This is explored further in the next chapters.

The burden of change rests with AGYW at an individual level

When solutions are proposed, they are often framed in various ways in which AGYW need to change either behaviours, choices, or decisions. While the engagement of those within the spheres of influence of AGYW is mentioned, there is far less focus given to how parents and/or community members, boys/men, or the intervention can change to improve outcomes. In both interventions, sexual partners and community members and their role in bringing about positive change is seen as a secondary focus:

> "As a secondary target, 'influencers' of young womens' attitudes and behaviour, are included in the communication and service delivery plan. These include:
>
> 1. Adolescent boys and young men…Parents and caregivers…Older sisters, aunts or friends…healthcare and social workers, teachers and peer educators."
>
> *(Source: 2021-03-25 Imagine Programme Description Version 1.0.pdf; pg.15)*

Within this discourse, most of the burden for positive change rests with individual AGYW. While on the one hand, the problem is framed as AGYW being vulnerable and lacking skills and knowledge to cope with the risks in their environment, on the other hand, the solutions proposed rely on AGYW being able to enact most of the change individually. As mentioned in the literature review, there is an acknowledgment of the overreliance on individual behaviour change models in HIV interventions, ignoring the impact of complex social, political, and cultural factors (Kessi & Howarth, 2015). It seems to be that even though the interventions highlight these challenges within AGYW contexts, they still tend to assign responsibility of change to AGWY as individuals, and more so, to behaviours and decisions of AGYW with no recognition for the social conditions that give rise to perpetuate the outcomes of interest. This finding links to those in the following chapters.

In summary, the lived experience of AGYW is described as one in which they lack the knowledge and skills to cope with the risks they face in the highly precarious contexts in which they live. AGYW are described as prioritising relationship management over prevention strategies and are described as being overly concerned with relationship priorities and daily realities rather than SRH concerns. The lived experience of AGYW; the precarity in their context, their poor coping skills to manage these risks and their misaligned priorities are what is problematised and seen as needing to change.

The solution that is put forward is that AGYW need to be recruited into and retained in the interventions as a matter of urgency, so that the interventions can improve their knowledge and skill in managing the risk that pervades their social landscape. Further to this, the interventions need to convince AGYW to shift their priorities, aspire to a brighter future that is aligned with what the intervention deems to be healthier priorities, as this will then facilitate the adoption of better behaviour choices and improve their SRH outcomes; little attention is paid to the social context in which AGYW find themselves. This is despite copious research presented in Chapter two that shows that factors within an individual's social context may have much greater bearing on sexual decision-making than individual behaviour change models account for (Bay-Cheng, 2015; Bhana, 2018; Carboni & Bhana, 2019; Chmielewski et al., 2020; Davids, 2020; Duby et al., 2020a, 2020b, 2023; Heise et al.,

2019; Swartz, 2017;Tolman, 2016; Van der Riet et al., 2019b, Willan et al., 2020).The next section explores how the stated change outcomes can be linked to the theoretical tenants of SRs and may serve to entrench unequal power relations linked to what needs to change.

Textual analysis - links to Social Representations and denial

According to Fairclough (2010), not only does discourse establish forms of social control, but it also imposes control over the minds of people (their Sosial Representations). The Theory of Social Representations (TSR) draws attention to social and cultural thinking of society and the way in which social cognitions and subsequent representations of reality, known as SRs*,* originate and come to form the basis upon which collective meaning-making is framed (Gillespie, 2008; Jovchelovitch, 2019; Page, 2003). The SRs of individuals coalesce and come to represent cultural and social symbolism for the social group, described as social cognitions (Campbell & Cornish, 2010; Höijer, 2017; Howarth, 2006; Rateau et al., 2012). These social cognitions provide a map of the link between dominance and discourse (Van Dijk, 1993).

It is necessary to understand that the process whereby structures of discourse and content of the models of thought that they produce are generalised and linked to attitudes in ways that shape SRs that sustain dominance (Jovchelovitch, 2019; Van Dijk, 1993). Positioning AGYW as vulnerable and the intervention as expert might contribute to the establishment of a SR of saviour and victim, as well as one of benevolence being offered by the saviours. The result of this potential installation of power yields a narrative in which it makes perfect sense that the interventions should save AGYW in the way that they propose to, and that AGYW should want to be saved in this way and perceive the value in the interventions' attempts to do so.

Reproduction of dominance in society requires an "us and them" to be established. Furthermore, some form of justification or legitimation is required; it is just, necessary, or natural that groups in power have privileged access to valuable social resources (van Dijk, 1993). The intervention setting itself up as the saviour with all the resources that AGYW need may represent such a form naturalisation of the discourse to legitimate it. The

dominance of the global north's health systems' SR via this discourse is established by not offering the perspective of the victim (AGYW) in any integral way, and in instances when AGYW's perspective is offered, it is framed as the problem which the interventions have come to solve. Thus, AGYWs' SRs (being more concerned with relationships and daily realities than SRH needs) becomes the problem. It is clear to see how the interventions and their priorities are then legitimated, and the power balance thus reproduced and maintained. On the contrary, AGYW lived experience / daily reality perspectives are negated and stripped of any legitimation through this process.

Denial is another common strategy used to establish this form of legitimation. Here the discourse implies that there is no dominance, that all people in society are equal and have equal access to social resources (van Dijk, 1993). Revisiting identity segmentation (Figure 6 above) there is a deliberate attempt to not name the racial classification of the AGYW, despite using only Black girls as references for the segmentation on which the entire Imagine intervention's needs assessment is based.

It may be important to consider what the denial of their racial classification represents. What is being avoided here? By not calling them 'Black' is the SR of the saviour being reinforced? Is this a mechanism by which the intervenors avoid being accused of being racially insensitive or are they trying to avoid perpetuating racial stereotypes? Some researchers argue that this is a way to move beyond the issue of race, but much has also been written about erasure culture, which is where historical oppression is treated as if it did not exist and that the slate is now clean, with everyone now having equal opportunity (Baldwin, 1986; Kessi & Boonzaier, 2018; Tamale, 2014b). This representation may be seen to establish the intervenors as the saviours, with only benevolent interests, while absolving themselves of having to be cognisant of how they aim to redress the oppressive systems of the past, perhaps inadvertently serving to reinforce dominance.

Another important form of denial that seems to be evident is the lack of acknowledgment of the history that gave rise to this precarious context in which AGYW find themselves. AGYW are presented as if they were just born into this context of risk and vulnerability, with no mention of the systemic oppression that gave rise to it and the

resultant social inequity, or the socio-political context in which the intervention is taking place. There is also an ostensible denial of reasons for poor uptake and adherence, other than those located in the actions or SRs of AGYW. The problem is AGYW and their SRs, and the solution is the interventions and their SRs. Through this form of denial, the intervention is absolved of having to comment on or address the issue of potential reproduction of dominance. This concept will be expanded upon in the Discussion chapter of this thesis, as it is a critical point to consider if we as researchers aim to make the shifts required to see improved health outcomes for AGYW.

Discussion and conclusion

The results of this CDA show how the intervention texts may contribute to establishing and reinforcing power constructs that position AGYW as being less powerful than the interventions. There are several discursive practices that facilitated this installation of power. Firstly, the social identity of AGYW is framed in largely negative terms, while that of the intervention is largely positive. The relationship between AGYW and the intervention is one of a largely helpless passive victim (the AGYW) and a benevolent, active, and powerful saviour (the intervention). This is established through a process whereby the lived experience and SRs of AGYW is heavily problematised, while the intentions and SRs of the intervention are framed as the solution to the problems that AGYW have.

Framing AGYW's lived experience and SRs as the problem which the intervention aims to solve, sets the interventions' intentions up as positive and limits the possibility of any alternatives to the overarching discourse to emerge. The result is that in the absence of alternative framings, the assertions of the intervention are imposed upon the reader as common sense which renders the inequitable power balance as unquestionable. Based on feedback from the evaluations of the AGYW intervention, the Imagine intervention has expressed intent to integrate the opinions and experiences of AGYW more than was the case in the GF intervention. While this is the stated intention of the Imagine intervention, it

has been interesting to observe that the discourse of the Imagine documents do not appear to be well aligned to this intention, especially when considering how the lived experiences of AGYW seem to be dismissed if they are perceived to be misaligned with programmatic intents and goals.

This presents an interesting area of tension which is explored in the following Findings and Discussion chapters. The next chapters investigate the discourses that AGYW and members of their communities hold about their daily realities / lived experiences and the ways in which they engage with the discourses that the intervention has established about them. AGYW's own perceptions and framings, as well as potential points of contention and alignment between their own and the interventions' framings are presented. An analysis of the effects that the discourse established in these texts may have on AGYW in terms of their perceptions of their own risk and their sexual decision-making is made. The hope is that more positive narratives about their social identity, as well intrapersonal strengths and resilience which appears to be missing from the discourses assigned to their social identities and lived experience here in uncovered.

CHAPTER FIVE – "You need to sit down and be a good girl": perspectives of AGYW and community members

Introduction

In considering the importance of lived experience, the literature review revealed that there still may be more we can learn about AGYW lived experience, especially as it pertains to sexual decision-making. The concept of lived experience may itself not be sufficiently addressed when intervening with AGYW and HIV prevention. Lived experience provides a crucial vantage point from which to understand the determinants of behaviour and therefore, attempts to shift them (Hicks & King, 2009). I came across this participant's story while working on the Imagine intervention process evaluation. I was struck by how it highlighted how the many tensions previously surmised played a role in poor SRH outcomes for AGYW but were not well represented in mainstream literature on this issue. As such, I decided to use vignettes from this one participant to make a case for understanding the lived experience of sexual risk and sexual decision-making. Throughout the rest of the thesis, when using the term 'adult caregivers', I will be referring collectively to parents, teachers, social workers, clinic staff, implementers who work in the intervention programmes and any adult from whom AGYW can access support.

Subsequent chapters show how the framing of lived experience in the context of these interventions is based on a deficit perspective. The words and experiences of this single participant illustrate the broader, shared experiences of the AGYW in my study, as well as make connections to issues that other participants shared with me. As such, Mimmy's story explores the lived experience of one typical participant to uncover the experience and framing sexual of decision-making through her own words.

Mimmy's story: the "this and that"

Mimmy is a 16-year-old girl who lives in one of the communities where the Imagine intervention is being implemented and has also been a recipient of GF interventions for several years. She was interviewed during the formative data collection phase by one of the qualitative researchers on the Imagine evaluation study team which took place before the Imagine Programme implementation commenced. Mimmy was at the time, the chairperson of one of the interventions called the Rise programme, which provides peer support for girls in schools. When Mimmy was asked how she came to be involved in the programme she explained she was involved in a similar programme in primary school which was run by the GF intervention. She goes on to express her personal commitment to the programme's intention to support AGYW saying "I just wanted to do something that is helping other girls in school, at least we can go forward together."

I was particularly interested in Mimmy's case because one would expect that having had years of experience not only as an intervention beneficiary, but also as a peer leader in GF interventions, that she may have gained good acumen in navigating sexual risk. Her description of how she manages these aspects of her life, however, revealed some surprising difficulties which exemplify the importance of understanding the lived experience of sexual agency and risk-taking behaviour.

Mimmy revealed that as adolescents they feel that they do not have access to spaces where they can talk "properly". Further, that there is a desire for parental relationships to provide such a space, but that currently, parental relationships do not seem to allow for openness about issues such as having a romantic interest and seeking guidance. Mimmy acknowledged that as an adolescent, she needs advice from adult caregivers, but as will be seen in the next chapter, many AGYW find it difficult to speak to their parents. She said:

> "You need someone that you can talk to properly, but then our parents are strict right, but strict not in a bad way, they love us and you can see that they provide for us, but then the way in which they talk to us it's those: 'Don't go walk around with boys they will in-pregnant you, don't do this and that' like

> so you end up failing to go to her to say: 'You know mama I'm interested in certain guy and it's like this and that, can we talk about it, what is happening?'"

Mimmy continues to say that she does not find it helpful when advice is centred in the sex negative paradigm constituting warnings about the dangers of sex and forbidding her from doing "this and that" evidenced when she paraphrases her mother in saying: "Don't go walk around with boys they will impregnate you, don't do this and that." This type of advice seems to result in her not feeling that she can speak to her mother openly about her interactions with boys. Interestingly, Mimmy repeatedly used the phrase: "it's like this and like that" when she refers to what she cannot talk to her mother about as it implies that there are aspects of sexual /romantic interactions that feel as they are off limits conversations to have with adult caregivers.

Based on Mimmy's engagements with the GF intervention over a number of years, one can assume that she has had access to knowledge about SRH, prevention options that the intervention offers, as well as the dangers of engaging in unprotected sex. However, she still seemed to want information about the "what is happening" of sex, which implies that there may be issues that she feels are not being sufficiently addressed by the intervention and which she feels constrained to discuss with caregivers. What is it that makes conversations with parents seem inaccessible?

This quote from Mimmy confirms a prominent theme that emerged in my literature review and engagements with other AGYW and community members around a sense of fear and panic that pervades discourses around adolescent sexuality: "I wish my mom was someone who is cool, calm and I can talk to, I can only talk to say at school this and that…". It appears that wanting to engage in the kind of conversations that she wants to engage in incites this sense of fear and panic in her mother, who she wishes would rather be "cool and calm." The use of the term "this and that" here implies that there are details of her sexual experience that she cannot share with adults because it incites fear and panic.

Mimmy also mentioned that teachers seemed to be afraid of talking to young people when she conveyed that teachers become unsettled at the idea that learners may be considering sex. She said that this, in turn, makes young people afraid to talk to teachers. What really struck me when speaking to Mimmy and reading her transcript was how many times she repeated that they need people to talk to them, and seemingly, that the people that they do have to speak to, such as teachers, are not appropriate:

> "So like we want a platform where we are alone as girls only, where there are people who come and talk to us and tell us even if it is nurses they come, people who come just like that, we don't want the teachers to hear what are we talking about because them also we are afraid of them like."

Mimmy later expressed that talking to her mom about things like her period was appropriate, but that talking to her mom about her exploration of sexuality and/or engagements with boys incited fear because of a belief that it would somehow result in her hurting her mother's feelings or causing her distress. When I probed her further about this, Mimmy acknowledged that on one hand, she knew that it was normal to be interested in boys and sex, but that it would make her mom feel uncomfortable to hear Mimmy talk about it:

> "…is like I can talk to her about pads, mom I have this pain, mom it's like this and that I mean like periods okay sharp, those are the things I'm able to talk to her about but other stuff like I can't because I have this fear that but mom, if I tell her about this kind of a thing like how will she feel?"

This ambivalence expressed in this excerpt is resonant with what was described in the literature review, where young girls find themselves caught between being told that their emerging sexuality is normal but are then also made to feel like talking about it to adult caregivers may incite panic and discomfort. This was a significant theme that emerged across AGYW interviews in the rest of my findings. When speaking to community members about it, there were a few who affirmed that adults need to have these kinds of conversations with AGYW, but that just like Mimmy's mother, they may need help

managing the discomfort that it brings up This is expanded on in Chapter Six and the Discussion chapter.

Another prominent theme that emerged in the findings, and which paralleled those presented in Chapter Six, is the fear of judgement, which Mimmy could closely relate to. The main barrier that Mimmy reported made her feel uncomfortable talking to adult caregivers about the "this and that" was the fear of judgement. Mimmy revealed that she felt that having access to non-judgemental people to talk to was important for AGYW to live a healthy life. As a consequence of not being able to talk freely to adult caregivers, Mimmy told me how she got information from peers, but that she knew that sometimes that information was not the most helpful. An example that she offered in this regard was how she knew about contraceptives. She said her friends might discourage each other from using contraceptive pills by spreading information about side effects such as developing bad vaginal smells or gaining weight, for example.

She conveyed that no one spoke about what to do to manage these side effects: "So like I mean let us be taught about these things… prevention (contraception) like it's effects - how are they like." This request seems to relate more to the lived experience of the choice, than the choice itself. Mimmy explained that she and her friends have basic prevention knowledge, but that they do not have enough support in navigating dealing with side effects of contraceptives. The problem is thus not a lack of knowledge, skill, or a lack of will to prevent pregnancy, rather, a lack of support in following through and coping with the day to day (lived) experience of making beneficial SRH choices, which is often ignored in public health education on contraceptive use. The sense that Mimmy and her peers cannot talk to teachers and parents, leads them to talk to friends, but Mimmy is keenly aware that her friends do not give her valuable information, which leaves her fearful. This is evidenced by the quote below:

> "When you go to clinics most girls are afraid to go to clinics like I also thought about it that once I start getting sexual activities I will start…But now when I start I want to know, but then the way in which it is we end up getting the wrong information from friends and we end up being afraid...while you are sitting with friends those friends

tell you about the other language which is wrong, wrong, wrong and you also follow them, like the nurses like they do not come here in school."

Here, Mimmy speaks about the "other language, which is wrong, wrong, wrong", and how she follows this language despite knowing that it may be inaccurate because there are no other adult caregivers who can speak to them about this "way in which it is". Mimmy mentions that they have a good clinic available in her area and that she thinks that the services they offer are beneficial, but despite this, Mimmy repeatedly asks for nurses to come to the school to talk to them. What was particularly emphasised was the need for them to be allowed to ask questions, something that young people do not feel they are currently afforded. This presents somewhat of a paradox, but confirms the finding in the CDA chapter, that the services that are available to AGYW do not sufficiently help them navigate aspects of the lived experience of their sexual decision-making which Mimmy summarised as the "this and that" and the "the way in which it is" of sex.

It seems that Mimmy's need to talk "properly" is hindered by a sense that the adult caregivers in her life do not seem equipped to have such discussions. Some of the reasons that contribute to this appear to be general panic and fear around adolescent sexuality as well as discomfort that adults feel when AGYW speak about sex. Mimmy also revealed a gap in the information provided to her, intimating that there are some things that feel off limits to engage with adults about. Added to this, she feels that she does not get to engage in two-way conversations where she can ask the questions that she wants to ask. As a result, she gets advice from friends, which she knows is inaccurate, yet still seems to abide by. The next section focuses more specifically on this issue in which sexual decision-making happens based on the advice of peers.

The context of sexual decision-making: "We live according to friends."

The two interventions are both structured in such a way that they aim to support AGYW to set and achieve life goals for themselves. As such, the Imagine intervention created a set of personality profiles which AGYW are encouraged to aspire to. Being a peer leader, Mimmy essentially fit the 'ideal' personality profile for AGYW. As such, I would have

expected that Mimmy displayed high levels of proficiency in managing sexual decision-making and risk. The following quote describes her experience of managing sexual risk within the context of socialising and peer pressure, painting a different picture than my expectations as a researcher:

"Interviewer: Uhm so uhm … what are the things that make it difficult for a young woman to live a healthy life?

Mimmy: I would say okay I, okay peer pressure. Peer pressure, we are a lot of peer pressure. Yeah there's lot of because like we live according to friends, it's those things whereby 'friend I'm going out', like Bro there's this guy coming like I have this Bae (Boyfriend). I'll find you another Bae (Boyfriend) I have this Bae (Boyfriend) what-what…Then you be like bro I have to take my medication, I have to do this and that, then you end up going, you will find that others are going while they are still okay but then they get infected with diseases, because they brought you other Bae (Boyfriend) and you don't know what happened yeah, but if you get educated enough about this things you will be okay

Interviewer: So uhm how do you get this information that you are saying 'if you get enough educated about this things…Where do you get this information?

Mimmy: Oh the girls about the information [Laughing] [The participant got excited about the question]. Oh I hear girls we get into groups and talk like I'll be hearing some of my friends…Talking about those things like hey so what-what I saw this Bae (Guy), I'll be like girls but then like stop, you go out and meet a friend and then a friend bring you Bae (guy), her Bae (Boyfriend) she knows him but then you meet someone in two minutes and do things one minute, but what if you get sick, then do you even think about that point?...And they be like no it's something that just happens, it fun, so for them it's fun, for real in our school people are grooving (Partying), they are all about the grooves, such things obvious you will find that

Interviewer: Okay

Mimmy: Someone has money let's say maybe friend knows that your friend borrowed you clothes and you do not have money for drinks like some drinks, so obvious when you get there you need to find somebody, even if he can say tha-tha (Spend on you) just two or three…Obvious guys don't mind to buy for you if he get something, so that is the thing that oppresses people, then like that's how they get drinks'"

The first statement of interest is "we live according to friends". It seems that the information that adult caregivers give young people is not what they "live by". Young people's lived experience is most significantly influenced by friends' opinions and advice. Mimmy reveals that there is an element of fun and excitement that is associated with conversations with friends about sexual experiences, evidenced by the excitement noted by the transcriber where she was asked about where she gets information. This stood in contrast to the "don't do that" narrative that she did not prefer when talking to adult caregivers.

Another interesting aspect of this excerpt are the instances of internalised lack of agency or ambivalence when making decisions about sex. The 'it just happened' narrative which is mentioned in the literature review is evidenced by the quotes: "then you end up going" and "you don't know what happened yeah" and "no it's something that just happens". Risk prevention does not appear to be foregrounded when making decisions about sex, instead financial gain and fun seem to be prioritised. When Mimmy says, "but what if you get sick, then do you even think about that point?" reveals significant cognitive dissonance that she experiences, confirmed when she says: "I'll be like girls but then like stop", but then seems to be unable to stop. It seems that everything happens at a rapid pace, which results in her not even thinking about risk.

The advice that her girlfriends give her is that she does not need to think about getting sick because they are just having fun. This is the kind of education that she feels is what will make her "be ok" in this context, while at the same time, she acknowledges that

this advice is “wrong, wrong, wrong”. The tone of her depiction of the events in this extract is one of excitement and fun, but she ultimately frames it as oppression. Is she trying to convey that the lived experience feels positive and affirming when she is living it out, but later realises that she feels oppressed within it? Interviews with other AGYW revealed a host of reasons that contribute to AGYWs’ decisions to engage in sex, many of which are represented by Mimmy in the following excerpt where she is asked what she thinks can be done to stop girls falling prey to peer pressure:

> “Mimmy: If we can talk as I’ve said can people come and talk to us and secondly others I feel like they are doing it for like they could escape from home (Situation)…Because obviously they are facing some stuff at home, and stuff - I feel like going right so that I can be okay and play around that is why I’m encouraging this thing of therapist to happen…Because we are facing things right we need people to talk to, because we end up taking wrong methods to deal with things, it end up where a person becomes pregnant because you will find that they do those things due to at their homes there’s no money, there’s no money, there’s only one bread winner…and you end up being pressured by friends, ‘hey friend my mother bought me this and that my mother this that’, so you also feel like this person they bought her this stuff and I also need those stuff now. I want to look like my friends, and now you also find yourself a Bae (Boyfriend) and when you look at things you find yourself having a Bae (Boyfriend) with a car, and he can take you out, and you also you’re able to keep up with them (friends)…They just do it, but then I feel that they are escaping from something that is why I’m saying that lot of us we are experiencing a lot of things but then we don’t have people we can talk to… So that is what challenges us.”

This excerpt exemplifies how Mimmy knows that the decisions that she is making are not the best ones, but how she is struggling to navigate the contrast between the knowledge she has about risk prevention versus the lived experience of risk prevention. Her

lived experience seems to be peppered with pressures to have what her friends have and dealing with challenging home circumstances that boys/men may provide a means of escape from. This finding is corroborated in Chapter six were many AGYW report experiencing similar issues relating to what they describe as peer pressure. How does a seemingly well-informed girl such as Mimmy who clearly displays leadership skills and passion to make a difference in her community and who feels that she has access to adequate SRH healthcare services and knowledge still find herself struggling to make choices to support her SRH to such an extent? Could it be that the "this and that" of sex, which comprises their lived experience of sexual decision-making, is not well enough integrated into the SRH support she is receiving from interventions?

Mimmy's idea of the "this and that" and the "way in which it is" paints a picture of the lived experience of sexual decision-making and risk management being far more nuanced and complex than simply a lack of knowledge and skills which results in risk-taking behaviour. Based on these extracts, it seems that AGYW have many competing priorities and no place where they feel that they can talk about these challenges to receive what they will perceive as credible advice. The desire for spaces and people to talk to is prominent throughout the interview. Mimmy seems to be asking for space to explore what is really happening for her in this gap between what she knows is the right choice and what she described earlier as "the way which it is" or the 'this and that' of sex, which are emmeshed in these moments of her life when she is out with friends and seemingly unable to make what she knows are healthy SRH choices.

These are the moments when decisions that result in the poor SRH outcomes are typically made, but seemingly, these are also the moments that the interventions and adult caregivers are not affording her space to talk about, make sense of, and navigate effectively. According to Mimmy, the information that she gets about sex from adult caregivers and the interventions is not always useful to her and mainly focuses on risk avoidance while her friends experience these risks in a context of fun and excitement, thereby foregoing the risks in favour of the benefits and these more positive aspects of sex. These are the moments that AGYW seemingly do not get to talk about, and, according to Mimmy, are desperately wanting help to navigate.

At the start of this extract, the interviewer asks: “how do we stop this (peer pressure)?” to which Mimmy’s response is twofold. First, she says that young people need individuals who they can talk to, and secondly, that they need intervenors to recognise the way in which these choices feel valid within their context e.g. they provide a means of escaping difficult home situations. Similar themes have emerged in the findings that will be presented in latter chapters. What can be taken from Mimmy’s response, here, is that perhaps what intervenors could do is move away from the “how do we stop this” approach which immediately invalidates AGYW’s lived experience and instead perhaps try to validate their experience and give them a voice to express the challenges of navigating the “this and that” of sexual decision-making.

This would include an acknowledgment of the more positive aspects of sex such as fun and the potential material benefits which seem to have a greater influence on their decisions than warnings about risk (Higgins et al., 2022; Singh et al., 2021). They also seem to need help with managing the cognitive dissonance that they experience in wanting these material and psychological benefits that they can derive from making decisions to engage in what they know to be risky sex.

What this vignette speaks to is a need for girls to have spaces where they can grapple with the opposing views, one view of sex being about risk management, which is what adult caregivers and the interventions seem to offer, and one of sex being fun, pleasurable, and materially beneficial which is what their peers seem to offer. Holding in mind the experiences that Mimmy shared, the following sections outline my exploration of the lived experience of sexual decision-making from the perspective of other AGYW, adult caregivers, and intervention implementers, noting similarities, contradictions, and overlaps. The findings have collated both adult caregivers and AGYW’s perspectives within each theme to present aspects of the narratives that emerged.

Theme 1: "They say when they drunk, they forget everything" – the context of precarity

This theme revealed a host of challenges within the context in which AGYW live, which contributes to AGYW not making healthy SRH choices. Levels of violence and crime are excessive leaving them feeling fearful for their safety. Boredom is a common experience due to a lack of financial opportunities and resources and a lack of facilities that provide extra mural activities. Education is often halted by the high incidence of pregnancy among AGYW of schooling-age. Further to this, AGYW have little hope to secure employment even after completing their education. With regards to awareness of healthcare services, AGYW have mixed views, however, they seem to avoid accessing services for fear of judgement by clinic staff. Another key element of their context is the poor levels of guidance and support they receive from parents.

When AGYW were asked what it is like living in their community, a pervasive theme which emerged was around not feeling safe. They spoke of fears of being raped, robbed, kidnapped, killed, being victims of gun violence, GBV, and domestic violence in their home. Linked to this, they reported feeling bored because they had to limit their movements, as walking around and going out, especially late at night, was perceived to be dangerous. Added to having to limit their movements, AGYW reported that there was little recreational activity available for them. One of the consequences of boredom that was often reported was substance use and abuse, including alcohol and drugs. Boredom and substance use were often linked to gang activities, where AGYW joined gangs as a result. When one school-aged AGYW was asked about what she thought were the reasons that her peers turned to substance use, she said that it was a means of coping with the stress of the challenges that they faced at home. As well as coping with their problems, relieving stress and peer pressure were also commonly cited as reasons that AGYW turned to substance use:

> "They say when they are drunk, they forget everything…It is peer pressure; they will drink because others are drinking."
>
> (AGYW 16, 15 yrs, Moretele, 23/01/16)

Probing their experiences of education, the problem of the high rate of pregnancy in learners was mentioned often. AGYW spoke of not being able to complete their schooling as a result. One AGYW mentioned that expectations at home were for them to help their mothers with chores and look after siblings, which compromised their ability to achieve educational goals. They complained that their parents were often unable to help them with schoolwork due to having low levels of education themselves, which further compromised their school performance.

One implementer revealed that he thought that the reason for poor school performance was that AGYW have bad attitudes, which then affected their motivation to achieve in school, reflecting harsh levels of judgement from community members despite the acknowledgment of how challenging AGYWs' life circumstances are. While some of the AGYW that I spoke to saw education as a pathway to a brighter future, they also expressed concerns about not having money to continue to tertiary studies after school. Another concern, as was the case for Danny, was that they knew so many women in their communities who were graduates but did not have jobs:

> "There are two sisters from my neighbourhood, they are graduates but they are not working."
>
> (AGYW 06, 13-17 yrs, Newcastle, 22/08/02)

When AGYW were asked if they knew of any services or interventions that were available to offer young girls support, they mostly said no. When asked specifically about healthcare services, most AGYW would refer to their local clinic. Opinions on the standard of care offered at clinics varied from some feeling that they could get what they needed, and most feeling that they would never go to the clinic. Reasons for not wanting to use clinic services included fear of judgment by nurses and other members of the community, poor service delivery and bad attitude of staff. When asked what services were available for SRH at clinics, most AGYW were aware of services such as HIV testing and pregnancy prevention methods, but they were not entirely sure of any specific details. Those who had been exposed to interventions rarely spoke about them being effective. One AGYW described

some of the programmes in her school, but felt that they needed more than what these programmes provided:

> "it has Keeping Girls In School (KGIS)…like health department, the department of education is involved in it, so they recruit girls, so we have girls talk, we talk, we care for each other, but then I feel like we need more than that, yeah it is in school but we need more than that."
>
> (AGYW 02, 13-17 yrs, Moretele, 22/08/03)

When AGYW did feel that interventions were helpful, their sentiments reflected the benefit of having people to talk to, who understood them, which was also a significant finding of the HERStory 2 evaluation. This implementer spoke of the importance of relationship building in terms of seeing shifts in behaviour, rather than being driven by numbers of AGYW being tested or put on PrEP etc. This is expanded on in Chapter Six. Findings from AGYW confirmed that the relationships with implementers were what felt most valued beneficial as this gave them more confidence to speak to their peers about their problems:

> "I think that my gut would be if you maintain the relationship for long enough things will shift. So, I would always push for relationships, as opposed to number of testing."
>
> (Implementer 05, GF Principle Recipient manager, Klipfontein, 22/12/07)

> "Okay I have changed a lot because I am able to talk to people now, I am no longer scared because there are people who have shown me that I can share my problems with them."
>
> (AGYW 01, 15-19 yrs, Klipfontein, 19/03/19)

Another implementer laid out how building relationships in this way and making space to listen to AGYW's experiences allowed them to understand what can be described as the "this and that" which Mimmy spoke of earlier. In this extract the implementer unpacks how it's important to learn from AGYW and not assume that everything about their

sexual decision-making processes is well understood. She reveals the inner workings of some of these processes of AGYW's sexual decision making and warns not to judge these expressions, but instead to validate them within their context:

> "These girls tell us a lot of things about why they date different kinds of men. There are different slangs that they use that we don't know, so that is when we get educated…There is a lot that we learn from them even in negotiating… you know, they talk about how they negotiate sex. They talk about how they keep a man waiting. It is very interesting, because for us we have gotten old now, we have gone past that stage of negotiating. For them, as much as they love the partner, they know that, you know, maybe it is sex that they have to perform in order to keep that partner, but now they have that strategy to keep him waiting. So, those are the kind of things we hear. We hear that they sleep with other men because they have given them alcohol, so now they are obliged to sleep with them. But we can't judge them, we can't judge them because we don't know what happens down there in the community."
>
> (Implementer 04, GF peer facilitator, King Chettswayo, 2020/12/07)

The most pressing need that AGYW revealed in this theme was the lack of support from adult caregivers to face the challenges they have in life. There were many accounts of AGYW facing mental health challenges for which there was little support. As stated earlier, accounts from adult caregivers often revealed blame aimed at AGYW for making poor SRH choices. Evidence for how AGYW have internalised these blame narratives will be presented in the following theme. While adults blaming AGYW was seen frequently, there were also some adult caregivers who acknowledged that AGYW were not being offered the guidance and support that they needed to make better choices. One teacher spoke about her own experiences in this regard, when she was an adolescent, confirming the need for better guidance from parents in her community:

> "The community needs to be open to discussing sexual intercourse with learners because I for one, my mother was not very open so I could not even go to her for such things because if you ask her a question she would just dismiss you, you see, so

I feel like if they (parents) are more open and they discuss these things and then their advices…we (AGYW) are going to uh… take that advice, and be like okay my mother advised me and she said these is wrong, then I am not going to engage in such things."

(Teacher 03, Female, Imagine, Moretele, 2022/10/12)

In support of this teacher's sentiments, a counter narrative from AGYW emerged, with accounts of violence and neglect being perpetrated by parents. Some AGYW reflected that it was unfair that they were blamed by their parents for poor SRH outcomes as their parents were not providing stable home environments or offering them guidance. This teacher expressed, that often, parents were themselves suffering from mental health challenges and were therefore unable to provide the emotional support that AGYW may need resulting in AGYW turning to friends for support. Most friends, however, were from similar backgrounds were not always in a position to offer useful support:

"You know living in the rural areas… most from lower income families and then a lot of our parents are suffering from mental health issues and they not even aware and they projecting all those insecurities and all those problems onto us…It's quite a challenge because now if you don't have the encouragement and the support from your parents, then you go to your peers and then most of them are from broken families as well, there's nothing really that they can tell you that is positive."

(Teacher 01, Female, Imagine, Moretele, 2022/12/05)

This theme speaks to great levels of precarity in which AGYW make SRH decisions. Added to this, AGYW have limited support and guidance being offered by adult caregivers. Narratives that tend to place blame on AGYW for poor SRH outcomes were expressed by adult caregivers. There were counter-narratives where AGYW speak of how unfair it seemed that they were blamed when their families could not provide stable home environments or adequate guidance and support for them. The following section details interesting associations between the lifestyle choices of AGYW and sex and how this is linked to their future aspirations.

Theme 2: Sex, success, and navigating blame: accounts of 'good girls' and 'bad girls'

This theme highlights how discourses around the lifestyle choices of adolescent behaviour, such as going out with boys or using substances, are associated with sex, resulting in blame being apportioned to AGYW for choosing to engage in these behaviours. What complicates this apportioning of blame is that having sex is linked to the loss of a 'bright future'. I show how because of the precarity that is evident in the context in which AGYW live, they might have little hope for a brighter future, and thus may also give up on making better SRH choices, as better SRH choices are linked to the belief in a better future. I also explore the important question of whether too much is being expected of AGYW given the multiple challenges they face in their daily lives and reflect on how interventions may be inadvertently discouraging AGYW from making better SRH choices by applying pressure for them to aspire to a future that seems unachievable to them.

This theme further reveals how AGYW are assigned into one of two categories, namely, 'good girls' and 'bad girls'. The behaviour choices that are associated with these categories are aligned to whether one achieves success or not, conflating their sexual choices with aspirations for success. The pressure to achieve 'good girl' status creates ambivalence as many women do not achieve markers for success regardless of which category they are assigned to. Still, AGYW experience pressure to align with 'good girl' behaviours nonetheless. The final section of this theme highlights the damaging impact of blame narratives.

"You need to sit down and be a good girl, a peaceful girl. Then you're going to live the greatest life ever"

The descriptions of AGYW usually fit into one of two categories, 'bad girls' who spend a lot of time out of their homes, and who are likely to be engaging in sex, and 'good girls' who spend their time at home and focus on their studies. When one implementer was

asked why they think that AGYW feel ashamed to talk about sex, they confirmed this narrative through their explanation of how AGYW are reluctant to admit that they are having sex because of its association with something that 'good girls' do not engage in:

"Interviewer: Why do they feel like ashamed to talk about sex? Why do they feel the need to pretend that they're not having sex if they are having sex?
Implementer: It's more like in not having sex you (AGYW) are being good. You are being - I don't know, it's -
Interviewer: Good girls don't have sex?
Implementer: Yeah, good girl thingy. You know I'm behaving well, I'll be something else when I get older, you know. It's something of that sort."

(Implementer 03, GF Principle Recipient manager, National,2022/10/18)

As much as adult caregivers acknowledge that AGYW face many challenging circumstances, they persist in directing blame at AGYW. The following quote from an AGYW reveals the same tendency from AGYW themselves. As much as 'bad' behaviours of AGYW could be seen to result from poor parental guidance and/or the stress from challenging home environments, there were often still strong judgemental tones in the descriptions used when AGYW speak about each other:

"There are parents…there are those that they don't support them (AGYW), they just leave them, then you will find a child doing as she pleases, so then which means she is not treated well, like in that household everyone is doing as they please…Okay maybe, maybe then uhm, she doesn't respect other people, like she is used to live around the street…She is not focused on her books, always she has relationship with different people, she sleep with different boys."

(AGYW 03, 13-17 yrs, Moretele, 2022/08/04)

The type of 'bad girl' behaviours described included substance use, not sleeping at home, walking around in the streets, 'grooving', which refers to going to parties or taverns

and are local versions of bars, having sex, and more so, with multiple partners, not listening to one's parents and spending time with boys/men. These behaviours are assumed to be complicit in poor SRH decisions confirmed by both AGYW and adult caregiver's assertions, confirming strong associations between 'bad girl' behaviours and sex. On the other hand, 'good girls' focus on their studies and do not move around as much which may afford them the opportunity for a good life. The following quotes show how AGYWs connect success and 'good girl' behaviour and how adult caregivers such as teachers associate 'bad girl' behaviour with a lack of interest in one's education and future:

> "I won't be happy because obvious if you do bad things there's no way you're going to be happy…You need to sit down and be a good girl, a peaceful girl. Then you're going to live the greatest life ever. And focus on your studies yeah."
>
> (AGYW 03, 13-17 yrs, Moretele, 2022/08/04)

> "Where I am staying, girls do not care about education or about improving their lives, they only care about being pregnant so they can access child support grant, so that they can be able to get money to buy alcohol. It seems like that is how they live in my community. They enjoy that kind of life and that is what seems important to them."
>
> (Teacher 04, Female, Imagine, Newcastle, 2022/12/05)

An important aspect of these findings is the way in which socialising activities among adolescents are framed as high-risk behaviour associated with lack of future success and conversely, how the avoidance of these activities is associated with potential success. This AGYW from Klipfontien was being asked about the things that her family teaches her and her answer reveals how she associated the behaviour or smoking with loss of future potential for success:

> "As far as I am concerned a child who smokes will not have a future, you see…because they have shown the type of person they will become when they are older."

(AGYW 01, 15-19 yrs, Klipfontein, 2022/03/19)

The reason this was found to be potentially problematic, in the context of this study, was the tendency for good SRH outcomes to be rooted in the desire for the successful life thought to be associated with it, rather than the healthy SRH outcome itself. As one implementer noted:

> "they want to use kind of like, these SRH services in order to achieve some bigger ambition… it's always an aspiration that they have that SRH is essentially, the thing that unlocks that aspiration rather than you know, the objective."

(Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

Conversely, as this AGYW from Newcastle explains, if one does succumb to the negative effects of sex such as pregnancy, it is considered to mean the end of one's life or chance for a good future:

"if she gets a child and drop out of school, leading to an end of the future…It is up to the person whether she wants to destroy her future or not."

(AGYW 07, 13-17 yrs, Newcastle, 2022/10/07)

One of the solutions that is often proposed is to have older successful women come and speak to AGYW to encourage them to find the same success. While this often comes up as a possible solution, there was also the acknowledgement that examples of such women are rare and often cannot be found within their communities. On the one hand, girls are criticised for not aspiring to be these successful women, but on the other hand, the truth is that there are only rare examples of such role models in their immediate environment for them to aspire to. The realities that AGYW face seem to paint much more of a bleak future for them to aspire to. One implementer confirmed this saying:

> “So because I think they have the desire, they want to do better in life, but by looking around they go to school, they see like these boys taking drugs, they end up thinking: ‘Oh maybe this is the best life we can do.’”
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

Considering the criticism and judgement AGYW face for being apathetic and not choosing to aspire to a brighter future, which may, in actuality, be out of reach, this implementer notes that perhaps this hopelessness which is so notably evident in their environment is part of the reason that AGYW chose to engage in these ‘bad’ lifestyle choices:

> “a big part of the problem…is hopelessness. Is that the girls don't feel like there's going to be a better life for them, so they might as well just get the boyfriends with the drugs and if they fall pregnant it doesn't really matter because they don't believe that there's anything better for them anyway.”
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

In summary, this section describes either a life with boyfriends, substance use and parties which leads to no success, or a life of staying home and focusing on education which affords one potential success. As such, AGYW fall into either of the category of ‘good girls’ who don’t have sex and have a good future or ‘bad girls’ who do have sex and have no hope for a good future. Another interesting nuance here is how the problem is often not framed as having unprotected sex specifically, but as the ‘bad girl’ lifestyle of boyfriends, substance use and partying, instead. As the last implementer noted, it might be that because the context that AGYW live in does not inspire hope that they can ever have a brighter future, that they may be giving up on trying to achieve good SRH outcomes, given the association of these outcomes with an unattainable bright future.

While the solution being proposed is that AGYW develop hope and believe in a bright future for themselves, their immediate context seems to dictate that even if they

finish their education and do not get pregnant or contract HIV, this does not guarantee a better lived experience than most of the women that they see in their communities. Further to this, it has been shown that AGYW may give up hope due to these harsh realities, and as a result, may choose to engage in these high-risk behaviours. The next section focuses on the effects of AGYW internalising the blame and judgement that is directed at them.

"But sometimes I can put a blame on us as girls, the way we dress as girls tempt men to look at us in other way."

When asked what they think the interventions aim to achieve, adult caregivers conveyed that the interventions should aim to instil hope for a bright future, despite all the evidence to the contrary. One implementer said:

> "So, I think the program is aimed at helping the girls to imagine the better life for themselves. Irrespective of the circumstances. Irrespective of what they see around themselves. They can still have a better life. They can still do better for themselves."
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

The previous CDA chapter highlighted that this objective of inspiring AGYW to believe in a brighter future was a key objective for both interventions, raising the question about the efficacy of such objectives in contexts such as these. Firstly, there are adults in the community who think that this hopelessness may in fact be the cause of AGYW not using SRH services. Secondly, there was the sense of unfairness in placing a tremendous burden on AGYW given all the multiple pressures they face. When AGYW were asked why they think their peers engage in 'bad girl' or high-risk behaviour, the answers suggested that they may internalise blame, evidenced in these two AGYWs' descriptions of their peers' behaviour:

> "There is adolescent stage and when girls are in that stage, they cannot control themselves and they do not even listen to parents, they do whatever they like, and

they end up engaging in sexual activities. They end up not knowing how they ended up there because they were doing to impress their friends."

(AGYW 05, 13-17 yrs, Newcastle, 2022/10/05)

"We are not safe at all. But sometimes I can put a blame on us as girls, the way we dress as girls tempt men to look at us in other way. The dresses we dress reveal our bodies."

(AGYW 08, 13-17 yrs, Newcastle, 2022/07/11)

While there were strong suggestions confirming the idea that most AGYW are apathetic and do not display much will to make good SRH choices, there were also counter-narratives suggesting that some AGYW are enthusiastic and hopeful about their future, but that external circumstances limit their capacity to achieve these aspirations. One implementer explains:

"In all of the focus groups that we do with these girls, you know, its strikes me every single time, how bright, how enthusiastic, how energised they are to learn about this stuff, to get more information, to go and find…The barriers and the sort of lack of agency is not because of an unwillingness of the girls to go and try and you know find out and figure out how to navigate the world. They are smart enough to know that they need to do that, the barriers are typically externally put upon them."

(Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

An example of such externally imposed barriers emerged when interviewees were asked why AGYW do not go to clinics. They explained how AGYW are judged and blamed by clinic staff and if AGYW are seen to be pregnant or HIV positive, they are judged even more. Thus, AGYW are judged if they ask for help to avoid the negative consequences of sex and then judged when they exhibit them. Not only does 'bad girl' behaviour and the negative consequences thereof affect their personal reputations, but also that of their families and

community affiliations such as schools, placing even more pressure on AGYW to curb their behaviours. One AGYW said:

> "Girls should stay at home, they should not be seen all over the place, they must not leave homes, with the reason. If a person is all over the place and people know her, she is likely to be vulnerable unlike a person who stays at home, that person has dignity and people respect her."
>
> (AGYW 07, 13-17 yrs, Newcastle, 2022/10/07)

> "She will miss the school because it is not a good thing for a girl to wear a uniform and go to school when she is pregnant, that jeopardises the name of the school…if she goes to school, she will not be showing any respect for the school."
>
> (AGYW 07, 13-17 yrs, Newcastle, 2022/10/07)

Mimmy's interview, however, reveals how this same behaviour can also be respected and lauded by peers when they are in conversation with each other, which presents an interesting tension that AGYW may experience in this regard. Perhaps, during the interviews, AGYW tended to align more with the prevailing discourses on blame and judgement but when speaking to peers they do not necessarily buy into the blame.

This section on blame narratives unveils the pressure that AGYW find themselves navigating regarding their behaviour choices. This section tells a story of how AGYW are harshly judged for choosing what can otherwise be considered normative adolescent behaviours, because these behaviours are associated with poor SRH outcomes. They are socialised to believe that their lifestyle choices have a direct impact in their prospects and are put under pressure to aspire to future outcomes that seem impossible within their context, and then harshly judged when they miss the mark of these standards. Following is a deeper discussion of the two themes that have been presented here.

Discussion and conclusion

The themes presented in this chapter described how there are many layers of complexity that AGYW need to navigate when engaging in sexual decision-making given the precarity that characterises the contexts AGYW find themselves in. As both the CDA chapter revealed and these two themes reveal, AGYW are framed as vulnerable and lacking skills, knowledge, and support from adult caregivers to cope with these precarities, leaving them vulnerable to poor SRH outcomes, seemingly due to a lack of agency to negotiate safety within their sexual relationships and/or to choose the 'good girl' lifestyle.

A central tenet of the process of sexual decision-making is the concept of sexual agency. There remains a struggle around how to think about the concept of sexual agency. On the one hand, the sense of empowerment through sexual agency can be understood as something that is experienced as an intrapersonal and internal feeling of power, while on the other hand, it can be understood as a measure of a person's power to influence social and political arrangements (Higgins et al., 2022; D. L. Tolman, 2012). The issue of sexual empowerment/agency has further been conflated with what (Bowman, 2014) describes as sexual self-efficacy; the ability to negotiate effectively with a sexual partner. Tolman (2012) links the concept of sexual agency to sexual subjectivity, which she describes as follows:

> "…a person's experience of herself as a sexual being, who feels entitled to sexual pleasure and sexual safety, who [can] make…active sexual choices, and who has an identity as a sexual being." (Tolman, 2012, p. 749-750).

This kind of sexual agency is understood as a set of capacities rather than mandates to avoid danger, and as entitlement rather than responsibility to protect oneself from danger (Tolman, 2012). (Chmielewski et al., 2020) summarises sexual agency across three dimensions:

> "(a) one's awareness of her embodied feelings of desire, pleasure, and/or sexual responses, (b) one's sense of entitlement to those feelings, and (c) one's agency or

ability to recognize and utilize bodily, relational, and cognitive information in acting in the interest of her own sexual needs."

For the purposes of this thesis, the concept of sexual agency shall include reference to all the above aspects.

When one considers the levels of precarity described previously, it is difficult to imagine how AGYW can develop sexual agency amidst all these layers of added complexity within their lived experience. The first layer of complexity is the pressure that AGYW feel to maintain the status of 'good girl'. An important element to consider in this 'good girl/ bad girl' debate, is the interplay between AGYW's SES and their sense of achievement and ability to attain success in life.

As was shown in the earlier findings, as much as AGYW have very little evidence in their context of how maintaining 'good girl' status will result in a brighter future, hoping in this future is considered a top priority by interventions and adult caregivers. AGYW are judged harshly and even blamed for not having hope when they engage in any of these associated high-risk behaviours. These kinds of behaviours are considered normative for adolescents across all cultures, but is perhaps more heavily problematised in this context, due to its association with these poor SRH outcomes, leaving AGYW more susceptible to giving up hope should they chose to engage in them, than adolescents in other contexts. AGYW may be giving up and making poor SRH choices because the successful 'good girl' status may seem too far out of reach for them within their context.

As was found in the CDA chapter, AGYW are perceived to be overly preoccupied with romantic relationships, yet for women across the world, heteronormative scripts dictate that finding a man with whom to establish a committed/romantic relationship is a defining and key objective for young women (Bay-Cheng & Goodkind, 2016). As mentioned in the literature review, in South Africa, finding a romantic partner and being publicly known to be in a relationship, and/or having a baby, even in an abusive relationship, was found to be linked to constructions of successful womanhood, so the performance, testing and affirming of these relationships are critical areas of concern for women (Chmielewski et al., 2017;

Jewkes & Morrell, 2012b; Willan et al., 2022). As such, while public health discourse frames teenage pregnancy as a public health crisis that leads to poorer outcomes later in life, from the perspective of AGYW, pregnancy may be seen to improve their life outcomes as it affirms their status as a woman. This is explored further in Chapter Seve. (Barron et al., 2022; Willan et al., 2022).

Bay-Cheng and Goodkind (2016) speak of how self-exploration and developing autonomy as a young adult should precede romantic partnering and parenting, but that this is far more likely to occur among youth in higher SES. Women in low SES tend to enter long-term relationships earlier and marry sooner, due to the benefit of pooling financial resources and/or obtaining additional financial support from a partner. As the earlier findings on context revealed, boredom amongst AGYW is prevalent. (Jewkes & Morrell, 2012b) found that engagements with men was found to be one of the main sources of entertainment and excitement in their context due to the limitation of other options in their context.

Further to this, for women in lower SES the probability of achieving traditional markers of success such as completing tertiary education, or getting high-paying jobs, is much lower, so the social capital gained from being married or having a romantic partner becomes a more readily attainable demonstration of feminine success, lending a lot more legitimacy to AGYW's seeming preoccupation with romantic relationships (Bay-Cheng & Goodkind, 2016; Jewkes & Morrell, 2012b).

Fine & McClelland (2006) describe how women in low SES are often judged and accused of failing to protect their sexual health, similar to findings presented in this chapter, resulting in further loss of public and community support, which ironically disempowers them further in their quest for sexual agency. The WHO (n.d) defines sexuality as being embedded in social and political power structures and not merely as biological impulses and actions (Higgins et al., 2022; Hodes & Morrell, 2018). This section highlights the way in which SES may impact AGYW's sexual decision-making and how they are susceptible to such socio-political powers as they navigate the intersection between gender and SES. When considering their context, AGYW may be more willing to take risks in order to achieve these

social benefits than women in higher SES who may have other options for achieving markers of success, and therefore, can make choices to avoid risk more readily. For AGYW in this study, perception of risk is thus also not experienced in the same way as women in higher SES.

AGYW also appear to have to contend with being blamed when not aspiring to a brighter future, while there is much evidence in their context to suggest that even if they abstain from high-risk behaviour and finish tertiary education, they may still not attain a 'brighter future'. There was an acknowledgment that perhaps AGYW lose hope and become apathetic about their futures, which then results in them aligning with 'bad' girl behaviours out of despair, yet they are still held personally responsible and blamed for this. According to van de Bongardt et al. (2017) the need to emulate the behaviour of peers and the need to explore identities outside of those prescribed by adult caregivers is considered a normative part of adolescent identity development, but perhaps these 'high-risk behaviours' are more heavily problematised in this context, due to their association with poor SRH outcomes.

Interesting to note was how intervention implementers and teachers still promote the idea that AGYW must be helped to believe and have hope for a better future, despite the overwhelming lack of real evidence in their context that this is possible, perhaps placing undue pressure on them given their reality. As mentioned in the literature review, a common critique of public health interventions is that they tend to rely on the individual behaviour change that stems from the rational choice(s) of the individual, while ignoring complex factors within the social and political environments that may have a greater influence on decision-making than rationality alone (Heise et al., 2019; Leclerc-Madlala, 2014). Ignoring the complexities in their sexual decision-making in this way seems to exemplify this critique of public health interventions.

The two themes in this chapter show how AGYWs' choices around sexual agency are mediated by these layers of complexity that sit outside the realm of rational consideration of risk. In the two chapters that follow, the idea that AGYW may be compromised in their capacity to develop sexual agency due to these complexities. Interventions may not be

sufficiently considering and addressing these aspects of their lived experience of sexual decision-making when considering how to intervene effectively.

CHAPTER SIX: What AGYW are told about and how they decide to engage in sex

Introduction

There are three themes that will be discussed in this chapter. The first, speaks to what AGYW are taught about sex and how this results in them fearing sex, but also feeling intense shame about it. The second explores the factors that influence AGYW to engage in sex, the most important of which was peer pressure. The last theme focuses on how AGYW may be denied the capacity to develop sexual agency.

This section presents the many aspects of AGYWs' sexuality that are couched in fear. Firstly, most of what they are taught about sex is delivered as a warning, including messages admonishing them to stay away from sex and boys. When sex is spoken about as a warning, details are often omitted or shared in biological terms focused solely on risk, without any reference to ways in which girls can protect themselves should they choose to have sex. Despite how vague these warnings are, AGYW were aware that they should avoid pregnancy. The narrative, however, was to 'stay away from boys' rather than 'this is how you fall pregnant/get STI's and this is how you can protect yourself'. The implication of the behaviour of associating with boys is problematised far more than an explicit statement about sex being the problem. When asked about it, many AGYW revealed that messages they received about sex from parents, teachers, and the interventions never incorporate any positive aspects of sex.

Boys and men are largely vilified; tropes include deliberately causing AGYW heartbreak, only wanting sex and not committed relationships, manipulation, cheating and using violence, leaving AGYW fearful of the consequences of engaging with boys and men. Despite these fears, AGYW still long to be with boys who will offer them commitment and try to protect them rather than hurt them. They find themselves caught between these desires and fears, struggling to know when they should or should not believe boys who are

described as “fooling” them with romantic overtures. The CDA chapter revealed how this preoccupation with relationships is problematised and implicated in poor SRH. Chapter Five showed how there is little consideration in the discourse for how much pressure low SES may put on AGYW to secure romantic partnerships. This chapter showed how AGYW also have to navigate these fears rooted in the mistrust they have of boys and men.

When examining the reasons that AGYW decide to have sex, peer pressure is revealed as the most prominent factor. The dynamics of peer pressure reveal interesting ideas about the paradox between the sex negative lens that the advice from adult caregivers adopts versus what emerges as more sex positive narratives that peers engage in. What arises is a setting in which AGYW grapple with these opposing narratives and decide whose version of sex to believe and act upon, with peers winning in most cases. Not only do peers speak about the positive aspects of sex, but AGYW reveal how they experience many positive benefits from sex which adult caregivers do not seem to consider when advising AGYW. This research sheds light on the fact that the advice AGYW are given contradicts with their lived experience of sex, making it difficult for AGYW to adhere to parental advice. This also speaks to the problem of interventions not focusing on an important aspect of sex — pleasure. Pleasure will be unpacked further in the Discussion chapter.

Theme 1 – “Boys just want a taste of the cake”: Fear, shame, and sex education as a warning.

This theme begins with observations of the typical barriers that impede AGYW from making beneficial SRH choices. While some challenges relating to how adolescents are unable to forgo immediate gain for long-term benefit emerged, it also became clear that AGYW face hash judgement should they be seen to enact sexual agency and attempt to access SRH services, for example, resulting in them fearing the consequences of making good SRH choices. Discourses that frame AGYW as apathetic and lacking skills and knowledge and offer these as reasons for poor SRH service uptake abound, but little is said about the challenging consequences that AGYW face in making SRH choices. A deeper

discussion on general fears that surround sex were evident in the interviews including fear about male sexual partners.

Most prominent, is the finding that AGYW feel the need to hide their sexual activity due to shame and embarrassment about sex and fear of being found to be sexually active. This further compromises them in their capacity to enact good SRH management choices. If AGYW are afraid to be known to be having sex, then it stands to reason that they will struggle to take agentic actions such as using contraceptives.

The findings demonstrate that their need to hide their sexual activity eclipses their need to protect themselves from poor SRH outcomes. As a result of hiding their sexual activity, AGYW also feel uncomfortable learning about or speaking about the details of sex, which might further compromise them in achieving good SRH. The second part of this theme exposes the various factors that influence AGYW to initiate engagement in sex, with peer pressure being the most influential by far. A discussion on the positive benefits that AGYW derive from sex, but which are not spoken of by adult caregivers, follows. This first section explores key barriers to good SRH choices.

"Yah, no, it's not gonna happen to me"

One of the barriers to good SRH choices that emerged from these findings was the idea that adolescents struggle with cognitive dissonance. This manifested as not intending or acting to prevent risk in the moment. Mimmy's story confirmed this observation when she spoke of how AGYW do not think about risks in the moment. Danny also recalls what it was like when she was a teenager:

> "But you know, when you are engaging in sexual contact, there is a possibility that you might be pregnant but somehow the mind kind of blocks it out, you just hoping that not gonna fall pregnant, yet you are doing all these things…'Yah, no, it's not gonna happen to me, I'm not gonna be pregnant, I'm still, I'm very young'."
>
> (Teacher 01, Female, Imagine, Moretele, 2022/12/05)

In another interview, an implementer spoke about an academic concept called *delay discounting* described in literature as the preference for smaller more immediate outcomes, opposed to waiting for larger delayed outcomes (Odum et al., 2020). It is commonly seen as predictive of drug abuse, risky sexual behaviours, as well as other maladaptive behaviours (Odum et al., 2020). The implementer describes how he believes this works in practice for AGYW, with the next quote from an AGYW confirming that perhaps, in the moment, because sex is experienced as enjoyable, AGYW do not consider the potential negative consequences:

> "So you know, girls might know vaguely for example that like getting pregnant would be a problem, but it's hard to quantify like how much of an impact would that have on my life? Whereas if you've got a pushy boyfriend right, in the moment, it's very easy to quantify like what would be the consequences of me saying that I don't want to sleep with you right now because I am not on a contraceptive method. And it's that dynamic is much more prevalent in adolescent than it is in kind of adults and older people."
>
> (Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

> "I think some don't really think about, you know, once they're in that moment and they're enjoying it (sex) they don't even think about 'Oh, what will happen after this?'"
>
> (AGYW 09, 15 yrs, Moretele, 2022/12/14)

Another implementer conveys the idea that is not merely a lack of knowledge or apathy on the part of AGYW that acts as a barrier to making good SRH choices. His counter-narrative emphasised that AGYW are: "a lot smarter and a lot wiser than I think a lot of these organisations give them credit for." (Implementer 03, GF Principle Recipient manager, National). He went on to explain how in his experience, AGYW are aware of the risk of HIV, and they do not want to contract it, but they are just trying to figure out the best approach, given the complex factors that influence their decisions. Probably the most significant

barrier to good SRH choices revealed was a prevalent the fear of judgement and chastisement should they try to access the SRH services available to them in clinics. This AGYW tells of how clinic staff question young people when they come and ask for condoms and make them feel uncomfortable about doing so:

> "They ask you what you need the condom for because you are still young…they know that you will use it to protect yourself and yet they still ask questions about why you want a condom."
>
> (AGYW 01, 15-19 yrs, Klipfontein, 2022/03/19)

One implementer affirmed that it may not always be a lack of knowledge or lack of access to services that is the problem, but more the fear of judgement should AGYW act on this knowledge and access the services:

> "Interviewer: How easy or difficult it is for adolescent girls and young women in this community to access uhm contraceptives?
>
> Implementer: It is easy, there's a clinic nearby, and there's a lot of talks about contraceptives, but I feel like uhm the fear is that these kids have, uhm the embarrassment…they feel like they going to be judged or because the nurses are older people they feel like they are going to be, Uh reprimanded."
>
> (Teacher 03, Female, Imagine, Moretele, 2022/10/12)

When AGYW are asked what they think contributes to the high rate of pregnancy, their answers reflected that their peers are not using contraceptives, yet when they are asked if contraceptives are easily available, most girls say yes, and that they do not understand why there is such resistance to using them. One AGYW, however, reported how she thinks that AGYW should use contraceptives even though it's "wrong": "I think they must prevent (use contraceptives), even though its wrong - but then they don't want to be pregnant." (AGYW 03, 13-17 yrs, Moretele). This quote suggests that the shame and fear of judgement towards AGYW for using SRH affects their perception of using SRH services negatively. AGYW may possess knowledge and agency but may not act on them for fear of

judgement. While fear of judgment was a prominent theme, fears about sex and boys and men, in general, were also prevalent. The next section explores these fears in more detail.

Sex education as a warning: 'Stay away!'

In general, expressions of fear about sex and the potential negative consequences were common: "Because from what I've heard I'm very scared of having it (sex) because of the diseases that you get after, I'm scared of having the disease." (AGYW 09, 15 yrs, Moretele). All AGYW revealed that sex education is delivered as warnings to avoid these consequences. As a result, some of the younger high school aged participants that I interviewed conveyed that girls their age ought not to be having sex and agreed that sex education should be admonishing them to avoid sex. When asked what kind of education AGYW need, an AGYW replied: "the outcomes and what happens during maybe or and before, and the reasons why they should stay away from sex." (AGYW 10, 16 yrs, Moretele)

While getting diseases is mentioned, it seems that the fear of pregnancy is of much greater concern, something that adult caregivers and implementers also confirmed. These same findings were published in the HERStory 2 report. When asked what they are taught about sex, the resounding narrative that emerged is that sex education is delivered as a warning, rather than an exploration of sex. Captured within these warnings are the potential negative consequences which one girl described as the "aftermath", with most messages leaving AGYW with the belief that they should stay away from sex: "Most of the things she was telling was that a warning. Yeah, she was just warning me." (AGYW 10, 16 yrs, Moretele)

While the 'stay away' instruction appeared to be deeply entrenched in what AGYW revealed, there was also sometimes an acknowledgment from AGYW that sexual and romantic attraction at their age is normal, despite the warnings issued by caregivers. When asked if she has ever had a crush on a boy, one AGYW replied: "Well I am a teenager, so yeah it has happened, but I try my best to stop it." (AGYW 12, 16 yrs, Moretele). A few girls shared stories of mothers who had unplanned pregnancies and did not want their daughters

repeating the same mistakes. This may be one reason that their mothers warn them about the dangers of sex.

What was interesting to note was how often sex, itself, was not explicitly stated in the warnings. Rather, it was that AGYW should stay away from 'boys' and the associated bad behaviours such as going to parties. Many AGYW reported being forbidden by parents from having boyfriends until they finish school. While it is often not explicitly stated, the assumption is that the boyfriend will lead to sex and pregnancy, which they must avoid. This "stay away" narrative is confirmed by this teacher's answer, when she was asked what the interventions need to do to help AGYW in their area:

> "We need interventions that will teach them about sexual and reproductive health because they get pregnant at the young age. We teach them here at school but we need more programmes. They need to be taught the importance of abstaining themselves from boys and sexual activities."
>
> (Teacher 04, Female, Imagine, Newcastle, 2022/12/05)

Another challenge facing AGYW was that their mothers do not tell them about the details of sex and prevention options when they give them these warnings. When AGYW are given education about sex, the instruction is to stay away rather than to try to prevent the negative consequences. This extract from an interview with an AGYW whose mother had spoken to her about sex and warned her not to do it exemplifies how she was instructed to stay away but had not been informed about contraceptives:

> "Interviewer: And is this from Life Orientation that you learnt this?
> AGYW: Yeah. Yes, it is
> Interviewer: Not from your mom? Your mom didn't tell you about contraceptives?
> AGYW: Yeah, she didn't tell me yet
> Interviewer: And does your mom speak to you about all the details of sex when she explains sex to you? Did she tell you about like penises go in

vaginas and orgasms and all of that? Like how did she explain it to you?

AGYW: She didn't."

(AGYW 12, 16 yrs, Moretele, 2023/02/11)

My interview schedule asked if AGYW ever receive positive messages or are told what is good or pleasurable about sex by caregivers and all five of these AGYW responded that they had not. Subsequent chapters explored the effects of AGYW only being exposed to messages grounded in the sex negative paradigm and never being told about how sex can also be pleasurable. Based on the veracity of these negative messages of warning, one AGYW said that besides having children, she does not understand why people even choose to have sex:

"I don't know, I don't really know whether there's a positive thing about having sex, but I mean some people have it because they need to bring down, I mean they want to bring another life into earth, but then others I don't really know."

(AGYW 09, 15 yrs, Moretele, 2022/12/14)

This suggests that because AGYW are perhaps unprepared for sex to be pleasurable and enjoyable, and are only told to expect negative consequences, when they do engage in sex and find it pleasurable, they disregard all warnings from adults. When their lived experience of sex does not align with what they have been told about sex, they may perceive all that they have been taught to be inaccurate, as was evidenced in the earlier quote which spoke about how AGYW may disregard risk in the moment because sex is enjoyable.

This section shows that AGYW are warned about the negative consequences of sex, told to stay away from boys, which leaves them fearful about sex. The following section focuses more specifically on the fear of boys and men.

Boys and men are deemed to have malignant intentions toward AGYW and tend to be vilified in the narratives relating to them. AGYW are left struggling to navigate their desire for an ideal of healthy romantic interactions in the face of what is described as potentially life-threatening engagements with men.

"They kill us in the name of love"

An element linked to the fear around sex was a deep sense of mistrust of boys and their intentions revealing quite vilifying narratives about boys who just want sex and intentionally break AGWYs' hearts. These narratives originated from teachers, mothers, and friends. This AGYW explains how her teacher warned her about boys:

> "Our teacher even told us today that boys just want a taste of the cake until they get the right one. So right now, they're just playing with you…I've seen many of my friends get heart breaks."
>
> (AGYW 09, 15 yrs, Moretele, 2022/12/14)

Linking back to the theme in the previous chapter that speaks about the sex versus success narrative, boys and men are often implicated in the loss of educational aspirations with AGYW often making the distinction between either engaging boys or focusing on education. One AGYW told me about a workshop at school where a woman gave them advice about their futures: "like we need to focus on our books…Then like boys like they will always be there obvious…boys even if they are around but then…let's focus on our books." (AGYW 03, 13-17 yrs, Moretele). Other interviews revealed similarly vilifying accounts of boys, including a teacher who warned this AGYW that boys will deliberately try to compromise them by poking holes in condoms:

"AGYW: She (her teacher) told me, she was telling us in LO that nowadays they can be very sneaky, yeah

Interviewer: Oh okay. Why do you think boys would be sneaky and do that (poke holes on condoms)?

AGYW: I really don't know. It's a demon in them that's telling them."

(AGYW 12, 16 yrs, Moretele, 2023/02/11)

The next quote details how an AGYW was taught that boys just want sex and will lie about their HIV status to get it:

"AGYW: Yes he cannot tell you that I have HIV and all of that. What he wants from you is sex…he cannot tell you because he knows that you will want to use protection or you will refuse."

(AGYW 04, 13-17 yrs, Moretele, 2022/07/11)

From the perspective of AGYW, a significant reason for distrusting boys is their tendency to cheat and take pleasure in intentionally breaking AGYWs' hearts. AGYW disclosed experiencing severe emotional fallout when betrayed, with some even expressing suicidal thoughts following heartbreak. Interviewees conveyed that boys do not have romantic aspirations and only want sex for the purposes of proving their manhood, as this implementer claims: "So they are proving a point…not that he likes the girl, but he's proving a point to his friend that 'I can get this girl. I can have this girl. I can have sex with this girl.'" (Implementer 01, HS2 & Imagine interviewer, National). Despite how prominent these feelings of mistrust in boys are, girls also express desires to be treated well by boys, sometimes expressed as romantic aspirations. When asked what she thought can make life easier for young women in her community, one AGYW spoke of how she wishes that boys could act to protect women more:

"If boys can treat them (girls) with care without taking advantage of them… Like a boy does like if he is my friend right…and he doesn't want to take advantage with me but he makes sure…that I'm always safe, and if other boys try to take advantage of me he is always there. He want to make other boys not to touch me…and do anything to me: Do you understand me?"

(AGYW 03, 13-17 yrs, Moretele, 2022/08/04)

The following quotes tell a story of how AGYW struggle to navigate these fears about boys' and mens' intentions and their desire to be in healthy relationships with them. This AGYW relates how she and her friends encourage each other not to "fall" for the romantic overtures of boys, as they cannot be trusted, and that only boys who are willing to wait for sex can be trusted:

> "Because as friends we told each other that: 'No guys, no matter how cute he is, no matter how attractive, how sweet…How funny, anything, don't fall for that. Wait for until, until you're grown. Until you're ready... If he's not willing to wait then he's not the one. We told ourselves'."
>
> (AGYW 12, 16 yrs, Moretele, 2023/02/11)

There was a common belief that boys use compliments to lure AGYW to have unprotected sex, then abandon them when they are pregnant. One AGYW referred to this process as "being fooled", affirming the difficulties that AGYW seem to have knowing when they can and cannot trust men. It seemed that AGYW have difficulty navigating their romantic aspirations as they fear that allowing themselves to love boys may not only leave them heartbroken but may also leave them vulnerable to abuse if they cannot leave the relationship. As was mentioned previously, in contexts of poverty such as these, being able to prove that you have a romantic partner may be one of the only displays of success that is accessible, and one's only source of financial support. As such, many AGYW remain in abusive relationships where coercive sex occurs. The following quotes describe this:

> "AGYW …because at the end they start abusing you because you don't want to have sex with them
>
> Interviewer: Mmm, oh okay, yeah. And why do you think girls allow that?
>
> AGYW: Some of them, if they love the guy they will, obviously they will allow that."
>
> (AGYW 11, 15 yrs, Moretele, 2022/12/23)

> "AGYW: I listened to the news and you end up being afraid of being in the relationship…You cannot trust love in nowadays because guys kill us

in the name of love…You are even afraid if a boy is proposing you because you think that by dating this guy, I might also die."

(AGYW 08, 13-17 yrs, Newcastle, 2022/07/11)

These fears about boys and men may have their roots in what one implementer describes as the idea that women are supposed to submit to men and always listen to what they say and try to please them. What she said revealed that even if AGYW have developed sexual agency, they may have been taught to submit to men, and therefore, may be compromised in their ability to enact this agency:

"…what I have realized is that it's more like you've been taught to submit to a man. You know, whatever the man says there's, you have to do it - in terms of pleasing him. It's more like you're not standing up as a woman and say for your own safety, for your own - as a woman you say this is the relationship that we have, but for us to be more safer I think this is how, this is that. They do have information, they do have information but they don't know how to implement it in a relationship."

(Implementer 02, HS2 & Imagine interviewer, National, 2022/11/21)

Added to the fears of being abused in relationships or not being able to protect themselves should they get into relationships, many AGYW report a phenomenon of boys who stand on the streets and solicit AGYWs' attention as they walk past. If girls do not respond positively to these overtures, they turn into insults and threats which leaves girls feeling like they have no choice but to concede to these advances for fear of retaliation from boys. One AGYW spoke about what she feels when boys are calling her, and she tries to ignore them:

"Then after that he will start calling you names and swear on you such things, then you start feeling insecure…but in a way you get that fear that what if something happens…What if I piss this person off such things yeah."

(AGYW 02, 13-17 yrs, Moretele, 2022/08/03)

Because of these malignant intentions, AGYW describe the process of figuring out when they can and cannot trust boys and men as extremely risky and challenging. In response to this, some girls are adamant that they should stay away from boys, but at the same time, they long to be in relationships with boys who can be trusted not to hurt them. Some AGYW have deferred this hope of being in a trustworthy relationship to when they are older, informed by the notion that older men may be more trustworthy than boys their own age.

AGYW revealed how their sense of autonomy in choosing whether to engage boys can be impeded by the threat of verbal, emotional, and physical abuse from boys which affects their self-esteem negatively, resulting in engaging with boys despite their misgivings. Notions of socialisation about having to submit to men further compromise AGYW's capacity to negotiate safety in sexual relationships. Considering how important being in a relationship is for these AGYW, the pressures of choosing the right action must be extremely disconcerting for them, perhaps shedding light on why the consideration of SRH risks may not be the utmost priority for AGYW in such contexts.

Another important aspect related to their fears surrounding sex are how AGYW feel that they need to hide their sexual activity. As shown in the previous chapter, girls feel that they should not be having sex, and if they are, they should not let people in the community know, as this might result in a loss of dignity or judgement and chastisement. This becomes problematic because they do not want to be seen as having sex, and therefore, do not want to be seen at clinics asking for contraceptives. The need to hide their sexual activity thus compromises their capacity to enact sexual agency, as outlined in the next sub-section.

"It's like something that you have to hide"

While Mimmy's interview suggested that some AGYW speak to each other openly about their sexual activity, others revealed that they do not think that their friends would ever tell them if they did have sex. When this AGYW was asked if she has ever spoken to friends her age about their sexual experiences she replied: "No, no…judging by…many of my

friends, I don't think they would tell me if they did." (AGYW 12, 16 yrs, Moretele). Another said that she would not want to speak about sex because of the risk of gossip: "Some gossip hey, gossiping is very common in this generation." (AGYW 09, 15 yrs, Moretele). As much as AGYW revealed a lot about sex amongst their peers, not one AGYW openly admitted to having sex themselves. They never answered questions about sex in the first person, even though, as in this case, this AGYW admits to using condoms (implying that she is sexually active) but also highlights that she should hide the fact that she uses them:

> "You can just take the condoms in the clinic and put it in your bag… I prefer condoms now (laughing)…Because no one will see you, you will have your bag and you can put them in the bag without anyone noticing."
>
> (AGYW 07, 13-17 yrs, Newcastle, 2022/10/07)

An implementer found this same tendency of AGYW speaking about having sex in the third person. When asked why she thought that this was the case, her response was: "It's more like when you say you're sexually active, it's more like it's embarrassing" (Implementer 02, HS2 & Imagine interviewer, National), and later confirmed that AGYW need to hide the fact that they are having sex due to shame:

> "I don't know. The fact of sex, I don't know. Sex is an issue, like sex is an issue. It's like something that you have to hide. I don't know why, but it's something that you have to hide that you are doing it."
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

In conjunction with the need to hide sex due to various fears, interviews further uncovered general shame around sex which results in girls finding it difficult to speak about sex and feel comfortable obtaining detailed information about it. This shame stems from beliefs that their parents forbid sex, religious beliefs, and a sense that what they learn about in school is sufficient. AGYW express finding difficulty talking about sex and say that they do not enjoy talking about it because conversations that adults have with them usually highlight only the negative aspects of sex. One AGYW thought that girls ought to be

ashamed when they get pregnant, and therefore, should not talk to anyone about it. Another AGYW tells of how she does not want to talk to her mother about sex because she knows that the conversation will involve judgement which may leave her feeling like she is being lectured:

"Interviewer: Oh, even now she (her mother) still hasn't spoken to you about sex?
AGYW: She tries, but I shut it down
Interviewer: Oh really…Why do you shut it down?
AGYW: It's just weird talking about sex, what can we say about the stuff…She's old. And the thing is, it will be more of a judgement or a lecture rather than a talk."

(AGYW 10, 16 yrs, Moretele, 2022/12/22)

When asked why she thinks AGYW are uncomfortable talking about and admitting to having sex, an implementer said that it was because AGYW's parents forbid them from having sex, paraphrasing: "'you should not be sexually active by this time. You need to focus on your work'. So, admitting that (they are having sex) will not be, will not be good." (Implementer 01, HS2 & Imagine interviewer, National). An AGYW communicated the idea that boys talking about sex in front of them is disrespectful, and that the content about sex that they learn in school, which she said is more focused on risk and pubertal changes, is all that is acceptable to be talking about. In general, when asked about the level of detail about sex that they know and speak about, AGYW reveal that they know very little detail, and thus, don't speak about sex in detail:

"Interviewer: So I mean I hope it doesn't make you feel uncomfortable, but I wanted to know like do your friends actually talk about the physical act of sex? Like penis going into a vagina. Like, or do most children find it they don't really talk about that, they just speak about sex more in vague terms?
AGYW: No. They never go into detail like that…never
Interviewer: Do you think it's because most people don't really know about all those details? Don't really know what that's all about?

AGYW: Yeah. I don't think - I don't - we don't know it. As friends we don't know it like in deeper. We just know that, yeah, I don't know, we don't know anything deeper than that the fact that it's, it's when a male puts his thing inside a woman - inside a female. Other than that, yeah we don't know anything deeper."

(AGYW 12, 16 yrs, Moretele, 2023/02/11)

Added to this, it seems that girls may feel that they should avoid thinking about sex or learning the details of sex. Most AGYW struggled to articulate why, but those who were asked directly said they were uncomfortable talking about sex to most adults. Another interesting perspective from this AGYW was how she did not focus on conversations about contraceptives, as she felt that she should not be engaging in sex, and thus, should not learn about prevention methods:

"Interviewer: Ok, let us talk now about the contraceptive methods that you know about?

AGYW: I do not know

Interviewer: Have you ever heard maybe people talking about contraceptive methods?

AGYW: I used to hear but it is just it is something that I do not focus on because at my age and my situation at home I know that I should not engage myself in these activities."

(AGYW 05, 13-17 yrs, Newcastle, 2022/10/05)

This section reveals that AGYW feel that they should not speak about or possess knowledge about the details of sex and preventions methods. They struggle to articulate why speaking about the details of sex is uncomfortable, but it appears to be linked to the notion that they should not be having sex, as well as general shame and embarrassment. Another reason is that whenever they do receive information, it is negative information which does not seem to interest them. This fear and shame about sex seems to prevent AGYW from obtaining and equipping themselves with detailed knowledge of sex and prevention, which would certainly compromise their capacity to develop and enact sexual

agency. While the discourses of warning and shaming are intended to protect AGYW they appear to have the opposite effect, disempowering them in terms of their sexual health.

These extracts confirm that girls are not taught about the positive aspects of sex or what makes having sex appealing by teachers, parents, or the interventions, and there is a distinct lack of any narratives of sexual pleasure. The next section turns attention to the reasons that AGYW give for starting to engage in sex. Their responses reveal reasons relating to the more pleasurable aspects of sex, which are notably absent from parental and caregiver advice.

Theme 2 - How do AGYW decide to have sex?

As much as men / boys are problematised, they are also described as a potential source of emotional and financial support and a means of escaping from distressing life challenges at home. In this extract a teacher suggests that AGYW may even choose to have children as a means of retaining these benefits:

> "They (AGYW) have someone that kind of shows them that they love them, gives them a bit of attention, and then they feel comfortable and they end up doing those things, and I also think that sometimes teenage pregnancy is uhm, maybe like if a child is dating someone older, whom she thinks that these person is providing for her - she ends up thinking that if I give these person a child I am going to keep this person, does it make sense?"
>
> (Teacher 03, Female, Imagine, Moretele, 2022/10/12)

There was an acknowledgement that AGYW sometimes engage in sex to improve their self-esteem or to gain the approval of boys. As this AGYW explains: "they sometimes do that (have sex) …they do that to make them feel better about themselves." (AGYW 05, 13-17 yrs, Newcastle). Another important aspect of sexual decision-making was the need to keep their partners happy. There were also reports of sex as a means of proving their love for partners, with many AGYW believing that men only want sex, while females have sex as

a show of love or commitment to partner. Some AGYW recounted stories of feeling manipulated by male partners into having sex as a means of demonstrating their love. Danny describes her own experience of how she acquiesced to demands for unprotected sex to keep her partners happy when she was younger:

> "So for me to indulge in sexual contact was like I had to make him happy as well. He is making me happy, I have to make him happy."
>
> (Teacher 01, Female, Imagine, Moretele, 2022/12/05)

"Peer pressure is the thing that makes us to do things (sex)"

By far the most common response to how AGYW decide to start having sex despite warnings was peer pressure. One AGYW said: "So most of the time girls, peer pressure is the thing that makes us to do things (sex)." (AGYW 03, 13-17 yrs, Moretele). A teacher explained that AGYW listen to peers over parents and that when the decision results from peer pressure, peers will not give advice that is supportive of good SRH choices and that AGYW will then chose to engage in unprotected sex:

> "The girl will end up doing what her friends are telling her and not what parents have told her. She will then start dating and have sex…But her friends will not advise her to use contraceptives to avoid getting pregnant. She will have unprotected sex and end up getting pregnant."
>
> (Teacher 04, Female, Imagine, Newcastle, 2022/12/05)

Mimmy's story revealed that she listens to what friends say despite knowing that it is not the best advice, which a few other AGYW confirmed: "We do not take contraceptives, we listen to bad advice from friends, if the friend is not happy about implant, she will tell me not to take it also…you will end up deciding not to use them." (AGYW 08, 13-17 yrs, Newcastle). As with Mimmy, other AGYW also consider it a mistake, after-the-fact. An AGYW said: "but then like we all know that if that ever happens (listening to peers) then we would all consider it a mistake in our lives." (AGYW 12, 16 yrs, Moretele). In the HERStory 2 report, similar contentions emerged about AGYW affirming myths around contraceptives

with each other. Another interesting observation from an implementer noted that AGYW may even pressure each other to get pregnant:

> "so her friend, so her friend doesn't have a child. So the other one is asking this girl that 'Why...? Oh sis, do you still have any kid?' The other one says 'No". Said, 'Why are you, what are you waiting for?'…like, I was so surprised…how can she ask this? So I thought. Oh, she's putting pressure now on this one who doesn't have a kid…That's...that maybe others are feeling."
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

It can be seen here that AGYW seem to be exposed to conflicting narratives where it seems that adults forbid them from having sex and focus on the potential negative consequences while peers seem to encourage them to have sex and even babies. When exploring the way in which peer pressure leads to actual decision-making, what emerged was that peers tend to convey more positive messages about sex. An AGYW described this when asked what it is that friends say that encourage each other to have sex: "To also have it (sex) because their friends are having it…yes, what their friends feel and what's apparently nice about having sex." (AGYW 09, 15 yrs, Moretele). Further questions about how they think their peers make decisions about having sex revealed stories about sex being nice and being fun:

> "Most of the times there's stuff that's coming 'Yho, you know, having sex is actually nice, you know. I had fun' what what, what what. So eish."
>
> (AGYW 09, 15 yrs, Moretele, 2022/12/14)

> "Interviewer: And what kind of things would people say that would make you feel pressure to have sex, do you think…?
>
> Respondent: Oh, there's one thing that I hear… there's one thing that I hear…because they always say sex is nice."
>
> (AGYW 11, 15 yrs, Moretele, 2022/12/23)

On the other hand, this AGYW spoke of how she thinks that her peers feel pressure not to talk about the negative aspects of sex to each other, so perhaps there is also social capital to be gained from being perceived to be enjoying sex: “They (peers) probably hide a few things. Like ‘Yho, the first time it was so painful’, but in front of their friends they would most likely say that ‘Nah, it was so good. You should try it.’.” (AGYW 12, 16 yrs, Moretele). The following AGYW explains how they were left confused about whether to believe their peers when they spoke about sex being nice when adults only speak in terms of warnings:

“Interviewer: Okay, what do the girls your age say when they speak about sex?

AGYW: They always say the same thing. They say sex is nice, so I’m not sure.

Interviewer: When you say you're not sure do you mean, are you confused about whether sex is bad or sex nice?

AGYW: Yes, I’m not sure really.

(AGYW 11, 15 yrs, Moretele, 2022/12/23)

“AGYW: Kind of, because you hear one thing (about sex) from one person and then you hear another from another person so just like you don’t know which ones to think of or which one to go with.”

(AGYW 09, 15 yrs, Moretele, 2022/12/14)

“Interviewer: And then what do you think when you, when you hear girls say that sex is nice, what do you think about that?

AGYW: They never talk about the dangers of sex

Interviewer: Oh okay. What do you think, why do you think that is?

AGYW: I think they're trying to avoid them, although we are taught about them so I don’t know how.”

(AGYW 10, 16 yrs, Moretele, 2022/12/22)

The education (warnings) about sex that AGYW receive from adult caregivers cautions them to avoid sex and instils fear in them, but despite these warnings and their fears, they engage in sex because their peers offer them positive narratives about sex and

encourage them to do it. What is evident from the extracts in this section is that girls find themselves confused by the opposing narratives from peers and adult caregivers. Responses around sexual decision-making seems to be couched in social expectations which result in conflicting motivational pressures exerted from adult caregivers who warn against it and peers who mostly encourage it.

Another common reason that girls begin engaging in sexual intercourse, is to obtain money or material resources from their sexual partners. Sometimes these are items that they want to keep up with their peers whilst others can be basic needs such as food. There is a sense that older men are more likely to be able to provide these things. One respondent spoke of how teachers make advances at AGYW and offer them financial rewards as well as favour with their educational outcomes. One AGYW said that because AGYW are struggling in these areas, it was difficult to resist these advances. The following quotes reflect the way that AGYW fulfil their needs for material things through relationships with men:

"AGYW: Sometimes you find that you do not even have money to buy them. (sanitary towels) so you might end up looking for older men who can give you money so as to buy what you need as a woman

Interviewer: What exactly does a woman need?

AGYW: There are lot of things that we need as women, we want to look beautiful so in that way we end up dating older people with money. When you see your friend with a new weave, you would also like to have that weave. We want beautiful things as women."

(AGYW 08, 13-17 yrs, Newcastle, 2022/07/11)

"AGYW: There is uh the family is poor they can't… even afford uh, bread…a girl goes out and when she goes out she is maybe sleeping with men so they can give me money… can be what can save my family…and that girl sleeps with those men without protection…and after sleeping with the, with those men without protection….she gets money…but after she gets money she can buy anything for her family."

(AGYW 04, 13-17 yrs, Moretele, 2022/07/11)

The following excerpt is an apt description of how peer pressure conflates with poverty making it difficult for AGYW to manage their desire to have things that their friends have and the offer of men to provide for these in exchange for unprotected sex. This is especially if their parents cannot afford the things that they want, which is so often the case in these contexts:

> "Then you meet a guy you don't know him…You don't know his status, you sleep with him…After you slept with him he gives you money…After he gave you money, you did not use protection…He told you that he doesn't like to use protection…Your friends also gave you wrong information…Then after while…you show symptoms of pregnancy now…You have money and you're used to it and it becomes a normal thing…Because you know you sleep with a guy and he gives you money… Whatever your parents are doing for you…You do not want them anymore, they are no longer doing anything for you…You will find that a little bit they provide for you you're no longer appreciating it, you're looking at your friends…My friend is wearing Addidas, my friend is wearing Nike… I need those like I need them…So that's how it goes."
>
> (AGYW 02, 13-17 yrs, Moretele, 2022/08/03)

A final finding is the narratives that emerge which paint a picture of girls having little agency, when AGYW are asked what motivates them to initiate sex. Mostly the decision to start having sex is described in a negative light — as the consequence of a negative influence, vulnerability, an agency reducing event such as substance use, violence, or 'wrong' advice from peers. Sex was so often described as being synonymous with risk, with AGYW framed as resorting to sex due to vulnerability rather than choice, as evidenced in the quotes below:

> "Interviewer: How do they know if they want to start having sex?
> AGYW: What I think, some do it when they are drunk. Some, they hear about it from their friends, and some maybe they are forced by their partners, I don't know."

(AGYW 10, 16 yrs, Moretele, 2022/12/22)

"Interviewer: …what do you think the program is designed to change in the lives of AGYW?

Implementer: …Being able to realize who they are, for them to realize that they can be successful instead of resorting into things that are not gonna benefit them in terms of their own things, the things that they do that are risk thingy (sex), the risk that they almost take when they need money or when they need something."

(Implementer 02, HS2 & Imagine interviewer, National, 2022/11/21)

The reasons that AGYW gave for their decision to start engaging in sex range from peer pressure, escaping unhappy home environments, seeking emotional support and securing themselves within relationships, to sex with men who in turn provide financial support and entertainment. AGYW spoke about choosing to have sex to keep partners happy and retaining relationships, and in some cases, even choosing to have children for these reasons. Within these narratives men / boys are mostly portrayed as manipulating or fooling AGYW into believing that they will receive these benefits if they agree to have sex, and more so, unprotected sex.

Peer pressure was seen to be the most important factor influencing their sexual decision-making. A great deal of complexity emerged when investigating the way that peer pressure works in their lives. The information that they receive from peers about sex is positive, with descriptions of sex being fun and nice, a stark contradiction to the rest of their sex education which is delivered more as warnings of risk and danger, leaving them confused as to which to believe. While AGYW acknowledge that the positive rhetoric from peers is 'wrong', and that it is a mistake to accede to it, they do it anyway. It emerged that AGYW far more readily choose to enact the behaviours that peers encourage over the direction of adult caregivers. Throughout all these narratives, sexual advice offered by caregivers are synonymous with risk, with no mention of pleasure as a feature of sexual decision-making. AGYW are described by adults as having sex as resulting from some form

of vulnerability or compromised agency and the narratives that described their choices were never positive.

Theme 3 – Perspectives of AGYW and their capacity to develop and enact agency: "it's not that they don't want to have their own agency, it is that they are actively denied agency."

Theme three presents how the expectation for change toward more positive SRH outcomes, rests firmly on AGYW as individuals, according to what adult caregivers, the interventions and some AGYW in this study have said. As has already been shown, the change that is expected mostly revolves around behaviour changes that AGYW need to make. The previous chapter showed how much pressure AGYW face and how complex the landscape in which they make decisions about sex is.

The argument put forward here, is that perhaps, given all this precarity, that too much is being asked of AGYW as individuals and too little of those who can influence their larger socio-political environment. As much as AGYW are criticised for not having enough agency, they are at once also the only ones at whom the expectation for change is directed, resulting in them being asked to have all the agency. By expecting so much of AGYW, they may in fact be being denied them the capacity to develop their sexual agency. There is an assumption that AGYW are not using the SRH services that are available to them because they lack agency and are apathetic. One implementer makes the point that in the face of these pressures that AGYW face, they are being denied agency, rather than inherently lacking agency, while another highlights how important it is that they have buy in from all levels from provincial government to schools to help them support AGYW, rather than putting all the pressure on AGYW as individuals:

> "Because if their only option is to go into a public facility where they are going to be spoken down to, where they gonna be disrespected, and again, it's because of that assumption that the girls lack agency, that they shouldn't be asking questions or they

aren't interested in asking questions, combined with social norms about you know, well if you taking contraceptives you must be promiscuous, right, so you must be you know, sleeping around outside of you know the confines of marriage, there is all of that extra societal taboo that kind of builds on top of that…And it's those things, that deny girls agency, it's not that they don't want to have their own agency, it is that they are actively denied agency in their health care decisions."

(Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

"I think for us what has worked well is... in school was relationships, you know maintaining relationships has always been important for us and that's like relationships from provincial department and district as well as the local schools because our programme is …so that we get time to do our work because our programme is supposed to be run during school hours but again it should not replace academics."

(Implementer 08, GF programme manager, Rustenburg, 2020/11/30)

AGYW speak about the need for parents to be supported in their role of providing support and care for them as well as their role in speaking to AGYW about sex. The most prominent need that emerged was the need for spaces for AGYW to talk freely about aspects of sex that are important to them, where they will not be judged. These sentiments mirror those of Mimmy closely, where it seems that many AGYW are trying to grapple with the "this and that" of sex, but need adult caregivers who can engage the full spectrum of what their lived experience of sex is, which includes the positive narratives that their peers engage in. This theme lays the foundation for critical appraisal of the change that interventions such as the GF and Imagine seek to make, by focusing on what AGYW think needs to change.

Who needs to do the changing?

Questions posed about change revealed that AGYW take on a personal burden for the change that is needed, with many quotes reflecting internalised blame and a sense of personal responsibility for change in keeping with the blame narratives. An AGYW said:

> "They (AGYW) should follow those rules from people, let me say, they should listen to things that person told them from the beginning…To avoid things that are risky…then at the end those things if they keep them, they will make them to be able to avoid things that will put them at risk."
>
> (AGYW 15, 15 yrs, Moretele, 2022/12/02)

Adult caregivers were shown to share the same ideas in terms of the blame that they apportion to AGYW. As was seen in the CDA chapter, the sexual partners of AGYW are attributed much less of the blame and burden to change. Again, when AGYW are asked about this, they reveal the same tendency to deflect the impetus for change from boys and men. As much as one AGYW spoke about how she wished that men could treat them better and do more to protect them, stories that reflected ideas about the role of men in improving SRH outcomes revealed notions that men should be kept away from AGYW to prevent them from having a negative impact, opposed to expecting men to be active participants in bringing about change:

> "We must keep boys away from us, to reach 18 years does not mean a girl is a mother, you are still a child. Boys confuse us, they play us."
>
> (AGYW 08, 13-17 yrs, Newcastle, 2022/07/11)

This implementer spoke about how AGYW were in some cases negatively affected by the self-defence course that was offered by the intervention, where staff had to tell AGYW to lie about learning self-defence, as their male partners responded badly to this news. She also highlighted the importance of working with men and not women in isolation:

> "I think the issue is that we need to be aware that when you strengthen the women you also need to work with the men so that there is a balance. Um… because we had girls being empowered and they were telling their partners that they were doing a

self-defence course, and as a result two or three of our participants never came back because they actually got beaten up by their partners for it. So… we had to… we started telling our staff to please tell the participants to tell their partners that they are doing life skills, just as a ... a cover."

(Implementer 05, GF Principle Recipient manager, Klipfontein, 2022/12/07)

Thus, while boys and men are vilified and criticised extensively, the discourse does not reflect a strong expectation that they change, but rather that AGYW be protected from them. This will be discussed further in the discussion chapter which offers some insights into the feminist perspective of discourses that carry this account empowerment being about women needing to be protected from men.

Another need for change that emerged echoed previous sentiments that AGYW wished that their relationships with parents could be improved. As Mimmy confirmed, they felt that parents do not afford them the space to have the kinds of conversations that they want to have. As with Danny, parents who struggle with untreated mental health problems may create home situations in which abuse and neglect occur. This renders AGYW vulnerable to the need for care from male partners who may demand that AGYW negate their SRH. This is explained by the following AGYW:

"You lack your own needs, then you end up going outside… maybe you feel neglected at your home… there's no one to comfort you and stuff, yeah you also need love from home… that is why they end up doing such things… you have a child."

(AGYW 13, 18yrs, Newcastle, 2022/12/05)

Added to these situations that AGYW face at home, they report that their parents also do not allow them any space to talk about sex. AGYW expressed that it was mostly mothers who engage them about sex, indicating that girls cannot really be happy if they do not have good relationships with their mothers. One AGYW said that her parents always

shout at her, and that she sometimes feels like they are oppressing her: “you want to talk but then iyoo, they don’t give you that chance… they don’t give you that space.” (AGYW 02, 13-17 yrs, Moretele). One implementer told of how some church going community members outright refute the advice that the interventions of trying to give AGYW:

> “But because such people preach and preach, because they do spend most of their time in their churches, so they make a big effect. When you offer PrEP to a young girl, they go around… saying at the church… ‘no, no, no those things are bad … ARVs you must not take them’. And you know there are all of these myths around HIV so these people are making it difficult for us to convince our young girls who are really sexually active and not taking care of themselves.”
>
> (Implementer 09, GF peer facilitator, Bonjala, 2020/12/11)

Another AGYW spoke about the nature of the relationship with parents that just does not allow for comfort talking about sex as parents do not feel comfortable talking about sex to their children. This implementer noted that not enough was being done to include the broader community, (especially parents) in supporting AGYW to take up services, as these types are interventions are not yet well known enough:

> "So like most of the areas like why it was like a new thing now for us to do the testing and then only focus on the AGYW, so we needed to work more on that, like to give the parents more information, why the AGYW needs to be tested, why is it important, because not all the parents are so open to AGYW being tested given family planning, so they needed like lot of information and education."
>
> (Implementer 07, GF counsellor in NGO, Klipfontein, 2020/11/30)

> “So, when we get there the parent is angry and doesn’t understand. So, we just take time with the parents to explain what Lifeline is offering to his or her child. Most of the time, the parents will say: ‘ok now I understand your program, so you may talk to her and give her your service’.”

(Implementer 09, GF peer facilitator, Bonjala, 2020/12/11)

AGYW also reported that they wish that parents could be afforded help with learning to talk to them and understanding what AGYW are experiencing. The implementer quoted below explained that parents may struggle to speak to AGYW not because they lack the knowledge to do, but because they do not have appropriate language skills:

> "Because we, when we speak to the girls, what they tell us is, what's incredibly frustrating is that the parents all know the stuff, like they know, their parents know, but their parents won't talk to them about it. And that causes a lot of distrust, frustration, because it's not the parents don't themselves know, kind of what contraception is and don't necessarily even want it for their daughters. It's that they aren't equipped with the language to be able to even have these conversations with themselves and with other."

(Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

AGYW also felt that if parents were able to be more supportive, it would make it easier for AGYW to communicate when they are experiencing problems in romantic relationships such as abuse which often precipitates poor SRH outcomes. As stated previously, the desire to have better support from parents was a very strong theme, an even more prominent theme was the need for spaces to talk in general. AGYW reported that they would be more likely to speak openly if they could be assured that the adult that they are speaking to will hold them in confidence, be "soft" when speaking and will not judge them. This AGYW spoke about how she can always speak to her LO teacher and that she felt safe with this teacher. When asked what she thought made this teacher feel like a safe person to talk to, she said:

> "Well firstly she doesn't, she doesn't take the conversation anywhere else and she doesn't judge you for asking such questions. She'd just let you know what you wanna know and yeah, she's very soft about it, she doesn't it, yeah, she doesn't judge nor does she take the conversation anywhere else. It stays between you and her.

(AGYW 12, 16 yrs, Moretele, 2023/02/11)

As a result of this, many AGYW felt that the people who should come and talk to them should be from outside of their social circles, as they feel that such people would be less likely to judge them. On the other hand, AGWY also yearn for engagement with people who have similar lived experience "because he or she will know and understand the way they live and do things in the community", (AGYW 06, 13-17 yrs, Newcastle) highlighting how important it is for AGYW to feel like their lived experience is understood. There were specific instances where AGYW acknowledged that they rejected the advice of adult caregivers because they do not understand or respect elements of their lived experience. As such, AGYW expressed a need for two-way conversations, where they can engage adult caregivers about sex, rather than just receive information, as seen below:

> "Obviously posters have information and other stuff…But…what can I say? You become fearful of asking questions to say like asking this question to the nurse because I'm young…Obviously I'm young, it end whereby maybe you become scared if they could ask you why do you need such information and such things so like…We are scared of that…but then questions - we are not provided with people where we can ask those questions."
>
> (AGYW 02, 13-17 yrs, Moretele, 2022/08/03)

> "Allow them (AGYW) to ask questions about things they don't understand and be given those answers…I think that's the best way of learning...So when you create a platform where young people can ask questions as well…I think it can somehow relieve some of these stresses that young people are going through, coz sometimes you going through these things and you feel like no one is going to listen to you."
>
> (AGYW 13, 18yrs, Newcastle, 2022/12/05)

As was found in the previous section, peer pressure is one of the strongest influences for decision-making regarding sex. The following sub-section highlights how AGYW expressed a need for assistance in this regard.

"Yeah, doing this wrongdoing that is right"

AGYW often expressed the ambivalence of knowing that the advice of their friends is wrong, but that they listen to friends regardless, reminiscent of Mimmy's observations about the "wrong language" of peers. In the discussion chapter that follows, the argument that AGYW listen to peers who engage in more sex positive narratives is expanded upon. It is possibly because their experiences of sex are more closely aligned to what peers talk about, than the warnings about danger that they receive from adults. The desire to navigate these choices was evident, revealing the need for support to grapple with the experience of navigating between the sex positive lens promoted by friends and the sex negative lens used by adults. In the following quotes, their ambivalence is clear, with the second AGYW speaking about how they need support with what she experiences as this "wrongdoing that is right":

> "The government has tried all means to give us protective measures, but we do not use them and end up getting pregnant because we listen to friends…we end up not going to the clinic to take contraceptives because of what friends said that they are not 100% safe."
>
> (AGYW 08, 13-17 yrs, Newcastle, 2022/07/11)

> "That is needed for them (AGYW)… you need to like get educated about it… Yeah doing this we need like… Yeah doing this wrongdoing that is right…differentiate between wrongs and right."
>
> (AGYW 14, 15 yrs, Moretele, 2022/08/15)

Evidence from previous chapters showed how adults often reduce the actions and choices of AGYW to frivolity and problematic behaviour, despite acknowledging how difficult their social circumstances are. One teacher commented: "Because a lot of young

people that I see are quite demoralized and they do the…abnormal things, they do all silly things." (Teacher 03, Female, Imagine, Moretele). Despite acknowledging how difficult life can be for some AGYW, adults may continue to judge and shame them which may result in them foregoing their desire for good SRH in an effort avoid this chastisement. Here an implementer tells of the importance of AGYW having spaces where they can talk freely about all these challenges.

> "The AGYW program is trying to change the stigma, when they go to the clinic to receive the services, sometimes they are being shouted, sometimes not given attention and sometimes they are being judged by the parents… where they will be asked why are they taking family planning. That is why…these clinics were developed, so that all the youth can be free to speak, free to speak about whatever they want to speak about."
>
> (Implementer 06, GF counsellor in NGO, Klipfontein, 2020/12/07)

As much as AGYW realise that they may be judged and labelled for engaging in the activities typically associated with sex (considered risky behaviour), this implementer told me of a girl who challenged this labelling by questioning why no one bothers to ask AGYW why they choose their behaviours:

> "She raised the issue that they are seen as people who are naughty, who are devious, but there's no one who's talking to them: 'Why are they behaving the way they are behaving?"
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

> "We also see that this what the girl is doing, but we don't know exactly what is pushing her to do that. Because no one talks to them…And they are afraid to talk to other people…maybe they date these older people as a source of support so that they can provide food for them. And here we are, we see them dating older people and say whatever we want."
>
> (Implementer 01, HS2 & Imagine interviewer, National, 2022/11/14)

Another implementer admitted that she thought she knew what AGYW needed and were going through but that her engagement with them revealed that elements of their lived experience were not that obvious when she says: “What I enjoy the most is interacting with young women, because as much as we think we know what is going on with them, we are now hearing it from them, they are teaching us new things, that we didn’t know that young people experience.”.

(Implementer 04, GF peer facilitator, King Chettswayo, 2020/12/07)

A challenge mentioned by several implementers was the tension that interventions have to hold between meeting outcome targets and taking lived experience into account. Implementers expressed the pressure that they felt to deliver hard targets such as the number of AGYW enrolled into the programme, above all else. As a result, one implementer confirmed the opinion expressed by the AGYW, that the opinions of AGYW and their views and inputs are seldom taken into consideration, but that they ought to be:

> “…we do prime exit interviews...and in many instances right, some of the feedback that we get...from the girls is heart breaking, the girls will say to us: ‘the things we like about your platform is that is gives us the ability to rate providers, and that’s the first time we have ever been asked for our opinion on something.’”
>
> (Implementer 03, GF Principle Recipient manager, National, 2020/12/07)

> “Just go and sit with the girls and we just, we let them talk about the issues that are important to them…rather than trying to understand the things that are important to us! …They’ll reveal to you what’s important, to them.”
>
> (Implementer 03, GF Principle Recipient manager, National, 2020/12/07)

Some implementers noted the fear that the funding which supports their employment would be withdrawn if they did not meet the targets, exacerbating this pressure, while others spoke of the overwhelming pressure to keep up with paperwork which the monitoring and evaluation systems require:

> “Yes, it (paperwork) takes a long time. Especially because we are supposed to report today, but due to the late coming of consent forms we couldn’t. So sometimes I feel like I am…not doing my job in a proper way.”
>
> (Implementer 06, GF counsellor in NGO, Klipfontein, 2020/12/07)

In the quest to achieve these targets, time for engagement with AGYW about their lived experience is often limited and thus forsaken:

> "So, we are on track in terms of the quarterly target, um… but because we are in December now that puts quite a bit of pressure on us because we were hoping to exceed targets a bit more so that the pressure would be less on us in this last month. Quite a few of my staff go on leave towards the end of this week and so it was a lot of planning, getting the team… fitting in the last few events that we could schedule so we could get numbers up before we all go on leave."
>
> (Implementer 05, GF Principle Recipient manager, Klipfontein, 2022/12/07)

> “And we’ve seen kind of the dark side of working kind of behind the curtain for those NGO organisations where a lot of the effort is spent on trying to hit key performance measures… how many girls did you enroll on a day, with no appreciation of why for example, why girls might not be interested in taking up this medication.”
>
> (Implementer 03, GF Principle Recipient manager, National, 2022/10/18)

Another challenge that was highlighted was that the methods for collecting data about lived experience are not always straight forward. The same implementer spoke of how an intervention wanted to initiate asking AGYW to submit ‘coital diaries’ because they wanted to know about the sexual behaviour of young people. He felt that this was not a feasible way to get this information as young people would never agree to it evidenced by the statement: “Young people are not interested in kind of writing about their sex life, for other weird people to go and read. Like they’re just not going to do that.” (Implementer 03, GF Principle Recipient manager, National)

This indicates that researchers need to ask AGYW what they think are the best ways for us to learn about their experiences of sexual decision-making. He also noted that the idea of taking the diversity of lived experiences into account in large scale interventions is often thought of as too difficult, which is why they are not, and hard targets are easier to use as a measure of success.

In summary, while the need for assistance with parental relationships was noteworthy, the most prominent need for change that emerged was the need for spaces to talk. What AGYW expressed was a desire for spaces where they would not feel judged and where two-way conversation can happen. There was a significant desire for support to navigate the influence of peer pressure where they acknowledge that the advice that peers offer them is damaging, but that they struggle to resist it, nonetheless.

Conclusion and discussion

In this section AGYW are shown as being compromised in their capacity to develop sexual agency by multiple layers of complexity that inform the landscape in which they make decisions about sex. The poor SRH outcomes that they exhibit are not merely the result of a lack of agency, skill, knowledge or will to protect themselves. Despite the pressures that AGYW face within contexts of poverty, they are still expected to prioritise consideration of risks in sexual engagements and ignore the impact of the multiple complexities outlined above in service of risk aversion.

The findings in this theme lends support to the assertions made in the literature review regarding the criticisms levelled at public health interventions and their tendency to not take account for the ways in which these elements of participants' lived experiences and socio-political contexts impact their choices and behaviours (Chmielewski et al., 2017; Coultas et al., 2020; Leclerc-Madlala, 2019; Tamale, 2014b). For AGYW in this context, acting on their sexual feelings (with or without agency) is associated with danger. As mentioned in

the literature review, this panic with which adolescent sexuality is met is well documented. An added layer of complexity relating to Black women, particularly, however, are historical tropes about their sexuality being excessive, and therefore the allocation of this risk and danger is exacerbated in this group (Chmielewski et al., 2020; Froyum, 2010; Shefer et al., 2015). Further to this, the threat of hypersexual stereotypes of Black men against whom Black women need to protect themselves is similarly exacerbated, thereby elevating the effects of this danger discourse for AGYW who are disproportionately affected by the socio-political landscape that informs their sexual decision-making (Chmielewski et al., 2020; Froyum, 2010; Shefer et al., 2015). This sense of excessive risk regarding their sexual activity was supported by findings from this study.

As the literature review indicated, 'good girl' status can be linked to wanting sex for romantic aspirations within committed relationships, as opposed to sex for fun or pleasure (associated more with 'bad girl' status) (Bay-Cheng, 2015; Bhana, 2018; D. Tolman, 2016; Van der Riet et al., 2019b). AGYW in this study made it very clear how they perceived boys in their context to be resistant to wanting relationships and to only want sex. If this is the case, then it stands to reason that AGYW are having sex with these boys knowing that they do not have romantic aspirations, leading AGYW to hide their sexual activity, as being seen to want sex for any reason other than romantic aspirations, relegates one to 'bad girl' status.

Further to this, due to taboos, shame, and judgements around sex, AGYW expressed difficulty talking about sex, especially with parents who also struggle to engage with them about sex. If AGYW find it difficult to talk about sex to their peers (boys and girls alike) and adult caregivers and feel pressure to hide their sexual activity, then it would be difficult to negotiate safety with their sexual partners during sexual engagements. Another consequence of this shaming and judgement is that AGYW are reticent about accessing SRH services in clinics or asking adults for help. They also do not want to be known to be too well versed in sexual matters, due to fears that they may be thought to be sexually active, resulting in them resisting obtaining information about SRH. These factors influence their sexual behaviour choices and decisions, but are factors that emanate from the socio-political context, and therefore, are not entirely within their individual control.

The findings thus far, suggest that AGYW would rather have high-risk sex which they try to hide and avoid getting information on how to protect themselves, than be known to be sexually active or demand the use of protection and access SRH services. This is because such behaviour (sexual agency) would also be associated with 'bad girl' status for which they could be harshly judged and chastised. As shown previously, AGYW are expected to enact profound levels of agency given their context, but the enactment of this agency brings shame and judgment upon them, should they do so.

Another important aspect to note is that these narratives of adult caregivers and the interventions exclude any reference to the positive aspects of sex, such as it being fun, pleasurable, or affording them access to social capital, which the study found plays a significant role in influencing AGYW's decisions to engage in sex. The final section that follows details one implementer's opinion, which is that due to various challenges in their context, AGYW may in fact be being denied agency, rather than lacking it.

While the literature review cites several structural causes for the sustained HIV incidence and poor SRH outcomes in AGYW in these contexts, the findings of my study speak to aspects of the lived experience of sexual decision-making of AGYW which are perhaps less understood by researchers. The findings show that girls are struggling to navigate nuances and complexities within their lived experience and that even though they have information, access to healthcare services and the agency (expressed as the will to prevent negative outcomes), a host of factors in their social environment results in them making choices that contradict the learnings that they gain from adult caregivers.

CHAPTER SEVEN: DISCUSSION

This study has highlighted how the landscape of AGYW's sexuality is perpetuated by fear, shame, and discourses that yield pressure to conform to 'good girl' behaviour. While the intent in these discourses is to offer AGYW protection, it seems that they do little to empower AGYW to adopt a stance of being open about their choice to have sex and to have conversations with caregivers and sexual partners about protection and in this way enact sexual agency. AGYWs' need to try to maintain the veneer of 'good girl' by not enacting sexual agency seems to outweigh their consideration of risk in sexual encounters. These protective discourses only seem to perpetuate the lack of agency that AGYW are ascribed within them, exemplifying ways in which AGYW's capacity for developing agency in sexual decision-making is being compromised by the very discourses that are intended to foster it (Shefer, 2021).

The following sections explore and question what is being expected of AGYW, given the pressures that they face. The discussion begins with an exploration of the notion of the sexual agency, which is what the discourses describe AGYW to be lacking and needing to attain. This raises the question about how much is being expected of AGYW given their context and then highlight that perhaps what should be problematised is that they do not have access to alternate discourses of true empowerment that incorporate greater sex positivity. The principle of the TSR called hyper-representation is applied to the issue, followed by recommendations for what needs to change in the next chapter.

Throughout this discussion chapter, the two levels of Fairclough's (1993) model of CDA is referred to, to assess how text as discursive practice and text as social practice manifests within these discourses. Text as discursive practice refers to the ways in which social relationships that exists between discourse participants are enacted and negotiated, while text as social practice exemplifies how the use of text can come to signify the way that we construct our worlds, their processes, entities, and relations (Fairclough, 1993).

Sexual agency across different contexts

When it comes to how AGYW decide to have sex, a multitude of reasons emerged. AGYW spoke of sex as a means of securing financial and/or emotional support from boys, improving self-esteem, gaining affection and approval from boys, and as a means of escaping challenging situations at home. While there was some acknowledgement from adult caregivers that AGYW need assistance to face challenges in their lives, there was also harsh judgement when AGYW turn to sex as a means of supporting themselves in these challenges. The solution which was proposed within the narratives of the interventions is that AGYW develop sexual agency, which is framed as prioritising their SRH above their concerns for their romantic relationships and daily life challenges.

Bay-Cheng & Goodkind (2016) offer a perspective on why this framing may be problematic and describe the notion of a self-determined women whose future aspirations derive from their own agency, exclusive of social determinants, as a neo-liberal construct. The authors espouse the ideas of neo-liberal feminism, where reference to gendered debates in global north contexts ignores the influence of the native social context and assumes heterogeneity of experience (Purewal, 2015). Such thinking further implies that women in global south contexts would be more advanced and better off socio-politically if they adopted global north culture, thereby problematising global south social adaptations (Breton, 2022; Du Plessis & Macleod, 2023; Shefer, 2021). One critique that Bay-Cheng & Goodkind (2016) presents is that such independence in self-determination is far easier to obtain if women are not financially constrained.

For girls in lower income settings, sexual agency (or lack thereof) is far more likely to be influenced by the social, material, and relational conditions in their context, than merely a result of intrinsic deficits, such as lack of assertiveness. The impact of these conditions is largely ignored in scholarship on the matter when considering sexual agency of women in lower SES (Bay-Cheng & Fava, 2014; Chmielewski et al., 2020; Higgins et al., 2022). For this reason, some authors caution against the totalising view of women in the global south as either having agency or being impotent.

When AGYWs' sexual decision-making was described in this study, they were almost always framed as acquiescing to having sex as a means of keeping male partners happy, to prove their love to partners, and to prevent partners from breaking up with them. As such, in most accounts expressed by AGYW themselves and by adult caregivers, AGYW were painted as passive accomplices in sexual decision-making, portrayed as helpless victims of circumstances that leave them vulnerable to sex. Sex in this context was often described as being synonymous with risk. Sexual decision-making of AGYW was thus often described as resorting to taking these risks as opposed to be choosing them for positive gain. Their sexual behaviour choices were framed as mistakes or resulting from some agency negating event, such as substance use. There were no examples of girls being described as making sexual choices from a place of power and the choice to engage in sex was not described as positive in any way.

Even when AGYW described sex in more positive terms such as it being fun and enjoyable, it was still coupled with the 'it just happened' narrative, reflecting an internalisation of the 'lack of agency' discourse. The 'it just happened' type of descriptions may be a mechanism through which AGYW can absolve themselves of the personal responsibility for making the choice to have sex (especially for reasons other than romantic aspirations), which has been shown to be perceived as a 'bad girl' behaviour (O'Farrell, 2004; D. Tolman, 2016). It seems that to protect their social reputations, AGYW seem to have to enact a lack of sexual agency. The concept of achieving 'good girl' status thus manifests in AGYW relinquishing sexual agency to avoid the shame associated with enacting this agency. This lack of agency is resonant with what is described in the section entitled "an agentic performance of passivity" in the literature review.

This totalising view of AGYW lacking agency, skill, and knowledge may not be entirely accurate as it is a view imposed from an academic paradigm built on the perspective of women in higher SES who have alternative options available to them (Bay-Cheng, 2015; Bay-Cheng & Fava, 2014; Du Plessis & Macleod, 2023). The enactment of a lack of sexual agency noted among AGYW in the context of this Thesis study can be seen as an adaptive function, as a means to change the course of their future and gain social capital (agency), albeit without regard for their SRH, supporting the idea that sexual agency is multidimensional

and informed by social factors, perhaps even more so than individual factors, especially in low SES (Bay-Cheng, 2015; Bay-Cheng & Fava, 2014; Chmielewski et al., 2020; Logie et al., 2021).

Willan et al. (2022) describe a concept which they called distributive agency after conducting a study on sexual agency in South African women in a low SES. They found that agency can be fluid and that women may act on what is meaningful to them, regardless of the public health view of risk associated with these actions. According to the author, if women deem these actions to be helpful to them, then they should be viewed as agentic actions. An example of such distributive agency was where young women were found to not actually be powerless when it comes to pregnancy prevention as pregnancy can also bring many positive benefits as much as it may bring upon shame, a finding confirmed by other studies in South Africa (Korving, 2020; Rowlands et al., 2021; Willan et al., 2020).

Social norms within AGYWs' context in South Africa dictate that pregnancy is a sign of fertility which affords AGYW a certain social status as women. Pregnancy also offers the potential for emotional and financial support of the father, another form of social capital considered important in low-income settings (Korving, 2020; Perera & Swartz, 2021; Swartz, 2017; Willan et al., 2022). Some AGYW in Korving's (2020) study found that having a baby gave them a reviewed sense of purpose and hope, motivating them to make what they perceived to be positive changes in their lives in support of nurturing their new role as a mother. AGYW also reported that as much as they may be shamed and chastised, community members also often lend support to them and their children; support that they feel they would otherwise not have received. In these instances, having a baby facilitates AGYW potentializing their agency in accessing this support from within their context (Rowlands et al., 2021).

Another example of such distributive agency related to the issue of engaging with multiple sexual partners concurrently. Public health discourse on the matter considers it a key driver in AGYW for increased risk for HIV acquisition, but for AGYW, it is seen as a useful way to garner as much financial support as possible or a way of testing and assessing which partners may benefit them the most, an especially useful strategy within such resource

constrained settings (Higgins et al., 2022; Jewkes & Morrell, 2012b; Perera & Swartz, 2021; Swartz, 2017). As such, interventions that call for the elimination of these high-risk behaviours because of their association with increased risk of HIV infection or pregnancy, without consideration of how these actions may represent a form of agency which yields positive results for AGYW, may not be the most effective solution (Perera & Swartz, 2021; Swartz, 2017).

As such, while teenage pregnancy is seen as a public health crisis due to its negative impact on life outcomes by public health interventionists, it may not be perceived in the same way by AGYW themselves (Barron et al., 2022; Fute et al., 2022). I argue that our challenge as researchers and intervenors should therefore be to think about how to hold the tension between what participants deem a priority within the research or intervention context (their social context) versus what researchers and interventions deem important for participants to prioritise. This is especially important considering that it has been shown that often, researchers' and interventionists' assumptions are informed by our framing of their problems, rather than participants' own framings of their problems (Coultas et al., 2020; Hodes & Morrell, 2018).

The literature review highlighted how global north health interventions are often deemed appropriate to adopt in global south contexts, with little consideration given to local practices and sense-making regarding these interventions (Hodes & Morrell, 2018; Kippax, 2010). Added to this, it was shown how the bio-medical approach has pathologised certain aspects of African sexuality which are perceived as positive from the perspective of AGYW in Africa, creating conflict in terms of expectations from global north interventions (Tamale, 2014b). The dismissal and problematisation of the lived experience of sexual decision-making of AGYW that was shown in my Findings chapters may be an example of how these same trends are being perpetuated, in how sexual agency for women in higher SES is assumed to look and function the same way for AGYW in this study. Given the above, the next sections investigate the question about whether interventions are expecting too much of AGYW.

The disproportionate burden of change that AGYW bear

As the Findings chapters presented, most of the burden for change that is called for within the discourses that relate to SRH for AGYW expect change to happen at the level of behaviour of AGYW as individuals, rather than systemic change within the entire context that sexual decision-making happens in. As was seen, AGYW are framed as needing to be empowered to make these behaviour changes. Sardenberg (2016) offers a distinction between *liberal empowerment* versus *liberating empowerment*, wherein liberal empowerment seeks to empower women to protect themselves within a system of inequitable social structural conditions akin to the concept of *carceral feminism*. *Carceral feminism* highlights how the solutions proposed to GBV are premised on policing and imprisonment of men in order to keep women safe, while ignoring the patriarchal system which renders women unsafe due to gender norms and social systems such as victim blaming, that only serve to reinforce women's vulnerability (Breton, 2022; Cornwall, 2018).

This contrasts with *liberating empowerment* which would seek to challenge the status quo and would start its inquiry at the requirement that men stop committing acts of violence, thereby challenging patriarchal values which evidently determine how women's bodies are used and protected, and how this then influences their access to SRH healthcare (Cornwall, 2018; Kaunda-Khangamwa et al., 2022). In so doing, women are liberated from the need to protect themselves and work toward creating social structural conditions free of threat, which Sardenberg (2016) describes as true empowerment. *Liberating empowerment* felt poignant to introduce in this study based on how AGYWs' accounts of their male partners rendered stories of them feeling that they need to be protected from males.

Based on the study's findings, one of the most glaring problems identified was how the male sexual partners of AGYW seem to be almost entirely ignored when it comes to being held responsible and accountable for change, something that has also been cited as one of the reasons for the lack of success in GBV interventions in South Africa (Logie et al., 2021; Mannell et al., 2019). Tropes of men having uncontrollable sexual appetites, being irresponsible and manipulating young women for unprotected sex were abound in my findings. These attitudes toward men in Southern Africa were found by other studies which

reported that discourses on the topic frame women's sexual health as being 'at risk' of men and their sexual appetites, and that it is women who need to take more responsibility to protect themselves from men (Morrell et al., 2012; Shefer, 2021; Shefer et al., 2015; Varga, 2003).

Women are often also framed as having failed and are blamed in this regard when they present with poor SRH outcomes, as was clearly seen in my findings (Martin et al., 2014). Added to this, adolescent girls face higher levels of stigmatisation for the negative consequences of sex than their male counterparts and men are seldom included in any meaningful way in related interventions, resulting in such victim blaming models (Lindegaard & Henriksen, 2009; Rowlands et al., 2021). Victim blaming is defined as the tendency to hold the victim of aggression responsible for it (Spaccatini et al., 2023). This attribution of blame can have deleterious effects for the target, with studies showing how women experience depression, anxiety, low self-esteem, social exclusion, and reluctance to seek SRH services, amongst others, as a result of this type of victim blaming (Erasmus et al., 2020; Korving, 2020; Masuku et al., 2021).

The ways in which social problems are framed within public discourse informs how people form perceptions and beliefs. From this, we then apportion blame and causality, which then informs how interventions respond and how health behaviours are affected (Andersen et al., 2017; Martin et al., 2014). According to van Dijk's (1997) model of CDA, this would be an example of how social relationships are established and then translate into knowledge and belief systems which create social structures that result in certain social identities being prejudiced in this way. If interventions are to think about creating social structures that can support AGYW to develop agency then it seems imperative that funding be re-directed as well as intervention energies, toward the male sexual partners of AGYW, thereby placing equal demand on them to change in ways that would result in better SRH outcomes for AGYW.

Not only would the goal of creating more equitable social conditions for women be more accessible, but there is research suggesting that men are being neglected when it comes to HIV treatment and care, so there is a dire need to focus more attention on

supporting them in their SRH outcomes (Baker et al., 2023; Cornell et al., 2017; Lurie et al., 2020). According to the South African National AIDS Council (SANAC) (2020), South Africa has continued to increase its annual investments in HIV/AIDS and tuberculosis (TB) interventions, with its total expenditure standing at R28.8 billion in 2018. While data reflecting the comparative spend on HIV interventions for males versus females was not available, the vast majority of HIV intervention expenditure goes to ARV therapy and the male to female ratio of distribution in terms of this is 67% towards females. Added to this, the percentage of males initiating treatment has not increased over the past 12 years lending support to a disproportionate effort being levelled at females to bring about the change that interventions aim for, thereby neglecting men and their need for support (Cornell et al., 2017).

Another reason for this disproportionate burden for change on AGYW that was revealed in my findings was that parents are not fully supported in educating and communicating with AGYW. When it comes to sexual communication with their children, my findings suggested that parents were reticent in talking to their children, and there was a perception that parents lacked the skill and knowledge themselves, and so were unable to pass this on their children successfully. Literature reveals that perceived low self-efficacy, socio-cultural norms, and a fear that talking about sex to their children may be construed as permission or encouragement to have sex are some of the reasons that South African parents do not talk to their children about sex (Z. Duby et al., 2022; Kuo et al., 2016; Soon et al., 2013).

One of the most common complaints issued by adolescents in South African studies is the issue of a generation gap, where parents' ideas about sex conflict with their lived experience of sex. Adolescents express a desire for SRH conversations that go beyond warnings and abstinence, but cultural norms dictate that young people should not talk about sex with adults and that it is disrespectful to do so (Z. Duby et al., 2022; Hodes & Gittings, 2019; Nilsson et al., 2020). The clear distinction between the sex positive conversations with their peers versus the sex negative conversations with most adults, indicates that the generation gap in this study may represent differing views on the morality of sex.

Nilsson (2020) speaks about how, given the legacy of apartheid, respectability is a highly contested attribute, with high morality seen as an important marker of success, given the improbability of achieving other traditional markers of success within contexts of poverty. These contentions are supported by other studies in South Africa which speak to the expectation of young people to uphold the reputation of their families by being perceived to be 'respectable' (meaning perceived to not be sexually active) (Lindegaard & Henriksen, 2009; Mkhwanazi, 2014; Ngabaza & Shefer, 2019).

Both these studies confirmed that this expectation weighs far more heavily on females than males, as was seen in my findings around how pregnant girls, for example, are perceived to be ruining the reputation of their school if they attend school while they can be seen to be pregnant. Also, interesting to note, was how the most feasible social identity created in the Imagine intervention documents referred to in Chapter Five was named 'Respectable Retabile', perhaps denoting how public health interventions may also be perpetuating such rhetoric, demonstrating how so much more of the burden for change rests with AGYW.

The context in which AGYW navigate making choices about their sexuality includes all the precarity within their environment, coupled with the pressure to conform to 'good girl' status, despite no real evidence that this will make any material difference in their future. The solution that the interventions' discourses offer is that AGYW need to change their current priorities and choose to prioritise SRH management, with no acknowledgement of how difficult it must be for AGYW to do so. As such, AGYW are framed as lacking knowledge and skill and expected to successfully navigate various complexities, but still choose to prioritise their SRH above all else. According to this analysis of discourse, it seems that as much as AGYW are framed as lacking agency, they are also expected to enact profound levels of agency given their context.

This section highlights the importance of a view that incorporates all the levels of the Socio- Ecological model, as it has been shown that the origins of this problem does not rest with AGYW individual behaviour choices squarely. Here it has been shown that forces which

exist at the mesosystem, ecosystem and macrosystem levels also have a significant impact. This will be explored more in the recommendations Chapter of this thesis.

The missing middle discourse

When thinking about discourse, it is important to consider not only what the discourse intends, but what it actually manifests materially, and more so, how these manifestations contribute to power inequities (Breton, 2022; Van Dijk, 1993). Important to note is that there was no evidence of AGYW having access to a discourse in which they can choose to have sex and protect themselves from harmful outcomes, as well as their personal reputations. AGYW are thus, unable to engage in what is otherwise considered normative adolescent behaviours, and not have them conflated with potential negative outcomes associated with the 'bad girl' lifestyle.

The discourses that promote the attainment of 'good girl' status abound and are well-meaning and not meant to harm AGYW, but they appear to be doing little to achieve the intended objective of aiding AGYW to either abstain from sex or protect themselves if they do have sex. AGYW seem to be having unprotected sex and engaging in the above-mentioned strategies to hide and deny their sexual activity, which potentially affords them 'good girl' status and the social capital described above. Unfortunately, this compromises them in their capacity to make healthy SRH choices and /or negotiate safety in their sexual engagements.

I argue that AGYW do not have access to what I have termed 'the missing middle discourse' in which they can engage in 'bad girl' activities but also choose to protect themselves without being shamed for their choices by discourses that value healthy SRH choices, regardless of whether they are being enacted by 'good girls' or 'bad girls'. Perhaps what needs to be problematised then are the 'bad girl' associations with these behaviours, rather than whether AGYW engage in them or not. The following section explores the impact of the sex negative paradigm which most of the discourses that AGYW have access

to perpetuate. Insights are offered into how a more sex positive lens may aid AGYW in improving their capacity to develop and enact agency in sexual decision-making.

Toward a more Sex Positive approach

Peer pressure was by far the most reported reason for AGYW deciding to have sex. An important factor that emerged when exploring this theme was how AGYW reported that they are far more likely to take advice about sex from peers than from adult caregivers. As mentioned in Chapter Six the conversations that peers engage with around sex tend to embrace a sex positive lens, where the more positive aspects of sex are spoken about. Friends speak about how "sex is nice" while all the narratives that adult caregivers speak offer focus on the warnings and dangers of sex, a trend confirmed in another study on South African young boys (Hodes & Gittings, 2019).

According to (Mosher, 2017), some of the tenets of the sex negative paradigm within the context of heterosexual sex include tropes of the active man who pursues the passive women, ideals of monogamy, and notions of sex as an act of morality/immorality. These elements are clearly evidenced in the discourses around sex that AGYW engage in and are exposed to, but elements of the more sex positive lens also appear to be emerging when AGYW engage with their peers.

While there is, as yet, no single agreed upon definition of sex positivity, there are a number of tenets that serve as guiding principles that define the concept (Kaplan, 2014). Tenets of the sex positive approach include ideas of sex and SRH being important to promote overall psychological health and wellbeing, a move away from viewing SRH only in terms of risk and disease management (Mosher, 2017). A sex positive approach to SRH education for young people would avoid making moralistic value statements about sex and would avoid perpetuating stigma in its communication (Brickman & Willoughby, 2017). As such, the approach makes a deliberate attempt to move away from dividing groups into good and bad persons, as was seen in the predominant 'good girl'/ 'bad girl' discourse that AGYW are exposed to.

Within the sex positive paradigm, sex is framed as neither good nor bad and any benefit or harm is conceived to derive from one's specific actions with regards to sex, not sex in general. As shown previously, AGYW are exposed to narratives that make moral judgements on behaviours and lifestyle choices that are thought to be associated with sex, offering little detail about specific behaviours related to actual sexual engagements, more reminiscent of the sex negative paradigm (Brickman & Willoughby, 2017).

Within a sex positive lens, the intrinsic value of sexual pleasure, which can derive from physical, psychological, emotional or idiosyncratic sources, is endorsed by the fact that people may go to great lengths and risk harmful consequences to attain it (Kaplan, 2014). If interventions aimed at reducing high-risk sexual behaviour ignore the intrinsic value that sexual pleasure offers its recipients, such interventions may be missing the core determinant of the behaviour that it seeks to affect (Hodes & Gittings, 2019; Zaneva et al., 2022). Based on how AGYW speak to each other about sex being "fun" and "nice", sexual pleasure seems to be central in descriptions of AGYWs' lived experience of sexual decision-making, yet it is mostly absent from education and guidance being offered to them by adult caregivers and interventions aimed at them.

An important element to consider within the sex positivity debate, is the nature of sex education that children receive in schools. In post-apartheid South Africa, in an attempt to offer a more relevant version of sex education than its predecessor, a new school curriculum for sex education was designed in the wake of the HIV epidemic. However, it failed to redress issues of patriarchy and sexual conservativism despite being called "Comprehensive Sexuality Education" (CSE). While CSE acknowledges that sexual activity is normal for adolescents (something which the previous curriculum did not), it still focuses on risk avoidance, condom usage, and delayed sexual debut, ignoring any aspects of pleasure (Bhana et al., 2022b; Hodes & Gittings, 2019).

Scholarship on CSE in South Africa acknowledges the same critiques that have been levied at public health discourse in terms of adolescent sexuality, which include the emphasis on danger, risk, and disease; the solution being knowledge provision and

individual behaviour change, female youth being constructed as vulnerable and submissive and in need of protection from hyper sexed male youths - all while ignoring the socio-political context of colonial heritage in which sexual decision-making happens (Hodes & Gittings, 2019; Macleod & Moore, 2022; Matswetu & Bhana, 2023).

These risk focused approaches to SRH education fit more squarely within the sex negative paradigm, which also ignores issues of access to rights resulting in power differentials that create conditions where some bodies are privileged or denied intervention over others by policy-makers, exemplified by how females have been shown to bear a much greater portion of the burden for change in terms of SRH (Kaunda-Khangamwa et al., 2022; Rowlands et al., 2021). Further to this, studies of sexual education programmes show that young people respond more positively to sex positive based interventions than sex negative ones, as the sex positive lens aligns more closely with most adolescents' lived experience of sex. Sex negative interventions have also been proven to do little to change risky behaviours (Castellanos-Usigli & Braeken-van Schaik, 2019; Matswetu & Bhana, 2023; Singh et al., 2021).

In contrast, one of the important tenets of the sex positive paradigm is that it seeks to validate healthy expressions of sexuality and aims to reduce stigma attached to sexual choices. From a historical perspective, female (hetero) sexuality has fulfilled one of two functions. The first, being reproduction, the second, being in service of male sexual pleasure, leaving little room for women, and especially, adolescent women, to grapple with their personal pleasure experiences. Adolescent sexuality remains so highly moderated in public spheres, through a predominantly sex negative lens that ignores the role of sexual pleasure for them, thereby stigmatising their choice to attain it (Bowman, 2014; Kaunda-Khangamwa et al., 2022; McClelland & Fine, 2012).

McClelland & Fine (2012) claim that movements advocating for AGYW's right to freedom from averse sexual events seems to have overshadowed their right to the enjoyment and pleasure of positive sexual events. As such, so much energy has gone into teaching AGYW how to say "No" that researchers have abandoned the possibility of teaching them how to say "Yes" and protect themselves while doing so. This affirms my

contention around the missing middle discourse which would espouse more sex positive principles. (McClelland & Fine, 2012) write about how the "wanting" (meaning the desire for experiences of sexual pleasure) of adolescent females is at once reduced to fears about the potential negative consequences of this wanting. As such young women are portrayed as being 'vulnerable' in the face of their own desire, and thus, in need of being rescued from it (Chmielewski et al., 2020; McClelland, 2018).

Previously, I argued that these heavily problematised positive experiences of sex, which Mimmy describes so richly in her interview, comprise an integral aspect of the lived experience of sexual decision-making, but is pathologised and dismissed within the prevailing discourses of the interventions and adult caregivers (who are the source of most of the AGYW's education about sex) because of its association with poor SRH outcomes. Within these discourses, AGYWs' lived experience is framed as the 'problem', mainly ascribed to a lack of sexual agency and as such, the expectation is that their lived experienced is what needs to be changed.

Perhaps if AGYW were exposed to discourses that affirm them in their pleasure-seeking behaviours, instead of the discourses that shame and judge them for it, then maybe make greater in-roads could be made in supporting them to feel empowered to shift the risky behaviours they might be choosing in pursuit of this pleasure. When considering the arguments presented on distributive agency, it may be necessary to question what actually needs to change: AGYW's lived experience in an absolute sense or the perception of their lived experience being the problem. In the next section, an understanding of a concept of TSR called *Hyper representation* is applied to this question.

Hyper representation

Social knowledge, what the TSR concerns itself with, refers specifically to knowledge that people produce in their everyday lives. It seeks to understand the phenomenology of how ordinary people produce knowledge about themselves and the communities and institutions that are relevant to them. TSR militates against the idea that such everyday knowledge is erroneous and represents a distortion of truth which needs to be replaced by

scientific knowledge, thereby stripping everyday knowledge of its epistemological status ((Jovchelovitch, 2019). Instead, TSR attempts to bridge the gap between the philosophy of knowledge and rationality, and the philosophy of experience and sense, by acknowledging both the wisdom and limitations of both and working to avoid assigning greater importance and validity to one above the other (Jovchelovitch, 2019).

While it is often useful to use comparative frameworks that allow us to establish one perspective in relation to another, it can also be dangerous when it results in a hierarchy of knowledge where one party's knowledge and representations are positioned as being of lesser value, importance, or legitimacy than that of the comparative position. Breton (2022) speaks of the ongoing effects of colonialism within global public health discourses, which centres outsider perspectives above those of the community members who inhabit the communities which the interventions aim to serve. This act of establishing whose knowledge is rational or not can have far reaching consequences at psychological, social, and political levels and can impact the party's capacity to access resources and opportunities ((Jovchelovitch, 2019).

Critical methods such as TSR are concerned with ways that young people's responses do not only constitute their individual experiences, but are also representations of how their community affiliations, such as schools and families, have influenced the way that they have come to imagine their lives, as well as how their vulnerabilities operate in the face of political or economic forces (McClelland, 2018). I argue that the dismissal of the positive lived experience of sexual decision-making of AGYW, which encompasses AGYW's desire to attain sexual pleasure, is a form of this kind of de-valuation of everyday knowledge, positioning public health discourse ideals of SRH seeking behaviour as having greater import.

Through the processes that were uncovered earlier in this chapter, by which AGYWs' sexual desire is at once reduced to a type of vulnerability to danger that they need to be rescued from, AGYW's capacity to access sexual agency is being compromised, thereby denying them access to this valuable resource. In this case, it seems that the system that relies on the tenets of the sex negative paradigm has been given legitimacy over the positive

aspects of the lived experience of sexual decision-making. AGYW find themselves caught between the pressures exerted by this system which implores them to strive to achieve 'good girl' status and the emergence of more sex positive narratives that they engage in with peers, narratives which leave AGYW at risk for being blamed and judged if they enact them. TSR would seek to give validity to both these positions and understand how AGYW engage in sense-making in the face these opposing positions.

I argue that discrediting the sex positive paradigm that AGYW and their peers are engaging with in this way, has resulted in AGYW losing access to agency, a valuable resource, which ironically is what the system aims to give them access to. In listening to AGYW and privileging their lived experience, it emerged that they are more likely to make decisions about sex based on interactions with peers who are more closely aligned to the tenants of sex positivity. As such, in keeping with the principles of TSR, spaces should be created for more of AGYWs' lived experience to be voiced, to establish what feels like sense-making to them, but without passing judgment on this process of sense-making, recognising instead, its validity within this context.

For AGYW, this enactment of a lack of agency holds tremendous social value, in that it allows AGYW to fulfil their desire to experience sexual pleasure as well as retain their 'good girl' status. Their response would thus represent common sense knowledge within Jovchelovitch's (2019) conceptualisation. Unfortunately, because this common-sense knowledge results in poor SRH outcomes, it is dismissed, and the interventions seek to replace it with what is considered sounder knowledge; a form of *Hyper representation*. While it would be hard to argue that this common-sense knowledge is good for AGYW, TSR would seek not to replace, but rather to allow space for both 'knowledges' to be equally privileged. (Jovchelovitch, 2019) suggests a move away from perceiving the transformation of knowledge to happen on a linear scale of progression, where lower forms of knowledge are replaced with higher forms. Rather, the author admonishes us to think about how different forms of knowledge relate to each other, and how they come to represent the social worlds that their creators occupy.

In this discussion chapter is has been shown how AGYW traverse the landscape of conflicting discourses that are available to them and how this has left them bereft of a discourse of true sexual empowerment. Such a discourse would foreground their actual sexual behaviour choices, free of the stigma or judgement shown to currently be attached to these choices. It would also be free of the chastisement that comes with engaging in normative adolescent behaviour because of its association with shameful sexual activity. AGYWs' common-sense response has been to enact a lack of agency, which I argue is justified given the pressures that they are under to maintain the image of a 'good girl'. Holding all of the above in mind, the next section applies one of TSR's recommendations for change in social conditions termed *decentration of perspective* to what AGYW expressed as needing to change.

The decentration of perspective

The most resounding need that AGYW expressed was the need for 'judgement free' spaces to talk about aspects of sex that they currently are unable to talk about. Based on my findings, AGYW find themselves caught in the battle for legitimacy between the sex negative and sex positive paradigms that inform the discourses about sex that are available to them. They are afforded much room to engage in the sex negative narratives, but it seems that it is the sex positive conversational spaces that they lack access to and desperately want. AGYW, themselves, admit that their current common-sense deductions are harmful, but that they do not know how to manage this decision-making process differently. What AGYW seem to be prioritising are their social reputations as opposed to their SRH. How can AGYW be helped to make shifts in their behaviour choices, without discrediting their sense-making processes entirely?

Storytelling is one of the most critical means that communities use to represent their past, present, and futures. The ability to reflect on the past facilitates a process whereby understanding and potential revision is possible if it is deemed necessary to revise and renew social identities and practices (Jovchelovitch, 2019; Kessi & Howarth, 2015). Jovchelovitch (2019) proposes a *decentration of perspective* which involves identifying the ways of knowing that communities engage in as they traverse the social and cultural

conditions in which they exist and make sense of life. Not only should this be identified, but also recognised as a diversity of knowledge, not an "incorrect" knowledge (Jovchelovitch, 2019).

It implies an ethical commitment to engage in dialogue about these sense-making processes, with the view to assessing what the creators of this knowledge propose as solutions, even if they appear to be unacceptable according to other standards of knowing (Higgins et al., 2022; Jovchelovitch, 2019). It is then possible to initiate joint engagement around what solutions may feel sensible for AGYW from their own perspective. This will, however, require respect and validation of their lived experiences of sexual decision-making. It will also be necessary to allow AGYW space to re-author their own stories as feels sensible to them. Our role as intervenors and researchers would then need to incorporate spaces that can facilitate this type of dialogical engagement with AGYW about the problem of sustained HIV incidence.

Tolman (2012), who has devoted their career to understanding adolescent female sexuality, offers some valuable insights to answer the question of how decentration of perspective can be implemented in this case. She argues that what AGYW need is the right to self-knowledge and self-expression that is not mediated by the fear and social controls imposed upon them via the moral panic around their sexuality (Tolman, 2012). The author speaks of the need to create structural social conditions that ensure safety and access to resources and social norms that can facilitate this type of sexual agency (Tolman, 2012). Breton (2022) argues that such structural transformations, aimed at empowerment of women from the global south would challenge the very foundations of the global public health industry because she recognises how deep colonial legacies inherent in discourses that position global south actors as inferior, vulnerable, and in need of saving by global north actors, still run (reminiscent of what was shown in the CDA presented in Chapter Four).

The CDA offers a disclosure and critique of ideas that have become naturalised but have served to reproduce oppressive knowledge systems that keep their victims locked into these systems of oppression (Aulette-Root, 2008). Fairclough (1993) assert that text cannot

be analysed outside of its context. He defines these contexts as the “social conditions of production” and the “social conditions of interpretation” (Fairclough, 1993, p.25). When conducting CDA, the researcher must at the same time as analysing the text itself, also consider the social conditions in which the text is created, interpreted, and possibly reproduced. I argue that not only is the framing of the problem itself such a form of reproduction of oppression, but even the framing of the solutions might represent such an installation of hegemony.

The main feature of creating the social structural conditions that Tolman (2012) speaks of, would be, in acknowledgement of the statements above, to recognise and validate the forms of sexual agency that AGYW have already developed, and then to engage AGYW to think about ways to improve outcomes for them, without necessarily seeking to eradicate the practices of their current lived experience. Added to this, the nexus for change will need to shift away from individual behaviour change that AGWY need to enact, toward the entire socio ecological context in which the problems originate (Breton, 2022; Rowlands et al., 2021). The next chapter will examine the socio-ecological context within which the problem of sustained HIV incidence is happening, commenting first on ways that the nexus for change can be shifted, and then on ways that AGYW can be supported through these changes.

CHAPTER EIGHT: RECOMMENDATIONS

Introduction

This final chapter will focus on recommendations that may foster some positive change in the lives of AGYW. The structure chosen to present the recommendations is to firstly explore each level of the socio-ecological system in which AGYW engage in sexual decision-making. The section begins with a discussion on the importance of considering the entire socio-ecological system in the which the problem exists, rather than only on what AGYW need to do to change within it. Then, as well as making recommendations for change at each level, theoretical support for the factors within each level that constrain and/or support the creation of social structural conditions that Tolman (2012) suggests are necessary for AGYW to develop agency are presented. In this way, commitment to ensuring that all role players in the AGYWs' ecosystem are held accountable for change is offered, thereby relieving AGYW from carrying all the burden for change. As in the previous chapter, the way that discourse affects social practice continues to be reflected on.

The first recommendation focuses on the male sexual partners of AGYW. A renewed focus on shifting the responsibility for change onto male sexual partners in initiatives for change is argued for. This will require quantifying the current impetus aimed at them, and then monitoring this shift over time, as this does not appear to be a priority, currently. I then present the need for a more concerted effort to include parents in change processes as they are critical in the education and support of AGYW. Restrictive cultural norms are often implicated in the challenges in parental relationships. While the shift may involve some conscientisation of parents around how these cultural norms may be limiting their children's capacity to develop agency and protect themselves from harmful outcomes, the recommendations would not aim to eradicate these long-held practices and values in keeping with the principles of Theory of Representations.

The next recommendation interrogates the type of sexual education that children receive in schools. Attention is turned to public policy that governs AGYW sexuality. The need for the inclusion of the WHO's principles of sexual wellbeing into sexual health policies in public health discourse is highlighted. Furthermore, a call for researchers and intervenors to be more reflexive about ways in which they may be complicit in replicating orders of oppressive knowledge production is made. To this end, a charge is levied to the statutory bodies that govern interventions and research outputs such as ethics committees and university departments to be intentional about redress, and to design innovative strategies to hold us as knowledge producers accountable to bring about this kind of change. Recommendations speak to interventions needing to become creative in terms of the monitoring and evaluation of lived experience, which is not easily quantified.

The recommendations mentioned up to this point fall under the premise of building the social structural conditions that Tolman (2012) suggests. Following this attention is turned back to AGYW as individuals within the ecosystem. Recommendations around the need to create spaces where AGYW can engage in sex positive conversations are made. The need for AGYW to be afforded space to critically engage with the lived experience of navigating the sex positive narratives emerging from their peers, within a socio-ecological system so heavily routed in the sex negative paradigm is emphasised.

Considering the socio-ecological context

HIV interventions that premise concern for individual behaviour changes obscure the ways in which structural violence can inhibit people's agency and also assumes that SRH is apolitical, thereby concealing how this type of violence increases social vulnerability (Kaunda-Khangamwa et al., 2022). A critique of such individual behaviour focused interventions is that they ignore the power inequities of ill health which are often linked to social forces in the macro environment that are far beyond the reach of the individuals being expected to make the changes (Campbell, 2020).

According to the theory of structural violence, violence is defined as the avoidable disparity between one's capacity to fulfil basic needs versus actual fulfilment thereof. Structural violence, also known as institutional violence, is differentiated from personal violence in that there is no actor perpetrating the violence or that it is impractical to locate the perpetrator. Such violence is perpetrated in how structural inequities result in power imbalances and constrain people's capacity to develop agency, thereby denying them access to the fulfilment of their needs and their rights to do so. As such, violence is perceived to be inherent in, and thus inflicted through, the social structures in which victims are located (Fink, 2010; Ho, 2007).

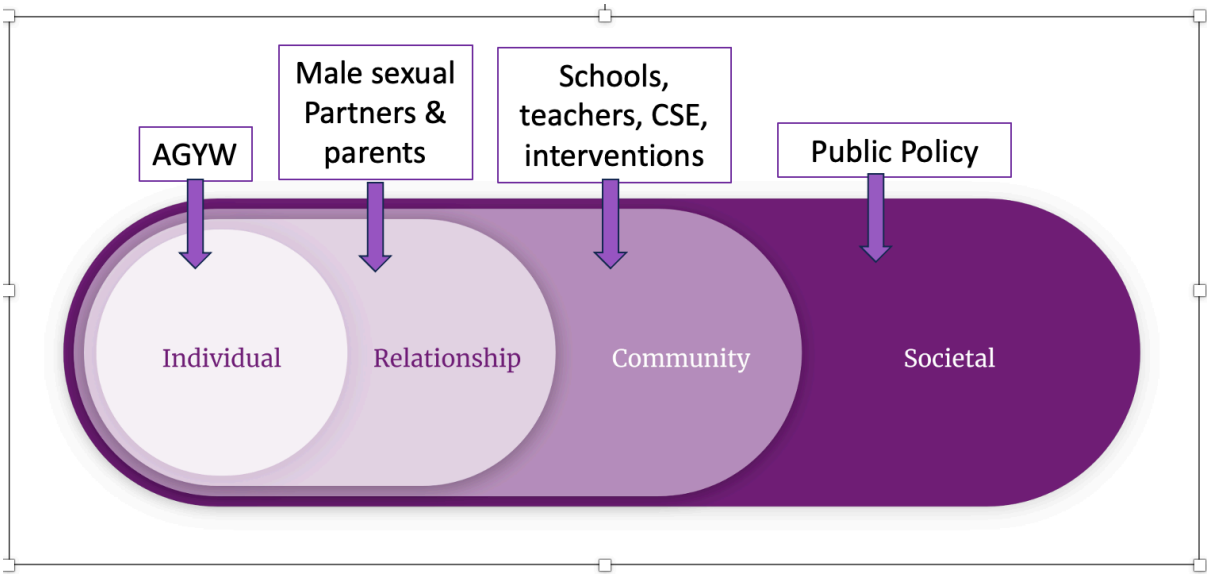
Breton's (2022) argument about the colonial legacies within public health discourse, as well as the effects of the predominantly sex negative informed social discourses that inform AGYW's sexual decision-making, may represent such forms of structural violence, in how AGYW are constrained in developing and enacting sexual agency as a result. In keeping with these sentiments, my recommendations explore how we can create social structural conditions that address these two elements and support agency development.

To address the challenge of the burden for change being so heavily directed at AGYW as individuals, I propose a process of more sex positive engagement with all the role players that influence AGYWs' engagement with sexual decision-making. If AGYW are to expand their engagement with sex positivism to include a de-stigmatised view of a choice to protect themselves during sexual engagements, adult caregivers and sexual partners need to be supportive of them in this process. As such, the next sections examine how various elements within the socio-ecological system of AGYW's sexual decision-making function and influence their capacity for developing agency.

As presented in the theoretical frameworks section of this thesis, the socio-ecological system considers four layers that influence the problem of interest (Dahlberg & Krug, 2002). Alternate drivers for change are presented at each level. The impact of male sexual partners and parents at the level of social relationships, teachers and sexuality education at school at the level of community affiliations and interventions, and at the level

of social systems relative public policy is considered. Below is a diagrammatic representation of the socio-ecological model included in my recommendations:

Figure 7. Socio-ecological model of recommendations



Male sexual partners

At the socio-ecological level of relationships, a critical factor to address in working with male sexual partners is the colonial heritage of what Connell (2005) termed *hegemonic masculinity* which describes masculinity as being synonymous with male behaviour linked to social ills such as violence, substance use and sexual risk taking (Colvin, 2019). It is associated with values aligned to displays sexual prowess, limiting expression of emotional vulnerability and physical strength. These values, however, tend to act as barriers for men managing their health (Gittings et al., 2020). As previously mentioned, African men are particularly demonised in such tropes, which is perhaps what has rendered them less as hopeless for intervention within the discourses, inadvertently placing more of the burden for change on women, another way in which Fairclough's system appears to be playing out in this context (Morrell et al., 2012; Shefer et al., 2015; Van Dijk, 1997).

Studies that have sought to engage men beyond the reaches of this framing of masculinity have found that men do engage in multiple forms of masculinity and also suffer

from certain vulnerabilities when negotiating sexuality (Morrell et al., 2012; Ratele, 2022; Shefer et al., 2015). Schefer et al. (2015) concluded their paper with statements imploring researchers and practitioners to acknowledge the nuances and complexities inherent in engaging masculinity, especially within the South African context, and to move away from assigning men a blanket identity as the perpetrator of social ills, devoid of hope for rehabilitation.

Rather, the author suggests that men be assisted toward developing agency to withstand the pressures to conform to these tropes, and in so doing, empower them to invest in gender equity, which, according to the findings on the lack of support for men in HIV treatment presented in the previous discussion chapter, would yield improved SRH outcomes for both themselves, and their female partners (Colvin, 2019; Gittings et al., 2020; Shefer et al., 2015). Hence, change in this area, should yield much needed benefits for both sexes, as well as working toward more equitable social structures within in which to intervene.

Ncube (2022), who conducted a study on the effectiveness of Adherence clubs, a programme designed to focus attention on supporting men in HIV treatment in a context similar to that of the AGYW in this study in South Africa, found them to improve the uptake of services. The ethos behind the programme is to offer support at all the levels of men's socio-ecological systems in order to encourage men to think about their health more effectively. The study calls for public policy to ensure that more attention is paid to creating programmes that are specifically aimed at men and engaging men in SRH initiatives.

As presented in the previous Discussion chapter, data to quantify what level of spend that is being aimed at males versus females in HIV intervention was not available, but there are no interventions that operate at the same scale of the GF specifically for men and boys, while there are multiple other interventions aimed at AGYW. The high-level recommendation here would thus be that this be addressed as a matter of urgency and that interventions make a deliberate effort to cater to males, specifically.

While focusing on males, in general, is important, there is emerging support in literature for programmes aimed specifically at adolescent and younger boys. Adolescence and pre-adolescence is the time when boys start to engage with and develop their constructs of masculinity resulting from their gender socialisation (Manda et al., 2022). There is a growing body of evidence that if adolescent boys can be engaged in gender transformation programmes, this may contribute to shifting the harmful practices and norms that prejudice men in accessing adequate health care, but also the impact that these values have on their engagements with their female sexual partners (Colvin, 2019; Gittings et al., 2020; Manda et al., 2022). If men are to be assisted with engaging forms of masculinity other than hegemonic masculinity, then this is the age that is well suited for intervention.

While facility-based interventions can be effective, there is also growing support for community-based interventions to aid young men in the process of gender transformation. Gender transformation would seek to challenge local ideas about gender, with a view to helping young men construct more equitable ways of understanding themselves and their roles as men (Colvin, 2019; Cornwall, 2018). A study in South Africa looked at how soccer clubs for adolescent boys could provide the kind of social support that boys needs if they are to successfully navigate and integrating alternate forms of masculinity and consider their SRH more and found that the clubs did provide avenues for such transformation (Sikweyiya et al., 2023).

Such community-based programmes, which are not specifically aimed at clinical intervention, can close the gaps in social support that boys may need. In this programme for example, the soccer coaches played a fatherly role, as many boys did not have healthy fatherly support and this was key to supporting them in transforming their engagement with gender constructions (Sikweyiya et al., 2023). Here, the role that having safe spaces to talk to adult caregivers as a means to conscientizing boys and men is a very important aspect of change that is needed (Gittings et al., 2020).

In summary, there needs to be a much greater effort directed at men, in general, for HIV intervention. More so, interventions targeting young boys and adolescents may be most

beneficial in the goal of assisting young men to develop more equitable constructs of masculinity, especially if they are deliberate and targeting gender transformation. Not only will this benefit AGYW who are their sexual partners but will also lay the foundation for social structural conditions in which women no longer have to protect themselves from men.

As has been shown, such intervention will also improve outcomes for men and boys in terms of their SRH. While clinical interventions are necessary, community programmes that engage young men in activities such as soccer, can fill the gap in social protection and support that is so prevalent in the contexts where HIV incidence is still so problematic and have been shown to improve pathways to gender transformation. A key element that was found in literature in terms of encouraging gender transformation is safe spaces for boys and men to talk to adult caregivers. Another important recommendation would be the need to quantify how expenditure is being distributed across sexes and for ongoing monitoring to ensure more equitable distribution of effort in future.

Parents

The second consideration on the socio-ecological level of relationships is parents. In keeping with the commitment to make recommendations that are more equitable, this section is aimed at both males and females in terms of their engagements with parents. Literature reveals a strong correlation between parent/caregiver communication around sex and protective attitudes and behaviours in adolescents. Improved outcomes may include better contraceptive use, delayed age of sexual debut, stronger capacity to engage in discussions about sex and fewer sexual partners, all of which are associated with improved SRH outcomes (Z. Duby et al., 2022; Soon et al., 2013). While there seems to be a robust literature on the problems inherent in adolescent sexual communication with parents within Southern Africa, there are almost no interventions aimed specifically at engaging families in the process of HIV prevention for their children, with the majority of such interventions developed in global south contexts, representing a massive gap in service provision (Kuo et al., 2016).

One intervention in Africa was a programme that was run in Kenya where a US based programme was adapted to suit the context in Kenya and showed very promising results in terms of improving parent-child sexual communication (Poulsen et al., 2010). The first recommendation then would be to find such evidence-based interventions that have worked in other contexts and trial them in South Africa as part of large-scale interventions such as the GF and Imagine. One of the problems cited in this article about this programme was a dearth of literature offering evidence-based guidance for implementing such adaptions. Their process of adaptation was informed by the Centre for Disease Control's (CDC) advice on adaption processes called map of adaptation process (MAP) (McKleroy et al., 2006).

The Parents Matter! Program (PMP) was a community-based programme aimed and at upskilling parents to help children achieve SRH and avoid sexual risk behaviours. PMP offered parents guidance on particular practices as parents and also effective communication strategies to use when engaging children on SRH matters (Poulsen et al., 2010). This programme was of interest to me as it offers what my findings suggested that parents in my study needed. The article speaks about how adaptation was managed while trying to maintain fidelity of the programme and remaining sensitive to cultural context in Kenya.

The initial steps taken to adapt the programme involved identifying the core elements of the PMP which were defined according to the theoretical framework of the programme. These core components were then divided into content, pedagogical, and implementation components. Examples of content elements were providing information and skills building. Pedagogical elements included role plays with peers and guided communication practice. Finally, elements related to implementation were issues such as delivering one session once a week for five weeks (Poulsen et al., 2010). Once these core elements were firmly established, the figure below shows the steps that were taken to adapt the intervention:

Figure 18. Steps to adapt the PMP (Source: Poulsen et al., 2010)

TABLE 1. The Five Action Steps in the Center for Disease Control and Prevention's Map of Adaptation Process

1. Assess	Assess the target population's risk factors and behavioral determinants, potential EBIs, stakeholders input, and organizational capacity to implement the intervention.
2. Select	Select an intervention and determine whether or not adaptation is necessary.
3. Prepare	Make changes to the intervention, prepare the organization for implementation, and pre-test intervention materials.
4. Pilot	Create an implementation plan and conduct an exploratory pilot test.
5. Implement	Implement the adapted intervention with systematic monitoring and evaluation.

Note. From "Adapting Evidence-Based Behavioral Interventions for New Settings and Target Populations," by V.S. McKelroy et al., 2006, AIDS Education and Prevention, 18(Suppl. A), .

While the details of this process of adaptation is beyond the scope of this Thesis, I wanted to include it as a concrete example of designing and implementing interventions that support parents in South Africa and closing the gap in the scarcity of programmes that are available here. Step number three is key, as communities are far more likely to perceive an intervention to be acceptable and utilise it, if they are given the opportunity for a sense of ownership of it. Such a sense is usually achieved when communities are given the chance for participation during the designing of the intervention (Poulsen et al., 2010).

It also seems evident, that in general, more focus needs to be given to developing such family-based interventions that support parents in their efforts to communicate and educate children about SRH, as communication emerged as a key barrier. Duby et al. (2022) asserts that according to social cognitive theory, it makes sense that if parents felt better equipped in terms of their own knowledge and perceived self-efficacy, then they would be able to communicate more effectively. It is clear that parents need support in their ability to communicate effectively with their children. In the previous Discussion chapter, an outline of the generational gap that is forged by divergent views of children versus parents on the morality of sex was presented.

Rowlands et al. (2021) present an argument that this gap should be closed by helping parents to engage in sex positive communication with their children which would not assign morality to sexuality and would seek to liberate, particularly females, from the

pressure to conform to ideals of chasteness for the sake of their social reputation and that of their families' and communities. The author recognises how such well-meaning discourses reduce women's sexual autonomy through shaming them and limits their capacity for enacting sexual agency, as has been shown in my previous findings (Rowlands et al., 2021).

Mastro & Zimmer-Gembeck, (2015) made an interesting observation that teenagers who report speaking to their mothers more frequently than their fathers about sex, were more likely to develop safe-sex competence because mothers focused more on risk avoidance, whereas those who spoke to fathers more frequently reported more positive emotional responses to sex. Perhaps implying that fathers provide more information about pleasure than risk, lends support to the argument in the previous section that women feeling a disproportionate need to protect themselves from the dangers of sex. In my study, it was clear that AGYW prefer to, and mostly do speak, to their mothers about sex and in fact, felt that a relationship where one can do so is central to one's happiness and success in life. This may explain why so much of what AGYW report that what they are told during conversations about sex is perceived as a form of warning.

Here, again, it is evidenced how the gendered order is replicated from one generation to another through such mechanisms, speaking to the need to reform these social structures. What is challenging, here, however, is the *how*. Bearing the principles of TSR in mind, parents should not be convinced of the more sex positive position by eradicating their current belief systems. Breton (2022) cautions against identifying local norms in global south communities as "backwardness" and in need of eradication and begs the question around what these communities are meant to replace them with and why.

Instead, spaces should be created =where parents can be conscientized to the ways in which the discourses that they engage in with their children seems to be having the opposite effect, which is not what they want for their children either. (Mkhwanazi, 2014) provides a beautifully rich anthropological account of the way in which not speaking to children about sex, and also the stricture of young women's conduct and shaming of their sexuality post menarche is considered an important and necessary role as a mother and

grants one respect as a parent. Even when teenage pregnancy happens, as much as it is met with anger and punishment, eventually, if the young woman adopts an attitude of humility and remorse, she is then accepted and validated in her role as a new mother in the community ((Mkhwanazi, 2014). The author concludes that these value systems create a fertile ground for ongoing incidence of teenage pregnancy but represent a long-held valued way of being that is not considered problematic by members of the community, and in fact is revered in terms of local cultural practice.

This is a perfect example of how deeply held value systems held within a community result in what is considered a public health crisis. Interventions then seek to address the crisis by imposing dismissal and disruption of these value systems, so its stands to reason that they are met with heavy resistance from communities, resulting in perceived 'poor uptake and adherence'. Bearing the principles of TSR in mind, a more effective approach might be to engage in dialogical interventions that facilitate parents guiding researchers on how best to tackle the problem of these proscriptive social norms, while privileging the lived experience of what shifting these values may mean for parents within their context.

Due to the dire lack of interventions and research aimed at this, perhaps as a start, what is needed is more research into the nuances involved in engaging parents in this way, with a view to designing programmes that would foreground suitability for parents (opposed to researchers and intervenors) as a means of creating more equitable social structural conditions that maintain commitment to the ideals of TSR in this area. Programmes that could offer parents the opportunity to be exposed to tools such as the one that I adapted for my AGYW topic guides are necessary. The Sexual Autobiography is designed to help people understand their process of sexual socialisation and how, from childhood into adulthood, they have internalised different messages about sex. Such tools are helpful to kickstart the kind of dialogical engagement that could facilitate helping parents think about ways that social norms and practices may be affecting their children negatively.

They also provide the basis upon which to include parents in the design of interventions, which has been shown to improve efficacy. A recommendation in the longer-

term would be to consciously direct more funding and attention at how to equip parents to engage in more sex positive narratives for themselves, and subsequently, what this might mean for their engagement with their children in the future, prefacing what parents want in terms of outcomes for their children as the focus for intervention outcomes. Further to this, there is a need for more case studies on adapting programmes that have worked in other contexts, as well as for more programmes to be developed locally.

Rights-based Comprehensive Sexuality Education (CSE)

This section moves to the level of the socio-ecological model involving community affiliations and makes recommendations for changes at school relating to the sex education curriculum. In keeping with the principles of unveiling how discourses may be reproducing oppressive ideologies and TSR's admonition that all knowledge be privileged equally, this section looks at how CSE can be adapted to offer more liberatory versus liberal empowerment to young people in South Africa. This section is also framed from the perspective of both males and females needing intervention.

As mentioned in the previous Discussion chapter, sex education in South Africa adopts the same risk focused lens as public health interventions and tends to espouse patriarchal ideals that perpetuate feminine oppression. The recommendation proposed is the adoption of an empowerment approach in the context of CSE (Kaunda-Khangamwa et al., 2022; Rowlands et al., 2021). This would entail fostering in young people an understanding of how gender inequalities are constructed via social structures so as to facilitate personal reflection about gender norms and how they affect them personally, in a process of conscientisation (Cornwall, 2018; Haberland & Rogow, 2015; Rowlands et al., 2021; Sardenberg, 2016). A review of CSE programmes that address issues of gender and power were shown to reduce STI rates and unplanned pregnancy, implying that it may be equally beneficial in HIV prevention (Logie, 2023).

What such interventions facilitate is a shift that allows young people to think critically about gender, power, and rights. Inherent in such processes of conscientisation, marginalised groups (in this case both male and female youth) may come to see themselves

as equal and able to gain self-mastery, protect their own health, and also be an active participant in society through collective action to actively agitate for their population group's right to SRH (Aventin et al., 2021; Haberland & Rogow, 2015; Macleod & Moore, 2022; Rowlands et al., 2021).

Rights-based CSE (RCSE) should move away from policing, regulating, and controlling what is constituted as the irresponsible behaviour of young people (particularly girls) and instead encourage young people to think critically about the social and material conditions in their context that give rise to various injustices that influence their lives (Coultas et al., 2020; Pleaner et al., 2022). The development of such a critical consciousness is a requirement if young people are to renegotiate their sexual and social identities, and build the confidence to challenge the social structures that inhibit their access to sexual empowerment (Macleod & Moore, 2022; O'Farrell, 2004; Pleaner et al., 2022).

One of the barriers to such RCSE that has been identified in literature and was found in my study, is the way in which teachers often reinforce prevailing gender norms by chastising sexual activity as immoral, using scare tactics to promote abstinence and perpetuating the focus on risk and disease opposed to pleasure (Hodes & Gittings, 2019; O'Farrell, 2004; Singh et al., 2021; Smith & Harrison, 2013). Teachers being the main source of such education would thus be a critical factor in realising the ideal of engaging in more rights-based CSE which allows for the inclusion of sex positivity rather than abstinence rhetoric. Therefore, interventions aimed at conscientizing and equipping teachers to deliver RCSE would also be vital (Matswetu & Bhana, 2023). Here tools such as the Sexual Autobiography for teachers would also be applicable.

According to these assertions, the way to ensuring the restructuring of social conditions with regards to CSE is to assist young people to learn to think critically about gender, power, and rights, and how this is affecting them personally. Teachers also need to be offered the same platforms and help them to think about how the attitudes embedded in their discourses may be having the converse effects on young people in reality. In so doing, conscientization of young people can lead to them becoming their own advocates for better access to SRH, thereby privileging their own lived experience of sexual decision-

making in a more socially equitable context. Interventions would then also be better poised to get insights from them as to how to help them achieve these rights, opposed to imposing our contextually displaced views on how this should happen.

HIV Interventions aimed at young people

Another important element within the level of community affiliations is the role that interventions play. Firstly, it may be necessary for intervenors to reflect on and take responsibility for reproducing harmful ideologies through their research. The same need for conscientization within academic spaces exists. As has been shown thus far, there are many prevailing discourses that AGYW are exposed to and that influence how knowledge about the problem of HIV is created. These discourses all embody the stated intent of being helpful, but as this study reflects, in many cases, are having harmful effects, especially in how they compromise AGYW in their ability to develop and enact agency.

The first step is for researchers to engage in reflexivity and acknowledge when they are doing so. I note my own experience as a researcher and how I was never encouraged or required to think about this myself, which highlights to me the lack of intentionality in the part of statutory bodies such as universities and ethics committees to redress these issues. The need to design innovative methodologies that can solve the problem of how the theory of decolonising research can be affected in practice, in service of conscientizing those in academia of their role and responsibilities is imperative.

Intervenors need to engage in reflexivity

Breton (2022) raises a very important point related to discourse reproduction. The author implores interventionists and researchers to consider how they may be imposing their own perspectives and beliefs onto the communities they serve through discourse reproduction (Shefer, 2021). This relates back to the point made earlier in this chapter by Jovchelovitch (2019) who implores us to move away from thinking about what knowledge

needs to be replaced with better knowledge, but rather to see how different forms of knowledge relate to each other and how they come to represent the social worlds that their creators occupy. Through such reflection and acknowledgement, perhaps researchers and interventions can work more effectively to enact structural transformation collectively with communities. To quote Breton (2022 p.2):

> "A productive starting point is to identify problematic discourses and acknowledge our mutual participation in their reproduction and practice."

Through interrogating our own potential complicity in reproduction of liberal versus liberating empowerment discourses, we can work toward shifting into liberating empowerment and offer the same kind of conscientisation to the communities we serve, helping them to see how social systems and structures may be influencing their realities and limiting their access to resources. A crucial element of such a commitment is to acknowledge that colonial residue in the forms of racism, classism, and sexism still exists and continue to oppress women. Denial of, and ignoring these legacies inherent in the problems that we seek to change, results in liberal empowerment opposed to the structural transformation that liberating empowerment demands (Breton, 2022; Kaunda-Khangamwa et al., 2022; Shefer, 2021). Much of the research in public health is aimed at well-meaning goals of attaining justice, but because they are situated within colonial legacies of inequalities, they are implicated in reproduction of uncritical and problematic discourses (Breton, 2022; Shefer, 2021).

South African research on young people's sexualities constitute a project of 'civilising', characteristic of casting young Black South Africans as vulnerable 'others' prone to violence and patriarchal values, and thus, is in need of civilising by global north benefactors. The global south thus becomes the site of fieldwork while the north is established at the academic authority over them (Breton, 2022; Shefer, 2021). The well-meaning efforts of such research occludes how those in privileged positions of majority in the dominant geopolitical locations fail to acknowledge how their positions of power become implicated in the production of knowledge. Tronto (2013) termed this 'privileged irresponsibility'. Those in positions of power rationalise their privilege through the

assertions that the subjects of their research will benefit (from their privilege essentially), while remaining ignorant and being absolved of their complicity in reproducing systems of inequity (Shefer, 2021; Tronto, 2013).

How do we ensure that this level of conscientizing happens at the level of intervenors and researchers? In my own journey in training as a Clinical Psychologist and Sexologist, my journey in writing this Thesis, and my work on the evaluation teams of the two interventions that I work in, I was surprised at how little responsibility was assigned to me to think about redress of colonial legacy in my work. (Kneale et al., 2019) makes a recommendation that the policies and procedures that inform governance for research and ethics in sexuality research may need to be challenged, as often, these may serve to further entrench stigmatisation of sexual behaviour and expression due to outdated foundations aligned to sex negative paradigms. Shefer (2021) asserts the need to disrupt what she calls the "business as usual" approach to academic scholarship and for researchers to be more reflexive about the politics of their scholarship.

There is an impressive body of research supporting the notions of decolonisation of academic scholarship, but the project of dismantling hegemonic practices through changing scholarship is described by Shefer (2021) as a "long and ardours project", noting how difficult it has been to translate the theory of decolonisation into shifts in practice due to colonial and patriarchal logic that continues to dominate higher education rhetoric. Kneale et al. (2019) suggest that the pathway to developing an understanding of what would work best for informing such change in policies and practices would require developing case studies that illuminate how to communicate research findings that do not contribute to the reproduction of negative tropes and stereotypes about sex and sexuality.

I would add that this would require intentionality on the part of such bodies, which would have to begin with an acknowledgement of their responsibility in this regard. As such, my recommendation would be for policy to be developed that would require anyone conducting sexuality research, especially in the global south, to show how they intend to work toward redress of legacies of coloniality and sex negative paradigms, and if they are not, to justify this in their applications. The ethics committees and university departments

for sexual health research should think about how to create requirements for researchers to comment on how histories of colonialism and sex negativity have informed their stated research problems and how this continues to perpetuate the problem. Further to this, institutions need to create platforms whereby scholars can think about new methodologies that can concretise decolonial scholarship into practice. While it may be a complex issue to tackle and implement, the intention to ratify research intentions in this way may go a long way toward conscientizing researchers in how they may be complicit in reproduction of oppressive knowledge systems.

Applying theory of change: Hard targets versus exploring lived experiences

As a reminder about the literature presented surrounding ToC, the main critique is that interventions tend to base their theories of change on logic models that are reliant on individual behaviour change outcomes, and do not make room to consider the socio-political context and how this might influence what change is possible. The result is often a lens that offers a theory on what change needs to happen, but not really how the change is envisioned to happen as they often ignore the social conditions in which the change is supposed to take place (Blue et al., 2016b; Green, 2015, 2016; James, 2011; Reeler & Van Blerk, 2017; Valters, 2015).

This becomes problematic because such models align with the colonial legacies described in the previous sections of this Recommendations section. My recommendations, here, highlight a need for interventions to change the monitoring and evaluation systems that they typically use, to include measures that can take context specificity and local knowledge systems such as lived experience into account when planning and implementing change initiatives. As shown previously, the norms and values that shape lived experiences is what informs individual's capacity to realise sexual health rights and develop and navigate sexual agency (Logie et al., 2021). Individuals at grassroots levels understand their processes of accessing sexual and reproductive rights through locally constructed knowledge derived from everyday social interactions, practices and networks, which are being ignored when interventions only focus on achieving hard targets (Logie et al., 2021).

If we are to be more conscious of shifting scholarship away from reproducing colonial legacies that privilege global north knowledge positions over those of the south, then interventions and the higher education institutions that produce the knowledge that these interventions disseminate need to find innovative ways of allowing space for the inclusion of the understanding of lived experience. This cannot necessarily be measured through target driven means and may not be possible if the scale of interventions are too large.

Therefore, the recommendation is that interventions report not only on hard targets, but also the extent to which local sense-making informs behavioural practice. In line with this recommendation, it may also be prudent to consider how effective such large-scale interventions are, as it is often the scale that makes context sensitivity impossible, as implementation mechanisms need to be scalable across multiple contexts. Perhaps smaller scale interventions would be more effective when considering the decolonisation approach.

As the findings from a few implementers suggested, the staff working in large donor funded interventions such as the GF are under pressure to deliver hard Key Performance Indicators (KPIs) to funders, which limits their capacity to explore issues of lived experience and complex social change, as this requires time and personnel resources which they do not have. Typical combination interventions that aim to intervene at multiple levels such as the GF and Imagine need to have robust monitoring and evaluation systems to manage the rollout and evaluation, due to the size and complexity of the project. While interventions that offer generic tools are easier to upscale, studies find that the ability to target intervention tools for specific audiences can also be seen as a strength and improve effectiveness (Misselhorn et al., 2014). This requirement for upscale ability, however, results in implementers losing touch with the lived experience of the participants at the receiving end of the intervention (Green, 2015, 2016; James, 2011; Leclerc-Madlala, 2011, 2014; Presseau et al., 2016; Reeler, 2015; Vogel, 2010).

I conducted a rapid review of some of the HIV interventions for AGYW that claim to work toward gender transformation. The most widely used community-based HIV intervention is called Stepping Stones. Several hundred thousand people participated, and

the intervention was adopted into approximately seventy countries and translated into 16 languages (Skevington et al., 2013). The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) intervention was structured along similar lines and at a similar scale to the GF intervention. These interventions reported mixed results in terms of efficacy due to the difficulty with collating results at such large scales (George et al., 2020b; Mathews et al., 2019). Research designs may therefore need to acknowledge that not all outcomes can be scalable or even measured quantitively, and that lived experience influences outcomes need to be respected and reported on. This will require that interventionists be intentional about shifting their designs and becoming innovative about what this looks like at a practical level in terms of serving the interests of funders and beneficiaries, even if that means scaling the size of interventions back to more manageable sizes.

Incorporation of sexual wellbeing into public health discourse

Shifting attention to the fourth level of the socio-ecological model, my recommendations here look at addressing the guiding framework of sexual health that has informed public health efforts for several decades. Recently, the WHO definition of sexual health has acknowledged the need for inclusion of positive sexuality in this framework which has been considered revolutionary, but public health discourse still remains largely focused on risk and disease management (Logie et al., 2021; Mitchell et al., 2023). Aligned to what these authors propose, my recommendation is that the concept of sexual wellbeing be adopted as a distinct component of sexual health, which incorporates sexual pleasure, as it is a primary motivating factor for sex, but is largely ignored in scholarship.

The frameworks also need to relate to sexual justice and rights encompassing social, cultural, and political factors (Higgins et al., 2022; M Kabongo et al., 2020; Mitchell et al., 2023; Mosher, 2017). Such a sexual and reproductive health rights (SRHR) framework would work toward ensuring that every person has the right to make decisions relating to their bodily autonomy, free of stigma, coercion, or discrimination. Such decisions would relate to reproduction, sexuality, and access to SRH services (Starrs et al., 2018)

For this to be achieved, governments and agents of change such as interventions will need to address issues like social norms, laws, and policies to reflect a commitment to upholding these values so that they can be espoused by staff who work in public health settings. Critical to this process would be reforms that promote gender equality and give women greater autonomy over their bodies through creating social structures that support this (Breton, 2022; Cornwall, 2018; Logie, 2023; Starrs et al., 2018).

This is especially relevant for women of colour in low SES, as literature shows how women in such contexts are at even greater risk of the negative effects of gender inequity. Women in these settings also report lower expectations of pleasure, what Higgins et al. (2022) defines as *erotic inequity*, reflecting their reduced access to this paradigm of inclusive SRHR. These sentiments were reflected in the findings in my study where AGYW expressed resistance to obtaining detailed information about sex and felt that the sex negative information that they received at school was sufficient. Boys tend to speak about sex more positively, but AGYW found this to be disrespectful, perhaps reflecting this form of inequitable access to pleasure.

Barriers to incorporating sexual wellbeing and more so, sexual pleasure into SRHR frameworks include general stigma around sex, socio-political systems that seek to control and police sexuality, heteronormativity and the focus on sex being perceived as primarily for reproductive purposes within heterosexual relationships. There is also a lack of training of health care workers on the matter, largely due to the absence of sex positive narratives in these contexts (Logie, 2023). A systematic review on the inclusion of sex positive narratives and narratives of pleasure into sexual health interventions found that doing so can have moderate positive impact on condom use as well as a variety of other motivational related outcomes (Zaneva et al., 2022). These authors called for more research into the outcomes of the incorporation of sexual pleasure into sexual health initiatives (Zaneva et al., 2022).

As has been argued throughout the Discussion and Recommendations chapters, the inclusion of the ideals of sex positivity and the language of sex positivity which centres attention more on sexual wellbeing than sexual health, into public health discourse is imperative if we are to achieve the goal of improving women's access to SRHR, thereby

contributing to shifting the structural social conditions in which sexual decision-making happens.

Spaces for AGYW to engage in sex positive conversations

Moving back to the first level of the socio-ecological model, attention needs to be placed back on AGYW as individuals. As was shown in the Findings chapters, when AGYW were asked what they think their peers need in terms of the change initiatives that interventions can bring, the most pressing need that emerged was for spaces to talk, and more especially, spaces where they will not be judged, where they can speak freely about anything that they want to regarding sex, and spaces where they can ask questions and not only be given information. Based on the interviews, it seemed that spaces to engage in sex positivity is what they are currently lacking. I was unbale to find any studies in South Africa that specifically tested the experience of AGYW engaging in programmes aimed at sex positivity, pointing a gap in service provision in this area.

My recommendation for AGYW is that spaces are created for them to engage with sex positive discourses. The second recommendation is to engage AGYW (and males) in the design phases of interventions more, to ensure that interventions are offering what young people themselves feel is helpful for them, utilising a youth participatory approach. This study showed that AGYW are starting to engage with some of the tenets of the sex positive lens with their peers but that they are struggling to integrate these tenets without eliciting shame and stigmatisation, especially if they try to enact sexual agency. As a first step, then qualitative research aimed at first understanding what it is like for AGYW to be making sense of sex positive conversations in an environment that shames them so heavily for embracing sex positivity is recommended.

In studies outside of South Africa, sex positive narratives have been shown to resonate better with adolescents, as they align more with their actual lived experience of sex (Aventin et al., 2021; Brickman & Willoughby, 2017). Guidance about sex that mirrors their actual experience of sex is critical to design interventions that AGYW feel are relevant to them, hence gaining a better understanding of the lived experience of trying to enact

sexual agency within their context would be central to support AGYW develop this agency (Matswetu & Bhana, 2023; Pleaner et al., 2022). Ngabaza & Shefer (2019 p. 430) argue that:

"…ways must be sought to centre young people's stories and subjective and material realities…to avoid reproducing the conditions for inequality and injustice."

"Generating pedagogical practices that are based on and facilitate young people's agency, while also centring the challenges and opportunities they face and are 'expert' on, seems imperative for a project of sexuality education that is truly committed to gender, sexual equality and justice."

This is opposed to spaces which try to impose what interventions and researchers believe are better, more agentic ways of being, but rather spaces where AGYW are allowed to grapple with all the conflicting views and forces that influence their sense-making regarding sex. More importantly, it is imperative to learn from AGYW what sexual agency looks like and how it operates within their context. The pleasure project has designed a toolkit to assist organisations who aim to provide sexual health information from a sex positive lens for young people which is freely available for download here: https://thepleasureproject.org/trainers-toolkit/. This toolkit provides comprehensive practical advice and tips to assist interventions whose aim is to integrate more sex positive information.

Such resources may go a long way to redesigning innovative interventions that meet the needs of young people but will also require the input of young people at all levels to ensure acceptability (Mannell et al., 2019). Interventions need to be co-developed with youth using meaningful participatory methods, so as to reflect the lived experience of sexual decision-making, rather than problematising and dismissing it as was shown to be happening the two interventions that were investigated (Kaunda-Khangamwa et al., 2023; Mannell et al., 2019; Rowlands et al., 2021). Educational spaces that offer relevant information without judging, policing, or trying to control young people's sexualities are best aligned to participatory methods (Ngabaza & Shefer, 2019).

Youth participatory action research (YPAR) initiatives are premised on the idea that youth are actively engaging in knowledge production within their culture, while acknowledging that their experiences in this regard may be different from those of the adults within their community. Often, policy that advocates for benefitting youth excludes the views, experiences, and nascent expertise of youth themselves (Burke, Kevin J ; Hadley, 2018; Lindquist-Grantz & Abraczinskas, 2020; Ozer et al., 2020). A YPAR perspective should view youth as both a resource and also as agents of change in their social context, by facilitating young people to critically analyse their social environment and identify inequalities that affect their capacity for developing agency negatively (Lindquist-Grantz & Abraczinskas, 2020; Ozer, 2017; Yang & MacEntee, 2015). Ozer (2017) advocates that youth should be involved at all stages of interventions designed to affect them, from design to data analysis to knowledge production.

Based on the feedback from implementers and AGYW in this study, there seems to be very little input from AGYW in the two interventions, and if anything, their personal experiences are problematised rather than incorporated into intervention design and delivery. Shefer (2019) highlights the Foucauldian critique of authoritative knowledge that is entangled with power which yields a rigid sense of orthodox, normalising inherent practices while marginalising those who do not fit the norms prescribed within it. Young women in this instance are framed within what has been termed a 'discourse of responsibilisation', where they are held responsible for their sexuality and warned that they will suffer the consequences if they don't manage and control both theirs' and their male sexual partners' desires and actions (Ngabaza et al., 2016).

To assist AGYW to free themselves from this 'responsibilisation', they need spaces where they can construct alternative social identities through the exploration of discourses of liberating empowerment. The Get up Speak Out intervention conducted in Ghana and Kenya sought to analyse the extent to which sex positive content was included in sex education and made recommendations to improve on this (Singh et al., 2021). They conducted focus groups with young people and found that young people are crying out for access to more sex positive rhetoric as this becomes more available in public spaces in general (Singh et al., 2021).

Sex positivism contradicts dominant cultural norms and values in many instances however, so AGYW need platforms where they can grapple with what it might mean to have to embrace the tenants of sex positivism within these restrictive contexts (Ngabaza et al., 2016). When looking into other HIV interventions such as DREAMS and Stepping Stones mentioned in the ToC recommendation above, one glaring similarity across of them was that none of them specifically aim to promote sex positivity. The term "sex positive" was not even found in any of the material that was read detailing their objectives and results.

If these interventions are to be effective, then they will need to make shifts in terms of allowing space for participants to engage with the challenges that the emerging sex positive conversations in their contexts bring. Interventions are missing a key determinant of the behaviour that they seek to affect if they are not engaging sex positivity. Large-scale combination interventions such as these need to strategize around how to create critical thinking platforms that can facilitate the conscientizing of young people around the sex positive paradigm.

Limitations of this study

One limitation is that I only focused on two interventions while there are so many more who may have yielded very different findings. Despite this, there was overwhelming support in academia which indicate that the problem of poor success of similar interventions is a general one. I would also have liked to be able to conduct interviews with all participants in their native language, but this was not possible due to me not being able to speak these languages, which may have resulted in some loss of meaning.

I acknowledge that a study that sought to explore lived experience may have been more efficacious if I had used more of an ethnographic approach. Perhaps being stationed in one area over a longer period, and potentially engaging fewer participants in multiple interviews over a period of time, may have yielded results that spoke more directly to lived experience. Due to the Corona virus disease 2019 (COVID-19) restrictions, I was unable to

travel to the sites personally. I also had some administrative challenges that delayed my ethics approval, taking almost two years to resolve, making it even more difficult for me to remedy this. I thus had to rely on building relationships with gate keepers who were stationed in the areas.

These people then put me in touch with my interview participants. I had to conduct all my interviews remotely, potentially creating further barriers to authenticity. Despite these challenges however, I do believe that I was able to extract data that revealed some aspects of lived experience that perhaps were being overlooked by the two interventions that I critiqued. While it may not have been a perfect example of lived experience from an ethnographic perspective, what I was able to extract did speak to the research questions that I posed adequately. A further limitation that I acknowledge is that due to the above reasons, the description of the personal contexts of participants could have been richer.

Conclusion

This doctoral study made a case for moving away from imposing what global north actors deem relevant in their contexts, into contexts in the global south. I hope that my study highlights the tension to deliver scalable hard targets versus cultivating home-grown solutions that resonate with those at whom they are aimed. While on the one hand, when I read my own thesis, I could not help but feel that I was rather critical of interventions that have done so much to alleviate the burden of HIV incidence. At the same time, I cannot yield in my contention that not nearly enough has been done. There were many moments when tears overwhelmed me as I wrote. In these moments, the magnitude and depth of the problems that women (and men) are facing on this continent seemed insurmountable. As I neared the end of my thesis, however, I was renewed with hope that perhaps if researchers and interventions can innovate and commit to social structural change, then there is so much more that can be done to ease this burden of human suffering.

Drafting my Discussion chapter, I started with an assessment of how sexual agency is conceptualised making the point that sexual agency cannot be determined in the same way

across all contexts. To assist AGYW in southern Africa to develop sexual agency, it is necessary to be mindful that constructions of sexual agency in global north contexts cannot provide a relevant blueprint from which to construct the sexual agency that AGYW here should enact. This will require a dismantling of colonial ideology that poses ways of being in more affluent northern contexts is what needs to be established in southern contexts. My research has led to a realisation that what may be required is a radical shift from what has become the firmly established Public Health practice upon which outcome expectations in HIV interventions are based.

The first premise that I propose will need to be abandoned, is how the current ways of being in southern Africa are considered "wrong" within public health discourse. Using hyper representation as the theoretical support for this argument, I showed that while there are insurmountable social ills to cure, perhaps a lens that seeks to validate the local systems of knowledge would be more efficacious. As such, interventions should focus on what kind of change the beneficiaries themselves want, need, and are willing and able to implement.

As I see it, this would require not only a change in the way that the problem is constructed, but also how the solutions are framed. Millions of US dollars have been spent on the problem of sustained HIV incidence in AGYW, yet, research shows that relative to the spend, there has been little progress made. In my opinion, the women have spoken. They have said that the solutions have been brought do not fit and are not acceptable to them.

The second premise upon which my chapter argues for reform is the negative impact of neo-liberal discourse that only serves to further disempower those it aims to aid. These discourses bolster the sex negative rhetoric that keeps women trapped in systems of oppression that deny them access to SRH and the right to develop sexual agency that is relevant within their context. The engine of the "responsiblisation" of women is being fuelled while ignoring the violent social structures that injure them.

If communities desire that their young women attain better SRH outcomes, then they need to be conscientized around how the internalisation of these neo-liberal

discourses are working against their own ends, and they need to offer us insights into how to best facilitate the kind of help that feels relevant for them. I argued that as a start, problems must be framed from the perspectives of participants first, and then they need to be engaged to draft solutions that feel acceptable to them. Shifting the tide when it comes to sex positivism is no small task in the face of such robust cultural norms, but doing the same things that have not been working because it seems too hard to do anything else, cannot be the solution.

One frustration that I have always had with reading the recommendation sections of journal articles is that it seems easy to write what one thinks should happen, without making any tangible changes in reality. In all honesty, I fear that all I have done with this PhD is to contribute to the immense body of knowledge that supports my contentions, but that I have not done anything to make the changes that I propose possible in the real world. The real challenge I am left with after writing this thesis is how do I translate all of it into practice?

This brings me to what I feel has been the most profound learning through the process of writing this thesis. As I mentioned previously, I feel that there are copious amounts of excellent scholarship supporting my contentions, but it seems to stand as an adjunct to the public health machine that continues to churn out the same neo-liberal practices and knowledge. What appears to be amiss is the intent to change this tide. I do not see the organisations who make the real difference doing enough to be intentional about redressing these wrongs and creating more equitable social structural conditions.

I have been asked by my co-supervisor to put forward a proposal to the Imagine team for an intervention that incorporates my thesis' recommendations. Furthermore, Mimmy has remained in contact with me and has received permission from her school principal to start a programme for boys in her school, and she has asked me to assist her with this. My aim is to apply for post-doctoral funding to launch a programme that offers spaces for young people to engage in sex positive conversations and continue in my efforts to explore what my recommendations would look like in the real world. I am determined that this PhD will not simply contribute to the body of words that frame the problems and

solutions in the same ways that have been proven to be ineffective for decades. Maybe I will encounter the same difficulties and not see any significant change, but I will certainly endeavour to intervene differently, which is essentially what this PhD begs of all interventionists working in this field.

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APPENDICES

APPENDIX A: Links to co-authored papers

Duby, Z., Bunce, B., Fowler, C., Bergh, K., Jonas, K., Govindasamy, D., Wagner, C., Mangoale, K., Ambrose, A., & Matthews, C. (2022). Adaptation and Resilience: Lessons Learned From Implementing a Combination Health and Education Intervention for Adolescent Girls and Young Women in South Africa During the COVID-19 Pandemic. Frontiers in Health Services. 2:903583.doi: 10.3389/frhs.2022.903583.

Duby, Z., Jonas, K., Bunce, B., Bergh, K., Maruping, K., Fowler, C., Reddy, T., Govindasamy, D., & Matthews, C. (2022). Navigating education in the context of COVID-19 lockdowns and school closures: challenges and resilience among adolescent girls and young women in South Africa. Frontiers in Health Services, 7 7:856610.doi: 10.3389/feduc.2022.856610

Duby, Z., Bunce, B., Fowler, C., Jonas, K., Bergh, K., Govindasamy, D., Wagner, C. & Matthews, C. (2022). These Girls Have a Chance to be the Future Generation of HIV Negative: Experiences of Implementing a PrEP Programme for Adolescent Girls and Young Women in South Africa. AIDS and Behaviour, https://doi.org/10.1007/s10461-022-03750-1

Duby, Z., Bunce, B., Fowler, C., Bergh, K., Jonas, K., Deitrich, J., Govindasamy, D., Kou, Matthews, C. (2022). Intersections between COVID-19 and socio-economic mental health stressors in the lives of South African adolescent girls and young women. Child and Adolescent Psychiatry and Mental Health, 16 (23). https://doi.org/10.1186/s13034-022-00457-y

Duby, Z., Bergh, K., Jonas, K., Reddy, R., Bunce, B., Fowler, C., Matthews, C. (2022). "Men Rule… this is the Normal Thing. We Normalise it and it's Wrong": Gendered Power in Decision-Making Around Sex and Condom Use in Heterosexual Relationships Amongst Adolescents and Young People in South Africa. AIDS and Behavior https://doi.org/10.1007/s10461-022-03935

APPENDIX B – Sexual Biography topic guide (individual interviews for AGYW)

Example of the script for virtual interviews:
Thank you for agreeing to speak to me today. I am a PhD student and I am interested in understanding more about the personal experiences of AGYW who are in the programmes here. I would like to know more about how you understand sex and how young people make decisions about sex. Everything that you tell me will be confidential, which means that I will not tell anyone your name and anything you say today. Remember, that I will use a false name when I write about what you said so that your identity will be private.

So I am just going to ask you a few questions and you can answer them in whatever way you feel comfortable to. There is no right or wrong answer, your experience is what is valuable to us. Remember, there is no right or wrong answer, and you can choose not to answer any question but just saying "I would rather not answer". You can also stop the interview at any time by just telling me that you want to stop. Are you ready to begin?

Note to interviewer: Introduce yourself – perhaps tell some personal info, your background, how you got to be in the position to be doing the interview with them

Ask AGYW about her basic demographics:

What school and grade (if in school). Do they enjoy school? What is it like being in their school. What don't they like, what do they like?

Where about do you live? Who lives in your place with you?

Tell me about what life is like where you live?
What's it like to be your age and be living where you live?
What is like to live here?
What do on the weekend? What do you do for fun?
What do you hope to do when you finish school?
Tell me about friends. Is it easy to make friends?
What do your friends think about what it's like to live in your area?

If you could change anything about your life, what would you change?

What do you think would make it better for girls like you who live in your area?

Do you know about the Imagine / GF programme?
If no: explain that the programme wants to help young girls not get pregnant too early and not get HIV.
What do you think about programmes like this?
Why do you think people make programmes like this?
Do you think it's a good thing to have programmes like this in your community?
What would you want a programme like this to do for you and your friends?

If yes:
What do you think of the programme?
Why do you think people make programmes like this?
What they think the programme aims to change for you as a young girl?
What would you like the programme to do for you?
What do you think your friends might think?

So I would now like to talk to you more about sexual decision-making and how young girls in your area think about that. Is that ok with you?

Can you tell me about a relationship that you have heard about? What kinds of relationships do girls /women in your area have? (probe about how they define relationships and when sex is or isn't included in that definition and why)

What does a girl do when she likes a boy or a girl?

What are the names of the different kinds of relationships?

How do you start "dating"?

What does it mean when you say you "dating" or "going out"

Have you heard about or been in relationships that you think are not good / healthy? Tell me about that and what makes them not good / healthy?

I want to ask what it is like to be speaking to someone like me about sex?

Do you get to speak about sex? If so who and where and what is it like?

Where did you learn what sex was all about?

Did you learn anything about what is good about sex?

Can you tell me what you think sex is? If your friend asked you what sex is, what would you say? When do people your age say they have had sex? What would they have done before they can say "I have had sex". (based on what they say, try to probe about different acts/ behaviours etc.)

What are some of the words that people your age use to describe the different things that they do during sex?

How do you the girls / women where you live decide if they want to start having sex? Have you heard any stories from friends about this?

Do you think it's the same for boys /men or do you think boys decide when they want to have sex in different ways?

Why do you think girls /women want to have sex? What are some of the reasons?

Why do you think boys / men want to have sex? What are some of the reasons?

Do you still feel comfortable talking about all this? Can we continue?

If you or your friends wanted to know something about sex, where would you go to try to find out?

When you do try to find out things, what is it like for you?

What kind of support do you / your friends need in this area?

What do the people your age think about pregnancy?

Do you think its important for a woman to be able to have a baby? Why / why not?

Do you think it's a good thing to have a baby or do you think it's bad?

In what ways is it good and in what ways is it bad?

If a girl wanted birth control – where would she go, what would she do?

What do the girls/women and boys/men think about birth control?

Tell me about HIV and STI's. What do the people your age think about this?

Where do you learn about HIV and STI's?

Do people your age do anything to try to prevent this? If yes what and what is it like for them? If no, why do you think so?

Have you heard any stories about this?

If I wanted to understand more about how people like you understand and make decisions about sex, what kinds of questions should I be asking?

Are there important things about sex that young people are thinking about that I have not asked?

Are there other things that are important that I should be asking about if I want to understand this better?

Who else should we be speaking to? Do you have friends who might be willing to speak to me?
Thank you so much for speaking to me today
End interview.

APPENDIX C – Topic guide for individual interviews for programme implementers

Example of the script for interviews:

> Thank you for agreeing to speak to me today. I am a PhD student and I am interested in understanding more about the personal experiences of AGYW who are in the programme and more specifically how they perceive, experience and navigate high-risk behaviour. I would love to hear some of the stories about AGYW personal lives as well. Your feedback in this regard is extremely valuable, as you have had first experience with AGYW in the programme. I am just going to ask you a few questions and you can answer them in whatever way you feel comfortable to. Remember, there is no right or wrong answer, and you can choose not to answer any question but just saying "I would rather not answer". You can also stop the interview at any time by just telling me that you want to stop. Are you ready to begin?

Orientation:

- Can you tell me what programme you work in and what you do in the programme?
- Could you describe your past week at work to me, so I can get a feel for what your work involves?
- What parts of your work do you enjoy the most? What makes it so enjoyable?
- Which parts do you not enjoy so much?

Perceptions of the programme and lived experience of AGYW:

- So what do you think the programme was designed to change in the lives of AGYW?
- If they mentioned behaviour change – explore this in more detail
    - Explore what they have seen and heard regarding AGYW's and these behaviours. Ask for specific stories / narratives that they can recall.
- Based on what you have seen and heard in working with AGYW, what do you think the programme should be trying to do? What makes it difficult to do these things?
- If you were to ask the AGYW in your programme what they need the programme to do for them, what do you think they might say? Do you think the programme understands these things and incorporates them into the programme?
- What do you think makes it difficult to incorporate these things?

Risk-Perception and management :

- Based on what you have seen and heard when working with AGYW, why do you think AGYW are willing to risk getting HIV, even when there is so much help from the programme to prevent it?
    - Probe for specific stories, narratives in AGYW lives that exemplify the reason
- When AGYW talk about HIV and risk prevention to you and to each other, what kinds of things do they say?

Balancing personal priorities and SRH priorities:

- How important would you say preventing HIV is for the AGYW that you have worked with?
- It seems a simple thing to explain to AGYW that they should use condoms or PrEP to prevent HIV, and the programme does so much to make this easy for AGYW, yet they don't always do it. Besides all the reasons you have already mentioned, what do you think is happening in their personal lives on a daily basis that may be influencing their decision to do these things? Have you heard any stories that AGYW have told you in this regard?

Sexual agency:

- What are your thoughts about sexual agency, how would you define this?
- How do you think girls decide when they should start having sex? What do you think influences their decisions? Do you think this is the same for boys?
- Do girls talk to their sexual partners about sex? Do you think this is the same for boys?

Where do AGYW learn about sex and sexual matters