

# Coming of Age in Khayelitsha: Gender Identity, Sexual Partnerships and the Transition to Adulthood

Alison Swartz

Supervisor: A/Prof Christopher J. Colvin (UCT)  
Co-supervisor: A/Prof Abigail Harrison (Brown University)

Thesis Presented for the Degree of

DOCTOR OF PHILOSOPHY

in the Division of Social and Behavioural Sciences

School of Public Health and Family Medicine

UNIVERSITY OF CAPE TOWN

March 2017

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**Dedicated to Monwabisi Maqogi and the memory of  
Nokubonga Maqogi**

**(6 June 1976 – 4 December 2014)**

This thesis was kindly supported with funding from:

The SASH Programme  
Oppenheimer Memorial Trust  
University of Cape Town Doctoral Funding

With deepest gratitude to my supervisor, mentor, boss person and friend, without whose guidance, insight and support there would be no thesis:

Chris Colvin

With special thanks to:

Abigail Harrison, Dan Smith, Sally Swartz, Leslie Swartz, Rebecca Swartz, Louise Frenkel,  
Sara Cooper, Stephen McIsaac, the DSBS family and Simon van Gend

And with *extra* special thanks to Max Taylor, whose interest in and support of my work is gloriously overwhelming.

## **Abstract**

The lives of young people in Khayelitsha are characterised by a series of intersecting challenges. These include inadequate access to education, limited opportunities to find gainful employment, exposure to violence and the risk of contracting HIV. Several conventional avenues of transition to adulthood, for example achieving financial independence, moving out of the parental home or getting married, remain unavailable to many. The majority thus find themselves in a situation of waithood, an interminable period between childhood and adulthood characterised by extreme uncertainty. This thesis takes up questions of what it means to be a young man or woman navigating towards adulthood in this context of socioeconomic marginalisation. In particular, it explores the ways that youth negotiate the tensions between the structures that shape their lives and their opportunities for agency within the domains of gendered identities and sexual partnerships.

Public health research and intervention with youth tends to rely more heavily on approaches underpinned by individual-level behaviour change theories, with lesser albeit growing attention paid to the structural forces that shape young lives. This thesis aims to balance the reading of individuals' capacity for agency in decision-making, with the broader structural forces that shape their life trajectories. To this end, a longitudinal, ethnographic approach was employed to capture nuances of context and experience as they unfolded and shifted through time and space. The data presented here is drawn from 18 months of ethnographic fieldwork with young people in the neighbourhood of Town Two, Khayelitsha, primarily collected between 2014 and 2015.

Youth transition to adulthood is explored in the two interrelated domains of gendered identity and sexual partnerships. Within these domains, living up to individual and social ideals associated with masculinity and femininity is persistently challenging. Faced with these challenges, young people employ creative and dynamic strategies in their endeavours to maximize the precarious gains they make in their transition towards adulthood. Broadly speaking, these strategies include those linked to their physical bodies, sexual and social networks and the ways that they invoke ideas about what it means to be a young South African citizen. The findings highlight that in their transitions to adulthood, youth in Khayelitsha are neither complete victims, nor entirely free agents with the capacity to radically change their circumstances. This thesis ends by offering some recommendations about how public health programming might take into account the lived experiences of youth as they navigate the transition to adulthood in this context.

# Plagiarism Declaration

“This thesis/dissertation has been submitted to the Turnitin module (or equivalent similarity and originality checking software) and I confirm that my supervisor has seen my report and any concerns revealed by such have been resolved with my supervisor.”

**Name:**

**Student number:**

**Signature:**

**Date:**

## Table of Contents

<b>Chapter One: Introduction</b> .....	<b>7</b>
Structure and agency in interventions with youth.....	11
Young lives in Town Two.....	14
Gendered identities and sexual relationships in the transition to adulthood .....	20
Chapter outline.....	22
<b>Chapter Two: Literature Review</b> .....	<b>25</b>
Adolescence, youth and life course transitions.....	27
On the challenge of definition and transitions .....	27
On an orientation towards the future .....	30
Public health, political and policy perspectives on adolescence and youth in South Africa .....	32
Public Health Research and Interventions with Youth.....	34
Individual-level Research and Intervention.....	36
Structural Interventions and Research .....	40
Towards a more longitudinal understanding of transition .....	43
On Waithood .....	44
On Vital Conjunctions and Judicious Opportunism .....	48
Coming of Age in Town Two .....	51
<b>Chapter Three: Methods</b> .....	<b>54</b>
Coming to Town Two: Fieldnotes from 5 November 2009 .....	55
Life in Town Two: key demographic information .....	57
Key characters and relationships.....	61
Data Collection methods .....	63
Data Analysis.....	64
Ethical considerations.....	65
<b>Chapter Four: “He’s a father, he’s 22 but he’s still a boy”: navigating the transition from boyhood to manhood in Khayelitsha</b> .....	<b>68</b>
Introduction.....	70
Hegemonic Xhosa Masculinities in the context of socioeconomic marginalisation .....	72
The Xhosa Initiation: Past and Present.....	75
Khayelitsha Youth Gangs and the Performance of Masculinity .....	79
Pentecostal Christianity and Xhosa Masculinity.....	83
Discussion.....	86
<b>Chapter Five: “She has a boyfriend in every area”: women’s sexual partnerships and social networks in Khayelitsha, Cape Town</b> .....	<b>88</b>
Introduction.....	90
Framing sexual partnerships in South Africa: context and critiques .....	92
Beyond transactional sex: affect, empathy and economic security.....	94
Geography, space and place.....	97
Infidelity, instability and the fluidity of relationships .....	100
Discussion.....	103
<b>Chapter Six: “If you don't have a photocopy you need to get checked”: Early Fertility and Parenthood in Town Two</b> .....	<b>106</b>
Introduction.....	108
Early Fertility and Parenthood in context.....	109
Sexual Pleasure, Desirability and Contraception .....	112
Creating and Sustaining Relationships .....	114
Managing Children: Female Care and Male Money .....	117
Discussion.....	120

<b>Chapter Seven: Coming of Age when AIDS is ‘old’: experiences of youth and risk in an HIV treatment era.....</b>	<b>122</b>
Introduction.....	124
HIV and treatment in South Africa .....	125
Speaking about HIV: openness and optimism .....	127
HIV in the context of sexual relationships.....	129
HIV Denial and Shifting Risk Perception.....	131
Discussion.....	134
<b>Chapter Eight: Defending Precarious Gains .....</b>	<b>136</b>
Synthesising strategies: the body-self, body-social and body-politic .....	138
The Body-self .....	139
Materiality, desirability and fertility .....	139
Communicating Health: Weight, Drugs and the importance of “being clean” .....	141
The Body-social.....	143
Persistent gendered discourses.....	143
Contracting or Expanding Social Networks.....	144
The Body-politic .....	147
Rights, Gender and Generation .....	147
Social Order and Protection .....	149
Implications for Public Health Research and Intervention.....	151
Towards a more Balanced Intervention Approach .....	154
Conclusion.....	156
<b>References .....</b>	<b>158</b>

## Chapter One: Introduction

On the cold, wet morning of the 16th June 2015, we took the N2 that snakes past Cape Town's informal settlements on our way to Town Two, Khayelitsha, where we would be celebrating Youth Day. Youth Day, a South African National Public Holiday, commemorates the Soweto Uprising of the 16th June 1976, when school students, during the height of apartheid, took to the streets to protest against being taught primarily in Afrikaans. The rain sounded loudly against the car windows as we drove past Langa township, then Gugulethu, and finally, past a buffer zone of misty marshland and sand hills, before taking the Spine Road turn-off towards Khayelitsha. It was cold. People in their shacks would be struggling to brave the wet weather.

When we arrived in Guquka Street in Town Two, Khayelitsha, we were greeted by a growing group of young people, all wearing their school uniforms. Few wore their uniforms in the way that their school prescribed: hair neat and tied back from faces, shirts tucked into well-fitting trousers or skirts of an appropriate length. A larger number had assembled outfits that would almost meet the requirements laid out by their respective schools: ill-fitting shirts of similar colours to those prescribed, shoes that would not ordinarily be regarded as school shoes and skirts too short and worn. Coming from financially compromised families meant that for most of these young people, accessing all the clothing items to assemble a complete school uniform would be an impossible task. Some wore make-up and adorned themselves with bracelets or necklaces, laughing and posturing for one another. The young people were a range of ages: some very small children, others, although dressed in school uniform, were no longer of school-going age.

The children were filled with excitement. As we walked through the streets of Town Two, they sang animatedly or stopped to dance (*toyi toyi*) in the streets. “*Senzeni na? Senzeni na?*” which in English translates to “What have we done? What have we done?”, was sung over and over again. In the fuller version of this popular anti-apartheid struggle song, the second line rhetorically answers the question in the first line: “*Sono sethu, ubumyama?*” or “Our sin is that we are Black?” In the morning drizzle, community members stood at the entrances to

their homes, some houses made of brick, some carefully assembled shacks made of sheets of zinc and cardboard, wearing fleece pyjamas and dressing gowns. For the most part, they watched this parade of students, smiling as we walked by. We were joined by more young people as we wound our way through the potholed streets, past the small ‘spaza shops’ (small, informal convenience store) where children congregated, eating small packets of chips and giggling with one another.

By the time we had finished our walk through the neighbourhood, the sun was out. We made our way back to the church – a large, single-roomed shack built of a collection of materials precariously cobbled together. The roof sagged under the weight of the recent rain, supported only by two dangerously water-warped poles. Siyabonga, a young church member, had set up a microphone, a keyboard and a simple but deafening sound system. Interested residents watched and waited for the proceedings to begin. Some young women had taken the gap in the rain to hang laundry and clean their homes. A group of young men, who congregated in the same spot each day, had gathered to chat and smoke as they leaned lazily against the wall in the sun.

Groups of children of varying ages performed songs and carefully choreographed dances. A lot of work had gone into their productions. After each performance, as the crowd clapped and cheered, pride was reflected in the broad smiles of the performers. Their enthusiastic performances were intended as symbols of celebration of being part of the democratic South Africa, where the right to education is but one of many things promised to South African citizens. But there was also painful irony in their celebrations: much of the freedom and privilege enshrined in the South African Constitution would remain out of their reach. In Khayelitsha, not even one third of people over the age of 20 had passed Grade 12, the final year of high school known in South Africa as Matric (StatsSA, 2011). This figure would include a significant number of young people who would not have completed high school even when, post 1994, the right to education was legally afforded to them. Most of them lived in homes where, even if an adult in the house was employed, the family would most often be forced to survive on a very small income, procured through poorly-paid and often exploitative work and meagre government social grants (Du Toit & Neves, 2007). For these

young people, avenues through which to transition to adulthood remained painfully out of reach.

In many ways, the odds are stacked against young people from townships like Khayelitsha who face multiple, complex and intersecting challenges (cf. Cooper, De Lannoy, & Rule, 2015; Smit et al., 2015). More than half of the population in South Africa are under the age of 25 years and carry a high burden of disease, including tuberculosis (TB) and HIV, as well as traffic accidents and violence for young men (Cooper et al., 2015). In this population, the burden of disease profile and leading causes of death differ dramatically by race, gender and income status. With respect to almost every cause of morbidity and mortality, poor Black South Africans, like those growing up in township contexts, carry the highest burden of disease. Young Black South African women carry the highest burden of HIV infection in the country (Shisana et al., 2014). Young Black men are also overrepresented in relation to violence and injury prevalence in the Western Cape (Myers, 2007; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Black South African youth also suffer disproportionately in relation to inadequate access to resources and infrastructure in education. Faced with these challenges, many youth are unable to protect themselves from the negative consequences associated with these sources of ill health, or to achieve their full potential as they transition towards becoming young South African adults.

And yet, despite the difficulties with living in socially and structurally challenging township contexts, these young people also manage to live lives characterised by agency and creativity. They find ways to make the best of situations that are sometimes very difficult and uncertain, or create opportunities where there seem to be none. Some manage to navigate threats to their health and well-being, and thrive. These success stories tend to be centred around those who have managed to do very well at school, have started their own small businesses, or have found creative, community-based ways to promote positive change in their local contexts.

The majority of youth, however, are caught somewhere between these two positions, as neither victims or depressing statistics nor agents with the full capacity and resources to transform themselves or their lives into distinctive success stories. Such young people are

attempting to navigate the tensions between living in a context where their access to basic services, education, employment, and health care is at best limited and at worst non-existent, while also finding ways to mobilise resources that are available to them to make the most of their situation. These young people thus live with and within the structures that shape and constrain their lives, while still having the opportunity to make choices and decisions as social agents (Honwana, 2012).

Within anthropology, or social science more generally, the concepts of structure and agency are often viewed in opposition to one another. Structure often denotes the broader contextual and social patterns that influence the choices and opportunities that are available while agency refers to an individual freedom to act independently and make choices. Managing the tensions between structure and agency is a challenge for all people irrespective of life stage or experience (Farmer, 2001). It is, however, particularly useful to explore from the perspective of adolescents, or youth, as they navigate the transition towards adulthood. It is during this transitional phase of the life course that the strategies employed to navigate this tension often become more pressing, and thus come into sharper relief.

In conventional thinking about the order and constituents of a core set of life stages, youth could be seen to move from childhood dependence on other adults, to a position of greater independence and agency often associated with adulthood (Blatterer, 2010). This period, as young people move from the more structured existence of childhood to one characterised by more agency, is thus particularly illustrative of the interplay between these forces. In addition, poverty heightens these tensions, bringing into relief the ways that various structures are over-determined in people's lives and limit opportunities for agency. A deeper understanding of the ways that young people create, maintain, challenge and mobilise particular strategies and resources immediately available to them in their contexts of socioeconomic deprivation is required to better support such young people in achieving their transition to adulthood in a more complete way. How and why this sort of resilience is created by young people and what, if anything, can be done to promote it, warrant further exploration (Christiansen, Utas, & Vigh, 2009).

This thesis takes up questions of what it means to be a young man or woman navigating a path towards adulthood in the context of socioeconomic marginalisation. More specifically, it explores the ways in which adolescents manage the tensions they experience between structure and agency with a specific focus on gendered identities and sexual intimacy. Each day in the lives of young people in Town Two, the site of this study, is a process of self-authorship, of making micro-decisions, some conscious and some unconscious, of building and testing social relationships and of drawing on what they believe it means to be – and what is possible as – a young South African. On that day of the 16<sup>th</sup> of June, young people sang songs of freedom that drew on their ideas about entitlements that ought to be afforded to them as South Africans. They made careful choices about what to wear and how to style themselves with respect to their hair, make-up and jewelry. Some young people took the Youth Day celebration as a chance to make a small amount of money by cooking food for the day. Others led dance groups and sang. And yet, despite their enthusiasm and creativity, for most of them, making the transition towards social adulthood will continue to be an uncertain and complex journey.

### **Structure and agency in interventions with youth**

The section above highlights some of the health-related political, economic and social factors that characterise the lives of many young South Africans. While these factors are beginning to be researched and better understood in the field of public health, the relationship between structure and agency, and the negotiations between these two poles, have typically been explored in one of two contrasting ways. The first concentrates on the idea of *individual risk behaviours* and tries to link these behaviours to specific health outcomes. Here researchers try to explore how youth understand the health issues and the risks that drive them in relation to how they make choices. Much of this work draws on individual psychology and theories of behaviour change that look at the ways that individuals' health beliefs and capacity for rational choice shape behaviour and decision-making (Ajzen, 1998; Becker, 1974). The emphasis often falls on assessments of people's capacity to make 'rational' decisions, making it sometimes difficult to get a sense of how social relationships and context shape understanding and practice. This individualist perspective can also over-estimate the agency that young people may have (cf. Farmer, 2001, 2006). Further, it can take a narrow view of

the human imagination, incorporating for example thinking about the future only in relation to whether people believe specific health-related behaviours (like safe sex) might have specific health outcomes (like preventing HIV or early pregnancy). What is missed in these analyses are the ways in which young people's broader anticipations, and anxieties, about their futures, beyond the narrow health outcomes that are the priority of public health, affect their perspectives and choices in the present.

There are some widely used theoretical frameworks in public health that seek to connect the individual with broader social and contextual factors. The second way researchers have dealt with problems of structure and agency in young lives has been to focus on the determining power of structural or contextual factors. The environments in which individuals find themselves are characterised by a series of social and community relationships, as well as by economic, infrastructural and political factors. For people living in contexts like Town Two, access to basic services like water and sanitation, the quality of education offered in local schools and opportunities to find gainful employment are severely limited. These are not characteristics of individuals, but instead affect all members of particular groups living in or associated with these particular environments. While offering powerful explanations for how health and illness are shaped by broader structural forces, these approaches tend to paint a picture in which negative health outcomes are over-determined in youth who find themselves and their choices constrained by various material, structural and contextual factors. Rather than over-estimating agency, or only seeing the future as the sum of a series of health-related acts, this perspective often appears to leave little hope for individuals to influence their futures and little room for agency, leaving only the presumably inevitable forces of poverty, racism, sexism, and other structures of inequality to determine how their lives will play out.

In both approaches, the experiences, perspectives and health outcomes of young South Africans are largely explored cross-sectionally, providing a snapshot of health-related behaviours and risk factors, both individual and structural, at a single point in time. This thesis seeks to explore the interplay between individual-level factors that shape young people's decision-making and experiences and the particular structures shape their lives. The approach adopted here resists static descriptions and instead tries to understand events and young lives as a series of processes that unfolds, however unevenly, over time. By employing

a longitudinal, ethnographic approach, I seek to show how individuals move *through* their lives, developing understanding and relationships, making choices in relation to their present and their imagined futures, managing uncertainty, contradiction, competing priorities, needs and desires, and in general, exercising agency with respect to the broad range of factors, individual and structural, that they face.

This thesis, within a public health purview, explores the ways in which a group of adolescents from Town Two, Khayelitsha, negotiate this tension between structure and agency. As mentioned above, the ways in which this tension plays out is perhaps most productively explored during the period of adolescence. Rather than focusing on the biological processes that characterise adolescence, I unpack adolescence as a socially significant period and series of events that move young people towards a form of adulthood, however precarious, partial and transient, around which particular expectations and aspirations exist (cf. Christiansen et al., 2009; Johnson-Hanks, 2002b). During youth or adolescence, young people strive towards achieving an individually and socially acceptable form of adulthood, linked to greater independence and control over their own lives. The transition to adulthood can, for an individual person, be both achieved but also frustrated in multiple ways. Many readings of adolescence fail to see the complexity, creativity and contingency in these lives. Here I focus on how young people living in Town Two, a socioeconomically marginalised context, take up the challenge of becoming agentful adults in the world.

Research with youth in South Africa has particular relevance for several reasons. Firstly, adolescents and youth are significantly overrepresented in the burdens of multiple challenges to health, especially those linked to sexual and reproductive health and interpersonal violence (Cooper et al., 2015; Mayosi & Benatar, 2014). Secondly, this period of life is also distinctive from other life stages as it is associated with greater experimental behaviour, more risk-taking and less knowledge about how to prevent and manage ill-health, thus making it a critically important period of life to study (UNICEF, 2011). It is also during this phase of life that people might begin to form long-term behaviour patterns that will significantly affect their health later on in life (Cooper et al., 2015). A deeper understanding of how these patterns of behaviour are formed and play out during adolescence and youth might give us a better

understanding of how to mitigate these health challenges in future. Finally, by thinking about the ways that structure and agency play out in the lives of young people, we may learn more about the interplay of these forces either earlier or later in people's lives. What we learn about youth and the relationship between structure and agency might also be transferable to our understandings about how these forces play out in other times of life.

## **Young lives in Town Two**

South Africa is an 'adolescent' democracy, moving through a social period of transition that mirrors the transitional life course period that these young people are navigating. The promises for the New South Africa are mirrored by the hopes and aspirations of young people who hope to access resources and lives that are in some ways better than those of their parents. But these sentiments often remain aspirational. Young people's opportunities have been shut down, stifled and compromised in various ways. The South African education system continues to falter and employment opportunities and skills training are severely limited, which leaves many young people without having completed school and living in perpetual boredom. Adolescents are coming of age in a context where HIV remains a highly prevalent and yet normalised condition.

The section that follows offers more detail about the setting of this study, Town Two, Khayelitsha and introduces some of the key participants whose lives and experiences informed this work. The primary data collection method I employed during my fieldwork was participant observation, which included living with a family in Town Two for a few days each month between November 2014 and April 2015. I was initially introduced to the family through Monwabisi Maqogi, a local pastor and community activist and organiser, who I met at the end of 2009. Monwabisi, known to me as Monwa, was my primary point of contact to Town Two, but over the past seven years, I have built my own relationships and connections within the area.

The vignette below is taken from my fieldwork with my homestay family. It raises several key themes that are woven into this thesis, including income poverty, insecure access to work and housing and substance abuse. It also speaks to the complex and dynamic nature of intimate relationships and how these are negotiated by young individuals, but also by members of the older generation, as well as by the police.

\*\*\*\*

Thulani wore branded t-shirts and shorts that hung off his lanky frame. If not for his frayed khaki belt, his shorts may not have stayed up around his waist. He walked slowly, scuffing his Nike sandals on the dusty streets outside the house. His glassy eyes were hidden by cheap, plastic sunglasses and further obscured by his peaked cap, pulled down low. “I’m coming now”, he would say as he walked away. His hands were deep in his pockets and his shoulders were hunched. He slunk around Town Two, most often in a *mandrax*-induced haze. This highly addictive drug, known in other parts of the world as methaqualone, is most often smoked with marijuana in a “white pipe”. Tyson, his dog that looked like a Rottweiler mix, sometimes followed him around. Tyson’s ears had been cut off against his angular head to make him look “more dangerous”.

I had moved in with Mambele, Thulani’s mother a few days before. The house was just around the corner from Monwa’s house. Thulani, who was 29 when I met him in 2015, was Mambele’s second of three children. Her younger son lived in the Eastern Cape where he attended boarding school. Mambele’s older daughter lived with her own children nearby. Mambele’s house was modest, but well furnished. There were two bedrooms inside, one of which was her bedroom, where she insisted that I slept. She would sleep on the couch in the lounge. Mambele was in her sixties and had worked as a domestic worker for the past 20 years for the Taylor family, who lived in a rich, predominantly White suburb. She would leave for work before 5am in the morning, take three taxis and only return home after 6pm every day. In the lounge, where Thulani seldom spent time, was a faded passport photograph of the older of the two sons of the Taylor family, carefully displayed in a glass in the cabinet.

At that time, Thulani's girlfriend of four years, Linda, was not living at Mamebele's house. Mamebele said that she had kicked Linda out because the two had been "fighting too much". The two had previously lived in the *hokkie* (small backyard shack) behind Mamebele's house. Thulani had not been living in the hokkie for a while but said he wanted to "make it nice" for himself and Linda so that they could live there again. The hokkie was constructed of sheets of cardboard and zinc. Without a floor, the simple bed stood on the sand. The only light that came in was from the gaps in the boards used to create the structure itself. Ripped posters of rappers covered some of the walls. Linda had not returned to the house since the fight she and Thulani had had in the days before. "She will be back", Mamebele said knowingly.

The following evening, after dinner, Linda arrived at the house, visibly out of breath and smelling strongly of alcohol. She promptly disappeared into the bathroom. I shared concerned looks with Mamebele and her friend as we sat on the couch. "She can't breathe properly because she is pregnant", I was told. When she returned to the lounge, Linda smelled of a combination of minty toothpaste and beer. Over the next few days, her presence in the house was inconsistent. On some mornings, the sound of her vomiting violently echoed through the house, while at other times, the unmistakable sounds of North American reality TV shows that she watched from the broken office chair, filled the house. On some evenings she would prepare dinner, but at other times she would not arrive home at all.

A few days later, Thulani arrived home after Mamebele, Linda and I had already eaten. A plate of food had been saved for him in the fridge. "I'm coming now", he said, before disappearing again. That night we were woken by a terrible commotion. The police were looking for Thulani. Linda had laid a charge of domestic violence against him. The story was also complicated by the cellphone which Linda had accused Thulani of stealing. Mamebele told the police that she did not know where he was. At 5am the next morning, before leaving for work, Mamebele casually said, "don't worry if the police come back" as she closed the door to her bedroom. Mamebele's calm demeanour indicated that this clearly was not Thulani's first run-in with the law. When the police came looking for him two days later, I was relieved to tell them that I did not know where he was.

Thulani had spent several brief stints in police custody but had never been to Pollsmoor, one of Western Cape's maximum-security prisons, with a reputation of incarcerating the city's most dangerous criminals who "run" the prison through often violent gang activity. But Mambele hoped Thulani would go to Pollsmoor. She thought it might teach him a lesson and encourage him to stop breaking the law. She said "Pollsmoor is a big university", referring both to the opportunities to study while in prison but also because of the social schooling that young men have to negotiate through being there. "They come back fat [from prison]", she said. Sadly, some of the conditions, like food, security and adequate shelter, inside the prison may be better than those outside of the prison for many who end up there.

The relationship between Thulani and Linda had been fraught for some time. This was not the first charge of domestic violence Linda had laid against him. That morning, Linda had removed her headband to show me the stitched wound in her head where Thulani had hit her with a small plastic broom. When I spent time with Thulani, he kept telling me, "Linda doesn't listen". He chastised her for wanting to go out drinking with her friends. Mambele said that Linda often screamed obscenities at Thulani in the street. Mambele felt ashamed of their public displays of bad behaviour and fed up with their fighting and dealings with the police.

It frustrated Linda that Thulani was "allowed to do whatever he liked... And go around with his friends until 3 o'clock in the morning". Sometimes he did not return home at all. But if Linda did the same, there was trouble. Her lips were swollen in a way that suggested that she was a heavy drinker. She had bruises on her arms. "Men most of the time are bastards, serious" she said. Thulani was jealous and controlling, which led Linda to strongly consider terminating the pregnancy even though Thulani was against the idea of termination. Linda already had two other children, twins, who lived with her mother a little way away. More often than not, because the twins were born when Linda was very young, she called them her "sisters" rather than her children.

In the weeks that followed, the police returned several times looking for Thulani. Knowing that the police were looking for him, Thulani had begun staying in a friend's hokkie down the street. He and Henry, the owner of the hokkie, had started pushing customers' trolleys and unpacking parcels into people's cars outside the local supermarket in exchange for a few rand each time. They did this particularly at the beginning of the month when they knew that people would have money. Thulani had quit his job at the airport where he had been cleaning catering equipment used on aeroplanes. He was paid R100 (about 8 USD) per day but did not think that that was nearly enough given the nature of the work and the fact that five planes would come in per day. He had earned as much as R2000 (about 150 USD) per day when he had been dealing *tik* (methamphetamine). Without having completed high school, Thulani's job prospects were poor at best.

Visits from the police in connection with Linda's case against Thulani became less frequent until they stopped completely. Some months later, though, I heard that the police were looking for Thulani again. He had been accused of stabbing a man who had been building a house in a nearby neighbourhood. After a few attempts at trying to take him into custody, the police once again stopped looking for Thulani.

\*\*\*\*

Thulani's story is in many ways characteristic of the lives and experiences of other young people in Town Two. Khayelitsha, one of South Africa's largest townships is located about 20 kilometres from Cape Town's city centre. A growing number of South Africans live in townships that serve as a painful reminder of both our colonial and apartheid separatist histories, but also of the continuing inequalities that characterise South African society today. The settlement was established by the apartheid government in 1983 as a place for Black Africans, who, under the Group Areas Act of 1950 were deemed to be illegal migrants in all but a few specified settlements like Khayelitsha. Black Africans were relegated to live on the periphery of the city, close enough to be a ready source of labour, but contained far enough away so as not to encroach on white Cape Town. Khayelitsha, which means "new home" in isiXhosa, initially consisted of a cluster of very simple houses, with access to a few basic

services including mast lighting, limited electricity and shared sanitation. But with rapid and continued immigration came increased internal variation: some areas had government-provided formal (brick) housing, mast lighting, tarred roads and (limited) access to water and sanitation, while other areas became packed with shacks, often with access to some electricity but not much else (Spiegel & Mehlwana, 1997). Immigration to Khayelitsha has perhaps been most notable from the former “Bantustans” of the Eastern Cape province, thus making the primary language spoken in Khayelitsha isiXhosa.

Settlements like Khayelitsha, although physically visible from the N2, one of the country’s major highways, remain invisible to a majority of privileged South Africans as well as to the government. In line with the racist and segregationist apartheid system, access to basic services, education, decent employment and proper health care was severely limited for this portion of the population. These challenges have persisted post-apartheid. While the post-apartheid government has been making incremental attempts to address these challenges, much of what was inherited from the apartheid regime persists. Khayelitsha remains a space of contradiction and variation, where brick housing sits alongside shack dwellings, where some can afford to send their children to fee-paying schools while others cannot afford to buy new school shoes each year. Despite this variation, Khayelitsha and those who live there, have, as Mbembe argues, been cast aside by the government and by the rich (Mbembe, 2016). Townships like Khayelitsha are spaces where multiple layers of deprivation can be peeled back to reveal the injustices of the past.

Town Two is a neighbourhood that is geographically contained, as it is flanked by major roads on two sides, but is also home to a relatively small and self-identified community. It is here, within the space of a few dusty, tarred roads that I conducted ethnographic fieldwork with a group of young people over several years. The data presented in this thesis is based on the lives and experiences of a core group of five young people, all of whom have spent a significant amount of time living within a minute or two’s walk from one another. Besides these five young people, I spent time with their families, friends, neighbours and classmates. The members of this core group all have a connection to Monwa, although their connections vary from having close and daily contact with him and his family, to merely living down the street from his house.

Most young people like Thulani, who do not go to school and are unemployed, have much unstructured time in their days. During my fieldwork, I followed young people as they cared for children or assisted with domestic tasks, wandered around the neighbourhood, visiting friends' houses or chatting in the street, tried to find work, talked about relationships, braided people's hair, played soccer and hung out on street corners. I also spent a limited time living in Town Two with Thulani's family, where I learned first-hand about some of the daily challenges that characterise lives in a township space where access to resources is limited. While there were times that I held more formal interviews with young people, most of my time spent in Town Two was bearing witness to young lives and events as they unfolded, participating in conversations that happened in my presence and sharing stories with young people. The focus of this thesis, on gendered identity and sexual partnerships, emerged out of what I learned from young men and women in Town Two.

### **Gendered identities and sexual relationships in the transition to adulthood**

This thesis explores what it means to navigate towards adulthood in the context of socioeconomic marginalisation. More specifically, it explores the ways that young men and women negotiate the tensions they experience between structure and agency in their gendered and sexual lives. Similar questions about the interplay between structure and agency, or about the transition to adulthood, could easily be taken up through focusing on several other domains, including education, employment, violence, or substance abuse. My choice of focus on gendered identities and sexual relationships is three-fold. Firstly, it stems from personal interest in the ways that young people create, maintain and explore intimate relationships. Secondly, talking about sex, intimacy and relationships was a significant preoccupation for the young people with whom I spent time. Finally, this area is of particular public health relevance as one of the biggest contributors to poor health during adolescence and youth occurs within the arena of sexual and reproductive health.

The young people described in this thesis are all, in one way or another, navigating what it means to grow up and to aspire to access elements of a more adult identity. They are involved

in relationships with sexual partners, peers, family members and children, struggling to complete school and attempting to find well-paying employment. They are trying to make the most out of the challenging conditions of living in Town Two where opportunities are often limited. They are moving through the transitional life period of adolescence but are also caught in a position in which they are both constrained by various structures in their lives and have various opportunities to make the most of challenging situations, to be agents. In different ways, each of them makes gains but these are always tentative, partial and under threat. The gains they make have to be fiercely and carefully defended. Such gains are always precarious and contingent, as they attempt to manage the multiple challenges that face them.

This thesis is presented in eight chapters that are outlined in more detail below. The bulk of the data presented here is contained in the content Chapters Four to Seven. Using data presented in four content chapters, I make the argument that young people use three core sets of strategies in their attempts to navigate structural constraints and maximize positive outcomes in their lives. The first strategy looks at the ways that youth use their physical bodies, or the “body-self”, to this end (Scheper-Hughes & Lock, 1987). Young men and women use their physical bodies as a valuable source of capital with which to communicate with others and reflect their inner emotional state (cf. Cole & Durham, 2008). Choices about how to maintain a particular outward physical appearance are central to this bodily strategy. The modification and enhancement of one’s own body in order to maintain attractiveness, or communicate status to others, also plays a central role in how young people are read as successful young men or women. Other bodily strategies, including managing fertility or using substances, are mobilised by young people as they attempt to negotiate the tension between structure and agency and to transition to adulthood.

The second strategy looks at young people’s negotiation, engagement and mobilisation of particular social relationships with peers, partners and kin of all ages. This could also be seen as the “body-social” (Scheper-Hughes & Lock, 1987). At different times in young people’s lives, it might make sense for them to maintain multiple connections with different people, while at other times, nurturing a few key relationships might be more important. For example, some young women keep their “options open”, and manage multiple socioeconomic stressors and challenges through having more than one sexual partner. Other young women,

especially those with children, might choose to do the opposite, and invest in only a few social relationships. These social relationships are carefully negotiated, partly through choices about what different kinds of information to tell, and to whom.

The third and final set of strategies looks at how young people engage with the “body-politic”, as a means of social-political control (Scheper-Hughes & Lock, 1987). This set of strategies looks at how young people imagine what it means to be a young South African and what this entails in the context of attempting to transition to adulthood. Young people mobilise a rights-based discourse in order to speak about the entitlements to which they believe they should have access. They also navigate the state’s bureaucracy in order to access those entitlements via, for example, getting a South African Identity Book (referred to as an ID book), social grant or completing school. The state is also often something that is feared, but the law is infringed in various important and creative ways. Through the use of all three of these broad strategies, young people improvise, tinker with what is possible, but also reframe and retool various dominant discourses in order to defend their legitimacy and status within their precarious social and structural positions.

## **Chapter outline**

Chapter Two is a literature review that explores three main questions. The first is how adolescence and youth have been thought about and explored from different disciplinary perspectives. It looks at concepts like transitions, and problematises conventional understandings of adulthood. For example, while the completion of high school might conventionally symbolise a transition in life stage, many young people in Town Two never complete school and thus struggle to find well-paying employment. Some young adults return to school later in life, once they are recognised as social adults. The ways that transitions are experienced, challenged and non-linear is explored here. The second part of the literature review explores the ways that structure and agency have been taken up in public health and in the social sciences more generally. The final part explores the work of two theorists, Alcinda Honwana and Jennifer Johnson-Hanks, whose work has productively engaged with both the meaning of youth and life stage, but also the ways that young people have navigated the

tension between structure and agency. This chapter is followed by Chapter Three which provides more detail about the history and demography of Town Two and Khayelitsha in relation to the broader City of Cape Town. It also expands on the methodology I employed in this research. It offers more detail on the population with whom I worked, specific data collection methods, analysis approach and ethical considerations.

In the four chapters that follow, Chapters Four, Five, Six and Seven, I explore the specific structural forces that characterise the contexts in which adolescents in Town Two find themselves, as well as their acts of agency in relation to these structures in their social and sexual lives. I explain how they employ careful strategies to achieve gains towards the transition to adulthood, but also show how these gains are threatened.

Chapter Four explores young Xhosa men's attempts to transition to manhood. Xhosa male initiation remains a key rite of passage for boys to transition to manhood. The meaning and experience of these initiation rites are challenged, refigured and reinterpreted in the context of contemporary urban challenges. This chapter focuses on some key avenues through which male youth attempt to be regarded as "men" both before and after engaging in the initiation ceremony. In addition to detailing the ways that this ceremony has shifted over time, this chapter looks at how involvement in youth gangs and the influence of Pentecostal Christianity play into young men's performances of masculinity. It looks at the precarity of achieving the recognition of being a man, and the ways they attempt to achieve and defend this social recognition.

In the absence of clear, culturally defined rites of passage for women, young women attempt to make this transition via other avenues. Chapter Five looks at the role that young women's sexual partnerships play in this transition. In this chapter I explore the multiple motivations and careful management strategies employed to keep these partnerships in play. While these partnerships could be viewed as "multiple" or "concurrent" (MCPs) and thus seen narrowly as significant contributors to the HIV epidemic in South Africa, I expand this view to explore how women's sexual partnerships form a central part of young women's life course strategy.

Chapter Six explores young people's experiences of and decisions related to fertility and parenthood within the context of intimate relationships and sexual partnerships. For some couples, relationship stability or longevity is partially achieved through having a child. Entering parenthood, as well as showing others that one comes from a stable, adult relationship, can both act as symbols of moving towards an accepted form of social adulthood, however tenuous this may be. The chapter looks at young people's management of potential fertility, fertility desires, and how they take up the challenge of trying to be "good" parents in contexts of extreme socioeconomic deprivation.

In Chapter Seven, I explore the ways that HIV cuts across the process of transitioning to adulthood for young people. The chapter looks at how young people in Town Two speak about and imagine risk in a context where HIV is highly prevalent and antiretroviral treatment (ART) is widely available. Having sexual relationships is a key part of coming of age and the fact that people are doing so in a high HIV prevalence context means that they may think differently about who to choose as a partner, whether to use HIV prevention methods, as well as how to speak about their imagined risk of contracting HIV. I also explore the ways that young people attempt to make sense of the fact that HIV is at once an increasingly normalised, manageable, chronic condition but is simultaneously used to police longstanding moral frames linked to dominant ideals of masculinity, femininity and sexuality.

In the final chapter, Chapter Eight, I draw out some of the cross-cutting strategies used by youth to navigate both the transition to adulthood, but also the tensions they experience between structure and agency in their social and sexual lives. I look across the previous four chapters to explain the three overarching strategies – the body-physical, the body-social and the body-politic, in more detail. It is also in this chapter that I explore the public health-related implications of this research, and offer some recommendations about how the findings could productively contribute to future research and programming with this group of people.

## Chapter Two: Literature Review

This thesis explores the ways that young people in the context of socioeconomic marginalisation navigate the transition to adulthood within the interrelated domains of gendered identity and sexual relationships. In particular, I look at the ways that young people in Town Two negotiate the sometimes complex relationship between structure and agency in their gendered and sexual lives. Here I contextualise these questions within existing literature, with the view to highlighting the gaps in understanding of the processual nature of young people's grappling with these questions, as well as the strategies they employ to maximise gains in their lives.

This literature review deals with three primary questions. The first reviews public health, policy and political understandings of what constitutes adolescence and youth in the South African but also broader international context. On the African continent, as well as in South Africa, the population is young. Currently, over 50% of the South African population is under the age of 25 years (De Lannoy, Leibbrandt, & Frame, 2015). It is thus important to consider these experiences of youth and coming of age as they affect a significant proportion of the population. This period of life is characterised by a distinctive burden of morbidity and mortality, which has become the focus of much public health research and intervention (Hindin & Fatusi, 2009). In some ways, this group is defined in relation to what challenges their health. In South African policy terms, youth is a more widely used category than adolescence and generally spans 14-35 years (De Lannoy et al., 2015). This wider timeframe, in contrast to a more biologically circumscribed period of adolescence, also speaks to the social processes that affect health. While this is not unique to South Africa, I include a discussion of the ways that experiences of political history have contributed to how generation, and thus youth have been defined in the South African context.

The second section explores the ways that this particular group of people has been researched and intervened upon. On the one end of the spectrum is public health research and intervention that is focused on the individual, and individuals' capacity to change their behaviour. This approach tends to emphasise young people's agency. On the other end of the

spectrum is work that focuses more broadly on the social determinants of health and structural forces that shape young lives. Rather than having individual agency as central in this approach, structural forces are seen as determining what is possible for individuals. Although many of the examples presented here fall at these two ends, there is much research and intervention that occupies positions more in the middle of the spectrum. By exploring work at both of these poles, however, I aim to highlight the value of employing a longitudinal approach to research and intervention that balances young people's capacity to make decisions and perform agency, while taking seriously the structural forces that shape and constrain these individual-level freedoms.

In the final section, I lay out two theoretical frameworks that have productively engaged with the transition to adulthood, as well as the complex relationship between structure and agency. The work of Alcinda Honwana (2012) points to the fact that the majority of young people in Africa are in waithood, a phase of life between childhood and adulthood, but that in many ways has come to replace conventional notions of adulthood. Waithood stems from failed neoliberal policies that have led to diminishing access to resources and opportunities for youth. In response, youth employ creative strategies, some legal and others illegal, to make the most of their precarious lives (cf. Chimanikire, 2009; Das, 2006; Ndjio, 2012). The work of Johnson-Hanks (2002b, 2006) problematises and extends conventional thinking about linear demographic life stages or life events. Using her theory of vital conjunctures, Johnson-Hanks points to the complex happenings, in both space and time, around particular life events. Having a child, for example, does simply link a young woman to a life stage or the social status of mother. Some vital conjunctures could be recognised as demographic life events, while others point to particular periods in space and time in people's lives when a great deal is at stake. Rather than focusing on the outcome of these events or periods, Johnson-Hanks points to the value of exploring the anticipation, uncertainty and aspiration tied up in these times. Further, Johnson-Hanks develops the theory of judicious opportunism, which speaks to the ways that people's action and intent is pre-structured within their contexts of uncertainty (Johnson-Hanks, 2005). People act in ways that they hope, although cannot be sure, will lead to the best possible outcomes for them.

## **Adolescence, youth and life course transitions**

Adolescence is generally understood as the time period between childhood and adulthood (Anthony, 2011; UNICEF, 2011). It is a time linked to chronological age, but also to a set of biological processes that are often thought to characterise this period (Petersen & Taylor, 1980). Adolescence is thus often more narrowly defined than youth, as a more circumscribed age range that includes puberty, and encompasses the second decade of life (10-19 years) (UNICEF, 2011). Conversely, youth often encompasses an overlapping but wider age range that points to a series of social rather than solely biological processes that occur during this time of life.

### *On the challenge of definition and transitions*

Defining both adolescence and youth is difficult for several reasons. From a biological perspective, puberty, which is often seen as the defining set of biological processes associated with adolescence, happens at different times for different individuals, as well as at different times for girls and boys (Martin, 1996). Girls are often more likely to reach psychological maturity earlier than boys, but this psychological maturity may not correspond with some of the biological markers of maturity associated with puberty (Anthony, 2011). Stemming from this variation in markers of maturity or transition towards adulthood, both biologically and psychologically, this period of adolescence remains difficult to define.

Adolescence or youth are partly defined in relation to persistent demographic ideas about life stages, through which people transition during their life course. Demographers, sociologists and psychologists, through their studies of the life course, have explored the meaning ascribed to different transitions (Arnett, 2000; Jones, 2009). Much research has explored youth within the context of industrialised countries or “modern” societies, where three main life stages are often cited as important. The first is education, which is equated with childhood and dependence. The second is work, which is equated with a growing sense of agency and independence, and the third is rest, which includes retirement and old age (France, 2007). It is assumed that children grow up in the care of their parents, move through schooling and perhaps tertiary education, find work and then start earning their own living

that would allow them greater independence from their parents. One of the core aspects of this transition would include moving out of the parental home. This may coincide with getting married, and later having one's own children.

Although many people do not follow this life trajectory, it is still commonly drawn upon. Built into these understandings of how to define the core phases of life are implicit assumptions about biological and physical development, the nature of social relationships and the process of gaining responsibility and independence. The assumption is that people move through a series of developmental and social stages, from immaturity to maturity, in an ordered and linear fashion. In short, the period of youth or adolescence is seen as a time when people become more established, independent and adult-like. Youth or adolescence is a period during which people attempt to find meaning and configure their identities, as they move from living lives as children, more obviously bound by social and societal structures, to configure their adult identities, more free from structure.

These ideas about discrete, and linear life stages have been widely critiqued (cf. Arnett, 2000; Johnson-Hanks, 2002b). People's experience of coming of age is tied to socioeconomic status, race, class and gender, which means that conventional thinking around a set of ordered events – birth, schooling, work, marriage, children and retirement – are not universally applicable. For young people in African contexts in particular, completing schooling might not be possible, which would affect opportunities to find employment. In places like Khayelitsha, the possibility of falling off an aspirational trajectory of life, or never making it onto a desired life trajectory at all, is a widely-shared reality. Given their precarious and uncertain situations, young people seek out other avenues through which to generate an income, to “get by” or “eke out a living” (Honwana, 2012). Some young people find ways to generate income that are not often recognised as a legitimate transition into the workforce, for example, gang participation, selling drugs or exchanging sex for material goods including money (cf. Jensen, 2008; Wojcicki, 2002). In addition, marriage might not be possible for a growing number of young people as they are not financially stable enough to pay the associated bride price, or establish their own homes away from the parental homes (D Posel, Rudwick, & Casale, 2011). Many young people have children but never marry, and never move out of the parental home. Some have children while they are still at school, but return

to school after they have given birth. This disrupts the view of life stages as being linear and ordered.

Understandings of life stages are not neutral but are instead units of social analysis that are ascribed multiple sets of value and meaning (Honwana, 2012). Categories like youth or adult are not self-evident, but are instead shaped by the social relationships, political contexts and institutions that invoke them (Durham, 2000; Honwana & Boeck, 2005; Mintz, 2008). Durham (2000) describes the difficulty in defining youth, and instead posits that youth, as opposed to representing a particular cohort or age range, is a social “shifter”. In this context, a “shifter” is a term that instead of pointing to an absolute point of reference, is relationally and contextually defined (Durham, 2000, p. 116). Thus, the meaning and experiences associated with youth look quite different depending on where and when they are explored.

The category of youth is thus unstable and socially defined. In addition, the ascription of the label youth does not imply that people move through a set of ordered transitions. In the South African context, the ways that youth attempted to transition to adulthood takes on a particular character. Here, much of the perceived autonomy associated with adulthood remains unavailable to young people where opportunities to find work, complete school or find financial independence are severely limited. Thus, while many people achieve biological adulthood in terms of chronological age, fulfilling individual and social expectations to achieve “social adulthood” is far more difficult (Blatterer, 2010).

In South Africa, as in other contexts, the expectations of social adulthood are deeply gendered. Although these gendered expectations are often difficult if not impossible to achieve, these ideals still persist as both individual aspirations and societal expectations. Men are expected to financially provide for families, while women are expected to raise children in families (LeClerc-Madlala, 2009). Adult men and women are also expected to relate to each other in particular ways in the context of marriage and family. But as has commonly happened in South Africa and across the world, family structures have been disrupted by migrant labour, political insecurity, a lack of socio-economic freedom and illnesses like HIV (Booyesen & Arntz, 2002; Ford & Hosegood, 2005; Kuo & Operario, 2007; Spiegel &

Mehlwana, 1997). Young people in South Africa also often participate in activities that are largely associated with adults, thus making the notion of a transition to adulthood quite arbitrary in this context (Bray, Gooskens, Moses, Kahn, & Seekings, 2010). For example, many young South Africans continue to engage in what is recognised as child labour, in multiple sectors including in the agricultural sector (Levine, 2006). Due to the significant HIV-related mortality in South Africa, child-headed households are not uncommon (Meintjes, Hall, Marera, & Boulle, 2010; Richter & Desmond, 2008). In these contexts, new strategies and social relationships have emerged, which have contributed to the redefinition of the understandings and performances of adulthood for both men and women.

### *On an orientation towards the future*

In addition to the ways that youth is socially and contextually defined, a key aspect of the construction of youth is linked to its temporal orientation towards the future. Both youth and adolescence are periods of life that are oriented towards the future, or towards the accomplishment of transitioning to adulthood. Wyn and Woodman (2006), in their work in Australia, explore the meaning of generation, but also how the process of “being” and “becoming” is negotiated between the present and the future. Much work in the field of youth studies has also found that young people’s self-conception changes over time (Adamson, Ferrer-Wreder, & Kerpelman, 2007; Sanders & Munford, 2008). These future self-conceptions are also deeply gendered, as young men and women imagine their futures differently (Hockey, 2009).

Although youth is commonly associated with a future orientation, the futures that are available to many young people are highly uncertain. Young people, particularly those growing up in socioeconomically marginalised contexts like South African townships, are forced to navigate what is a temporal contradiction: they are at once in a phase of life oriented towards the future, where they are likely to have aspirations or ideas about how they would ideally like parts of their lives to play out. But these young people are also coming of age in a time of extreme uncertainty, which means that it may not be possible for many young people to imagine what the future might hold. When the future is uncertain, young people may find themselves in the “extended present” (Nowotny, 1994). Rather than experiencing

time and life events in a somewhat linear fashion, young people experience life as a time of extended immediacy, where the future might be unimaginable.

Cole and Durham, in their book about youth and globalisation, explore the relationship between hope and risk, which, in the context of rapidly changing or unstable social and economic conditions, become central forces in the lives of young people (Cole & Durham, 2008). Given the fact that the future feels uncertain, young people might be more likely to engage in what might be perceived to risky behaviours, which could have a dramatic impact on their health. But, as argued by Johnson-Hanks et al (2005), the ways that people in situations of extreme uncertainty make decisions is linked to an evaluation of their circumstances and pre-structured expectations of what *might* happen, and actions intended to maximise individual gains. To offer a very obvious example, a young woman may choose to engage in a sexual partnership with a man that affords her a series of emotional, sexual and material benefits in the present. She may choose not to use contraception because she believes that it will make her gain weight, and thus make her less sexually desirable to men. In her choice to have unprotected sex without using contraception, she is employing judicious opportunism. Having unprotected sex can lead to conception or to the contract of a sexually transmitted infection (STI), but whether either of these outcomes will come about is uncertain. In this situation, instead of having unprotected sex with the prior intention of trying to conceive, she uses her intention in action to behave in a way that brings about the most tangible immediate benefits to her. In this case, the fact that she did not use contraception meant that she could maintain her figure in the way that she wanted to. While the act of having unprotected sex with a partner without using contraception would be an example of a risky behaviour, having considered her options and situation, the immediate benefits of her actions may outweigh the possibilities that may play out in an uncertain future terrain.

The contradiction between the “extended present” or extreme precarity and an orientation towards the future plays out in the broader South African political context too. Since the election of South Africa’s first democratic government in 1994, there has been a growing and widely circulating discourse about the New South Africa, marking a break from the apartheid past. Contemporary young South Africans are often referred to as the generation of the new South Africa, or the Born Free Generation (De Lannoy et al., 2015). To be born free in this

context means to be born post 1994, after the abolishment of apartheid rule. In this new South Africa, particularly in the mid to late 1990s, there was a sense of collective hope about the possibility of creating a more equal and just South African society. In some ways this goal has been achieved: South African rights and entitlements are no longer bestowed on people on the basis of race. Young South Africans of the new South Africa are legally entitled to access rights and privileges that their parents' generation may not have had the opportunities to access. And yet, without access to opportunities to complete their education, find employment and avoid multiple threats to their health and well-being, many young people in South Africa, as well as other African countries, find themselves frozen in time, where cycles of intergenerational poverty and inequality persist (De Lannoy et al., 2015; Honwana, 2012; Sommers, 2012).

#### *Public health, political and policy perspectives on adolescence and youth in South Africa*

In the sections above, I have laid out demographic, social and time-related constructions of youth. In the sections that follow, I explore the ways that these ideas have appeared in public health policy practice and research, both within and beyond the South African context. From a public health perspective, adolescence and youth are often conceived of as periods during life when particular risks to health and particular health outcomes emerge. The burden of sexual and reproductive morbidity and mortality is significant in this population (Cooper et al., 2015). This stems from the fact that it is during this period of life that young people engage in more experimental behaviour, have limited knowledge about sexual and reproductive health and thus might fail to see the implications of their behaviour in this respect (UNICEF, 2011). Young people are also affected by the sphere of sexual and reproductive health because of poverty and sociocultural factors, including the gendered expression of sexual inequalities (Michielsen et al., 2010). Within the South African context, the prevalence of HIV is disproportionately represented among young people (StatsSA, 2015). Amongst young women in sub-Saharan Africa, there is also sustained HIV incidence, which has led to a continued focus on research and intervention in this arena (Harrison, Colvin, Kuo, Swartz, & Lurie, 2015). In addition to HIV, early pregnancy has also been seen as a significant public health problem in young South Africans that has warranted further attention (Panday, Makiwane, Ranchod, & Letsoala, 2009).

In addition to thinking about this population of people in terms of the challenges that often affect them, it is important to think about how social and political contexts contribute to our understandings of youth. Durham (2000) asserts that within different contexts, which are shaped by political and social forces, we must ask the following questions: what or who are youth? How is generation experienced or conceived of? And finally, in what political space do youth participate? (Banaji, 2008; Durham, 2000). In South Africa, although multiple lines of social division along lines of race, class, gender and ethnicity persist, the anthropologists Jean and John Comaroff (1999, p. 284) argue that the greatest of these lines of division is generation. They argue that this is mostly visibly embodied by the Black South African “underclass”, who were promised prosperity in post-apartheid South Africa, but for the most part have not been able to access it (Comaroff & Comaroff, 1999). The National Development Plan of 2030 is a government document that outlines the path to reduce inequality and reduce poverty by the year 2030. It explains that most South Africans remain in poverty, with limited opportunities to better their lives, which can in part be attributed to the unequal access to services and opportunities according to apartheid racial categories associated with the apartheid system (National Planning Commission, 2012). And yet, in Black South African families in particular, cycles of intergenerational poverty have persisted (De Lannoy et al., 2015).

The ways that apartheid systematically excluded people from accessing rights and services on the basis of race has meant that there are major cleavages along generational lines in South Africa. Contemporary young South Africans are coming of age in a time where they are afforded markedly improved educational opportunities and access to health care when compared to older relatives who lived through apartheid in South Africa. These differences in experience and access have further entrenched and intensified a separation between the older and younger generations in South Africa. This separation between the generations has also fostered the circulation of a particular and often negative discourse about the behaviour of the youth of today. The older generation often speaks about how access to particular rights and freedoms might have led to young people becoming undisciplined. This kind of generational discourse is neither new, nor specific to the South African context. But, given the particular nature of South Africa’s apartheid history and the promises made to South Africans post apartheid, this generational discourse has become intensified and amplified by the prevailing sociopolitical conditions.

The circulation of a generational discourse about the behaviour of “the youth of today” is perhaps most evident in the sphere of sexual and reproductive health. In many families, including Black South African families, this subject is most often characterised by intergenerational silence (Delius & Glaser, 2002; Harrison, 2008; Mkhwanazi, 2014; Deborah Posel, 2004). The fact that parents and children do not often openly discuss these issues has led to a reinforcement of a generational divide. Research also shows that sexual socialisation for young people happens more so in relation to peers than parents, which again enforces the idea of distinct generations (Bray et al., 2010).

The ways the youth are imagined and intervened upon is shaped by the public health and contextual factors described above. These social and political realities are also reflected in the ways that youth is defined in South African policy. In national policy documents, youth is defined as people within the age range of 14-35 years (South African Government, 1996, 2015). This fairly wide age range has also been adopted in more recent policy documents, including the National Youth Policy 2009-2014 and 2015-2020 as well as the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014- 2019. As described above, adolescence tends to be more narrowly defined in biological and technical terms. The definition of youth has a more social foundation, which is more relevant in the context of this research. The justification for having such a wide age range has to do with the recognition of the ways that historical inequalities have shaped and continue to shape people’s lives. This means that similar social, economic, contextual and political challenges could affect those in their early teenage years in similar ways to how they might affect youth in their late twenties or early thirties. The recognition that chronological age is not the defining feature in shaping experiences and health outcomes during this phase of life justifies this wider age range as the focus of youth-related policy in South Africa.

## **Public Health Research and Interventions with Youth**

In the sections above, I highlighted the ways that youth and adolescence are described from multiple perspectives. Broadly speaking, there are two contrasting approaches to public

health intervention and research design logic with adolescence and youth. On the one end of the spectrum are individually-focused approaches that rely on individual agency and capacity for behaviour change to improve health outcomes. A notable majority of interventions are focused on this end of the spectrum. On the opposite end of the spectrum are structurally focused approaches that aim to address broader structural and contextual factors in people's lives to promote health.

The terms individual and structural refer to the underlying design principles in intervention or research programmes in terms of where they imagine the potential point of change to be. Thus, although the impact or relative success of such programmes is of interest, it is not the focus here. For more individual-level interventions, which tend to be predominant in public health, change is often imagined or perceived to be necessary at the individual level. For example, although there are multiple HIV mass communication strategies underpinned by national-level policy and media platforms, these interventions still call for individual-level behaviour change to promote more positive health outcomes (cf. Pettifor, MacPhail, Bertozzi, & Rees, 2007; Shisana et al., 2015).

On the other hand, structural interventions or research that explore some of the broader social determinants of health imagine that systemic change, beyond the individual, is the only path towards change. For example, some interventions offer participants cash transfers because they recognise that grappling with income poverty often has an adverse effect on health (Cluver & Sherr, 2016). These interventions seek to address an underlying set of structural issues rather than calling for individual-level changes to behaviour.

In the sections that follow, I begin by outlining some exemplary interventions and research programmes that adopt either a more individual or a more structural approach. I also point to the contributions that public health and the social sciences have made in this respect. Ultimately, I argue for the value of attempting to balance these individual and structural approaches.

### *Individual-level Research and Intervention*

A significant proportion of interventions that aim to address challenges facing adolescents and youth focus on the individual, and their capacity for individual-level behaviour change. The underlying theoretical frameworks that underpin public health research and intervention are not always named explicitly, but a number of theories of behaviour change, initially developed in the field of psychology, are often drawn upon. In these theories, individual cognition is of central importance. Theories of behaviour change are commonly drawn upon in public health interventions but are also contentious, as they tend to emphasise individualism and rationality. In each of these theories, knowledge is recognised as necessary but not sufficient for behaviour change to occur.

#### Predominant Behaviour Change Theories

Key theories in public health that underpin research and intervention at the individual-level include the Health Belief Model, Stages of Change Theory and Theory of Reasoned Action (or Theory of Planned Behaviour). The Health Belief Model uses individual beliefs to try to predict health-related behaviours (Janz & Becker, 1984; Rosenstock, 1974). The Stages of Change Theory looks at the stages that individuals move through in the process of changing a behaviour, which allows interventions to be appropriately designed to be most effective in each stage (Prochaska & DiClemente, 1982). These stages include pre-contemplation, contemplation, preparation, action and maintenance. The Theory of Reasoned Action asserts that behavioural intent or change is shaped by subjective norms and individual attitudes (Fishbein & Ajzen, 2011).

While the models described above tend to rely on individual perceptions, skills and motivations to bring about change, there are others that offer more recognition to the social environment and interactions that contribute to shaping individual decisions. Bronfenbrenner's Ecological Systems Theory, which is commonly drawn upon in public health, highlights the ways that a person's environment shapes their individual behaviour (Bronfenbrenner, 1992). The individual, contained in the microsystem that includes their immediate social network of family, peers and community members, fits within the meso-, exo- and macro-systems to shape individual choices and experiences. Social Cognitive

Theory (SCT) is another key theory in public health that underpins much research and intervention. SCT looks at how a sense of personal control, or self-efficacy can lead to behaviour change (Bandura, 1989).

#### Individual-level Interventions: HIV and Communication Strategies

Interventions with young people often aim to mitigate risky behaviours by promoting healthy lifestyles and offering approaches that rely on health education and health promotion. While the majority of these interventions are focused on the need for individual-level behaviour change, it is also important to recognise that many of these approaches are underpinned by policies and health-systems-level structural interventions, that shape what can be asked of individuals. In socioeconomically marginal places like Khayelitsha where the overwhelming majority of the population relies on health services available to them in the public sector, questions linked to the accessibility of particular health-related services are of central importance. If services are unavailable or inaccessible to young people in Khayelitsha, those are matters that require structural-level solutions, in addition to individual-level uptake of those services.

A useful example of this is in relation to biomedical technologies to prevent HIV and pregnancy, including condoms and hormonal contraceptives. At a national level, health policy dictates that condoms must be freely supplied in the public sector. Condom distribution can thus be done at a health system level. The policy linked to condom availability, and well as the accessibility of condoms in facilities in the public sector, would both be examples of structural approaches. Although these structures are necessary to have in place, most interventions that work with such technologies focus heavily on individual, demand-side factors, linked to how to increase uptake of the use of condoms or other technologies and to change individual behaviour. In the paragraphs that follow, I explore some of the programmes that are designed to encourage change of individual behaviours.

A significant number of health education programmes in South Africa are run in schools. These programmes have all been implemented following the development of various policies

that outline what and how sexual health education should be taught in South African schools. Although the development of these policies could be thought of as a structural-level intervention, school-based education programmes that deliver information about HIV and sexual and reproductive health rely on individuals to augment their behaviour and make individual choices related to sexual practices (cf. Gallant & Maticka-Tyndale, 2004). These large-scale communication strategies are thus more individual than structural in nature.

In 1999, the Department of Education first established the National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (Kumalo F, 2011). In 2000, an HIV/AIDS and Life Skills Programme was implemented as part of the Life Orientation curriculum for students in all grades in South African government schools. The curriculum aimed at increasing knowledge about HIV, sexual behaviour and thus sought to reduce HIV vulnerability in this population (Kumalo F, 2011). In 2003, the National School Health Policy (NSHP) was implemented as a means to integrate the school system with particular district health services, using a health promotion and preventive approach to sexual and reproductive health challenges. The cornerstone of this programme remained the dissemination of information to learners about how to prevent STIs and pregnancy, as well as where to access health services in this respect. Taking this information onboard, or taking up services available would occur at the individual level.

In 2009, the HIV and AIDS Life Skills Education Programme was revised to focus more heavily on unprotected sex and multiple and concurrent partnerships as risk factors for the contraction of HIV. In addition to calls on individual learners to practice safe sex and decrease their number of sexual partners, school-based support and management teams were also established in an attempt to aid the implementation of the policy. In 2012, to further support and extend the services offered by the NSHP, the Integrated School Health Policy (ISHP) was put in place. The policy that is currently in place, the Department of Health Integrated strategy on HIV, STIs and tuberculosis (TB), 2012 – 2016 was rolled out in 2013. This policy also has a significant focus on increasing young people's knowledge through health education, in the hopes that this will change behaviours at the individual level.

One of the challenges with these school-based communication strategies, however, is that they do not reach young people who are perhaps most at risk, and are no longer at school (from ages 18-25 years, as opposed to 14-18 years). Programmes that include a peer education component have been more successful at reaching this group. An example of such a programme is the Sisters Informing Sisters About Topics on AIDS (SISTA) South Africa, in which women participated in information-sharing workshops with trained, Xhosa-speaking peer health educators in five rural sites in the Western Cape (Wingood et al., 2013). The Stepping Stones Programme is an example of another intervention that sought to address the needs of young people from 18-29 years. The 50-hour programme used peer facilitators to lead group discussions, role-play and drama to encourage critical reflection on sexual behaviour, gender norms and relationships to prevent HIV and herpes simplex type 2 (HSV-2) (Jewkes et al., 2008).

In addition to education programmes in schools, there are several national communication strategies that focus predominantly on HIV. These national mass media campaigns are also predicated on an individualist approach that aims to increasing knowledge about SRH and HIV in order to encourage individual health behaviour change in youth. These communications have been delivered through the television, radio, magazines, leaflets, posters and signs or billboards (Shisana et al., 2015). The government's Khomanani campaign, as well as the non-governmental organisation-run Soul City, Soul Buddyz and loveLife campaigns, are the four largest national-level communication campaigns. These campaigns have been delivered in different ways, with television and radio being perhaps most effective at reaching a wide audience of diverse language speakers living in both urban and rural areas. For example, the Soul City television series has, since 1994, included topics about relevant health-related issues delivered as a soap opera set in a South African township. The loveLife Campaign also utilised a national mass media component to increase knowledge about HIV and HIV prevention.

The programmes described above are all communication based and have tended to focus more heavily on HIV prevention. They call for young people to use the knowledge they have

gained in order to enact changes in individual-level behaviour, by, for example, delaying sexual debut, using contraception or decreasing one's number of sexual partners. In more recent times, HIV prevention programmes have begun to include elements that address young people's sexual health needs beyond HIV prevention. In general, sexual and reproductive health (SRH) interventions are broader than simply looking at HIV prevention through tackling matters relating to the reproductive system. Examples include research and intervention on partnership dynamics (including the safety and satisfaction in people's sex lives) and reproduction (including how fertility is managed as well as fertility desires). SRH research and intervention tends to include individual-level behaviour change components, but also often takes up broader, structural issues, like gender dynamics. In the section that follows I explore research and interventions with young people that focus on structural-level factors, rather than those that rely almost solely on individual choice and agency.

### *Structural Interventions and Research*

Most interventions with young people rely heavily on an educational component, but more recently increasing attention has been paid to the importance of trying to implement structural interventions to promote sexual health and prevent HIV. These interventions aim to address the structural drivers behind health-related challenges. Such interventions take the view that change towards better health outcomes exists at a broader, structural level, rather than more narrowly at an individual level.

An early set of structural interventions looked at trying to change physical and health-systems infrastructure to offer services and spaces that are youth-friendly. In 2001, the National Adolescent Friendly Clinic Initiative (NAFCI) was initiated in South Africa. This initiative, working in close collaboration with loveLife, was a campaign to increase the number of clinics that could be accredited as accessible and acceptable to adolescents (Dickson-Tetteh, Pettifor, & Moleko, 2001). Although the NAFCI programme sought to address health-systems level challenges for adolescents, these initiatives are difficult to evaluate (Pettifor et al., 2007). The NAFCI had mixed, but generally positive results (Dickson, Ashton, & Smith, 2007; Mathews et al., 2009). Although services that are tailored to the needs of young people are essential, in the South African context there are multiple barriers to accessing such

services that go beyond the quality of the services themselves. This has limited the success of such service-based interventions.

In a large-scale population-based survey, adolescents from Kenya and Zimbabwe were asked to rate which factors, commonly viewed as key to a package of youth-friendly services, were most important to them (Erulkar, Onoka, & Phiri, 2005). It was found that some features commonly assumed to be important in providing youth-friendly care, like youth-only centres or services and peer education were not rated as highly important to youth (Erulkar et al., 2005). In the context of Khayelitsha, some projects exist where services and spaces offered to youth have the potential of positive spin-off effects in the sphere of sexual health and well-being. For example, Violence Prevention Through Urban Upgrading (VPUU) created a “hub space” in the neighbourhood of Harare in Khayelitsha where young people can use the building to access computers and internet in order to complete work for school or university, search for jobs, but also develop business plans to start their own income-generating initiatives.

Gender transformative interventions seek to address gender inequalities. Such interventions seek to address a broader set of contextual dynamics, namely the gendered nature of sexual relationships. The delivery of the content of these interventions tends to be in the form of group discussions or the provision of educational context about gender-based violence, power within intimate relationships as well as information about sexual and health rights to a specific group of people. While it may seem that these interventions seek to change the behaviour of a group of individuals rather than the structures that underpin these challenges, the underlying logic behind these interventions is that it might be possible to challenge prevailing social and gender norms through beginning by changing the outlook of a particular group of people. The SISTAs South Africa Programme, as well as The Stepping Stones Programme both included some elements that could be considered gender transformative (Harrison et al., 2015).

Some structural interventions are less reliant on changing social norms through targeting a group of individuals but instead seek to intervene in the socioeconomic circumstances that

might contribute to poor health outcomes in youth. Interventions that include conditional cash transfers or economic components are increasingly recognised as key components of structural interventions strategies. An example of such an intervention is the Intervention with Microfinance for AIDS and Gender Equity or IMAGE project in South Africa. This was a multicomponent project that aimed to address multiple contributing factors linked to HIV and SRH. It included a gender transformative component in that it sought to address the gendered nature of sexual inequalities through holding group-based community workshops with young people (Pronyk et al., 2008). It also sought to address a second set of structural issues facing young women in particular, namely a lack of economic security and potential reliance on men for financial support. IMAGE partnered with a local microfinance institution in rural South Africa to support women to pursue microenterprises. This project combined workshops on how to manage finance with workshops on HIV and the gendered nature of sexual relationships (including gender-based violence). It aimed to reduce intimate partner violence, increase women's empowerment and improve household well-being (Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008).

Interventions that rely on cash transfers seek to intervene at a structural level as they attempt to address economic challenges, but the terms upon which transfers are based, or the conditionality of transfers, are important to consider. The conditions upon which transfers are made are often based on individual behaviours. For example, some interventions have offered young people cash if they remain free of pregnancy or sexually transmitted infections (de Walque, Dow, Nathan, Medlin, & team, 2010), or remain in school (Baird, Garfein, McIntosh, & Özler, 2012). The value of offering economic incentives to vulnerable young people has been widely recognised, but, as Cluver and Sherr argue, perhaps interventions should move towards universal rather than conditional cash transfers, as it is often those who are most vulnerable who are excluded due to conditionalities like remaining in school (Cluver & Sherr, 2016).

Cluver and colleagues have also explored how social protection can improve HIV outcomes (Cluver et al., 2015). In some contexts, social protection has been too narrowly equated with cash transfers. Cluver et al (2015) argue that social protection is in fact much more expansive in that it can include a combination of cash transfers, parenting support and programmes to

support education, or “cash, care, classroom” protections. A good example of a programme that seeks to offer young women social protection is the DREAMS intervention that started in 2015. DREAMS is a partnership between multiple funders and organisations that have undertaken a multi-country, multilevel intervention that aims to offer girls the opportunity to become Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women. DREAMS offers a core package of evidence-informed approaches that seek to address complex structural challenges in the lives of young women. DREAMS aims to reduce the risk of HIV-infection, poverty, gender inequality and sexual violence and improve levels of education. In order to achieve these goals, DREAMS supports programmes that have been found to have positive outcomes in this population. Under its four main goals to “empower girls and young women, reduce risk in partners, strengthen families and mobilise communities for change” is a wide range of more specific interventions that support various elements of these goals.

### **Towards a more longitudinal understanding of transition**

The majority of public health-based interventions in sexual and reproductive health among young South Africans rely on individual-level behaviour change, with fewer structural interventions. In research, the structural forces that shape peoples lives have been explored. Much of this work is concerned with the social determinants of health, including health inequalities and the ways that ill-health is socially produced (Marmot, 2005; Wilkinson & Marmot, 2003). In South Africa, much of this work has highlighted how gender, race and income shape health outcomes (Chopra et al., 2009; Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). With few exceptions (cf. Hunter, 2010; LeClerc-Madlala, 2009; Mkhwanazi, 2010; Terry-Ann Selikow, Nazeema Ahmed, Alan J Flisher, Catherine Mathews, & Wanjiru Mukoma, 2009), approaches that focus on either individual capacity to change behaviour or the structural factors that over-determine the contexts where young people come of age, tend to essentialise various key concepts, including youth or adolescence, risk factors or risky behaviours, particular health outcomes, as well as the ways that structural factors operate in young people’s lives. Much of the research and interventions with young people tends to adopt a cross-sectional approach, which can only offer a limited

picture of the lives and choices available to young people. This approach is static and does not account for changes over time.

Johnson- Hanks, in her analysis of the ways that demography needs to generate its own theory, also speaks to the value of exploring the interplay between structure and agency (Johnson-Hanks, 2007). It is at this level that I am interested in contributing to an understanding of young people's social negotiation towards adulthood but also their process of balancing individual agency with broader structural factors. Here I aim to offer a longitudinal perspective that pays close attention to this complex interplay. A longitudinal perspective helps us appreciate the dynamic and unpredictable lives of young people, as well as how they attempt to maximize their life chances (Dahrendorf, 1979). In the section that follows I explore the work of two theorists, Alcinda Honwana and Jennifer Johnson-Hanks, in more detail. Both theorists, who develop ideas related to waithood and vital conjunctures respectively, offer a useful theoretical framing to explore the ways that young people engage in social navigation towards adulthood, but also how they negotiate particular periods in their lives during which the future is particularly uncertain.

### *On Waithood*

The first theoretical framework that has proved useful in my thinking about youth in Town Two comes from Alcinda Honwana. Honwana (2012) argues that the majority of youth, particularly those living in Africa, are living in a state of waithood. Because historical markers of adulthood, including achieving financial independence, marriage and leaving the parental home, are increasingly unavailable to youth in Africa, they find themselves trapped in the liminal position of waithood between childhood and adulthood. She draws on the work of Singerman (2007) and Dhillon and Yousef (2007), whose work looks at the meaning of delayed marriage and the failure to leave the parental home as central to waithood. Honwana explains, using primarily qualitative data from South Africa, Senegal, Mozambique, Tunisia, the United Kingdom and the United States, that waithood has become an increasingly pervasive and permanent state, particularly for African youth, and that it has come to replace conventional notions of adulthood. Youth in waithood in Africa find themselves struggling to

achieve social adulthood: to be healthy, access a decent education, find work, create their own families and contribute to society as full citizens.

For youth in waithood, making a series of desirable life course transitions is often impossible. For example, while many may wish to get married or leave the parental home, these young people may never be independently financially stable enough to do so. Waithood does not imply that it is the fault of individuals that particular life course transitions have not been possible to achieve. Instead, youth in waithood are a product of the widespread and painful implications of failed international neoliberal policies that have led to significant socioeconomic insecurities for young people in Africa (Banaji, 2008; Sukarieh & Tannock, 2002). Poor governance, structural adjustment programmes, poor economic policies, weak education systems and limited opportunities for adequate jobs are but some of the continuing challenges that contribute to youths' waithood (Manji, 2012).

These challenges have deep and complex historical and political roots. Increased inequality is one of the forces that produces and perpetuates waithood within Africa but also globally. In an increasingly globalized world, the painful distances between the “haves” and the “have-nots” become evermore visible (Cole & Durham, 2007, 2008). Thus, globally, youth struggle with the unrealized promises of modernity. They have greater access to information through mass media, which contributes to their growing expectations of what might be possible in their lives. As images of fancy cars, mansions and ideal men, women and families circulate widely, youth find themselves caught in a painfully ironic position: the more access they have to modern technologies and ideals, the more they aspire for in their lives, but at the same time, opportunities to access such forms of wealth are rapidly diminishing for the majority of young people (Honwana, 2012; Johnson-Hanks, 2005). Although this inequality is not confined to the African continent, Honwana highlights the ways that African youth are exemplars of the global failures of neoliberalism.

Although the term waithood invokes an image of these young people being “stuck” (cf. Sommers, 2012) in a passive state without the capacity to effect change in their lives, Honwana (2012) argues that this is not the case. Youth are creative social agents, navigating

the multiple life trajectories that they may choose, or be forced to pursue. They lead “precarious and improvised lives”, in which their choices and decisions reflect their agency and capacity to adapt to their uncertain and ever-changing circumstances, that are characterised by a series of significant structural limitations. Traditional family structures are shifting, marriage rates are declining and sex and sexuality have become increasingly commodified. In this changing context, young men and women are shaping and reshaping their gendered identities in intimate spaces. Youth are refashioning what could be considered acceptable behaviour within the context of intimate relationships (Leclerc-Madlala, 2003, 2009; Selikow, Zulu, & Cedra, 2002). For example, many young men and women in waithood engage with “sugar mamas” or “sugar daddies”. Some have multiple sexual partnerships, based on the exchange of affection but also material, often economic, resources (Leclerc-Madlala, 2003; Masvawure, 2010; Shefer, Clowes, & Vergnani, 2012).

In addition to the ways that young people are transforming their identities in intimate spaces, they are also forced to navigate trying socioeconomic circumstances by using innovative strategies. Youth find ways to get by or eke out a living by engaging in informal (and sometimes illegal) labour markets, cross-border movement and challenging, in small and insistent ways, the socioeconomic systems that appear not to be able to support them. Youth in waithood thus create opportunities and spaces of survival for themselves, in which they have their own forms of informal enforcement, codes of behaviour, values and norms (Honwana, 2012).

In addition to these adaptive and creative strategies employed, waithood has the power to be transformative. Honwana (2012) explores this transformative dimension of waithood in relation to youth uprisings. Given their positions of terminal insecurity associated with being in waithood, youth are finding creative ways to negotiate their citizenship and sense of belonging. Although youth are often thought to be apolitical or politically apathetic, Honwana (2012) argues that youth are finding new ways to fashion political engagement. Part of this resistance comes in the form of social movements in which youth, through mass mobilisation, attempt to engage with the state differently. As youth of the waithood generation, many social and economic opportunities to better their lives are closed down. Youth use this condition as justification to mobilise, resist and challenge the state in attempt

to have their needs met. It is these newer forms of engagement that have also contributed to young people's self-identification, and collectively, a more distinctive sense of a "generational identity" (Honwana, 2012, p. 166).

Honwana's work makes a valuable contribution to our understanding of how, given the uncertainty that is characteristic of their lives, youth are taking risks, being innovative and reshaping the norms and social signifiers of adulthood. The waithood generation is thus redefining what it might mean to be an adult, rather than simply challenging ideas of what it means to be young. Although this is not an entirely historically distinctive process, rapid globalization has deepened and intensified global inequalities in ways that are more visible today than they may have been for generations gone by.

Although Honwana's use of ethnographic examples from a range of different country contexts is useful, presenting the data in this way does mean that the level of detail is compromised. By focusing on one ethnographic case, I will have the opportunity to present data that speaks to the multidimensional nature of waithood as it plays out in a single context. The analytical term waithood also perhaps attempts to do too much. This term attempts to name two processes simultaneously. The first use of the term waithood describes a socio-structural *position* where youth in Africa are often located. Youth in Africa thus find themselves in waithood. The second use of the term waithood attempts to describe a *process* or set of processes in which youth participate that exemplify their creativity, agency and dynamism. Youth mobilise their waithood to challenge the state, for example. These two mobilisations of the term point to a temporal tension or contradiction: waithood-as-position depicts youth as trapped in the present, while waithood-as-process points to the ways youth constantly attempt to navigate towards the future.

In the context of my work, I make use of the term waithood to point to youth's position. In order to describe the processes associated with decision-making and navigating through life, I have found Jennifer Johnson-Hanks' vital conjunctures and judicious opportunism more useful. I explore these two concepts in more detail below.

### *On Vital Conjunctions and Judicious Opportunism*

Jennifer Johnson-Hanks offers a nuanced description of how youth enact change and play with agency within contexts of waithood. Using a combination of ethnographic and demographic methods, Johnson-Hanks challenges demographic understandings of life stages by exploring Beti women's fertility and education in Cameroon (Johnson-Hanks, 2002b, 2006). She explains the limits of understanding life stages that contribute to the life cycle as a coherent set of ordered events. She challenges three common assumptions that we have in relation to such life stages: first that they are universal, second that these life stages occur in a particular order and finally that each stage contains a particular set of attributes that are internally consistent and constituent with the life stages of others. Life events, she argues, are varied in their "timing and pacing, but also in their order and synchronization" (2002b, p. 897).

For example, it is commonly assumed that people move through an ordered set of life events that often follow the pattern of getting an education (through schooling and possibly university), finding work, getting married, leaving the parental home and then having children. In her ethnographic work with young women in Cameroon, she explains that young women might have a child while at school, leave school temporarily, but then return after some time. Children are sometimes left in the care of other relatives, which means that while a young woman may have become a mother through having a child, her social role may not reflect her having given birth to a child if she has returned to school. In this reading, transitioning through different life stages is also reversible. Her work, like that of many other scholars, highlights the fluidity and dynamism in moving through and between life stages, and problematises the social categories of childhood, youth and adulthood (Durham, 2000; Hansen, 2008).

Johnson-Hanks develops a theory of vital conjuncture as an alternative to thinking about life stages in a narrow and linear fashion. She brings together the term vital from demographic events and Bourdieu's conceptualization of the conjuncture between structure and action (Bourdieu, 1977). From the perspective of demographers, vital events are often narrowly

considered to include only major life events including births, deaths and marriages. Johnson-Hanks explains that a vital conjuncture could include any life event when a great deal is at stake for an individual. An example of a vital conjuncture might be the time during which someone has submitted a job application but does not know the outcome. It is in situations like this, that anticipation rather than event comes to the fore. Vital conjunctures are not discrete events, but are instead periods characterised by the experience of extreme uncertainty. Will I get the job? When will I hear about it? Once the news of the outcome of the job application is received, there are still more questions: How will I manage the additional income associated with my work? How will spending more time in my job reconfigure relationships with people with whom I usually spend time during the day? Unlike instantaneous events, vital conjunctures, like this one, have multiple timeframes and outcomes, with the potential for radical transformation.

She also explores the ways that people use judicious opportunism during periods of uncertainty (Johnson-Hanks, 2005). In these periods, people employ judicious opportunism in an attempt to achieve the most desirable ends available, rather than seeking out a specific, predetermined outcome. People use judicious opportunism to make and remake “contingency plans” (Bledsoe & Banja, 2002) using the resources immediately available to them. This improvisational technique is employed to maximize the chances of positive outcomes. They employ strategies, tactics and agency in order to achieve the most desirable outcomes available. As Wagner-Pacifci (2000), cited in Johnson-Hanks (2006, p.231) explains “while we normally associate contingency with fluidity, I need to conjure up a different image of it, an image more bumpy and prone to stops and starts, both frozen and leaking at the same time”.

Vital conjunctures are not simple junctions or crossroads at which people are forced to choose a path. Instead, they represent periods of time where what may have been the taken-for-granted ideas of the future are challenged or eliminated. Young people might hope, or even expect that they will finish school, find work, leave the parental home and have children in the context of their adult, married lives. Through her work on fertility and the social category of “motherhood”, Johnson-Hanks (2006) highlights the ways that vital conjunctures, like processes associated with navigating fertility, mark intersections between structured

expectations and uncertain futures, and act as the intermediate between social structures and individual events. They are thus dual in character as they display both “systematicity” and simultaneously the unique possibility for future orientation.

For these young people, part of the challenge of navigating periods of vital conjuncture is that horizons of possibility are widening as concrete opportunities diminish. The concept of vital conjunctures adds to our understanding of the experiences and trajectories of young people, as they are uncertain, unpredictable and often unforeseen. This is perhaps most relevant in the African context, where many young people find themselves in waithood. Their opportunities for education, employment and leading full and independent lives are compromised by their socioeconomic and structural circumstances. If a teenage girl is to have a child, what the future holds is uncertain and full of questions. How will I care for the child? What role will others play in the care of the child? How will having a child change the way that I spend my day? While grappling with these questions, having had a child in the context of economic insecurity would also make achieving other things difficult, if not impossible. How will I complete school if I have a child? How will I manage to find work that can support me as well as my family? Living in conditions of such uncertainty, people are forced to revise their plans both rapidly and radically, and make “contingency plans” (Bledsoe & Banja, 2002).

In contrast to the pervasiveness of waithood, vital conjunctures point to periods in space and time where more than usual is at stake, and the future seems even more uncertain. The ways that young people experience what are sometimes contradictions in temporality is central to this thesis. On the one hand, young people in waithood experience what feels like a chronic and interminable state of not being able to radically change their life circumstances or trajectories. On the other hand, during times of vital conjuncture, multiple avenues of possibility, some of which are visible and others of which are unknowable, present themselves. Navigating this temporal landscape, characterised by both chronicity and immediacy, is central to the work presented here.

It is not time in the absolute sense that is at issue, but rather the importance of recognizing “contingent social timing” and how that affects the ways that social actors are read in social

situations. She explores the timing of women's fertility as it relates to their honour, or dignity and respectability. Thus, instead of calling pregnancies "wanted" or "unwanted", Johnson-Hanks describes them in temporal terms as "mistimed" or "unforeseen" (2006, p.196).

## **Coming of Age in Town Two**

Both waithood and vital conjunctures are useful frameworks for exploring young lives in Town Two. The concept of waithood is useful in naming the particular liminal, yet increasingly fixed state in which young people in South Africa find themselves. In this state, young people are never able to make seamless transitions to ideal forms of masculinity or femininity in their complete adult forms. The term implies that there is no resolution for young people in this state; they are never able to achieve all that they hope to in relation to accessing education, employment or housing, and thus struggle to navigate the transition to becoming adults. South Africa's historical position is in many ways mirrored by this imperfect moment in young people's life course: a country striving for and yet continuously faltering in its attempts to actualize the freedoms and human rights of its citizens.

It is also important to recognise the ways that in response to their situations of waithood, young people have catalysed new forms of identity and practice. In the context of Town Two, young men and women have found new ways to fashion their gender identities and sexual partnerships. Their situation of waithood does not leave them completely stuck, nor do they act solely in response to feeling immobilised by their circumstances at different times. Instead, they are constantly navigating towards what could be the best possible outcomes for them in their situations. They act in ways to create, defend and maximise precarious gains towards the transition to adulthood.

While descriptive, waithood is simultaneously insufficient to describe the position of young people in South Africa. Waithood implies that young people can never achieve the transition to adulthood, and thus that they may never experience resolution in their striving towards adulthood, or forms of masculinity and femininity regarded as indivisually and soically

legitimate. While resolutions may always be partial and transient, they are achievable in young lives. Young people's efforts and attempts towards making this transition are nonetheless salient and have a significant impact on their lives, both in the immediate sense, but also shape what might be possible in future.

As explained above, Honwana (2012) does attempt to highlight the ways that waithood is a force employed by young people in their attempt to navigate their challenging circumstances, but beyond giving a series of interesting examples in different contexts, she does not explain exactly how situations lead people to make the decisions that they do, in time and space. Conversely, Johnson-Hanks, using her theory of vital conjunctures, takes Honwana's theorization around the nature of young people's frozen position a step further, to explore the ways that decisions get made and future paths get opened and closed, in contexts of uncertainty.

Judicious opportunism offers a framework through which to think about the ways that people make decisions in contexts where it is often unclear what the outcomes of their decisions might be. Thus young people are not putting into action "prior intentions", although they certainly have hopes for what their futures may look like (2005, p.365). Instead, we see young people's "intentions in action" in the ways that they make try to act to bring about what they hope will lead to the best outcomes for them. Johnson-Hanks thus builds on Honwana's notion of waithood to show exactly how the processes of action and intention intersect in a context of uncertainty, and waithood.

In the main findings chapters of this thesis, I explore the ways that young people in Town Two are simultaneously grappling with living in a situation characterised by indeterminacy – waithood, the unstructured time of endless days and minimal opportunities to radically change their contexts or future prospects, but also immediacy – where life is consistently uncertain and precarious, and decisions and strategies to maximize gains need to be considered and reconsidered in relation to fragile socioeconomic contexts.

This thesis makes a contribution that is threefold. Firstly, it makes an empirical contribution to understandings of how young people in the context of Town Two attempt to transition to adulthood. It aims to offer a rich and nuanced exploration of how a group of young people navigate the uncertainties that characterise their daily lives, and make decisions that they hope will bring about the best outcomes for them. It looks at how the products of this decision-making contribute to the refashioning of gender identity and sexual partnerships. This study offers a deeply context-specific and longitudinal approach to understanding waitthood rather than a more comparative approach employed by Honwana (2012). Secondly, this thesis offers a theoretical contribution as it tries to capture the experiences of young people in this context. Building on the works of Honwana, Johnson-Hanks and others, it attempts to capture the ways that young people grapple with decision-making in the context of uncertainty, within the domains of gender identity and sexual relationships. Finally, this thesis tries to uncover some of the implications of this area of research for the field of public health policy and practice.

## Chapter Three: Methods

This thesis draws on my familiarity with the neighbourhood of Town Two that has grown and deepened over the past seven years. I began engaging in ethnographic fieldwork in the area in November 2009, when Chris Colvin (the primary supervisor of this dissertation) introduced me to Monwa. At the time, we were involved in a research project about community health workers and networks of care. Since then, I and colleagues from the University of Cape Town have worked on a range of projects connected to the Town Two community. In this chapter, I offer more detail about the setting of this research and the people with whom I worked. I explain the ways I collected and analysed data and discuss some key ethical considerations.

Below are the fieldnotes that I wrote on 5 November 2009. It was the first time that I had revisited Khayelitsha since my Honours degree research, which I completed at the end of 2008. These fieldnotes point to many of the challenges faced by those living in Khayelitsha that I came to better understand as time progressed. The challenges include inadequate access to housing and poor levels of delivery of basic services that led to service delivery protests, predominantly taking place in the late 2000s (Alexander, 2010). The income poverty that characterises people's lives was also clear, as was the response of community members who sought to respond through running soup kitchens to feed community members without food. The ways that members of the older generation, like Monwa, spoke about "the youth" were also evident. On a microcosmic level, these fieldnotes speak to who Monwa is within his community: a hub that connects and supports many different people in his community. Over the years, I have learned that the things that challenged him in 2009 continue to surface intermittently including the seemingly perpetual need for a new PA system to use for church services and other community events, like those for Youth Day described in the opening pages of this thesis. These notes also highlighted some of the challenges I felt and continue to feel as a White South African researcher of notable privilege in comparison to the people with whom I have spent time in Town Two.

## **Coming to Town Two: Fieldnotes from 5 November 2009**

I was struck again by things that had struck me when I first went there: the rubbish littered around the streets, and the children playing in and around it, the houses fashioned out of bits of corrugated iron, wooden sheets and planks of wood nailed haphazardly together. I was trying to concentrate on where we were going but by the time we reached Monwa's house, I was reminded of how easily one can get lost in the narrow township streets that are hidden from the highway. I was also reminded of how invisible those spaces are from view: too many people live in Cape Town who will never see places like Khayelitsha, where others live, work and move. Khayelitsha is too often just an image in people's minds rather than a real place.

Monwa's house is painted yellow, and stands on the corner of a dogleg in a street in Town Two. We were greeted by his children, a young girl (four or five years old at the time) and a boy of about 12 years old. They played in the street with children with evidence of the food they had eaten still on their faces. Chris and I tried to engage with them in Xhosa as best we could. I felt anxious about the newness of the situation, and afraid of all of the unfamiliarity around me.

Monwa had not arrived home yet to meet with us, but after a short while he arrived and invited us inside. We sat around his dining room table, and started chatting. I was thinking about what I should be writing down, and what I should be taking special note of in my surroundings. Monwa chatted to Chris about the church, and the need for a new PA system. He handed Chris a quote to get a new PA—it seemed like a lot of money. Then there was talk about a recording that the church choir needed Chris's technological support to do. Four of the choir members came to sing to us. I thought their performance was great, but it made me a bit uncomfortable to be performed for. It also made me think about the often unequal power relations between potential informants and researchers.

Monwa told us that more and more people were using *tik* in the area, and that it was a big problem amongst the youth. I realised that I have had a very racialised idea of who does and does not use *tik*. I had always thought that *tik* was predominantly used in the Coloured rather than Black population.

Monwa's wife Nokubonga arrived home during our conversation. When she got there, we all piled into the car to go to an area called "Lloyd". It was interesting to hear from Monwa that the name "Lloyd" actually comes from "Lord" rather than the boy's name. On the way, sitting in the back seat with Nokubonga, with Chris and Monwa in the front seats, she started talking about service delivery protests. She said that the road we were driving on is often closed when the people are protesting. She said that the people are silly because they are angry and say, "Their place is a mess" and that it is unhealthy, but then they "take their buckets [of excrement] and throw it in the streets". She and Monwa also both pointed out that TB rates have increased since this protesting.

We continued driving and I was surprised when the turn off we needed to make required us to mount the curb, and follow a sandy pathway of a street into the settlement. We wound our way around. I was surprised by how well Chris seemed to remember his way around the place. We eventually stopped outside a small shack and were invited inside. Three women sat around a low table. One woman peeled carrots with a knife, one chopped onions, and another chopped potatoes. There was a bowl of aging green peppers on the table. The pieces of chopped carrot and potato each went into separate bowls of water. The onions were put in their own bowl. One woman, with a fat baby on her hip, told us that they run the soup kitchen to feed the people who are sick. She said that they feed many, many people, and often have to turn people away because they do not have enough soup to give to everyone. I thought about how that may be linked to people's ideas about the effectiveness of Dr Rath's medicines, and the need to take medicines with food. Is that why they were trying to feed people? Or was it just because they knew that people who are sick need food in order to get better?

There were a couple of children running around the shack, and one looked as if she may have Foetal Alcohol syndrome. Her eyes were very large, and slanted downwards at the outer

corners. Being there made me think about how I perceive health and illness. When Monwa's wife gave a crying toddler a toffee to eat, I worried that eating the sweet would rot her little teeth or make her choke. I also looked at the baby that the woman who spoke earlier was holding, and worried about how fat the baby was. I wondered whether the baby was being fed too much *pap* (maize porridge).

Even this first visit gave me a lot to think about with respect to care and community care networks: mothers caring for children, women starting up a soup kitchen to care for sick people, Monwa caring for people's spiritual needs in his church, and Chris caring for Monwa's church and the organisation's needs. I realised that I needed to think very hard about how to repay these people for allowing me to do research there with them, and worried that I had not done enough when I had done fieldwork there before.

\*\*\*\*

Rereading these fieldnotes in 2017, I am aware of how much I have learned and shared with people in Town Two. I am also struck by how much has changed, but also by how much has stayed the same. In 2009 it seemed that there was much more immediate concern over how people like Dr Mathias Rath, a German pharmacist who encouraged HIV-positive people to buy the "vitamins" he sold instead of taking ART (cf. Leclerc-Madlala, 2005), whereas today, ART is widely available in the public sector and is much more accepted as appropriate treatment for HIV. On the other hand, many challenges I described in 2009 continue to characterise the lives of people living in Town Two, and have historical origins that expand far beyond my seven-year relationship with the area. In the section that follows I offer some information about the setting of Town Two, Khayelitsha.

## **Life in Town Two: key demographic information**

Cape Town has one of the highest levels of inequality in the world (McDonald, 2012), for which Khayelitsha serves as a painful symbol. In 1983, the apartheid government first erected a cluster of government housing structures on undesirable land where the growing Black African population could be settled (Cook, 1986). Here Black Africans could be a ready source of labour for the White population but not encroach on the land and services protected for Whites. By the mid-1990s, in-migration from older neighbouring townships and elsewhere in the country had increased Khayelitsha's population significantly. Today approximately 392 000 people, or 10% of the total population of Cape Town live in the highly-dense settlement of Khayelitsha, where there are 10,120 people per square kilometre (StatsSA, 2011).

It is, however, difficult to estimate the population in Khayelitsha due to migration predominantly into rather than out of the area. According to StatsSA's the mid-year report in 2016, between 2011 and 2016, 247,437 people migrated out of the Eastern Cape and settled mostly in the Western Cape, or in Gauteng (StatsSA, 2016). The majority of people living in Khayelitsha are originally from the Eastern Cape (O'Regan, 2014; Pikoli, 2014). According to the 2011 census, 98.6% of the population are Black African and 90.5 % speak isiXhosa (StatsSA, 2011).

With the rapid growth in Khayelitsha came increased internal variation: some areas have government-provided formal, brick housing, while the majority live in informal, shack dwellings (StatsSA, 2011). Access to other basic services is also limited in Khayelitsha as only 34.6% have piped water inside their houses and only 71.7% have access to a flushing toilet connected to sewerage (StatsSA, 2011). Mast lighting is present in most areas, although residents commonly complain that this lighting is not functional (O'Regan, 2014). Most people (80.8%), even those living in shacks, have access to electricity but often not much else by way of basic services. While the post-apartheid government has made much progress in relation to improving access to basic services, there is still a great deal to be done to address the challenges faced by those living in Khayelitsha.

Khayelitsha is also the most income-poor part of Cape Town, with a median household income of just R20,000 (about 1500 USD) per annum, compared to R40,000 per annum in the greater Cape Town area (O'Regan, 2014). Although Khayelitsha is much more income poor when compared to annual income across the rest of Cape Town, income in the Eastern Cape province is on average lower than it is in Western Cape. Thus, despite the fact that income in Khayelitsha remains low, economic migrancy from the Eastern Cape persists. In 2011, about a quarter of the population in Khayelitsha was between 15-24 years of age, many of whom lived in multigenerational households (StatsSA, 2013). Parents, grandparents or other older relatives often support these young people, either through sharing the modest income they have secured through work or through sharing money they have received in the form of a government social grant. The old age pension, given to people over the age 60, is the most common grant, which is approximately R1,200 (about 90 USD) per month. Child Support Grants of about R380 (about 29 USD) per child under the age of 18 years are also common. In 2011, approximately 74% of households in Khayelitsha lived on a monthly income of R3,200 (about 244 USD) or less, with an average of 3.3 persons per household (StatsSA, 2013).

While about half of adults in Khayelitsha have received some secondary schooling, only one third over 20 years of age had completed Grade 12 or higher (StatsSA, 2013). Low levels of education and considerable income poverty have meant that young Khayelitsha residents have little hope of ever accessing gainful employment. In 2011, only 62% of people aged 15-64 years in Khayelitsha were formally employed and while many young people persistent in their attempts to find work, it is often insecure and low-paid. A significant proportion of those who are unemployed would be considered as youth.

Town Two is located in Ward 97. In 2016, the “Western Cape Youth Explorer”, a web-based tool that offers detailed demographic information down to the Ward level, was launched. The tool was developed in partnership with the University of Cape Town’s Poverty and Inequality Initiative (PII), Western Cape government, City of Cape Town, Statistics South Africa and Code for Africa. The data is drawn from the 2011 Census, South African Police (SAPS) data 2006-2015, Western Cape Education Department 2005-2016 and Western Cape Health Department Data 2005-2016. According to Youth Explorer, 22.6% of people were between

the ages of 15 and 24 years (25% higher than the Western Cape average), 47.3% have completed high school between the ages of 20 and 24 years but the average mean score for language and mathematics is 30.8%. The matric pass rate was 63.4% but the drop-out rate was 39.7% between Grade 10 and matric. Youth unemployment in the area is 66.7% which is 1.5 times the average in the rest of the Western Cape.

The greater Khayelitsha area has the poorest health outcomes in the Western Cape province (Groenewald et al., 2010). For the majority of people living in Khayelitsha, the only health services available are those that can be accessed freely in the public sector. These services are typically overburdened and under-resourced (Mayosi & Benatar, 2014). Health care within the public sector is most often entirely free and of good clinical quality, but waiting times are notoriously long. The health service provision is often negatively affected by human resource and infrastructural constraints. HIV and TB remain the leading causes of morbidity and mortality in young people in Khayelitsha, with violence and injury as a significant additional contributor for young men (StatsSA, 2015). Khayelitsha has also remained the area in Cape Town with the highest HIV prevalence by a significant margin (Shaikh et al., 2006). Antenatal HIV prevalence was estimated at 33% in 2011 (MSF, 2011) while HIV prevalence in young men was estimated at 8% (Pikoli, 2014). Although rates of teenage pregnancy have declined over the past 20 years, it remains a significant concern in South Africa (Ardington et al., 2012). Teenage or early pregnancy is associated with a series of negative outcomes, including an increased risk of maternal health problems, decreased economic opportunities and poorer educational outcomes linked to exclusion from and discrimination at schools (Grant & Hallman, 2008).

Crime rates are significantly higher in Khayelitsha than the Western Cape averages. A significant proportion of young people are involved in “contact crimes” each year, which include murder, all forms of sexual crimes, attempted murder, assault with intent to do grievous bodily harm, common assault, common robbery and common robbery with aggravating circumstances. There are clear historical reasons that underpin the nature of crimes committed in Khayelitsha, as well as how they are managed. There are only three police stations in the Khayelitsha. They struggle to manage the number of crimes that occur in the area (Pikoli, 2014). In August 2012, the Western Cape Premier Helen Zille launched

the Khayelitsha Commission of Inquiry into Policing to investigate the inefficiencies in policing and break down in the relationship between the South African Police Service (SAPS) and the Khayelitsha community (Pikoli, 2014). In more recent times, reports of “mob justice” attacks have increased. In these situations, community members identify perpetrators of crimes and take it upon themselves to punish these individuals. Such punishment often includes inflicting grievous bodily harm to those identified as perpetrators, but punishment can also include taking stolen goods back or banishing criminals from the area (Forgus, Delva, Hauptfleisch, Govender, & Blitz, 2014; Super, 2016).

### **Key characters and relationships**

When I met Monwa, he lived in Town Two with his wife Nokubonga and their three children, Bonga (born in 1999), Nwabisa (born in 2003) and Khazimla (born in 2007). During the years that I have known him, the configuration of Monwa’s family has shifted many times. In addition to taking in various family members and young people at different times over the years, birth and death have also been sources of radical change. On the 6<sup>th</sup> August 2014, after a complicated pregnancy, their fourth child, a daughter called Khanam was born. Shortly after her birth, Nokubonga died of a sudden heart attack on the 4<sup>th</sup> of December of the same year. Her death was an earthquake that continues to shake Monwa, his family and all of those who knew her.

Monwa had been an active anti-apartheid activist and is still greeted as “General” by community members who knew him during the time of his military involvement in the 1980s. In addition to running his small church that has a congregation of about 40 people, Monwa also supports a series of other community-based activities including many that focus on youth. He has worked with young people in a range of capacities, from supporting the small church choir and youth group, to planning events and activities for young people, often taking on a parental role. Monwa acted as an initial point of connection for me within the site of Town Two, but as time passed, my relationships with young people and others who I met through them, grew and deepened into relationships independent of him and his family. I was

careful in managing these relationships and particularly aware of the nature of scrutiny some young people either felt or expected from Monwa as a community leader and pastor.

The data presented in this thesis centres on the lives and experiences of many young people, but is also anchored by the lives and experiences of five young people. Each of the four chapters that follow begins with a more detailed account of a young life in Town Two. In the Introduction, I wrote about **Thulani**, who is the son of my homestay mother with whom I lived for a few days each month between November 2014 and April 2015. He is still difficult to pin down and when I see him in the streets, I can tell that he is high. According to his mother and other community members, he is well and continues to push trolleys at the local Price Chain every now and then.

**Siyabonga**, introduced at the start of Chapter Four that follows, spent about two years living with Monwa and Nokubonga between 2012 and 2013, until he moved to New Crossroads where he lives with a man who he calls his “brother”. He has applied to be a fire fighter with the City of Cape Town.

**Amanda**, who is introduced at the start of Chapter Five, has lived in many places with different partners over the years, including Langa and Goodwood (two suburbs within half an hour’s drive from Town Two). She currently lives with Snowy, her paternal aunt but maternal figure, her brother Uno and her three-year-old daughter around the corner from Monwa’s house.

**Luphelo**, who is introduced at the start of Chapter Six, lives with his mother who works at Pick n Pay (a local supermarket store). She supports Luphelo, his older brother and his girlfriend, as well as their child. Luphelo has had several short-term jobs over the years.

**Zabi**, who is introduced in more detail in Chapter Seven, lives with her mother, grandmother, daughter and three sisters in the house next door to Monwa. There is frequent and fluid

movement of children and family members between her house, owned by her aging grandmother, and Monwa's house. After dropping out of school when she was 15, last year, at the age of 20, I helped Zabi to negotiate what seemed like endless bureaucracy to enrol in Adult Basic Education and Training (ABET) so that she could complete her schooling. Although her studies are challenging, she is adamant she will finish. She talks about wanting to be nurse one day.

## **Data Collection methods**

Much of the strength of ethnographic work lies in the extended time spent in the field. While I have been conducting research in Town Two and thus building interpretations and understandings over for many years, the primary period of data collection for this thesis took place over a period between the middle of 2014 and early 2016. During this time, I spent some more intensive periods of time in the field, while at other times I would only visit Town Two about once a week. Through spending more and less intensive periods in the field, I was able to cycle back and forth between participating in the daily lives of people in Town Two, and writing and reflecting away from the field. This approach allowed me to refine my thinking, and to bring emerging interpretations back to people in field to discuss. Intensive fieldwork periods included the time that I spent living with Mambele between November 2014 and April 2015. There were also other periods when I would spend everyday in Town Two, often from the morning until late afternoon. Another period of intensive fieldwork took place in October 2015 when I travelled to the Eastern Cape with Monwa, his youngest daughter Khanam, Zabi, Zabi's daughter Khayone and Stephen, a visiting anthropology student from Berkeley. We flew to East London where we rented cars and drove to Queenstown where Monwa's mother, sisters and extended family live. We also drove to Tarkastad where we met with Zabi's extended family. The trip to the Eastern Cape offered me an opportunity to explore first hand the meaning of the connections between Khayelitsha and the Eastern Cape. Many people, including Monwa, who have lived in Khayelitsha for many years still think of the Eastern Cape as home.

The most important instrument for data collection in long-term ethnographic research is participant-observation. Through spending mainly unstructured time with young people in Town Two, I gained detailed, nuanced insight into the lived day-to-day experiences, practices, feelings, thoughts, and interactions of this group of people. While in the field I participated in the activities that they engaged in, including caring for children, walking around Town Two, visiting friends, hanging out on the street, making trips to the nearby shops and occasionally driving to Monwabisi beach to swim on very hot days. The bulk of the data presented in this thesis is based on extensive fieldnotes I wrote at the end of each day. These fieldnotes were supplemented by any notes I jotted down while in the field. Some of the conversations I engaged in were more topic-driven, especially as I began to refine my thinking about particular subjects that I wanted to better understand. Each of the content chapters was born out of a series of initial observations and conversations, which I then discussed with young people more directly. Group conversations, rather than formal or structured focus group discussions became another important source of data. It was during such conversations, when I chatted informally with groups of young people that I learned a great deal about how they interacted with one another. In addition to my conversations with young people in person, I also recorded many of the texts, WhatsApp messages and Facebook posts they made during the fieldwork period. I often read the local newspaper called *Vukani* as well relevant policy documents and NGO publications to assist me in my understanding of these young lives.

In relation to data collection, language is important to mention. Although I have spent more than ten years learning to speak Xhosa, I am not a fluent speaker. I can understand conversations that go on around me and respond to people in Xhosa but my limited language skills have meant that I may have missed key nuances in the ways that people speak about various things. Depending on people's level of comfort in speaking English, I often had conversations in a combination of English and Xhosa. In the context of this work, using a translator would have been inappropriate, but when there were Xhosa phrases that I did not understand, I was always able to ask someone to explain what was said in English for me.

## **Data Analysis**

The process of analysing the data for this work was ongoing and iterative. As I wrote up fieldnotes and summaries of conversations I made observations and initial interpretations of the data that I discussed with people in the field. I also asked for people's input and clarification about things that were initially unclear or confusing to me. This process allowed me to adjust and refine my study's content and design. By involving study participants in this process, important themes were identified early and the process of ongoing data collection was guided and supported by participants themselves.

The process of data analysis was thus very closely linked to the process of data collection. The process of analysing what I learned in the field is what guided the process of data collection and vice versa. The longitudinal approach to this work allowed me to triangulate findings and interpretations that changed and developed over time. I was careful to examine emerging interpretations as well as contradictory findings during the course of the research process as a way to guide the project. In addition to discussing my initial findings and interpretations with people in the field, I also spent time talking to Chris Colvin and other colleagues who have worked in Town Two to get their sense of what I was understanding from my fieldwork.

## **Ethical considerations**

Ethical approval for this research was granted by the University of Cape Town's Faculty of Health Sciences Human Research Ethics Committee in September 2014 (HREC Ref: 626/2014). Here I explore some of the ethical considerations that have shaped and informed this work beyond this institutional procedure. Working in Town Two where the majority of people live in poverty has meant that I have needed to be particularly aware of and sensitive to my relative socioeconomic privilege. My life experiences have been dramatically different from those of the people with whom I spent time in Town Two. One of the ways of addressing this challenge has been for me to, where appropriate, allow people access to some of the resources that I have access to, including my car, my cellphone (at times) and food. I would often arrive in Town Two and make a stop at the shops to buy food for lunch, fruit for children or cold drinks on hot days. I never ate in front of people in the field without sharing

my food. I have also spent many hours driving people around Khayelitsha running errands and visiting people.

In the context of my relationships with people from Town Two, it would have been inappropriate for me to offer them direct compensation for their participation in this research. The relationships I have built are based on reciprocity and a sensitivity to the need for the ways that I engage with people to be sustainable in the long term. My ongoing presence in the field has helped to mitigate some of the challenges of difference and privilege in the field, but of course could not be fully eliminated for all participants all of the time. Where possible and appropriate, I found ways to assist people with things that they have needed. Examples of this include helping Zabi to register for her schooling and paying for the fees and transport costs, visiting the Department of Home Affairs with Siyabonga to get his ID book, setting up counselling sessions at local non-governmental organisations for some young people and helping Lumphelo to get his teeth fixed. In the chapters that follow, I will return to the importance of getting an ID book in South Africa, as well as what fixing Lumphelo's teeth entailed.

Some of the content in this thesis could be seen as deeply personal in nature. In the majority of my conversations in the field, I allowed people to direct them. It was only after extended periods of time, once I had more knowledge and understanding of various topics, that I felt it appropriate to discuss particular sensitive topics with people. In general, I found that they were open to speaking to me during my visits to Town Two, but also over the phone. Whenever significant events happen in certain young people's lives, they call me to tell me about them.

The process of getting consent for participation in this research was verbal and ongoing. I often spoke to people about my PhD, my role as a researcher in Khayelitsha and my work at the University of Cape Town. I also periodically raised questions of consent with participants in order to ensure that they were still aware of my research and to check that they still felt comfortable to participate. For the most part, when I had such conversations, people were encouraging of my studies and keen to support my work in whatever ways that they could.

In the context of long-term, ethnographic work, anonymity is sometimes difficult to ensure. Confidentiality is of course easier to uphold and things that participants told me have been kept confidential. With the core participants in this work, I have had a series of conversations about this. I have explained that my PhD thesis, as well as other academic publications, will be made available both through the UCT library as well as more widely. I discussed with each of them how they wanted to be identified in this thesis. Some, including Monwa, were clear that they wanted me to use their names in this thesis. Others chose pseudonyms but were also made aware that given that some participants chose to be identified, remaining anonymous might be difficult. In relation to other less central participants in this work, I have chosen to assign pseudonyms to them as ongoing discussions about consent and potential identification in this work has not been possible with every single person with whom I have spent time over the years.

## **Chapter Four: “He’s a father, he’s 22 but he’s still a boy”: navigating the transition from boyhood to manhood in Khayelitsha**

Siyabonga was a shy, handsome, man who always took care to present himself as clean and smartly dressed. When I met him, he had just moved in with Monwa and Nokubonga. Siyabonga was helpful and supportive of Nokubonga in the house. Unlike some of his male peers, he never hesitated to cook food or comfort a small, crying child. He did not talk much, but instead giggled shyly when I tried to engage him.

Siyabonga was in his final year of school, at the age of 20, when he, Monwa and Nokubonga started planning his trip “to the bush”, a metaphorical way of referring to the traditional Xhosa male initiation ceremony. As Christians, they were committed to finding a Christian *ingcibi* (traditional doctor to perform the ritual circumcision) and ensuring that the process did not include the use of any alcohol. Without family in the Eastern Cape, it was decided that he would go to the bush in Khayelitsha.

During his time in the bush, Monwa insisted that we visit him. I was uncomfortable about the idea, knowing that the ritual is policed by strict taboos. Only men who have been to the bush themselves know what happens during the process and are permitted to speak about it. Women and outsiders are not supposed to know about it and are certainly not allowed to speak about it either. I was sure that to visit a young initiate while he was *in* the bush would be out of the question. But Monwa convinced me to join him and to collect some Kentucky Fried Chicken for Siya on the way.

We drove to the outskirts of Khayelitsha, to the sandy hills of the buffer zone that separated the settlement from the neighbouring “Coloured” suburb of Mitchell’s Plein. I sheepishly carried the brown paper bag of fried chicken as I followed Monwa, along a sandy path to a small, tent-like shelter covered by plastic sheeting, where Siya would stay for almost a

month. After the chicken was warmly received, I convinced Monwa, despite his assurance otherwise, that it was time for us to go. While I was uncomfortable, Siya, Monwa and the others present looked relaxed and curious. Perhaps it was my otherness, being a woman who is not Xhosa, that allowed me into the space.

When Siya returned from the bush, a big party was planned for him in the church. Animals were slaughtered, songs were sung and donations were made. It was altogether an exciting and joyous occasion. Siya was given an entirely new wardrobe of clothes because he could no longer wear what he had worn as a boy. After his return and re-entry into the community as a man, Siya seemed more confident. He no longer giggled as much when spoken to. With his final school exams behind him, he spoke about wanting to get a job as soon as he could.

Subsequently, Siya was accepted into a residential, Christian skills development fellowship about 40 minutes away. He and a small group of other competitively selected young people from similar contexts learned business and skills over a two-year period, after which the organisers of the fellowship helped to find work placements for their graduates. During his final vacation, when he had returned to Monwa's house, I asked how he was feeling about his final graduation and the prospect of starting a new job. Siya looked uncomfortable. When I asked him what was wrong he was cagey and shy. I later learned that because Siya did not have a South African Identity Book, he was excluded from the job application process initiated by the programme. All new employers wanted to see proof of their employees' South African identification, but Siya had none to show them. Having recently completed his initiation process, and having participated in the Fellowship, Siya felt that there was more pressure on him to find work, and start being able to sustain himself financially.

Siya was born in Indwe in the Eastern Cape. When he was a small boy, too young to remember how old, his mother died. He was taken in by his paternal grandfather until 2005 when he moved to Lower Crossroads, a township near Khayelitsha. It was there that he completed school. Siya was determined to get a job but with no blood relatives in Cape Town to prove that he had been born in South Africa, getting an ID book felt like an insurmountable task. The only forms of proof that he had included a crumpled copy of his first school report

to show that he had been enrolled in a South African school from grade one, and an equally faded copy of his late father's ID book. But, as Siya had taken his mother's last name and had no contact with her family, the copy of his father's identity document did not prove his father's paternity. Neither document sufficed as proof that Siya was born in South Africa. Siya's aunt, his mother's sister, was living in Johannesburg but despite Siya's efforts, had not responded to his requests to send copies of his late mother's ID book or death certificate. He had no birth certificate, or proof of a biological connection to his parents.

Having a South African ID book, the most common proof of South African citizenship, is prerequisite for the application process for almost all jobs. Engaging with the Department of Home Affairs is often a time-consuming and bureaucratic process that often includes long waiting times, miscommunications and multiple trips to their offices. For people like Siya, without much money to pay for transport to and from the offices, or phone calls to follow up, things were even more difficult. He was caught in a painful bureaucratic cycle: without an ID book he could not apply for work, and without work he was struggling to push the process of his application forward, all of which were making him feel less worthy of his newly ascribed status of being a Xhosa man.

After a long and complicated process, Siya managed to get a copy of his mother's death certificate, which allowed him access to a copy of his birth certificate, and finally, a South African ID book. Most South Africans apply and receive such documents at the age of sixteen. Siya was twenty-three. Receiving his ID card was a significant victory for him. The shame and sadness he had felt in relation to the difficulties he had faced in getting the card quickly disappeared. With his newly procured documentation, Siya promptly applied for a job and was employed almost immediately.

## **Introduction**

Young men like Siyabonga find themselves in a situation of waitthood, where access to concrete opportunities to transition to adulthood is limited. Unlike a significant proportion of

young people in South African townships, Siya was unusual in that he had managed to complete high school. But this did not easily translate into opportunities for him to access paying work. Youth coming of age in township contexts are forced to negotiate income poverty, inadequate education and the subsequent lack of access to employment opportunities, which makes the possibility of transitioning to manhood particularly difficult (Honwana, 2014). Research has challenged depictions of linear and universal lifecourse transitions by highlighting the fact that such transitions are often partial, uneven and under threat (Ball, Maguire, & Macrae, 2000; Blatterer, 2010; Johnson-Hanks, 2002a). Although this is the case, young people continue to grapple with their own and societal expectations of them as adults, and in this case, what it might mean to be a man.

The ideal trope of Xhosa masculinity is informed by cultural practice, social relationships, material aspirations and religious beliefs. These are drawn from a set of persistent ideals linked to the performance of dominant, hegemonic masculinity that inform what they hope to achieve and aspire to in their lives as adult men (Connell, 1990; Connell & Connell, 2005). For Xhosa boys, participating in the traditional initiation ritual is central to their transition to manhood (Ntombana, 2009; Vincent, 2008). This ritual initiation process also reinforces gendered ideals of hegemonic masculinity that dictate how men ought to behave with one another, within families and importantly, in relation to women (Ntombana, 2009). A persistent hegemonic masculine ideal is that men ought to be financially independent and have the capacity to provide for their girlfriends, wives and children. But growing up in a township context means that achieving these ideals is often impossible and attempts to transition to adulthood are often thwarted by the challenges of their socioeconomic circumstances.

This chapter explores three strategies employed by young men in Town Two in their attempt to transition to manhood. The first and perhaps most significant avenue surrounds Xhosa initiation rites. This vital conjuncture, a period of anticipation and unknown outcome, is surrounded by a series of questions for young men for which the answers are uncertain: How will my initiation process play out? What will happen when I return? How will I live up to the expectations of me as a provider?, to name a few. The second avenue through which it might be possible for men to access such masculine identity is through involvement in

Khayelitsha youth gangs. The links between violence and masculinity have been widely established (Morrell, Jewkes, & Lindegger, 2012). Here, young men use their bodies to publicly display their strength and bravery through their perpetration of violence against rival gang members. The third avenue through which to transition to manhood is through Pentecostal Christianity. Involvement in Christianity partially reshapes young men's involvement in the initiation ceremony. It also offers them an avenue through which to escape involvement in gang violence. Young, respectable and disciplined Christian men are afforded some opportunities through their church networks to take up leadership roles. The choice to explore these three avenues reflects the ways that the young men with whom I spent time accessed a more legitimate form of masculinity.

Within the constraints of waithood, young men in Town Two take advantage of emergent opportunities to challenge the structures that shape their lives and pursue and create possibilities for themselves to be seen as men. By mobilising the resources immediately available to them, they draw on central tenets of hegemonic masculinity to forge avenues through which to perform masculinity and move towards the transition to adulthood. Using these strategies, young men are actively negotiating their transition to adulthood, but are simultaneously challenging and reconfiguring the meaning of masculinity in this context.

### **Hegemonic Xhosa Masculinities in the context of socioeconomic marginalisation**

What lies behind the construction of the three different avenues towards adulthood – masculinity of initiation, involvement in gangs and Christianity – is a core set of ideals linked to hegemonic masculinity. In the sections that follow, I begin by describing some of the dominant features of this masculine identity in this context, namely the centrality of heterosexual sex and sexuality, materiality and financial independence (which is also linked to sexual partnerships) and power, dominance and control associated with masculinity that can sometimes be linked to violence.

The concept of hegemonic masculinities (cf. Connell, 1990; Connell & Connell, 2005; Connell & Messerschmidt, 2005) has been helpful in understanding persistent gendered ideals linked to masculinities, as well as how they relate to constructions of femininities. It is useful to think about the ways that these different forms of masculinity are constructed and reconstructed through repetitive “performances” of gendered “acts” in people’s language use, dress and actions (Butler, 1988, 2011a, 2011b). Being emotionally detached, being able to provide financially, strength, control and men’s control of women are of central importance (Jewkes & Morrell, 2010; Luyt, 2012b). Sex, and more specifically heterosexuality are also significant (Luyt, 2012a).

In South Africa, there are multiple hegemonic masculinities structured along class, racial and cultural lines. Historical representations of Black African male sexuality are generally depicted as hyper-sexualised (Lewis, 2011). The dominant image of Black masculinity is that it is socially acceptable, even desirable, to have multiple sexual partners (Campbell et al., 2011; Delius & Glaser, 2002; Mfecane, 2008). As Leclerc-Madlala (2009) argues, Black male sexuality is culturally scripted as “unrestrainable”: women should both expect and endure their male partner’s infidelity because men cannot be expected to go without sex when their partners are not available. Men thus perform their masculinity in relation to their engagements with women, many of which are sexual. Having sex is seen as an important way to show and receive love, thus placing male sexuality as the central and dominant force in sexual relationships (LeClerc-Madlala, 2009; T.-A. Selikow, N. Ahmed, A. J. Flisher, C. Mathews, & W. Mukoma, 2009; Stern & Buikema, 2013). In Xhosa and Zulu, an *isishumane* is a derogatory term for a man who does not have many sexual partners, while *isoka* is the Xhosa word for a man who has many girlfriends or is seen as successful with women (Hunter, 2005). Social and cultural pressure to conform to hegemonic masculine norms is immense, and those who manage to achieve the status of *isoka* are admired and respected.

The provision of material and financial resources to female sexual partners is a central aspect of initiating and maintaining these partnerships. Giving a female partner gifts or paying for things is seen as an important demonstration of love and affection, but is also a means to prove the legitimacy of the relationship (LeClerc-Madlala, 2009). For the overwhelming majority of young men growing up in township contexts, achieving complete financial

independence is impossible (Bhana & Pattman, 2011; Swartz & Bhana, 2009). Employment opportunities are limited and most young people in townships still live in their parents' or grandparents' homes. Although some men manage to secure part-time and relatively poorly paid employment, they seldom achieve the ideals of the "provider masculinity" to which they may aspire Hunter (Bhana & Pattman, 2011). Nevertheless, the display of financial security remains important.

Displays of strength, dominance and power are often read as synonymous with hegemonic masculinity. The ideal of male dominance over women or proving physical strength in relation to other men may be performed through acts of violence and sexual violence. Young men's inability to meet the expectations associated with having multiple sexual partners or providing for them materially might lead them to use violence as an immediate means to prove their masculinity. Young men's fear of losing or disappointing female partners could lead them to attempt to prove their dominance in even more extreme ways through the use of force in an attempt to mask their fears, doubts and vulnerabilities (Hunter, 2005). Their context of poverty and uncertainty is sometimes associated with more violent behaviour, among men and boys even from a young age (cf. Bhana, 2005).

While these three core elements of masculine identity are often read as important if not central to being a man, it is also important to recognise that masculinities are relational. Masculinities are constructed in relation to femininities, within the context of a broader network of social and community relationships. Not all young men subscribe to these ideals, or feel pressured to do so.

In the sections that follow I explore the ways that these hegemonic masculinities play out in young men's attempts to transition to adulthood. It is also important to recognise that the three avenues I set out here are not mutually exclusive, and can be drawn upon by the same young men simultaneously, or at different times in their lives.

## The Xhosa Initiation: Past and Present

Completing the Xhosa male initiation process is perhaps the most significant avenue through which to transition to manhood. While it is read as necessary in order to be seen as a man, going through the process is not sufficient to maintain the social status of manhood. Here I explore Xhosa male initiation, with reference to the ideals of the ritual and ceremony, but also how the ritual and ceremony have shifted over time. I explore the ways that, for those coming of age in Khayelitsha, initiation marks an important vital conjuncture, in which the future is undefined. Graduating from the initiation ritual marks a specific life stage event that in a narrow reading ascribes those who complete it with the status of being men. But as is shown below, this status is slippery, contingent and thus in need of constant defence.

Traditional Xhosa male initiation is most often connected to the geographic region of the Eastern Cape province, where the majority of ethnically identified Xhosa people originate. The initiation ceremony loosely conforms to Van Gennep's three-stage structure of "separation, liminality and reincorporation" (Van Gennep, 1966). A group of male initiates, most often between the ages of 15 and 25 years, stay in temporary structures, away from their families and communities, "in the bush" or "mountain" (*entabeni* in Xhosa) for 3-6 weeks. It is here, away from that which usually characterises their day-to-day lives, that young men are taught what it means to be a Xhosa man.

Even in contexts like Khayelitsha which is not rural or mountainous in the same way as the Eastern Cape Province, going for initiation is still colloquially referred to as going to the bush or to the mountain. The geographical location where young men are initiated is of central importance. Most Xhosa people, irrespective of age or gender, say that boys ought to be initiated in the Eastern Cape. "In the Eastern Cape, that is where we are supposed to do it [the initiation ritual]", asserted one young man. Men initiated in contexts like Khayelitsha were ascribed the derogatory name *oosantini*, or "people of the sand" in reference to the fact that they had not participated in initiation on the "true soil" of the Eastern Cape. The physical distance away from the Eastern Cape is read as symbolic distance away from a more

authentic or traditional form of Xhosa culture associated with the Eastern Cape rather than other areas.

During the period of seclusion, initiates are taught about the responsibilities and privileges of manhood and as one man put it, “taught how to withstand suffering and be a man.” Powerful taboos surround the process: it is only initiates themselves and those who have already completed the process who know the “secrets of the bush”. A man’s knowledge of the secrets learned in the bush act as proof of a man’s participation in the rituals. Endurance of particular hardships while in the bush aimed to prove a young man’s strength, courage and bravery (Vincent, 2008). To prove their strength, men strive to hide their pain or discomfort during this gruelling physical process. Hardships to be endured while in the bush include limited access to food and water, but also various forms of physical punishment. Core symbolic elements of the ritual include various dimensions of dominant heterosexual masculinity. These include the promotion of male sexuality and virility (in particular how these are distinct from femininities), preparation for marriage, and learning how to display physical power and courage, historically associated with warfare (Delius & Glaser, 2002; Vincent, 2008). While in the bush initiates participate in complex rituals that have several different stages, which are closely policed (Vincent, 2008).

Perhaps the most significant part of the ceremony is the ritual circumcision. In fact, many people equate Xhosa initiation with the act of circumcision, despite the fact that it is but one of several parts of the ceremony. Circumcision is performed by an *ingcibi* or traditional surgeon who is generally of high social standing in the community. When talking about the process, it was asserted repeatedly that only those who are brave and strong can participate. Strength and fearlessness were often spoken about in relation to the circumcision itself. “Sissies don’t go there. Some choose to be Rastafarians because they are scared”. The reference to Rastafarians pointed to young men attempting to be identified with a group of people who do not require that men are circumcised.

In more recent times, greater attention has been paid to the initiation ritual as well as the circumcision process itself. Despite the secrecy that has traditionally surrounded the initiation

rites, the negative health implications associated with the ritual has led to increased scrutiny of it. Deaths due to exposure, starvation and infection related to the circumcisions themselves have been widely reported, particularly in the Eastern Cape province (Kepe, 2010; Ndangam, 2008). In addition, medical male circumcision (MMC) has been found to be an important means of female to male HIV prevention (Auvert et al., 2005; Bailey et al., 2007; Gray et al., 2007). While many younger and older men in Khayelitsha asserted that young initiates needed to be cared for and recognised the importance of circumcision for HIV prevention, all asserted that if someone went to be circumcised in a clinic before going to the bush, they would not be considered a man. Others saw the South African National government rollout of MMC as “replacing their culture”. Even prominent HIV activists in the community agreed that to be circumcised in a clinical setting would not allow one to then be recognised as a man in the Xhosa, cultural sense.

Part of the challenge for young men is that even if they complete the initiation process, their identities as men may still be in question. If they are seen as too fearful or weak in the process, they may not be seen as “man enough”. If they do not actively perform their heterosexuality through having multiple female partners, their masculinity would also come under threat. In a conversation about who can be seen as a man, one person asserted, “if after initiation you are gay, you are not a man”. The social expectation is that men who have been initiated will also be more disciplined and provide for the family, despite the fact that providing financially remains impossible for most young men coming of age in this context. Exploring the anticipation, uncertainty and unfolding of Xhosa male initiation is thus a key example of a vital conjuncture in which young people are called upon to navigate what is unknowable terrain.

According to Monwa, when he returned from his initiation ceremony many years ago, he did not seek out sexual partnerships at all. To his family and community, this was seen as a serious problem that warranted intervention. As Monwa explained, “No matter you go to the bush, if you come back and you are not having a lot of girlfriends and sex, people will ask what is wrong?” His family thus took him to a traditional healer to see what was wrong, and also called a family meeting. Eventually he was able to convince his family that they did not need to worry. To have too few sexual partners after initiation, rather than none at all, is also

frowned upon. To be in a relationship with just one, rather than many women was also a problem. If you have only one girlfriend, people might say “*Ubanjwe ngempumlo*”, or “You are caught by the nose” meaning that you are being governed by a single woman. To be in a monogamous relationship clearly stands in tension with the view of masculinity that values having control over multiple female partners.

While some struggled to live up to particular masculine ideals post initiation, others engaged in behaviours associated with masculinity but could still not be considered to be men. Irrespective of chronological age, young men who had not yet been to the bush would not be considered men. Even those who were of relatively advanced age who had had a child but were not yet initiated were still boys. Unlike men who have been initiated, young men who have children when they are still boys do not have to carry the same burden of expectation to provide financially for children, although this would certainly be desirable. The peer and social pressure to provide financially for children would be greater for initiated young men. This was illustrated when I asked Thando whether he helped the mother of his child to look after their daughter. Thando and his ex-girlfriend had their daughter almost three years previously when both were still teenagers. At my question, Thando’s friends started laughing. One pointed to him and said, “He’s a father, he’s 22, but he’s still a boy”. Here Thando’s friend was referring to the fact that as an uninitiated person, Thando could not be regarded as a man, which reiterates the salience of ritual initiation in marking the transition to manhood.

Another challenge to completing initiation is that it is a very costly process for families. Many have to delay sending boys to initiation until they have saved up enough money to pay for all of the prerequisite components. Given the fact that most families in Khayelitsha survive on a combination of social grants and small amounts of income usually generated by one member of the household, saving this money can take several years. Young men are thus delayed in going to initiation, and thus the delay in recognition of their status as men.

Participation in initiation is an essential part of being regarded as a Xhosa man, but before completing the initiation process, boys and young men still strive to live up to the ideals of hegemonic masculinity. One of the avenues available for young men to do this is through

participation in youth gangs, which is said to precede initiation. It was widely accepted in Town Two that to participate in gangs was something “for boys”. This translated into the fact that once individuals had completed initiation, their participation in gangs would end. When I tried to understand this further, most men said that when men come back from the bush “they are disciplined” but the boys in youth gangs have not yet learned how to be disciplined. I explore youth gangs in more detail in the section below.

### **Khayelitsha Youth Gangs and the Performance of Masculinity**

In order to perform their masculinity, young men, some even younger than those who might be ready to go to initiation, seek other avenues through which to perform their masculinity. In recent years in Khayelitsha, participation in youth gangs has been one way to do this. Although there is some documentation that such youth gangs existed in Khayelitsha before 2012 (cf. Walsh & Mitchell, 2006), the frequency and intensity of the reports of violence, fear and intimidation associated with youth gangs have increased since 2012.

According to the Khayelitsha Commission of Enquiry, young males, some as young as ten years old were said to be involved in huge gangs, the four largest and best known being the Vatos, Vuras, Russians and Italians (Pikoli, 2014). Victims and perpetrators self-identified and were recognised by Khayelitsha community members as “gangsters” belonging to “gangs”. Unlike the gangs of Cape Town’s neighbouring Coloured areas like Mitchell’s Plein, Manenburg and Heideveld (cf. Jensen, 2008), gang activity is relatively new to Khayelitsha. The more established Western Cape gangs, including the infamous Numbers Gangs, have a long history of involvement in organised crime, including the sale of drugs, the protection of gang territories and significant power and presence in the prison system (Pinnock & Douglas-Hamilton, 1997). Gangs in Khayelitsha also operated territorially, but centred on large-scale fighting and public displays of violence, predominantly perpetrated using knives, sharp objects and *pangas* (a traditional knife with a large, curved blade).

The links between hegemonic masculinity and a propensity for violence are clear. South African scholars have documented the connection between violence and masculinity (Bhana, 2005; Morrell et al., 2012). In the context of youth-led violence in Khayelitsha, one of the key goals of engagement in gang activity was to be involved in public displays of violence. Rival gangs engaged in multiple large-scale street fights, where they would use *pangas* and knives or throw stones and bricks at one another. “We don’t use guns because guns are not for men”, explained a former gang-member. To be seen committing violent acts was thus very important.

In addition to being seen to be violent, and showing bravery publicly, stories about the frequency, severity and gruesome nature of the violence circulated widely, and contributed to and reinforced the masculine dominance. I was repeatedly told of one young gangster who had his head cut off and his eyes gouged out by members of a rival gang. As they told and retold this story, the eyes of community members would widen in horror and fear. They were shocked by the gruesome nature of this violence, but equally terrified by the fact that such violence could be perpetrated by such young boys.

This story also pointed to the lengths that young people were willing to go to get their revenge on rival gang members. Revenge acts of violence would be expected to match or increase the violence committed initially. Sometimes the victims of such violence were members of gangs, while at other times, they were just victims who were at the wrong place at the wrong time. On a cold morning in June 2015, in a small shack heated by an electric two-plate stove, I sat on the floor beside the couch and talked to a mother whose son had been a victim of gang violence. A while into our conversation, her son of about sixteen walked into the room. On request from his crying mother, the boy shyly lifted his shirt to expose a raised snake of a scar that connected the middle of his sternum to his navel. Through her tears his mother exclaimed, “You see what those gangsters did to him? He was just trying to walk home!”

Unlike gangs in other areas of the Cape Flats, former gang members living in Town Two insisted that there was no clear hierarchical leadership structure within their gangs (cf.

Jensen, 2008; Steinberg, 2004). Instead, “the strongest ones who fight at the front [in large-scale public fights]” were often associated with a kind of leadership. Bravery and strength was primarily demonstrated through inflicting grievous bodily harm on rival gang members and unwaveringly defending gang territories. Those who were most violent and fearless were most respected and honoured within their gangs.

Honour was also earned and evaluated in relation to gang members’ “girlfriends”. Young men used their involvement in gang activity as a way to prove their strength and desirability to women. Young women were also said to have encouraged young men to continue to fight. As one former gangster explained, “even if you are stabbed the girls will tell you to fight because your friend [was] stabbed”. This pointed to the need to show physical strength but also the importance of defending fellow gang members in order to be read as honourable. For many of the more public fights, young women became cheering spectators. These young women spoke about liking the boys who were “brave” and “strong” – something they ascertained from watching the ways that they fought. Being part of a gang thus afforded members several benefits: the assurance of physical protection from rival gangs, friendship and support from fellow gang members and recognition and interest from young women. In addition to these more socially rooted benefits, being part of a gang may also include access to material resources, including money, alcohol or drugs for recreational use with other gang members. Gang members were also often said to be identifiable by their smart, branded clothing.

While the motivations for joining a local gang are clear, many felt that they “had no choice” in the matter. This lack of choice was often spoken about in relation to being forced to join one of the gangs in the areas where they lived, or feeling pressured to defend fellow gang members who were wronged by being robbed, attacked or humiliated through having their girlfriends “stolen” by other young men. Community members pointed to absentee fathers as impetus for younger boys to join gangs where they could find some recognition and kinship with older male peers. Older boys involved in gangs often became revered role models for younger boys. The extent to which very young boys mimicked their older siblings in relation to gang activity was startling. During a period of particularly intense gang activity in 2014, I sat with Siya watching some boys, probably aged between four and six years, playing nearby.

I asked what they were doing as they jumped and lunged at each other. He said they were trying to imitate the *gurans*, a slang term for the gangsters. The young boys pretended to be engaged in a knife fight, cheering, circling and menacingly scraping invisible knives on the floor. Siya said that young boys also often pick up discarded beer bottles lying in the streets, pretend to drink from them and totter around the streets pretending to be drunk.

Gang members also appeared to assert their dominance and strength through bullying younger boys. During a visit to Monwa's house in early 2013, I was surprised to see Bonga, Monwa's oldest son, lying awkwardly on the couch in the middle of the school day. Bonga's cheeks were slightly swollen and one eye was puffy too. Nokubonga explained that Bonga's school had called her that morning to say that Bonga was drunk at school. She was very upset because she had not known her son to do such a thing before, but went on to explain that he had been forced to drink a nip of vodka by some local gangsters. The gangsters had made him do it so that every time they saw him, they could ask, "Where is our drink?" or "you owe us". Monwa and Nokubonga worried that Bonga would be targeted again. Gangsters often accosted boys in and around school grounds, and without money for petrol to drive Bonga to school, his parents knew he was particularly vulnerable in his lengthy walk to and from school each day.

Interestingly, boys' involvement in this kind of gang activity was said to stop altogether when they went to the bush. Both younger and older boys asserted that to be involved in gangsterism was "for boys" and that following initiation, initiates would have to prove that they were disciplined and respectable men, and therefore no longer interested in participating in this kind of gang activity. The fact that completing Xhosa male initiation is such a strong deterrent to continued involvement in gangs of this nature might also explain the seemingly cyclical nature of this youth-led gang violence. It is only during certain times of the year that there seems to be a lot of violence, while at others, potentially while some boys have gone to the bush, fighting appears to subside significantly.

Another key deterrent to gang involvement was said to be the role of the church and Christianity in curbing the violence and offering boys and young men a different avenue

through which to live up to masculine ideals. During particularly violent periods of gang violence in Khayelitsha, local pastors ran workshops with young gangsters. Some of these workshops involved having older young men address the boys about the immorality of violence, drinking and having many girlfriends – all of which were linked to participation in gang activity. Other workshops offered young men the opportunity to play soccer together. Sometimes rival gang members were put on the same soccer team and forced to play together to help to “break the walls” between the gangs. It was in these contexts that young gangsters were offered the opportunity to see a different form of masculinity, one that relied on discipline, respect and Christian morality. In the section below, I explore Christian masculinity in more detail.

### **Pentecostal Christianity and Xhosa Masculinity**

The influence of Pentecostal Christianity has increased significantly in southern Africa over the past century (Burchardt, 2016). According to residents in Town Two, a relatively small and geographically contained neighbourhood when compared to other neighbourhoods in Khayelitsha, there are “more than 50 churches” in Town Two or “one on every corner”. These churches vary; there are several different denominations of Christianity which practice differently. In Khayelitsha, as within South Africa more broadly, the overwhelming majority of people identify as Christian. Most observe at least some religious festivals, like Christmas, and are affiliated with a particular church community. For people in places like Khayelitsha, Christianity has become an important institution that offers people some structure and resources in the face of the hardships and uncertainties that characterise township life. This is true for men and women irrespective of age. For young men in particular, however, participation in Christian life has had particular implications for their performance and understanding of masculinity.

One of the most significant pulls towards Christianity was access to the support and mentorship of a group of older men, many of whom worked and identified as pastors, even though most would not have gone through a formal ordination process. Men of the older generation like Monwa, repeatedly spoke about the challenges faced by boys coming of age

without father figures. Participation in the church and its associated activities offered these boys the opportunity of guidance and support from older men who were entirely absent from their lives.

Much of the guidance offered to these young men fell in the realm of sexual responsibility. Such responsibility was mainly discussed in one of two ways. Firstly, pastors often spoke to young men about their experiences of having grown up in families where fathers were almost entirely absent. These painful experiences were drawn upon by pastors as a way of encouraging young men not to do the same thing in their own lives and with their own children. Pastors warned young men not to become “hit and run fathers” themselves. Secondly, sexual responsibility was discussed in relation to valuing monogamy and ultimately marriage over having multiple sexual partners. Drawing on a Christian identity allowed young men like Siya to circumvent some of the social pressure and expectation to have multiple partners. Siya often lamented that “there is no true love in these days” because for too many young people “the only time that love is sure is when [two people] are physically together”.

Although to get married remained an aspiration for many young people, the pressure to get married was greater for those who identified as Christian. Although it is an ideal to which many young people aspire but may never achieve, there is additional pressure on those Christian young men who have been initiated to “take a wife”. In line with dominant Christian views, such initiates are encouraged to show their discipline through being sexually chaste while looking for a wife. Marriage rates have declined significantly in South Africa in the past few decades. Long-term disruptions to family structures, including the migrant labour system, have contributed to these declining marriage rates, as have more recent demographic trends (Hunter, 2005). It has also been suggested that the costs associated with paying *loboloa* (Xhosa bride price) have also led to a decline in marriage (Hosegood, McGrath, & Moultrie, 2009). This has led to long-term and sometimes concurrent sexual relationships becoming more common (Harrison & O'Sullivan, 2010). But for young Christian initiates, the expectation to marry shortly after the ceremony is certainly greater. As one young Christian initiate put it: “If your flesh is burning, you must marry”.

But negotiating the marriage process is too often an impossible task for Khayelitsha men, many of whom do not have enough money to pay ilobolo (D Posel & Rudwick, 2011). Even in situations when lobola may be saved up over a longer timeframe, marriage would still be delayed for these young men. Many Xhosa initiates would like to have both a traditional Xhosa wedding, as well as a “White wedding”. In a conversation with Luphelo about his potential desire to get married, he highlighted the deeply connected nature of his beliefs when he said, “I’m a Christian, I’m a Xhosa, I’m a cultural guy.” A White wedding symbolises a marriage ceremony that would be more likely to include a number of more conventional Christian elements. White weddings might be likely to be held in a church, run by a minister and attended by a bride wearing a white dress. If young men were to have more than one wedding ceremony, costs would increase significantly and thus pull the ideal of marriage further from reality.

As mentioned above, being Christian also offered young men ways to perform their masculinity that were not tied up in the performance of violence associated with gangs, violent dominance over women, or the use of alcohol or drugs. Given their economic insecurity, many young men in Town Two would become involved in petty crime; such as stealing things in order to acquire necessities or other desirable items like alcohol, clothes or material items for sexual partners. Young Christian men could avoid engaging in such illicit activity through asserting that to do such things is immoral, and against what they believe as Christians. Before he became a “strong” Christian, Siya told me with embarrassment that he used to steal things when he was younger. He said that it was his friends who had pressured him into doing it. Now, as a Christian initiate, Siya was no longer socially expected to engage in such activity.

The influence of Christianity has contributed to shifts in the ways that the Xhosa initiation ritual has been performed. Siya, whose experience of initiation was described in the opening vignette, was a clear example of this. Young Christian men who went for initiation were attended to by an *ingcibi* who both self-identified and was identified by the community as a “real Christian”. In addition to some of the more traditional teachings about Xhosa

masculinity, young men who go through initiation “the Christian way” are instructed about “how to be a good Christian, Xhosa man”. Discipline and responsible adult behaviour were strongly encouraged. As such, the use of alcohol, which is commonly a significant part of the traditional ritual process, was excluded. Young men’s reintegration into society post-initiation may also happen in the church, rather than in the family home of the initiate man, as it did for Siya.

Without much prospect of finding steady employment and thus navigating other transitions to adulthood, like moving out of the parental home or getting married, young men also used their faith to secure community recognition through becoming youth pastors. These informal leadership positions offered young men a different opportunity to garner some respect and social standing through performing their faith and discipline as young men and pastors. The majority of those who identified as pastors had not been through any formal process of ordination, but instead lead choir groups, sermons in Sunday church services or prayer and Bible study groups with other young people.

Belief in God and involvement in the Christian community offered many young men an alternative avenue through which to perform and thus legitimate their masculinity. It was also often what allowed men of all ages to avoid the pain of feeling personally responsible for the ways that they might fail to live up to hegemonic masculine ideals. For example, if a young man did not have enough money to save up to pay *lobola* for his wife, he might interpret it as being part of God’s plan. The same explanation was also often mobilised when Christian people were faced by particular periods of hardship. In trying times, they could use their faith as a way to justify why difficult things happened to them or to maintain a conviction that things might be better in the future.

## **Discussion**

In this chapter I have explored the ways that young Xhosa men coming of age in Khayelitsha have attempted to navigate the complex and contradictory process of transitioning to

manhood. Completing initiation, joining a gang or drawing on a Christian identity were three important avenues through which young men sought to cement this uncertain transition. It is important to recognise that not all of these avenues are internally consistent. For example, while the ideal associated with Xhosa initiation calls for young men to marry and then have children, proving virility to women and to male peers means that to have children outside of marriage may remain important. In addition, none of these avenues offer young men an opportunity to transition to manhood that is complete, or stable. For example, while young Christian pastors may gain and command a certain amount of community respect and recognition through their religious roles, they are unlikely to have access to the financial security that might allow them to become independent from their families.

In their negotiation of this uncertain transition, the young men described here draw on individual and social strategies in order to maximise any gains that they make. These young men use their physical bodies to perform their strength and bravery. They use their bodily capital through their acts of violence in gang fights and careful choices about what to wear. They draw on their social capital, in the form of gangs, the church and sexual relationships with women.

There are multiple moments described in this chapter that could be read as vital conjunctures holding uncertain futures and unknowable horizons for these young men. In relation to initiation, the timing, place and inclusion of various cultural or religious elements may all be in flux. Following the ceremony, the kinds of opportunities to hold on to and defend their masculine identity are also unclear. In their contexts of waithood, these young men use creative, responsive and dynamic strategies in order to maximise any gains that they make.

## **Chapter Five: “She has a boyfriend in every area”: women’s sexual partnerships and social networks in Khayelitsha, Cape Town**

Amanda was always beautifully coiffured. She wore carefully compiled outfits, false eyelashes, lipstick and never left the house without her hair done. She wore tight pants and sheer shirts, brand named clothes and chunky, shiny jewellery. Amanda had been living in Town Two with Snowy, who she initially described as her mother. As I got to know her better, I learned that Snowy was in fact her aunt. During a vicious argument only a few years ago, Snowy told Amanda that she was abandoned by her biological mother. Amanda and Snowy fought frequently. Most fights centred on the fact that Amanda “liked to party” and would go out drinking with her friends until late at night. Sometimes, when she would arrive home in the early hours, Snowy would come outside and shout at Amanda in the street in front of her friends. This public humiliation enraged Amanda, and according to her, encouraged her defiance to go out even more.

The partying and “being naughty” began when Amanda was still at school. Snowy had initially sent Amanda to a “White school” (reserved for White students during Apartheid) in Claremont where the school fees were considerable. When Snowy discovered that Amanda was more interested in hanging out with her friends than applying herself at school, she decided that rather than waste her money on an education that did not interest Amanda, she would send her to a fee-free “township school” in Khayelitsha. At her new school, which was less resourced than the one she had attended in Claremont, the struggle continued. Amanda was outspoken and opinionated. She missed more classes and partied more frequently with her friends.

Lunga was in Amanda’s year at school. The two had been dating for a while when Amanda learned that she was pregnant. When Amanda told Snowy about the pregnancy, Snowy was supportive. Amanda was in two minds about getting a termination but decided not to. During one of her prenatal clinic visits, Amanda was tested for HIV, a routine procedure in the South

African public health sector. When she learned that she was HIV positive she did not know what to do. Initially, she had not wanted to tell Lunga, but eventually decided that it was the right thing to do. When she told him, Lunga denied the possibility of his having HIV and refused to go for an HIV test. His family knew that he had had many sexual partners. They told Amanda that Lunga was “irresponsible” and that “it was his fault”. Zazi was born healthy, and according to Amanda, HIV negative. Amanda’s relationship with Lunga did not last. He and his family made small contributions to caring for Zazi, but the burden of caring for Zazi fell on Amanda and Snowy.

Amanda continued to party and “have lots of boyfriends”. This caused further friction with Snowy. Their fighting eventually escalated to the point that Amanda moved in with her boyfriend at the time, Dickson. The pair shared a single room at the back of a house in a neighbouring township. The rent each month was R600 – a significant expense with only Dickson’s modest income to rely on. Amanda had left Zazi to stay with Snowy, saying “this place [the single room she and Dickson shared] is not alright for a child”.

Amanda spoke often about the couple’s mutual love for and understanding of each other, but even after they had been together for a year, Amanda still had not found a way to tell him that she was HIV positive. She said that she did not know how to tell him. She claimed that they used condoms, that she would justify to him by saying “Look, I don’t know where you have been so I must keep myself safe”. They had had hypothetical conversations about how they would manage if either partner were to be HIV positive. Both claimed that they would love each other irrespective of the test results.

Shortly after we spoke about Amanda’s wanting to disclose to Dickson, Amanda texted me to say that she was struggling because she was fighting with her boyfriend. A few days later, I got several missed calls from Amanda. When I was able to return her calls, Amanda asked me to write to her boyfriend to say that she was with me and that I would be dropping her at home really soon. I refused to lie on her behalf. Amanda tried to persuade me otherwise, saying that her boyfriend was angry that she had been hanging out with friends. Having heard from other people in Town Two that Amanda had “a boyfriend in every area”, I asked if

perhaps the reason why he was upset was that she was also seeing someone else. Amanda confessed that she had been spending time with another boyfriend in Goodwood, a suburb close to Khayelitsha. Still feeling uncomfortable I wrote a text message: “Hey Dickson. Amanda is with friends but will be home soon. Alison”. When I called Amanda back to tell her what I had written to him she shrieked: “The message was meant for Mandla! Dickson is history!”

In the months that followed, I learnt more about Mandla, the man who was enraged by Amanda’s spending time with Jonathan, her other boyfriend, who apparently lived in the same street in Goodwood. Mandla had hit her before and she feared that he was going to *moer* (Afrikaans word for “hit”) her again. I saw her less frequently than I had when she had lived in Town Two, but when she returned for intermittent periods, I heard that it was only because she had a new boyfriend in the area.

## **Introduction**

For young people like Amanda, social and sexual relationships are multi-layered and require careful management. Unlike Xhosa young men, there is no clear equivalent ritual that marks women’s rite of passage from girlhood to womanhood. Some say that the start of menstruation or turning 21 years of age might be important times in a young woman’s life, but neither of these hold the social and cultural weight of male initiation. Instead of exploring what might be considered a parallel set of rites for women, in this chapter I explore a different and under-researched domain in the process of young women’s transition to adulthood, that of women’s sexual partnerships. In particular, I look at the ways that young women use their sexual partnerships and networks in their transition to adulthood by creating gains through their partnerships that allow them greater independence.

Because of the central role of sexual practice in HIV transmission in southern Africa, how and why young people form partnerships has become a matter of sustained public health concern (cf. Pettifor et al., 2005). The role of particular types of sexual relationships, such as multiple or concurrent partnerships, in driving rates of HIV transmission, has been

increasingly prominent within public health discourses. This framing of concurrency carries with it an implicit moral subtext and set of ranked assumptions about what is sexually appropriate behaviour. This hierarchy situates long-term monogamy at the top, followed by serial monogamy, and finally multiple and concurrent partnerships at the bottom of the list. This perspective problematises—and to a large extent elides—the complex ways in which young people like Amanda imagine and engage in sexual partnerships. Further, multiple partnerships usually framed as mainly male-driven, within a broader framework that highlights women’s vulnerability, lack of agency, and their use of sex for survival and material gain (Dunkle et al., 2004b; Halperin & Epstein, 2004; Mah & Halperin, 2010). As highlighted in the previous chapter, young men are often expected to and applauded for engaging in multiple sexual partnerships, whereas for women, chastity remains a persistent social ideal. In this framing, men are dominant and women are submissive. It is important to recognise the complex and gendered ways that young people engage in sexual partnerships, in addition to recognizing the benefit of health policy that may seek to reduce the number of people’s sexual partners in attempt to reduce the spread of HIV.

For women coming of age in Khayelitsha, navigating the challenges associated with income poverty requires daily commitment. The majority of young people do not have access to a steady income. Many have also failed to complete school and might have the additional financial burden of trying to care for children. Although these women are vulnerable in many ways, they are also actively making decisions with the view to accessing and maintaining resources and support to better their lives. While their futures are for the most uncertain, young women still use what is immediately available to them, in the form of their bodily and social capital, to get by. Some of these gains are accessed in the context of women’s sexual partnerships.

In this chapter I move beyond the view of young women’s sexual partnerships solely as a site of personal and societal risk and vulnerability, to explore the role that such partnerships play in their self-expression and development in their transition to adulthood. In particular, this chapter investigates how women speak about, select and engage in sexual partnerships by highlighting women’s capacity for agency and decision-making. It unpacks the multiple motivations and careful management strategies employed by women in order to maintain

both their sexual and social relationships. It highlights the dynamic interplay between gendered norms, socioeconomic conditions and young women's capacity for individual agency in choosing and maintaining different partnerships. Read in this way, sexual partnerships are not only a potential site of risk to health, but are also as a key space and opportunity for young women to establish themselves and prepare to meet social expectations and individual aspirations.

### **Framing sexual partnerships in South Africa: context and critiques**

With the rapid spread of HIV in southern Africa, multiple concurrent partnerships (MCPs), defined as having overlapping sexual partnerships at one time, quickly came into focus as a potentially important driver of the epidemic (Garnett & Johnson, 1997) and as a widespread category of cultural concern and debate. Despite the relative thinness of the epidemiological evidence linking MCPs and HIV risk, the connection seems intuitive to many and has served to reinforce a range of cultural and moral discourses about gender, sexuality and health. The male-driven character of MCPs and the vulnerability and lack of agency of women in the context of sexual relationships are too often assumed. In both of these dominant framings of MCPs, women are denied the space to be read and understood as agents, who make active choices about their sexual relationships but are also creative and resourceful in managing them.

In the previous chapter, I explored the ways that hegemonic masculinities are constructed, as well as the central role that sex and sexual partnerships play in young men's performance of masculinity. For young men, having multiple sexual partners, showing dominance in those sexual partnerships and seeking individual sexual pleasure above all else have been explored (cf. Delius & Glaser, 2002; LeClerc-Madlala, 2009). Although men's infidelity may be expected, it is by no means desirable for their female partners. Instead, women often experience infidelity as emotionally painful and religiously immoral, yet also largely inevitable and culturally accepted (LeClerc-Madlala, 2009). Exploring these dominant cultural scripts offers insight into how partnerships are practised as well as the ways that broad ideologies of masculinity take shape. These representations place male sexuality as the

central and dominant force in sexual relationships, without engaging with women's agency or the diversity of masculinities (T.-A. Selikow et al., 2009; Terry-Ann Selikow et al., 2009; Selikow et al., 2002). The public health literature also tends to reproduce these representations without problematizing them, casting male sexuality and women's vulnerability as problems in need of public health intervention (Higgins, Hoffman, & Dworkin, 2010).

When the fact of women's multiple partnerships has been considered, debate has usually centred on the idea of transactional sex, where women have sex with men in order to gain access to material or economic benefits. In Khayelitsha, both young and older people referred to men as the "minister of finance," "minister of transport" and "minister of recreation" to allude to the kinds of material benefits that men offer their female sexual partners. Such characterisations of men have been observed in numerous other South African contexts (Hunter, 2010; Selikow et al., 2002; Shefer et al., 2012). It has been shown that women's immediate need for material support and consequent reliance on men can render them less able to negotiate the terms of the sexual engagement, leaving them more vulnerable to HIV infection and gender-based violence (Dunkle et al., 2007). Age-disparate partnerships have also been explored as potential avenues that both depend on and deepen women's vulnerability and HIV risk (Dunkle et al., 2004a; Jewkes & Morrell, 2010).

Although women's vulnerability with respect to partnerships tends to remain the focal point in public health research and HIV prevention campaigns, there also exists an important and growing body of literature that is more focused on women's agency within the context of their sexual relationships (cf. Hunter, 2002; Leclerc-Madlala, 2003; Setel, 1999). Instead of transactional sex being framed as occurring only in situations where women are disempowered and unable to negotiate the terms of sexual interaction, partnerships can be initiated and sustained for a number of reasons. These include sexual desire, material gain and the need to meet social expectations, which are not always experienced as contradictory (Hunter, 2002). Hunter's work in KwaZulu-Natal has challenged conventional understandings of women's engagement in both transactional sex and age-disparate partnerships (Hunter, 2010). He explores various "rights" that "independent women" living in post-apartheid South Africa aspire to access. These women invoke "the right to safe sex and

sexual pleasure,” “the right to live without a man” as well as the “right to multiple male lovers,” amongst others. In this context, MCPs are more complex than a set of sexual encounters driven by men and forced upon vulnerable women. Instead, sexual partnerships can assist those on the social margins and act as a way to build valuable relationships.

In order to more fully understand women’s sexual partnerships in Khayelitsha, their role within broader social networks, as well as the economic and cultural context should be considered. Here I highlight the ways that young women have used their sexual partnerships to build social capital, and increase opportunities for independence, stability and mobility in their transitions towards adulthood (cf. Thornton, 2008; Thornton, 2009). Women achieve this through employing various strategies to manage their sexual and social relationships, which challenge prevailing gender and social norms and structures linked to constructions of hegemonic masculinity.

Using this broader framing to understand the motivations and strategies for choosing different partners permits a deeper engagement with women’s decision-making processes and experiences of sex and sexuality. Women are actively negotiating the transition to adulthood, as well as employing judicious opportunism in order to make the most of their networks and opportunities, against the backdrop of extreme uncertainty and precarity (Johnson-Hanks, 2005). In order to understand the shape of women’s relationships – including but not limited to multiple concurrent partnerships – their decision-making, their opportunities for agency, and the considerable constraints they face, it is important to look at young women’s motivations for and management of, such partnerships. In the sections that follow I explore the meaning, character and trajectory of young women’s sexual relationships.

### **Beyond transactional sex: affect, empathy and economic security**

For young women in Khayelitsha, feelings of mutual affection between themselves and their male sexual partners, though ranging in intensity, were commonly cited as a key catalyst for sexual relationships. In their book “Love in Africa”, Cole and Thomas point to a dearth of

scholarship in the African context that places love or emotion at the centre of enquiry. Instead, much scholarship in Africa has focused on sex rather than on the ways that sex and affect are entangled, and ultimately co-produced (Cole & Thomas, 2009). HIV in the southern African context is a significant contributor to this focus on young people's sexual acts rather than on the emotional dimensions of sexual intimacy. There is, however, an important body of literature in the field of medical anthropology that has put "love" back into the exploration of people's sexual partnerships (cf. Hunter, 2010; Smith, 2006).

As has happened in other contexts where women are negotiating socioeconomic precarity, sex in Town Two is linked to material exchanges in various ways (Honwana, 2012), but this does not negate the possibility of having an emotional connection with sexual partners. In contexts like that of women in Town Two, there is an implicit assumption about the incommensurability of the emotional and material gains that might be possible in the context of sexual relationships. Coming of age in a context of income poverty certainly forces young people to attempt to use what they have, or can access through others to make the most of their precarious situations. But in this context, foregrounding the material nature of sexual exchanges may force the affective dimensions of meaning and experience in sexual partnerships to recede into the background.

For many of these women, however, the emotional and material aspects of their relationships were not experienced as competing. Instead, they were often experienced as deeply interconnected if not expected. The mutually constitutive nature of the exchange of material goods and emotional attachments has also been explored in other contexts (Cole, 2009). To these young women, part of how their male partners showed affection was material (cf. LeClerc-Madlala, 2009). The financial insecurity of their families, including the struggles to provide for their own children, was an ongoing source of stress and anxiety. Zabi's description of one of her previous partnerships highlighted this point: "He was loving and honest. And he knew my situation... He sometimes gave me money for electricity because he knew my situation." Zabi's account challenges the conventional framing of transactional sexual relationships as narrowly material and instrumental. For her, the material resources that she was able to access from her partner held meaning about his empathy and understanding of her family's financial situation. For Zabi and her friends and age mates,

material support was an important source of connection shared between young people living in a context of scarcity within which practical gifts were evidence of affection and commitment between couples. In this situation, the power of the material exchange between herself and her male partner served to strengthen their emotional connection.

In addition to the connections between affection and material gain, economic insecurity was a critical component that played into women's choice of partners. Sexual partnerships were often initiated on the basis that a young man appeared either financially stable, or seemed to have financial prospects. Young people spoke of the importance of men taking on the dominant masculine role providing their female partners with "luxuries" while they were dating. Such luxuries would include small gifts, airtime, toiletries, trips to local hair salons, drinks at taverns or meals from fast food chains or restaurants. This kind of material exchange was read as an added bonus in a relationship but was also a common expectation linked to gendered norms in the eyes of both men and women. Many young women said that they would not have relationships with men who did not have jobs, but given the overwhelming rates of unemployment, this was often impossible. Even so, to be with a man who had money was infinitely more desirable than to be with a man doing "location management", a euphemism for male unemployment in the township setting.

Unlike the passive vulnerability often ascribed to women who engage in "transactional sex," however, these women were creative and resourceful in the process of gaining access to things they both needed and wanted (Arnfred, 2011; Groes-Green, 2013; Tamale, 2006). They spoke about their enjoyment of the "nice things" bought for them but generally were not reliant on receiving such items. This is similar to what has been found in sexual relationships between young people in other southern African contexts (Masvawure, 2010). In Town Two, as in other South African township contexts, men who offer women material resources in exchange for sex are known as *blessers* and the women receiving such gifts are known as *blessee*. I often heard young women mention their blessers when other young women complimented them on their outfits. The response to the compliment would often be for the young woman to laugh and say "It's my *blesser*", pointing to the fact that he had bought her whatever desirable item was being spoken about.

But women's interactions with blessers were not always described as entirely pleasurable. One particular conversation stands out for me in this respect. That afternoon, I stood chatting with a group of women in the street outside the home where one of them lived. One of the women dominated the conversation and spoke loudly about her relationship with her blesser, a young man who she had identified as such a moment earlier and now stood shyly within earshot of our conversation. The young woman explained, as she gestured towards him, that he was so ugly that she had to put a bag on his head when they had sex. The other women in the group erupted with laughter. "But he is my blesser", she said shrugging her shoulders. Her comment pointed to her power to be able to publicly ridicule him, but also to the fact that if she found herself in a situation in which she no longer wanted or needed what he offered her materially, she could choose to leave him. This simultaneously highlighted both her vulnerability and the way that she was able to express her power and choice in her sexual relationship.

### **Geography, space and place**

Once an emotional or affective connection was established, geographical proximity to a partner played an important role in how a relationship progressed. Sustaining relationships with partners living nearby was geographically convenient because it allowed them to meet more frequently. Young women spoke openly about the process of selecting their boyfriends in relation to their enjoyment and desire for more readily accessible sexual satisfaction from partners living nearby. This is similar to what other observers have reported about young people's sexual relationships in different township contexts (Selikow et al., 2002). Spending time with partners who lived nearby also helped to manage the experience of boredom for young couples.

Several women in Town Two also maintained contact with young men living further away, with whom only sporadic meetings were possible. For these women, distance made it possible for them to pursue an additional partner. Sitting in the darkened lounge of her grandmother's three-roomed house where I had been staying, Nontando engaged me in half

conversation as she furiously texted her boyfriend. The two had met seven years prior while in high school together. She described him as an ambitious, loving man. He had moved to Johannesburg to pursue his career in a new management position in a construction company. They had maintained close contact but distance kept them from meeting frequently. When I asked about the challenges of being in a long-distance relationship, Nontando shrugged casually and said, “It’s not so bad. I have another boyfriend who lives in Cape Town”. Nontando said her boyfriend in Cape Town loved her very much and was trying to save money to pay *lobola* in order to propose marriage. But Nontando was not interested in marrying her boyfriend in Cape Town because she really only loved her boyfriend in Johannesburg. Faced, however, with the distance between herself and the man she truly loved, she sought another partner close by.

The distance between Cape Town and Johannesburg is significant: an expensive bus trip of some 20 hours. However, for most young women living in Town Two, partnerships with young men “living far away” did not have to involve large distances. Abongile’s method for negotiating geography was similar to most young women in the area. She had three boyfriends, two of whom lived in other neighbourhoods in Khayelitsha and a third who lived in a nearby township. Abongile said she loved the boyfriend who lived furthest away the most, but was unable to see him often due to the cost of local transport – he lived three minibus taxi journeys away. Like many other young women, Abongile’s limited mobility due to her economic insecurity motivated her to seek closer sexual partners to satisfy an immediate desire for sexual intimacy and companionship.

Having partners in different geographical areas also offered young women the opportunity for physical mobility. “Boyfriends” would often cover the costs of transport for young women to visit them in neighbouring areas. It also sometimes offered women a valuable escape from whatever was happening at home. For Amanda, this was certainly the case. During her relationship with Dickson, a time during which her relationship with Snowy was particularly tense, it served her well to be able to move in with Dickson in Langa, a nearby township. Amanda lived in Langa for an extended period of time; I rarely saw her in Town Two, barring the odd occasion when she had come to visit Zazi at school or take Zazi to the clinic. Almost as suddenly as she seemed to have left, I again began to see her more frequently in

Town Two. When I asked Monwa and Zabi if Amanda had moved back to Town Two, Zabi said that Amanda had a new boyfriend in Town Two. Monwa, who I knew believed that having more than one partner was immoral, just laughed.

Another key benefit of having more distant partners was that it allowed young women a way to avoid much of the local gossip and scrutiny they said was common in Town Two. Women often said things like, “I don’t want a boyfriend in Town Two”. When I asked why, they often replied that if they had a partner living nearby, “the old people [would] see” which would encourage people to “talk”. Life in a township has the potential to compromise both physical and social privacy (Amuyunzu-Nyamongo, Okeng'o, Wagura, & Mwenzwa, 2007; Huchzermeyer, 2004). In Town Two, young women most often lived in households and even shared bedrooms with family members. To have a partner living in a different area often meant greater opportunities for privacy with sexual partners.

Gaining more physical privacy was another key part of Amanda’s choice to leave Snowy’s home, which, the longer I knew her, happened quite frequently. By moving away, Amanda was also able to escape the scrutiny of Town Two community members, and thus maintain more than one relationship. Young women in particular were subject to widely circulating moral discourses about the youth and their behaviour. Young women’s sexuality was often the subject of heightened social scrutiny and criticism. For them, the possibility of engaging in a sexual relationship without the knowledge and scrutiny of family members and neighbours was a key motivation for seeking partners living further away. Young women did not want to be seen by anyone, including prospective partners, as having “lots of boyfriends”, because this would encourage gossip and invite disapproval. The geographical distance between women’s partners also shaped how people responded to women engaging in more than one partnership. As mentioned in the opening vignette, Amanda was said to have had two boyfriends in the same street in Goodwood. This caused outrage for people who knew her: not only were they outraged that she had more than one partner at a time, they were also shocked that she could be so bold as to have two who were living so close to one another.

As described in the previous chapter, young men were often applauded for having more than one sexual partner, whereas for women, the converse was more often true. Women's careful social and spatial management of their sexual partnerships pointed to the persistence of gendered and social norms about how women ought to behave sexually. Young men, on the other hand were under less social pressure to keep their other partners from view.

### **Infidelity, instability and the fluidity of relationships**

Although men were often more open about having multiple partners, learning that a male partner was seeing someone else at the same time could disrupt relationships. This was certainly the case when male partners failed to meet women's expectations. This process was described as men causing women "disappointments" and often motivated women to seek replacement partners. Two scenarios were described as key examples of disappointments. In the first, young men and women could find themselves in a "clutch", a term perhaps derived from the English word clash, and used to describe the conflicts that arose when young men took on additional partners. In a "clutch", women began both fighting with, and for their man. Though this situation was fairly common among young people, it was also always undesirable for both the more recent and longer-standing female partners. The second disappointment related to men's more general unreliability with respect to meeting arrangements or the provision of material goods.

In either situation, women referred to the possibility of seeking an additional partner for themselves. The decision to be with someone new, or to maintain an initial relationship that may have caused a disappointment, hinged both on how young women felt about these men, and on what transpired between them in the time that followed the particular crisis. Some partnerships ended while others continued, partly because women expected such disappointments from the men in their lives. In line with dominant sexual and cultural scripts in the South African context, women were more likely to forgive men for "cheating" because it was socially accepted that men would inevitably engage in multiple sexual partnerships (LeClerc-Madlala, 2009).

Although this may hold true, young women often knew that their boyfriends had engaged or were continuing to engage in sexual relationships with other women, but chose not to confront their partners. In the context of intimate relationships, while the knowledge of infidelity might be shared, it may not always be socially permissible to discuss (cf. Hardon & Posel, 2012; Hirsch et al., 2009; Taussig, 1999). In other situations, young women may have saved themselves from the pain associated with confronting their partner's infidelity by employing self-deception about his behaviour. Although women did not like being in a situation where a man caused them a disappointment, it was at times used as an additional justification for seeking other partners. In a conversation about her motivations to find a second partner, Nolutho simply said, "He cheated me, so what must I do?" This response points to women's decisiveness in choosing to take on another partner as a strategy for continued support and affection, rather than passively accepting their partner's infidelity. It also highlights the instability and flux that often characterised young people's relationships.

Women were also selective about who they told about their partnerships, particularly if they were engaged in more than one partnership at a time. As others have argued, for men, having multiple sexual partnerships is positively associated with masculinity (Jewkes & Morrell, 2010; Stern & Buikema, 2013). In Town Two, as part of the display of this masculinity, men often discussed their partnerships openly or bragged to each other about their many sexual conquests. Young women, on the other hand, were much less likely to discuss their sexual partnerships, whether single or multiple, in most contexts.

This pattern was challenged, however, by some young women who found ways to discuss their sexual relationships more openly, sometimes even in mixed-gender friendship groups. In these cases, though, women often used careful, euphemistic language to describe their relationships. One afternoon, I sat with Abongile, Zabi and a few of their male friends from Town Two, including Madoda and Siphon. Siphon warmly teased Abongile about her many boyfriends: "These two", said Siphon, pointing at Abongile and Madoda, "they like Science, English and Xhosa" (spelling out "sex" as an acronym).

Through euphemism and allusion, it became clear that Madoda was one of Abongile's sexual partners. Madoda, as well as the others present, were fully aware that he was one of many. While it appeared to be acceptable to discuss Abongile's sexual partnerships amongst friends, it was also significant that they chose to talk about these partnerships euphemistically. Abongile's multiple sexual partners could not be discussed as openly as they could have been if she was a young man. Social situations dictate both what was possible to say, but also how it is possible to say it (Hardon & Posel, 2012; LeClerc-Madlala, 2009). A young man with lots of girlfriends would be seen as "sharp with girls," particularly by male peers, while a woman with many boyfriends would be known as a "slut" or *isifebe* (bitch).

Women tended to be more open about other partnerships with men for whom they did not have strong feelings. Abongile told me that she was not interested in Madoda in the long-term, and thus spoke more openly about her other partners. Nontando had also employed this strategy with her partners: because she felt less for her boyfriend in Cape Town, she had told him about her boyfriend in Johannesburg, but not vice versa. The strength of their feelings for their partner and their longer-term plans with them also shaped how they felt about their boyfriends' infidelity. For example, Sinathi knew that her partner Sipho had been with someone else, but she forgave him because she loved him, and because they had a child together. Similarly, Nontando seemed to tolerate the idea of her Johannesburg boyfriend being with other women, partly because of her imagined future with him, but also because she loved him deeply.

Secrecy was also used to manage having a child from a previous partnership. As explained above, many young men were often reluctant to enter into partnerships with women with children. If they did, they were often wary about maintaining the relationship long-term, making comments like, "I am not looking after a child that's not mine" or "that child is her problem". Zabi found herself in this situation when she first met Joseph. She was excited by the prospect of the relationship becoming more serious but said, "But I am worried. He doesn't know about my daughter". She believed that if she told Joseph about her daughter, he might not want to be with her. Despite the fact that many young women living in Khayelitsha have children, it is common for young men to express their aversion to caring for children – particularly those that they have not fathered themselves. Some of these young men were

already contributing to the care of their own children with other women and were thus even more reluctant to have to care for another child. Ironically, in the case of Zabi and Joseph's relationship, Zabi discovered that he also had a child that he had not told her about.

One reason women kept multiple lines of possibility open in these often rapidly changing relationships was their need to weigh their options and test the suitability of partnerships over time. Young women's motivations to explore partnerships with multiple men were thus partly based on their reading of the often-limited duration of the partnerships. Women's focus on developing longer-term relationships with young men was often catalysed by a pregnancy, heightening their need to clarify the roles that these young men would play in their own and their children's lives. The role that fertility plays in shaping intimate relationships is discussed in more detail in Chapter Seven.

## **Discussion**

In this chapter I have explored how young women establish, negotiate and sustain sexual and social relationships as a central life course strategy. Relationships between young people are complex, fluid, and profoundly shaped by local social networks and economic and cultural contexts. Such sexual relationships are a site through which young people grapple with social norms and expectations, but also imagine and enact individual aspirations. Relationship meanings and practices are thus clearly more than the sum of a set of individual sexual behaviours or rigid cultural scripts.

For example, young women both reinforce and challenge prevailing social norms and gender roles. While it is widely believed that desirable women are chaste, many young women find ways to speak about their partnerships, which are sometimes multiple and concurrent. For young men, while their hope may be to provide their female partners with material gifts, they often cannot live up to this ideal because of economic constraints. This complicates the ways that gendered sexual relationships are often framed in dominant public health discourses,

which tend to perpetuate rigid and reified notions of men's rampant sexuality and women's vulnerability.

Having multiple sexual relationships and moving from one relationship to another is common and socially acceptable in part, but it is also pragmatic for young women. The way in which their relationships played out in geographical space points clearly to this. Young women exercised their agency in their choice to select partners who live nearby in order to meet some of their needs and desires: emotional, physical and material. But selecting partners who lived further away, especially if a woman was already engaged in an existing sexual relationship, was an important strategy to avoid the scrutiny of family and community members. It is also important to highlight the fact that, while partners may be purposefully selected because they live in a different area, economic insecurity and income poverty may also mean that it would be unlikely for women to be able to travel to see partners they really liked if they lived further away.

For both men and women, relationships are important sites through which to make individual and social meaning, which the often narrow, negative and moralising public health discourses about multiple partnerships and transactional sex tend to obscure. In contrast to some of these public health framings of women's role as vulnerable in sexual relationships, young women are often decisive and strategic in their choice of partners and in the ways that they manage them. For example, instead of understanding women's receiving gifts or material resources from their male partners as a sign of their vulnerability in the context of a transactional sexual relationship, economic support was often a way that young men were able to show empathy and affection for their partners. Women also selectively use secrecy and disclosure as a strategy to either maintain relationships or manage men's expectations of them. Women's choice to disclose or withhold particular kinds of information, such as whether they currently have other partners or a child, was also about managing the affective connection between partners.

In Town Two, young women in waithood use their sexual partnerships as a means to assist them towards the transition to adulthood. They employ judicious opportunism to select and maintain partnerships that will benefit them in different ways. Here they are balancing the

intentional action regarding the selection of partners against the backdrop of uncertainty that characterises their circumstances.

## **Chapter Six: “If you don't have a photocopy you need to get checked”: Early Fertility and Parenthood in Town Two**

I met Lophelo in 2013 through a local pastor, who had been centrally involved in church-related work to try to encourage young men like Lophelo to end their participation in gang-related activity. Lophelo's smile and shoulders were equally broad. He maintained his muscular physique through playing soccer in a local team for which he had been made captain. He wore clothing made by athletic and outdoor brands, including a “K-way” branded beanie. Although the brand has nothing to do with Khayelitsha, Lophelo told me that K-way meant “Khayelitsha way”. Lophelo lived in a hokkie at the back of his mother's three-roomed RDP house. She was the sole breadwinner in the house where Lophelo, his older brother and girlfriend, uncle and a few young children lived. It caused Lophelo's mother “a lot of stress” to make her modest supermarket employee salary go as far as it could.

Now as an identified member of the church, and having been through Xhosa initiation, Lophelo said that he was no longer a gang member. He claimed that during the height of his involvement with the “Hated But Respected” or HBR gang in Town Two, he and his friends used to steal things and smoke. He was quick to add that he never smoked *tik*, but rather cigarettes and marijuana – a habit he still indulges but tries to deny. When he spoke about the violence of the past, it was with a combination of pride and shame. Several stories centred on his need to defend HBR territory and the honour of fellow gang members. At other times he looked embarrassed by the violence he had perpetrated.

Unlike several of his friends and fellow gang members who were expelled from local schools in Khayelitsha, Lophelo managed to complete high school. It was in his final year of school, just before he began writing his Matric exams, that his girlfriend Athi told him that she was pregnant. While other teenage boys, including friends of his, initially denied paternity, Lophelo said that he had planned the child, and had told Athi about his intentions. He explained that before considering getting married to Athi, he wanted to “check” how they managed having a child together. Lophelo remained clear that Athi was going to have his

child, and that he wanted to support them both. As Athi's pregnancy progressed, she had to drop out of school in grade ten and did not return to school after their daughter was born. Lumphelo had become increasingly worried about not having work because he said he needed to provide for Athi and their daughter. Over the next year and a half he took poorly paid contract jobs that offered him just R100 for a full day of work. He would often return home tired and dejected after a day of hard labour working for a building or landscaping company.

The next time I saw Lumphelo, he had a sizable gash on the side of his face. The wound pulled at the right-hand corner of his mouth. When I asked what had happened, I could see that as he spoke, he was trying to hide the gap where he was now missing one front tooth and half of the other. He had been hit in the face by a brick thrown by a boy who had aimed for a rival gang member. In trying to stop the fight, Lumphelo had been caught in it.

Over time the wound healed but Lumphelo's smile was permanently changed. Whereas before he would greet people with his warm, crooked grin, his lips now remained tightly closed when he smiled. Lumphelo worried about how little money he was earning and applied for better paying jobs in the hope that he would make more money to support himself, Athi and his daughter. In two consecutive job interviews, he was told that he would have been offered the job, but employers felt that they could not employ him without front teeth.

Lumphelo became increasingly despondent about his life prospects. He seldom appeared to get joy out of the things that used to make him happy, including playing soccer. His motivation to look for work was steadily waning. I had found a dentist in the private sector who had agreed to work on Lumphelo's teeth for free. I had hoped that it would help to lift his spirits and find a job. It was on a car journey from Khayelitsha to the leafy, previously White suburb of Claremont where the dentist practised that we spoke about Lumphelo's other worries. He had also been having problems with Athi. With his face turned away from me to hide his tears, Lumphelo explained that Athi had been seeing other men. Lumphelo did not want to leave Athi: he loved her and was committed to staying with the mother of his child. A hurt and shamed part of him understood why she would want to date someone with money. But he wanted to be with Athi, despite the fact that she had cheated on him, and hoped that he would

always be in his daughter's life. Lumphelo's own father had died when he was young and he spoke often about not having had a father figure in his life. He did not want the same for his daughter.

When his false tooth was fitted and other tooth built up, Lumphelo was happier than I had seen him in a long time. As it had been over a year since he had lost his front teeth, Lumphelo had become so accustomed to trying to hide his teeth that he took much convincing to expose his new smile.

## **Introduction**

In Chapters Four and Five, I explored some of the avenues through which young men and women attempt to transition to adulthood. I highlighted the ways that performances of gendered identity and engaging in sexual partnerships contribute to young people's attempts to make this transition. In this chapter, I focus on the role that fertility, or potential fertility, plays in their lives and relationships. In particular, I explore how fertility has the capacity to challenge and threaten, but also deepen and reinforce social relationships, between partners, peers and family members.

Having a child is often recognised as a central social signifier of making the transition from childhood to adulthood. But for young people coming of age in Town Two in the context of waitness, having a child does not mark an easy or clear transition from the one life stage to another (Johnson-Hanks, 2002a, 2006). Instead, faced with the prospect of navigating the responsibilities of having a child within their contexts of income poverty, young parents draw on the resources that they have available to them in an attempt to foster and protect any form of individual and social gains they may have accessed. These gains are slippery and contingent, and constantly under threat.

In South Africa, early fertility and teenage pregnancy have become a central focus politically as well as in the field of public health (Mkhwanazi, 2009; Panday et al., 2009). The rates of teenage pregnancy here remain high, but as argued in Chapter Two, it might be more useful to explore early fertility and its implications rather than focusing solely on births to mothers from the age range of 13 to 19 years. For many young women in Town Two, they may have children at the age of 20 or 21 but find themselves in a position similar to someone who is 17, and also trying to complete school. While the focus of much literature on early fertility is on teenage pregnancy specifically, it is useful to expand this focus to look at young families (cf. Mkhwanazi & Bhana, Forthcoming) to capture the diverse and creative ways that young parents and grandparents configure, challenge and reinforce the family structures, decision-making processes and care practices that surround them and their children.

In this chapter I explore the ways that young men and women have used their fertility and performance of parenthood as a way to navigate the transition from childhood to adulthood, within the broader context of social relationships. In particular, I focus on young people's fertility desires and management strategies in relation to choices about the use of contraception, the ways that potential fertility is used to build or test intimate relationships, or as a means of gaining social currency with peers. I explore the persistence of gendered, social and cultural ideals related to fertility and parenting, as well as creative ways in which young people attempt to live up to these individual and social expectations in their contexts of complex structural constraints. Ultimately, I show how fertility, as both an aspiration and a threat, is woven into the complex process of attempting to transition to adulthood in the context of Town Two.

### **Early Fertility and Parenthood in context**

The White Paper on Families in South Africa highlights the diverse nature of South African families, as well as the need to understand this diversity in order to promote “healthy family life” and preserve and strengthen existing family structures (Department of Social Development, 2012). The White Paper outlines how family structures are shaped but also threatened by a range of socioeconomic factors, including poverty (particularly its

feminisation) (Barbarin & Richter, 2001; Reddy, Meyer, Shefer, & Meyiwa, 2014), inequality, absentee fathers, HIV and teenage pregnancy (cf. Clark, Cotton, & Marteleto, 2015; Makusha & Richter, 2016). Teenage pregnancy has long been a source of heated public debate in South Africa that has been positioned in much the same way as it is in the White Paper, as a threat to families and national development (Garenne, Tollman, Kahn, Collins, & Ngwenya, 2001; McDevitt, 1996; Singh & Hamid, 2016).

In South Africa, survey data indicates that over the past few decades rates of teenage pregnancy have been steadily declining (Branson, Ardington, & Leibbrandt, 2013; Moultrie & McGrath, 2007). Although this is the case, these rates remain high and represent a sharp contrast to fertility trends in older age groups that have dropped more significantly (Dickson, 2003; Kaufman, Wet, & Stadler, 2001). Teenage fertility rates are also highly varied by province and by racial group (Branson et al., 2013). In the provinces and population demographics where teenage fertility is highest, particularly among Black African teenagers living in rural areas, spikes in fertility have been increasingly scrutinised. This has contributed to growing popular attention, public health concern and moral panic surrounding early fertility (cf. Bhana, Morrell, Shefer, & Ngabaza, 2010; Panday et al., 2009).

A growing body of literature has questioned why teenage pregnancy has captured the public imagination in South Africa in the ways that it has (Macleod, 2003a, 2003b, 2010; Mkhwanazi, 2012). Some authors point to the ways that teenage pregnancy has been interpreted as symbolising a breakdown in young people's values (Mkhwanazi, 2014). Although "wayward youth" are commonly seen as the source of the problem in relation to teenage fertility, it is important to understand early fertility in the context of broader networks of families and communities (Mkhwanazi, 2014). It is here that gendered and moral ideals linked to sex and sexuality are perpetuated and policed.

Within the context of Black African families, silence and secrecy often shroud matters pertaining to sex and sexuality (Bray, Gooskens, Moses, Kahn, & Seekings, 2011; Delius & Glaser, 2002; Harrison, 2008; Mkhwanazi, 2010; Ngabaza, 2011; Deborah Posel, 2004). Such matters are not openly discussed, particularly not by members of different generations,

especially not between parents and children. Although loss of virginity often occurs at a young age, the ideal is that girls should not be having sex until they are older or until they are married – an ideal shared by both women of the younger and older generations (Harrison, 2008). As Mkhwanazi argues, this silence surrounding sexuality has created fertile ground for teenage pregnancy to occur (Mkhwanazi, 2014).

When compared to other African countries, South African marriage rates are particularly low (Harrison, 2008; D Posel et al., 2011). Despite this widespread trend, the social aspiration to get married persists, as does the ideal that children should be born in the context of marriage (Harrison & O'Sullivan, 2010). As discussed in Chapters Four and Five, many young people aspire to getting married one day, and might also speak about their belief that children *ought* to be born within the context of marriage.

Although these ideals persist, the realities of family structures seldom conform to them. In Khayelitsha, the overwhelming majority of households are multi-generational and headed by women. This reflects broader trends in South Africa, where the percentage of South African fathers living in homes with their children is among the lowest in the world (D Posel & Devey, 2006; Prince, 2009). Although residential fatherhood is uncommon, a growing body of evidence shows that young fathers play an important role in the lives of their children (Clark et al., 2015; Makusha, Richter, & Bhana, 2012; Swartz & Bhana, 2009).

It is within this context of moralised teenage pregnancy and complex aspirations about young people's hopes for the configuration of their families in future that I explore in more detail the ways in which potential fertility and fertility desires play out in the context of Town Two.

Given the challenges related to completing their education and thwarted attempts to find stable, paying employment, becoming a young parent in Town Two is never a financially easy task. That being said, negotiating fertility in the context of sexual partnerships remains a key avenue through which to attempt to transition to adulthood. In the sections that follow, I explore how young people grapple with the use of contraception, fertility and parenthood. Here I highlight the ways that young people can be seen as navigating the vital conjunctures

of potential fertility. It is also in this context that their potential prior intentions around pregnancy prevention meet their intentions in action as decision-making processes rapidly shift and change in the context of young people's lives and relationships (Johnson-Hanks, 2005).

### **Sexual Pleasure, Desirability and Contraception**

As outlined in Chapter Two, in populations of young people where HIV incidence and teenage pregnancy are high, national public health campaigns are often centred on increasing and encouraging condom use (Bearinger, Sieving, Ferguson, & Sharma, 2007). But amongst young people in Town Two, condom use remains unpopular (Smith, 2004). This was especially true for young men who consistently expressed reluctance to use them. When asked why, men would most often say that using condoms diminished their sexual pleasure. I often heard young men saying things like, "Why would I eat a sweet with the wrapper still on it?"

To these young men, as is consistent with the core tenets of hegemonic masculinity described in previous chapters, their own sexual pleasure within the context of their partnerships was often viewed as of central importance. Young men's sexual pleasure, rather than the pleasure of their female partner or the possibility of conception, was paramount. Seeking sexual pleasure was also often read positively in relation to their performance of masculinity. In a conversation about who should encourage condom use in the context of sexual encounters, one young man explained, "It's a woman's job to say: Put on a condom. Men are not thinking about that". Here his point could be read in two ways: firstly, it clearly places the responsibility to raise the question of whether to use condoms with women. Secondly, it highlights the possibility that if women do not raise the use of condoms in the context of sexual encounters, young men seem happy not to push the issue themselves.

Negotiating the use of other kinds of contraception was also complex. Both young men and young women saw the pitfalls of using hormonal contraception. Young women often spoke

about not wanting to take longer-term hormonal contraception, citing a list of potentially undesirable side effects that could manifest themselves in women's physical bodies. Women most commonly spoke about their fear of weight gain, and said things like, "the shot [hormonal injectable contraception] will make [me] fat". Abongile, on the other hand, believed that using hormonal contraception would make her lose (and not gain) weight and lead people to think that she had "the 3 letters" (HIV). These sentiments pointed to women's own bodily ideals in not wanting to gain or lose weight, but were framed in relation to living up to male desires and expectations of women's bodies. Young women were clearly invested in looking sexually attractive to male sexual partners.

There was also sometimes stigma associated with women's use of hormonal contraception. Young men claimed that they could see if women were using such contraception and could thus make moral evaluations of them. Women using such forms of contraception would be said to have "shaky bums". Sometimes, if a woman gained a lot of weight, men might say, in a judgmental tone that the woman is "preventing now". This also indicates the way in which sex is a socially and morally policed issue. This moralising discourse about young people's sexual behaviour was primarily perpetuated by members of the older generation, who often spoke about the degeneration of values and the moral corruption of youth because "all they [youth] do is have sex". Changes to women's bodies due to their use of contraception were often frowned upon by older people, who equated these changes with young women's immoral sexual behaviour. In order to avoid the social stigma of bodily changes, or being seen attending the clinic to either collect the contraceptive pill or get "the injection", some young women chose not to use it.

Other women, particularly those who already had one child, were adamant about using contraception to prevent having another pregnancy. Many diligently attended their clinic "date to prevent" (colloquial way of referring to the routine clinic appointments to access contraception) because they did not want to have another child. Nontando also saw the possibility of her fertility as potentially closing down her options to have male partners, who she believed might not want to be with her if she already had another man's child. A common refrain used by young men, especially with recently initiated partnerships with women who already had children by different men, was "this thing is between me and you, not me and

your child". After some time, men might consider caring for a woman's child if he "really loved her", but as often as not, they would persist in saying that, "If it's not my child, it's not my responsibility". It is unlikely that a man's initial decision to engage in a sexual relationship with a woman would be informed by whether she has children. However, if he perceives that she hopes (or even expects) him to participate in the practical and emotional dimensions of childcare, he might be deterred from sustaining the partnership.

For Nontando, using contraception was an important way for her to keep her options open in the context of her sexual partnerships. For other young people, like Lumphelo, having a child with his partner was an aspiration rather than a threat to the relationship. In the section that follows, I explore in more detail the role that fertility plays in the context of young people's partnerships.

### **Creating and Sustaining Relationships**

Young people's immediate fertility desires have perhaps received less attention than contraceptive use in the literature. But many young people like Lumphelo, are actively trying to conceive as a way to build or test their relationships (cf. Smith, 2004). Many young people speak to their attempts to "create that bond" or "prove that they have that bond" through having a child with a partner to "connect" the pair forever. Zabi's first boyfriend and "virgin breaker" visited her one evening and threatened to rip up her clinic card which she needed to present at her monthly clinic visits in order to collect her contraception. He did not want her to "prevent" (pregnancy) anymore because he wanted to cement their relationship through having a child with her. Another young woman, when talking about contraception, explained that some young people use condoms but others do not. She explained that some young people say to their partners, "I love you so deep I want a baby from you".

While some spoke actively about trying to have children in their relationships, others were merely open to the idea, particularly in the context of longer-term relationships. From the young men's perspective, condoms were least popular in the context of longer-term relationships and the onus was placed on women to prevent pregnancy, even they were still at

school. In a conversation about having children, one young man said, as he shrugged casually, “Hey, if it happens, it happens”. Another young woman explained, “People are not careful... I was not supposed have children at 21 but I do”. Her statement pointed to the fact that she recognised the potential for her fertility but, possibly for the reasons described above, this does not always translate into the use of contraception.

While some young couples spoke about actively wanting to have a child, the majority of young couples were faced with negotiating an unexpected pregnancy. The initial shock, shame and embarrassment linked to particularly early fertility have been documented in the South African context (Mkhwanazi, 2010). Although marriage is uncommon, the social pressure to have children within the context of marriage persists. Partly in response to this societal pressure, young people who had children at a young age outside of marriage, spoke about their hopes to marry the genitors of their children later on. Having a child thus acted as a catalyst for considering marriage to a particular partner, or at the very least the possibility of sustaining a longer-term relationship with them. The desire to maintain a relationship with the genitor of a child was sometimes stronger for young women than for young men. In light of prevailing social norms and ideals linked to having children, it might be more socially damaging for young women than young men to have children out of wedlock. Young women’s sexuality is more closely socially policed, whereas there is often an acceptance, or expectation that young men will have multiple sexual partnerships which may lead to having a child.

This was certainly the case for Zabi, who I met in 2013 when she was eight months pregnant with Khayone. Siphe, Khayone’s father, was largely absent. His attendance at school was at best inconsistent and he, like many other young people in Town Two, was using drugs. Zabi lamented that Siphe’s abuse of *intsangu* (marijuana) and *tik* meant that he heard voices in his head, was unable to sleep, and had been known to have violent outbursts directed at strangers in the street. Despite this, Zabi explained “It is my hope ... my dreams to marry Siphe because Khayone won’t love another man the same way.” In many respects it was clear to Zabi that Siphe would make an unsuitable long-term prospect. He was involved with gangsterism and drugs, and like many young men who are unemployed and living in poverty, was unable to live up to the gendered ideal of being a “provider” in their relationship, a

challenge discussed by other scholars working in a similar contexts (Bhana & Pattman, 2011; Dworkin, Colvin, Hatcher, & Peacock, 2012). Even so, Zabi still hoped that they might have a different kind of relationship in the future.

According to Luphelo, having a child with Athi was not unplanned but instead a way for him to check how things went before the possibility of asking her to marry him. But things between the pair had not gone exactly according to plan. Athi had cheated on Luphelo multiple times, which left him feeling hurt and humiliated. The fact that Athi was the mother of his daughter was a key motivator for Luphelo to stay in the relationship. If not for their daughter, Luphelo may have left her.

Although both men and women clearly acted on their fertility desires, prevailing negative discourses tended to focus on women as attempting to strategically control or manipulate men using their fertility. In this situation, women were described as “trapping” men through having a child with them. This was most commonly spoken about in one of two ways. Firstly, if a young woman was impregnated by a man known to have many other sexual partners, this woman would often be described as “jealous” of his other sexual partners, and thus of actively trying to conceive to ensure that his relationship with her might be elevated above his relationships with his other partners. Secondly, women who became pregnant by young men who were financially independent were also accused of “trapping” these men. This framing of young women seeking to trap men, and young men being vulnerable to being trapped, clearly highlights a prevailing set of social and gendered ideals linked to male and female sexuality and fertility. Here young men were painted as vulnerable and defenceless against young women’s power and deception. As described above, young people’s fertility and sexual partnerships were of course much more fluid and complex than this overly simplified framing.

Proving one’s fertility was important in the context of existing partnerships, but was also important to be able to prove to other potential partners. Young people may have had an unforeseen pregnancy initially, or may have actively tried to conceive with a partner when the relationship was going well. Here they were attempting to build, but also test their

existing partnerships, but were also showing that they may be a suitable partner for the long-term because of their capacity to conceive. But, proving one's fertility to others, including peers and potential future partners, also remained important. As described in the previous chapter, young people's relationships are often unstable and fluid. Having had a child previously, however, was also a symbol to prospective partners of one's fertility. For young men in particular, one avenue to demonstrate their masculinity was to show their virility. One young woman put it simply, "If you can't make babies, you are not man enough". Another young man explained, "If you don't have a photocopy [child], you need to get checked". Other young men had a longer-term view in mind. Such young men told their female partners that they wanted to have a child in order to prove that they could "be good fathers", thus pointing to the future of their relationships and performances of masculinity.

The fertility desires were also influenced significantly by the ideas and experiences of others in their peer groups. There was a degree of peer pressure and competition around fertility. While some pregnancies were unplanned, both young men and women said that some couples actively tried to have children because when they saw their friends having babies, "they also want[ed] to experience [having a child]". For young men, proving their virility to their male peers was perhaps as important as being seen as "part of the crew" of young fathers. A stark example of this is that after the birth of Lumphelo's baby girl Khayone in early 2013, Siphe chose the name Khayone for his daughter with Zabi who was born a few months afterward. Parents reported feeling worried about their children spending too much time with young friends who already had children because they feared that it would encourage their children to want children too.

Although it is clear that fertility plays an important role in the context of young people's relationships, being a young parent in a township context is not an easy task. In the section that follows, I explore the strategies employed by young mothers and fathers in their attempt to perform legitimate parenthood as best they can.

### **Managing Children: Female Care and Male Money**

Young parents in Town Two are forced to navigate the challenges associated with raising their children in the context of socioeconomic marginalisation. Managing difficulties in township life was most often spoken about in reference to the well-being of people's children. As is consistent with prevailing gender norms and the ideals associated with hegemonic masculinity, young women sought to live up to the gendered and social ideal of being good mothers through providing their children with care. Young men, on the other hand, were expected to contribute financially to the care of their children.

Having a child often presents insurmountable costs for young parents, financially as well as in terms of the reproductive labour required to raise a child. In South Africa, most teenage births are found to happen outside of stable unions to women who have little means to support themselves or their children (Cooper et al., 2004). Although there is a growing literature that points to the roles that young fathers attempt and aspire to play in their children's lives, the overwhelming burden of care for children falls on mothers and their female kin. Thus, many women who had children at a young age turned to their own mothers (the grandmother of their child) for support. As Abongile explained, if teenage women have children, these children become "their [own] mother's child". The supportive role that mothers play in caring for the children of their teenage daughters has been explored in the context of South Africa (Mkhwanazi, 2010, 2014). As Mkhwanazi explains, the grandmother's care of their grandchildren is transformative for both women: mothers of daughters who have given birth as teenagers assist them in restoring their identities as good mothers through taking on some of the care responsibilities for their grandchildren. Through drawing on the support of their mothers and female kin, teenage mothers in this situation were afforded the opportunity to be transformed into good mothers themselves.

For some young women, however, relying on their own mothers to assist in the care of children was not possible. In the South African context where rates of teenage pregnancy have remained fairly high over the past few decades, having grandmothers who might still be of reproductive age is not uncommon. These women might have more children themselves after they have become grandmothers. For Zabi, whose story is shared in more detail in the following chapter, this was the case. As a child of three generations of teenage mothers, Zabi's mother had become a grandmother at the age of 32 years. Nothemba, Zabi's mother,

was still caring for her own young children at the time that Zabi conceived. In addition, Nothemba went on to have another child when her granddaughter was two years old.

During this time, Zabi took full responsibility for the care of her daughter, but also took on increasing responsibility for the care of Monwa's daughter, as well as for her other younger siblings, while Nothemba focused on caring for her infant daughter. Zabi's recourse to care labour in this situation simultaneously created an avenue through which to construct a more socially and morally legitimate form of motherhood, but it also highlighted her vulnerability because of the opportunities she had lost through her own early pregnancy. Her vulnerability was clear in that being young and available during the day made her, like other teenage mothers, a more ready source of care labour than older, unemployed women, who were generally more likely to have the social standing and power to refuse to offer support in the care of other people's children. Older women were also more likely to have long-term, stable (and thus socially recognised) male partners, who may have a say in who provides care for children who are not their own. This sits in contrast with the nature of teenagers' partnerships, which are more often unstable and dynamic, decreasing the likelihood of boyfriends having a say in how their partners spend their time.

The bulk of the burden of care work to raise children born to young parents fell on women and female members of their kinship networks. As one young mother explained "if you have a baby before time, you will regret. You will suffer. The father will disappear". Many young fathers were called "dogs" because it is not uncommon that young men initially deny paternity when they first hear that a partner is pregnant. Young men who did this were called "dogs" and thought of as "useless" by the mothers of their children.

Although they seldom lived with their children, young fathers spoke about their desires and attempts to contribute to raising children. In township contexts, living up to the ideal that as a young father you will give "support", referring to financial support, is an almost impossible task. The financial burden of caring for children was often spoken about in relation to the cost of nappies, which can cost in excess of R200 per pack. Even for those who are employed, the cost of one pack is close to double what a young person might earn in a day.

Many young fathers, like Lumphelo, thought about his need to get a job primarily in relation to his responsibility of caring for his daughter's financial needs. They often explained that they needed to get work, even if the amounts of money they earned were meagre. To have enough money "just to get bread" was better than not providing at all. Young fathers aspired to provide their children with financial support, but if they were unable to, the responsibility to provide most often fell to their female kin next. One young woman, who had a child in her final year of high school, said when describing the father of her daughter, "He is a good dad...shame". She said this when she was describing how he helped to provide financially for the care of their daughter. She said that each month she would make a list of what she needed, and he would give her the money to buy things. If he did not have the money, his mother would give her money.

Given their precarious circumstances, young fathers often failed to provide their children with the financial support that they and their female partner hoped that they would. The pressure and expectation to provide became even more pressing during December. In South Africa, there is a widespread practice in Black South African families to buy children what are colloquially referred to as "Christmas clothes". During December and January, children are supposed to be given three new "kits" or outfits: one on 16 December (Reconciliation Day – a national holiday in South Africa), one on Christmas Day and one on New Year's Day. In addition to the fact that these outfits are all supposed to be brand new from head to toe, fashionable and exorbitantly expensive branded items were often bought. It was common for children to be bought clothes to the value of R1500, just for the December months. Shoes represented a particularly significant portion of the cost. Despite the fact that many young parents are unemployed, they may save and borrow money to buy their toddlers shoes that may cost R500 a pair.

## **Discussion**

For young people in Town Two, negotiating fertility and early parenthood constitutes a significant part of the process of transitioning to adulthood. In this context, women's fertility is both an aspiration and a threat, with either outcome having the capacity to radically shift

the nature of social and sexual relationships. In this context, the limits of exploring fertility in relation to “intentionality” are clear (Johnson-Hanks, 2005). Sometimes fertility decisions reflect the “prior intentions” of young men and women, but they are perhaps more productively read as “intentions in action”. For these young people, rather than trying to achieve a set of end goals or follow a path that has a particular end in sight, they are responding to the immediate challenges that face them, the instability and fluidity of their sexual partnerships and the gendered and social responsibilities associated with being a respectable young parent.

For young people in Town Two, early pregnancy simultaneously increases precarity on one hand, but also offers them some immediate benefits on the other. Having a child at an early age puts enormous pressure on young people, their relationships with their partners and on their female kin to help to absorb the care needs of the child. Taking care of a child makes accessing other opportunities to transition to adulthood even more difficult to achieve. For example, many young women who have children while at school drop out, and either never return, or face significant challenges in trying to finish their schooling later in life. If young people do find employment, it is likely to be unstable and poorly paid. If this income also has to go towards the support of a child, young people will have less to cover the costs of their own needs.

But for many young couples, pregnancies are viewed positively, even if caring for the child comes with significant economic and emotional stressors. Pregnancy and fertility for young people are as much about developing a sense of adult self-worth as they are about having a child. To some extent, engaging in longer-term partnerships, and particularly having children in the context of relationships that young women attempt to sustain, marks an attempt at making a transition towards adulthood. Young people who manage to have some success at navigating this transition, as rare as it may be to be able to provide appropriate care and financial support to their children, may be marked as older.

## **Chapter Seven: Coming of Age when AIDS is ‘old’: experiences of youth and risk in an HIV treatment era**

On the afternoon of the 6 February 2015, Zabi, her two younger sisters, Lihle and Nana as well as her own two year old daughter, all piled into my car. We were on our way to the hospital to visit Nothemba, the girls’ mother, who had just given birth to her fourth child. As we drove to the hospital, Zabi explained that the sisters were hoping that the baby was a boy because there were already “too many girls” in the family. After going into the ward to visit their mother, I knew from their slightly disappointed looks that another baby girl had joined the family.

Nothemba had given birth at a nearby public hospital. She had asked Zabi if she and I could buy her some sanitary pads, as these were not provided to her in hospital. As we stood in front of the section of the aisle that contained all of the sanitary pads, I asked Zabi if she thought her mother would breastfeed her daughter, Thandolwethu. I asked partly because Zabi was still breastfeeding Khayone, who was to turn two that July. Given low rates of breastfeeding in South Africa, I knew that Zabi’s feeding choice with her child was unusual and wondered if it was something that she had learned in the context of her family. Zabi shook her head and looked at me pointedly. It was then that I realised that Zabi’s mother is HIV positive.

In the coming months, Zabi and I spoke a little more about her mother’s health. I asked her how she had come to know that her mother had HIV. Zabi explained that they had never spoken about it but she had found a bottle of pills in the house and had recognised that they were anti-retroviral medications. She explained that her mother never speaks about her condition to anyone. Given the pervasive intergenerational silence around sex and sexuality I had come to know in Khayelitsha, I wondered if she might be even less likely to speak about her diagnosis with her own daughter.

When I first met Nothemba, shortly before the birth of her fourth daughter, I had already known Zabi for about three years. At the time, Nothemba was living in a hokkie on the premises of another house. The hokkie was a single room, with a small table topped with a two-plate stove and a large television on the left-hand side. The double bed took up most of the rest of the room. Nothemba was living with Thandolwethu's father at the time. I wondered how all three would fit into that small room when the child was born.

Zabi worried about her mother a great deal. Nothemba drank too much and "liked to go around". Nothemba did not have a job and when she did have money, she spent it on alcohol. Zabi was concerned that when her mother drank, she did not "eat her treatment". I thought a great deal about what it must be like for Zabi to be worrying about her mother like that. As I watched Zabi care for her own daughter, and take on the care of Monwa's youngest child, I also thought about how different the two were.

Over the next year, I learned more about Nothemba's diagnosis. She had discovered that she was HIV positive when she was pregnant with Nana, who was five years old at the time. All four of her children were born to different fathers. When Nothemba met Thandolwethu's father, "he was already HIV". The pair, according to Zabi "eat treatment together". All this was explained to me in the context of Zabi describing how she had never spoken to her mother about sex. She said that she was too shy to ask her mother about wanting to have sex "at such a young age".

Zabi's first child was born when she was just 16 years old, after a lengthy and complicated birth. One morning in October 2015, as she and I drove through the Eastern Cape towards Tarkastad to visit the place where her grandmother had once lived, Zabi and I got into a long conversation about sex and about love. She told me about Khaya, her "virgin-breaker", who, even after Khayone was born to a different man, still tried to convince her to marry him. We also spoke about how Khayone was conceived. Siphe had told Zabi that he would use "protection" but when Zabi was lying in the bed with Siphe, she explained that he "just put the condom on the pillow and turned off the light". We also spoke about her most recent boyfriend, Luvo, who "watched too many blue movies", she explained disapprovingly, and

wanted to have sex in too many different “styles”. Somewhere, as we drove along the highway surrounded by steep embankments that dropped off into lush forests, she turned to me and said: “You know what, Alison? I want to tell you something. I have never used a condom before.”

## **Introduction**

In the previous three chapters, I have explored the ways that gendered ideals shape young people’s lives and aspirations, including the ways that sexual partnerships play into this. I have also highlighted the central role that young people’s sexual partnerships play in their transition to adulthood, particularly in the uncertain and precarious context of Town Two. This chapter takes up questions linked to how navigating sexual partnerships is shaped by coming of age in a high HIV prevalence context. Instead of focusing on the experiences of HIV-positive people themselves, here I use HIV as a lens through which to read the ways that gendered ideals shape people’s sexual engagements, as well as how sex and sexuality are morally charged.

Khayelitsha carries the highest proportion of the burden of morbidity and mortality in the Western Cape, including the highest HIV prevalence in the province (Groenewald et al., 2010; Smit et al., 2015). Although incidence is stabilising in other populations, in adolescent girls in particular, HIV incidence remains high (Harrison et al., 2015; StatsSA, 2016). In order to provide care to HIV-positive South Africans, the public health system includes one of the largest and most successful publically funded treatment programmes in the world, which has been found to significantly increase the South African average life expectancy (Bor, Herbst, Newell, & Bärnighausen, 2013).

In response to the overwhelmingly high HIV prevalence in the area, Khayelitsha has been the site of multiple HIV-related intervention programmes, aimed at supporting treatment and prevention of HIV (Garone et al., 2011). Khayelitsha was one of two of the country’s first antiretroviral pilot sites in the early 2000s. Over the past two decades, both local and

international HIV/AIDS funders and organisations have contributed to what has become a response to HIV of significant magnitude.

With the growth and strength of HIV treatment programming in the country, the HIV epidemic in South Africa has been said to have been steadily normalising over the past almost two decades. Life expectancy for people who are HIV positive is said to be much the same as for those who are HIV negative (May & Ingle, 2011). Although HIV disclosure remains difficult, it is no longer as rare as it once was. Instead, many of those living with HIV speak about living with HIV as a chronic and manageable condition. This shift has also shaped the ways that others imagine and speak about HIV and the potential risk of infection that they may face. In this chapter, I explore the ways that young people frame their understandings, and their intentions, towards the possibility of receiving an HIV positive diagnosis, or having a sexual partnership with someone who might be HIV positive.

I begin by describing the discursive openness with which HIV is discussed in young people's social circles. Secondly, I explore the ways in which widely accessible HIV treatment may have contributed to a discourse of dis-inhibition in relation to young people's sexual behaviours. Finally, I explore the ways that young people think about HIV being located elsewhere, in the older generation, or in people who are highly sexually immoral.

## **HIV and treatment in South Africa**

In Khayelitsha in the early 2000s, HIV was experienced as an acute illness that would most often lead to death. This period in the epidemic in South Africa has been named the "AIDS mortality phase" because of the sheer numbers of people who were dying from HIV at that time (Karim, Churchyard, Karim, & Lawn, 2009). South Africans across the country cared for sick family members, negotiated reconfigured family structures and grappled with their own HIV diagnoses. Sick bodies literally wasted away as the virus took hold of their bodies and opportunistic infections infiltrated their systems.

In the more recent past, however, as HIV infection rates have begun to stabilise in almost every segment of the population (StatsSA, 2016), notions of risk and vulnerability in relation to HIV infection have been shifting. With the scale-up and strengthening of HIV treatment programming in the public sector, HIV is no longer an acute condition, nor a death sentence, as people can live as long as those without HIV if they remain on treatment (May & Ingle, 2011; Robins, 2005). National-level mass-education and health promotion programming have increased understandings of HIV, its causes and prevention (Shisana et al., 2015). Organisations like the Treatment Action Campaign (TAC) have played a central role in this process in South Africa through their efforts in improving people's access to information about HIV causes, treatment and prevention, using their treatment literacy campaign. This led to a process whereby even those with little to no formal education have been able to become experts in their knowledge about HIV, leading to a process referred to as "expertification from below" (Robins & Von Lieres, 2004). Billboards, television adverts, radio clips and more have all contributed to this. "AIDS fatigue", the process through which people become "saturated" with information, including that shared via various media platforms, has in turn been recognised as a potential challenge (Jacobs & Johnson, 2007).

Increased access to HIV treatment, widespread knowledge and education about HIV and the work of social movements like TAC, have all contributed to a discourse of HIV being a more accepted condition. Despite the progress that has been made in attempts to dispel stigma around HIV, such stigma continues to be a way to police more long-standing moral frames in relation to HIV (Campbell, Nair, & Maimane, 2006; Chan et al., 2015; Lowther, Selman, Harding, & Higginson, 2014; Mahajan et al., 2008). Ideas about gender and sexual behaviour, and what constitutes morally acceptable behaviour, are central to the ways that HIV is thought about and understood (Campbell et al., 2006; Smith, 2014). These ideas contribute to widely circulating discourses about who is believed capable or even deserving of contracting HIV.

In the context of Khayelitsha, where almost one in three young women is HIV infected, young people are faced with navigating HIV as a condition of contradiction. On one hand, HIV is a much more socially visible and treatable condition that individuals and organisations like TAC claim ought not to be stigmatised. On the other hand, sex and sexuality are morally

fraught which results in persistently negative ideas about people who are HIV positive and stigmatising ideas about who is at risk or perhaps even deserving of contracting HIV. This contradiction is visible in the ways that young people speak about HIV, their use of condoms, selection of sexual partners as well as how they speak about their own imagined risk of infection.

In this chapter, I begin by exploring the ways that HIV is spoken about in more open and optimistic terms. I then explore the ways that this has contributed to how people speak about a potential positive diagnosis, discuss getting tested and frame the possibility of having an HIV positive partner. In the final section I explore the ways that HIV-related stigma persists in particular populations.

### **Speaking about HIV: openness and optimism**

In Khayelitsha, HIV has a visible presence. Posters line clinic walls highlighting HIV prevention methods. Red ribbons to symbolize HIV awareness are painted on innumerable walls, including outside the crèche (children's day care) in Town Two. Community Health Workers and workers from non-governmental organisations often wear t-shirts branded with slogans related to HIV. In Monwa's church, there often hangs a large banner with bold red lettering that reads: "I am living with HIV. Your God is still my God". The fact that HIV is visible everywhere in Khayelitsha has contributed to its normalisation, which was also clearly reflected in the ways that young people spoke about HIV in Town Two.

For these young people, there was a discursive circulation of more optimistic life views and expectations amid an ongoing HIV epidemic. This was often made clear in people's comparisons or equation of HIV with other health conditions. One wintery afternoon, as I sat in a plastic-covered armchair in the front room of Thuli's mother's house, we chatted about love and relationships. When the subject of HIV came up, Thuli shrugged and said, "we see HIV as fever". She was not the first person to compare HIV to "fever". This comparison, used by both young people and older members of the Town Two community, pointed to the

fact that HIV, like having a fever, was seen as a common and treatable condition. Instead of pointing to HIV as having a supernatural cause, people instead spoke of HIV in relation to other conditions with biomedical origins. HIV was also often compared to other well-known chronic illnesses like diabetes (Mendenhall & Norris, 2015). In Khayelitsha, diabetes was often offered as an example of a chronic illness that has a known management and treatment regime. But although the comparison between HIV and diabetes, as two examples of chronic illnesses, was often made, some claimed that they would rather have HIV than diabetes. To many, living with a condition as widely known about and understood as HIV might be less scary than having to live with diabetes which was less widely spoken about and less well understood.

When HIV came up in other conversations with other young people, this shift in stigma also arose. In a conversation with Amanda, Lophelo and a few other young men, Amanda turned to me and said, “What we say here is *Ayenzalelwangainja, yenzelwe abantu*,” which translates as “This [HIV] is not a thing for a dog, it’s a thing for people”. Others in the group nodded in agreement. When I looked surprised, she asserted again, “It *is* like that”. The way that Amanda explained discussion of HIV in Town Two pointed to the fact that people have a more positive view of those who are HIV positive. Instead of being a dirty and immoral disease associated with dogs, the stigma surrounding an HIV diagnosis had shifted to the point that it was viewed more positively.

One clear shift that HIV treatment has contributed to people living with the condition is that many no longer look visibly physically ill. HIV treatment has thus significantly shifted the “social diagnosis” of HIV (Brown, Lyson, & Jenkins, 2011). By social diagnosis, I am referring to the ways that particular physical markers have been used as confirmation of someone’s positive status. The most significant marker that could lead to a social, rather than clinical, diagnosis would be if people began to lose weight. In the past, in Town Two, community members would watch people losing weight, developing sores on their faces and losing strength. People recognised those who were HIV positive, even if those who had been socially diagnosed did not know or chose not to disclose their HIV status.

As noted in previous chapters, physical appearance was very important to the young people with whom I spent time. Despite having to negotiate the challenges associated with income poverty, careful choices were made about what to wear and how to style their hair. Young women tended to wear skin tight, revealing clothes, while men liked to wear clothing made by popular brands. Walking through the streets in Town Two, it seemed that there was constant evaluation in the looks of young people of the opposite sex. This often manifested in pointing, catcalling or commenting on women's clothes and bodies by young men, and giggling and strutting by young women.

The thought that went into how young people presented themselves was not unusual, but if they had become sick with HIV before treatment was widely available, their bodies may have looked physically different. Access to HIV treatment has allowed young people to maintain their physical appearance. According to young people in Town Two, a person can be HIV positive people but “still be fat”, “cute” or “beautiful”. This was particularly important to young women, who did not want to be seen as too thin because this might signal to potential sexual partners that they were HIV positive. Young men explained that they thought women who were fat and had “wiggly bums” were most attractive, and as such, women often aspired to look that way.

It is clear that for many young people, HIV is framed in much more positive terms. This widely circulating socially sanctioned discourse of HIV as a more normalised and manageable condition has also shaped how people say they would behave in relation to receiving a positive diagnosis themselves or thinking about negotiating the potential presence of HIV in a sexual relationship. In the section that follows, I explore this in more detail.

### **HIV in the context of sexual relationships**

From the ways that young people spoke about HIV, it appeared that many youth felt that to receive a positive diagnosis was far less catastrophic than it may once have been. When I asked about how young people think about HIV today, Amanda quickly told me that HIV “is

not so bad” anymore. She went on to explain that in the past five years, there had been four HIV-related suicides but more recently, there had been none. She said, “no one kills themselves for that now”. Although the data presented here does not speak directly to how HIV-positive people themselves may feel about receiving a positive diagnosis, Amanda’s point about the decreasing number of suicides speaks to a possible shift in how devastating receiving a positive diagnosis is perceived to be.

Young people also spoke about how the fact that with access to treatment, managing a positive diagnosis would not be as difficult as it may once have been. I was often told: “If you just eat your treatment [ART] then its fine”. Even in offering her reason for fearing a potential HIV infection, Vuyokazi inadvertently reinforced the fact that receiving a positive diagnosis would not be too devastating. At the time of our conversation, she had recently weaned the second of her two children. She explained, “I am scared of HIV because I can’t take tablets and if you are HIV you must eat pills every day”. She had been steadily losing weight while breastfeeding her second child, which led her mother to buy her some vitamin B tablets in the hope that they would encourage weight gain. Vuyokazi found these tablets so difficult to swallow that she stopped taking them. The fact that she explained her fear of HIV in relation to pill-taking, rather than to some of the other pervasive and devastating forms of HIV-related stigma, sickness or treatment side effects, points to a more open social management of the condition.

This more open framing of HIV was also reflected in the fact that many young people spoke about going for HIV tests themselves, as well as testing with new sexual partners. Although this may happen in some couples, it is perhaps more common for individuals to go for HIV tests. Mtura, for example, told me that he had been for an HIV test recently. Knowing that he had been with his current girlfriend for over two years, I asked him why he had decided to go now. When he giggled in embarrassment, I knew that he had gone for a test because he had had sex with another woman, and wanted to be sure that he had not contracted HIV from her.

Others were less interested in going for an HIV test, saying that it would not matter if they or their partners tested positive. Many claimed that they would be open to initiating a

relationship with someone who was HIV positive, or to continue a relationship with someone whose HIV positive status they learned later. Instead of being as stigmatised as HIV-positive people may have been in the past, having an emotional connection with someone was seen as the most important factor to consider when thinking about engaging in a relationship. As Luphelo explained, “if you love her, then you love her”. It is unclear as to whether the ways that young people describe how they might behave is reflected in their actual practice, but there seems to be a definite shift in discourse towards a more open view of having a partner who is HIV positive.

The success and availability of HIV treatment allowed HIV-positive people to stay beautiful and thus contributed to the widely circulating discourse of HIV as a more manageable condition. The fact that HIV was most commonly framed as a chronic illness may also have contributed to a shift in the ways that people imagine the immediate and longer-term risks involved with receiving a positive diagnosis. In a conversation with a group of young men, Lusanda explained, “People are not scared now. People were dying at that time. But with treatment they are still looking beautiful so we are not scared”. His comment again pointed to the importance of physical beauty to young people. The words of another young man were also very telling. He said, “If we see this beautiful girl with big bums she cannot have HIV... But we are most at risk because people look healthy whereas before they looked sick”.

His statement pointed to the success of HIV treatment programming, but also to how access to treatment might be contributing to young people’s disinhibition with respect to the potential of contracting HIV. In the section below I explore the ways that young people imagine and speak about the risk of contracting HIV in this HIV treatment era.

### **HIV Denial and Shifting Risk Perception**

Despite the widely circulating optimism in the ways that young people spoke about HIV, young people also saw HIV as happening to other people, rather than facing their own potential risk of infection. HIV was also often framed in highly moralised terms, as

something that only bad and sexually promiscuous people get. This highlighted the contradictory ways that HIV is spoken about as both a manageable, normalised condition, but also something that is morally fraught and feared. In this section I discuss young people's denial of their risk of contracting HIV by imagining that it happens to other people, including those of the older generation and people who are sexually immoral.

As discussed in the previous chapter, the use of condoms was not popular, particularly amongst young men. I was repeatedly told that young men did not like condoms and had very little interest in using them with their sexual partners. This reflects the dominant hegemonic masculine ideal that male sexual pleasure is more important than the risk of HIV infection, or of what young women like Zabi may want. In the vignette above, Zabi had asked her partner to use a condom but he had not respected her request. The fact that young men were willing to put their sexual pleasure over using a condom to prevent HIV points to the fact that they may be denying their own risk of infection. While this is not a new phenomenon, the normalisation of HIV as a chronic and treatable condition may be seen to support this denial of individual risk. If young people are less fearful of the consequences of contracting HIV, they may be less concerned with trying to prevent contracting it.

The risk of HIV infection was not only denied at an individual-level; young people also actively imagined this risk to be located elsewhere. HIV was most often spoken about in relation to what was read as sexually immoral behaviour as well as women's vulnerability in relation to being infected by promiscuous men. A story Nontando told me, as we tried to make ourselves heard over the blaring television in Mambele's lounge, highlighted these points. There was a "monied" young man living in Town Two. He was said to have "lots of girlfriends", who, according to Nontando, knew each other, and knew that they were all involved with the same man. Because the man had money, the women with whom he was involved turned a blind eye to his sexual relationships with other women. One of his girlfriends was a friend of Nontando's. Nontando warned her friend to protect herself from the risk of contracting HIV. When the pair broke up, the woman got a terrible rash on her face, which indicated to Nontando that she had not taken her advice.

In this story, HIV, as well as the risk of contracting HIV, was thought to be located in a particular context of sexual immorality and immoral individuals. Young men with money, or a fancy car, were often assumed to be HIV positive, and were spoken about as responsible for transmitting HIV to vulnerable women. HIV was also often associated with young people who were believed to be having sex with many other people. Implicit in the way that Nontando told the story was a subtext that pointed to the fact that if her friend had not had sex with a sexually immoral man, she would not have contracted HIV. It was as though Nontando's friend was almost deserving of HIV infection because she had made poor decisions in relation to her sexual partner and practices.

It was not only particular kinds of sexual behaviour that are believed to lead to HIV, but also HIV-positive people who were spoken about as engaging in immoral behaviours. One afternoon, as I sat chatting with a group of young people, Monwa joined us and told a story I had heard told in almost the same way several times before. He explained that there was a young man living in Town Two who was thought to be a "nice guy", who was "clean clean". But it was soon discovered that when this young man had sex with women, he was using a pin to prick a single hole through the sealed condom because he wanted to infect people with HIV. The young man would allegedly show women the unopened condom but during sex it would break. In this story, HIV was associated with deceit and malice, but much like the first story, it also highlighted women's vulnerability in relation to contracting HIV. In telling us this story, it seemed that Monwa was warning all of us that even if we think we are being careful about protecting ourselves from HIV, we could still be infected.

HIV was also thought by young people to be located in the older generation. Mandoza, for example, giggled in embarrassment as his friends teased him about his past sexual relationship with "an old lady" of almost his mother's age. After they had been together for some time, people warned Mandoza that she was HIV positive. When he heard this, Mandoza promptly ended their relationship and went to get an HIV test, which he was relieved was negative. He shook his head vigorously as he said: "To be with an old woman is dangerous", meaning that to be with a person who is that much older is more risky in relation to contracting HIV.

In addition to the perception that some young people held that older people were the ones who were infected with HIV, some young people like Zabi were exposed to this in their lives. With access to effective treatment, men and women of young people's parents' generation are living longer and healthier lives. As described in the opening vignette, young people are now in a position where perhaps one of their parents is HIV positive. In the experience of some young people in Town Two, HIV has moved 'up' a generation. We thus see a shift in the generational experience of HIV both in the fact that people are able to live longer on treatment, but also in the ways that people of the younger generation may have more knowledge, understanding and openness towards HIV than people of the older generation. The experience of HIV existing in the older generation served to reinforce the idea that the risk of contracting HIV was greater for older than for younger people.

## **Discussion**

In this chapter I have discussed how the discourse of HIV as a chronic condition has shaped how young people speak about and imagine their risk in relation to HIV infection. When they speak about HIV, young people in Town Two often draw on optimistic and even dismissive discursive frames. And yet, HIV is also still spoken about in highly stigmatising terms. In this sense, young people are navigating a complex contradiction in relation to how they speak about and understand HIV in their lives. It is at once a normal, chronic condition that is "not for dogs", but at the same time, it is a condition that sexually immoral people contract.

Young people in Town Two are navigating the dilemma that HIV poses to them as a condition that they claim to understand and accept, but also continue to imagine as affecting other people rather than themselves. Here, the interplay between structure and individual agency is interesting to explore. Young people make individual choices about their sexual partners as well as whether to use condoms in their sexual encounters. These more individual level decisions are shaped by structural and contextual factors, including the fact that they are coming of age in a context where HIV prevalence is high, treatment is available and people speak about HIV in much more open and optimistic ways. There are also multiple ways that

having unprotected sex with someone could represent a vital conjuncture. Young people would not know yet if they were HIV positive, or how they might manage receiving a positive diagnosis. The choice to engage in unprotected sex is also an example of young people employing judicious opportunism in a situation of uncertainty: they are unsure if they will contract HIV, but in the moment, the choice to have unprotected sex might have more immediate benefits, including increased sexual pleasure for oneself or maintaining a sexual relationship with someone who does not want to use contraception.

The painful contradictions of waithood are also evident here. On one hand, living in a globalised world means that access to particular technologies like ART has radically changed and improved people's lives. At the same time, young people in Town Two continue to navigate the uncertainties and precarity that characterise their lives. These young people are forced to navigate a temporal tension in relation to HIV. On one hand, access to ART has extended life expectancy which might have allowed young people the opportunity to think about their futures in ways that may not have been possible during a time when an HIV positive diagnosis meant that early death was likely. On the other, irrespective of the presence and prevalence of HIV in their lives, young people in Town Two are still forced to grapple with innumerable and immediate uncertainties that face them, and may prevent them from thinking as concretely about what the future might hold.

## Chapter Eight: Defending Precarious Gains

For young people coming of age in Town Two, moving towards what might be understood as a more adult identity is often uncertain, recursive and not bound by chronological age or graduating through a series of linear life course events. Navigating income poverty, a weak education system as well as multiple causes of morbidity and mortality in Khayelitsha takes daily work. These young people in waitness continue to dream of accessing opportunities and symbols of living in a globalised world, including cars, roomy houses, televisions and cellphones. While these images of modernity circulate widely, concrete opportunities to access such items remain limited. Opportunities to achieve what might be perceived as the ideal performance of adulthood have also diminished. In the South African context, access to the majority of the socioeconomic rights enshrined in the South African Constitution remains aspirational for too many young people.

But as is evidenced here, many still have hope of creating a better life for themselves and for their children, even as their expectations and understandings of what it means to live in Town Two sometimes threatens their optimism about the future (cf. Johnson-Hanks, 2005). Young people respond to their circumstances in creative and dynamic ways. They strive to protect the resources that they have and invest in relationships that they think could be beneficial to them. In their process of transition towards adulthood, young people in Town Two take some steps forward, but often some steps back. These young people are neither entirely passive in relation to the structures that shape their lives, nor are they able to radically change their circumstances. Instead, they persist in trying to make the best of circumstances and uncertain lives.

This thesis has explored the ways that young people attempt to transition to adulthood using their performances of gendered identity and sexual partnerships. In order to maximise gains in their precarious lives, they weigh up the options and opportunities that face them with their expectations of how their lives might unfold. For young Xhosa men, the initiation ritual remains an important and commonly recognised rite of passage from boyhood to manhood. In the context of socioeconomic marginalisation, it has become increasingly difficult for young

men and boys to live up to the ideals associated with a hegemonic Xhosa masculine identity. In light of these challenges, young men continue to strive towards and defend opportunities to perform their masculine identities, through completion of the initiation ceremony but also through participation in youth gangs and involvement in Christian communities.

Unlike young men in Town Two, for young women there is no clear rite of passage that marks the transition from girlhood to womanhood. In Chapter Five, I explored the relatively under-researched domain of women's sexual partnerships. Young women in Town Two use their sexual partnerships, some of which could be considered multiple and concurrent, to build social capital, increase social stability and allow opportunities for greater physical and social mobility. In search of the most favourable outcomes in their choice of partners, young women think about geography, economic and emotional support as well as the potential suitability of individual partners over time. Young women are forced to rapidly make and revise their decisions about their sexual partners and relationships in response to their fluid and changeable contexts.

The rites of passage described in Chapters Four and Five are in many ways expected to precede young people's fertility, but this is not always the case. Chapter Six took up questions related to fertility, as both threat and aspiration for young people, as another potential opportunity to transition towards adulthood. Fertility was explored in relation to an often unachievable yet persistent set of individual and social ideals about parenthood and the kind of relationships into which children *ought* to be born. Although marriage is increasingly uncommon, many young people in Town Two still aspire to be married before having a child, or speak about their hope to marry the genitor of their child one day. Although to have a child might mark a young person as older in one sense, the identity of parent, much like the social role of mother described by Johnson-Hanks, is not static and is not consistently ascribed to young people even if they have had a child (Johnson-Hanks, 2006).

Chapter Seven uses HIV as a lens through which to explore the ways that gendered and moral ideals in relation to sex and sexuality shape young people's relationships and partner choice. It explores the ways that young people speak about, choose and imagine future sexual

partners in this high HIV prevalence context. Here HIV is spoken about in highly contradictory terms, as a condition that is at once normal and treatable, but simultaneously a condition that only older or sexually immoral people contract. Although their discursive framing of HIV predominantly reflects optimism and openness towards the condition, in their navigation of sexual partnerships, young people in Town Two are nonetheless faced with extreme uncertainty. In the contexts of their sexual relationships, they are navigating periods of vital conjuncture, characterised by multiple questions and uncertainties and few concrete answers. Here young people might ask themselves: Will I contract HIV? How would I cope with such a diagnosis? Is my partner infected? How might their status shape our relationship in future?, and so on.

### **Synthesising strategies: the body-self, body-social and body-politic**

The strategies employed by these young people in Chapters Four to Seven to navigate the transition to adulthood can be seen to fall into three broader, more overarching sets of strategies. The first overarching strategy is linked to young people's use of their own, physical bodies as a source of capital to draw upon. The second looks at how young people use their relationships, and the social capital embedded in these relationships with different people, including sexual partners, peers, family and community members. The final set of strategies is linked to the conclusions that young people draw about what they believe to be their rights and entitlements as young South Africans.

In the sections that follow, I explore young people's use of these three overarching strategies in more detail, using examples from the previous chapters, but also drawing on further examples from my fieldwork. I explicate these strategies with a view to explaining in more detail the relevance and applicability of this research for public health research and intervention.

Scheper-Hughes and Lock in their article "The mindful body: a prolegomenon to future work in Medical Anthropology" (Scheper-Hughes & Lock, 1987) present the "three bodies" as a

way of thinking about people and relationships at the intersection between anthropology and biomedicine. The first of the three bodies is the body-self, or individual body that represents individuals' lived experiences. The second body, the body-social, is representative of relationships in society, between people, as well as between people and their environment. The body-social can also be thought of as a symbol for "culture". The ways that young people use their social relationships to leverage the best outcomes for themselves in a context characterised by uncertainty is an example of how the body-social operates here. The third body, or body-politic refers to the ways that individual bodies are socially and politically policed, controlled and surveyed. This happens in the context of social relationships between sexual partners, peers and family members. The body-politic also speaks to young people's understandings and perceptions of their rights and entitlements in the South African context. The three overarching strategies synthesised below fit broadly within this framework of the three bodies.

## **The Body-self**

The first set of strategies employed by adolescents is linked to their individual, physical bodies. Their bodies are perhaps the immediate resources upon which young people can draw. The ways that young people appear outwardly is an important reflection of their individual internal worlds as well as a means to communicate with others. Using their physical bodies, young people perform their gender identities and strive to be seen as attractive by potential sexual partners and peers. These young people have sexual partnerships, manage their fertility, posture to their friends, and at times reflect their emotional state to the world through their physical body. Below I explore the ways that health, wealth or social status and desirability are communicated through the body-self.

### *Materiality, desirability and fertility*

As discussed in previous chapters, to look good, including being able to dress well is very important to young people. When compared to individual or even total household income, a disproportionately significant amount of money is spent on clothing and shoes. It was not uncommon for young people to ask their parents to buy them shoes that could cost up to as

much as half of the family's monthly income. This often occurred in families where income poverty meant that access to food and other more basic needs was often uncertain. In addition to having to buy clothing themselves, parents are also expected to buy their children "December clothes". Meeting the social expectations of dressing themselves in branded clothing, as well as buying clothes for their children, was often a near impossible task. Luphelo was preoccupied by his worries about trying to provide for his daughter, a worry often expressed in his anxiety about how he was going to buy his daughter "December clothes". Zabi shared his worry, and took on the additional burden of trying to buy her three younger sisters new clothes as well.

The ways that people dressed was also important in thinking about their gendered identity, as well as clear attempts to look attractive and desirable to potential partners. Young women spoke about wanting to look "sexy" and often posed provocatively for photographs as they wore tight, sheer and scant clothes. Young women also spent any extra money that they could on getting their hair done. Not having been able to have her hair done was a sign of a young woman's financial hardship, while getting a new hairstyle might be indicative that she had a new partner. Young people would also buy their partners toiletries like creams, soaps and deodorant to help them to look and smell good.

For both men and women, shoes remained an important symbol of wealth and desirability. Carvellas, expensive Italian shoes said to cost about R1500 per pair, were coveted by young men. Converse All Stars, sometimes referred to as "Chuck Taylors", were equally desirable. Young people often spoke about the fact that if they could dress well, they could attract potential partners. According to Monwa, women who wore Converse shoes "have a lot of boyfriends". His comment could be interpreted in one of two ways: either women with many partners might have greater access to resources, like nice shoes, or because women dressed well, they would attract more potential partners.

Luphelo was also concerned about his physical appearance beyond what he wore. He worried about what his missing front tooth might communicate to others. Although he never expressed it explicitly, I think Luphelo felt that his missing tooth symbolised his poverty in

his inability to pay for what was considered cosmetic dentistry. It also symbolised his exposure to a particular kind of violence associated with township life, where bricks flying through the air in a gang fight are not uncommon.

*Communicating Health: Weight, Drugs and the importance of “being clean”*

As is equally common in other societies and spaces, young women in Town Two are preoccupied with their weight. Some spoke about wanting to lose weight, or of trying to exercise in order to look better. I was often surprised by the fact that young women’s complaints about their bodies did not translate into wearing loose fitting or less revealing clothes. Nontando complained that she was fat while wearing sheer and skintight dresses. Zabi worried that the weight she had gained since Khayone was born might make people think that she was pregnant because her stomach was “so big”.

Amanda, on the other hand, has steadily gained weight, perhaps in excess of 15 kilograms, since the middle of 2014. To Amanda, her weight was a communication of her health and happiness. Amanda was widely known to have many male partners. Shortly after she moved back into Snowy’s house in Town Two, she posted pictures of a young man with the caption “It’s official” on Facebook. In a text message exchange, I asked her how she was and she replied, “im grt sweetie pie and happy to be bck home im fat and btful”.

To Amanda, the fact that she had gained weight was a physical communication to others about her happiness with her new partner but was also a sign that her HIV-positive status was not making her lose weight. As explained in Chapter Seven, in Khayelitsha, where the prevalence of HIV and TB is high, people’s weight has become a signifier of infection with one or both of these illnesses. Before ART was widely accessible to HIV-positive people in the public health sector in South Africa, losing weight was one of the first signs that someone might be HIV positive. For young people in Town Two today, access to ART means that HIV-positive people may no longer look physically thin and thus sick.

Young people's weight and cleanliness was also a potential signal of their drug-use. Young people who were thin and unkempt were often involved in using drugs. One afternoon, while sitting on the pavement with two young men, we watched a young woman wearing a mid-drift shirt walking past. Much of her skinny stomach was exposed between the shirt and her low-cut jeans that hung off her stick-like frame. Seeing me staring, one of the young men said, "She used to be beautiful". The other man agreed, saying that the woman used to be "fat" and now she is "thin and dirty". The pair explained that it was widely known in the community that she was a *tik* addict. When asked to clarify what he meant by calling her dirty, the young men explained that when you are a drug addict, you no longer care about things like washing your body, or how your hair looks, but instead are only concerned about finding your next fix. They said that this was deeply unattractive to see, especially if women rather than men looked that way.

But for people like Thulani, it was clear that using drugs was a central part of managing the daily challenges in his life. Rather than do work that afforded him only a small income, Thulani seemed more content to slink around the streets of Town Two, smoking cigarettes and trying to find his next fix. Sometimes he would ask me for R5 and say, "I need to smoke". I would most often refuse his request and instead offer to walk to the shop to buy him a cooldrink. But it was clear how his use of drugs, much like other young people's use of alcohol, was an important escape strategy to manage his boredom and lack of opportunities. He often spoke about wanting to write up his CV and find work somewhere. But for Thulani, without an education or much work experience, the immediate escape of using drugs was much more accessible than going through the painful process of applying at various places and, in all likelihood, not getting hired.

Irrespective of the use of drugs and alcohol, young people's physical bodies acted as important reflection of how they were feeling emotionally. Sometimes when I would arrive in Town Two at around noon, the young people I knew would still be sleeping or watching television in their pajamas. For many unemployed young people, there was often little motivation to get out of bed. Without running water or products like soap, washing and dressing became even more of a chore. The focus of morning washing routines was usually on younger children instead. Young people, many of whom might suffer from depression,

may choose to sleep late and stay indoors instead of going out. In this sense, whether young people were able to get up, get dressed and manage to look good was a communication of how they were coping financially, emotionally and socially. In the section that follows, I explore this social and relational dimension in more detail. I explore how young people draw on their social relationships to maximise and defend precarious gains in their lives.

## **The Body-social**

In the sections that follow I explore the ways that young people have negotiated the tensions between structures that shape their lives and their opportunities for agency through mobilising social capital gained in their relationships. This relates to the ways in which young people hope to live up to, but also challenge and reconfigure dominant social ideals linked to gendered identity and social relationships. Within their broader social networks, young people make careful decisions about the relationships they choose to nurture and invest in in different spaces and at different times of their lives. Young people think carefully about how to speak about and speak to those in their social networks. In the sections that follow, I explore this in more detail.

### *Persistent gendered discourses*

Innumerable social pressures face young people coming of age in townships like Town Two. Faced with the challenges that characterise their lives in waithood, young people respond creatively to challenge some of the dominant discourses that circulate about gender and sexuality. This thesis has explored multiple situations where young people have challenged dominant social and gendered discourses in order to maximise or defend precarious gains in their lives. For example, some young men like Siyabonga challenged what is widely understood as traditional Xhosa male initiation. Because of his faith, alcohol, usually a key part of being in the bush, was entirely excluded from Siya's initiation process. He was also circumcised by a Christian *ingcibi* and had the celebration of reintegration into society in his church. By attempting to live up to a set of social ideals linked to being a Christian man, Siya was also able to achieve access to a particular kind of masculinity associated with discipline and responsibility.

Gendered and generational ideals were also often challenged through young people's strategies to show that they were good parents and potential partners. Although the social ideal that women are chaste persists, many women challenged this ideal and engaged in partnerships that could be considered multiple or concurrent. If young men were to take on another partner while involved with a woman, it would not always be considered that they were cheating on their primary partners. Women, on the other hand, would be more likely to be accused of infidelity. If young women were found to be unfaithful, the dominant social norm would be that her boyfriend should leave her. But for young men like Lumphelo, the situation was different. Maintaining his relationship with the mother of his child was one way for him to show that he was living up to an ideal he saw as being linked to being a good father. Lumphelo's own father had played no role in his life and he was determined that his daughter should have a different experience of her father. Although it was painful, this was more important to Lumphelo than the fact that Athi had cheated on him multiple times.

Lumphelo's experience, in as much as he challenged one set of ideals about cheating women not being worth sustaining a relationship, also spoke to the persistence of another set of gendered ideals that he, as a father, should attempt to provide financially for his daughter. Although this is not possible for most young men in township contexts, many young fathers still aspire to provide for their families. Women were also most often seen as the obvious and most appropriate people to care for children. The persistence of the gendered ideals related to care was important to young people in terms of caring for their children. Those who could rely on extended networks of friends, family members or neighbours, were much more easily able to look after their children. These social networks, however contained or expansive, are explored in more detail below.

### *Contracting or Expanding Social Networks*

For many young parents, like Lumphelo and Zabi, one of the ways they felt able to live up to the ideals they imagined in terms of their roles as parent was to speak about the centrality of their relationships with their children above all other relationships. This also sometimes meant cutting ties with people who did not fit easily into this social framework. The kinds of

people who would often be treated with suspicion or actively excluded from such a social network might be those who liked to go out at night and party, or those young men and women who might be known to engage in many sexual partnerships. Zabi was adamant that she did not want to spend time with anyone who might use her for sex, or make demands on her time that might take her further from achieving her life's goals. Although she certainly tested the waters with young men, she often asserted that, "it's just me and my daughter. I want to finish school so that I can buy a house just for me and her". For Zabi, to spend time and money with people who might distract her from achieving her goal did not make any sense. Instead she wanted to focus on hunkering down and shutting out the needs and desires of others. By playing a central role in caring for her daughter Khayone, her younger siblings and Monwa's youngest child Khanam, she made it clear that her identity as a good mother was of utmost importance to her.

Other young people used the fact that they maintained social and sexual connections with many people to access various social and material benefits. Through maintaining these relationships, or multiple lines of social investment, they were potentially able to maximise gains in their lives. For many young women, as described in Chapter Five, having multiple sexual partners helps them to create multiple opportunities for benefit, including gaining social capital, emotional support and material resources. For young men, having many partners was most often positively associated with their performance of dominant, hegemonic masculinity.

One of the ways of keeping these different social relationships in play was to decide which information to tell different people, as well as which information to withhold. This selective use of secrecy or openness was a key strategy that young people employed to assist them in protecting and maintaining relationships. In the context of sexual partnerships, young people often did not share the fact that they had other partners with someone for whom they had stronger feelings. The stronger someone's feelings for a partner, the less likely it would be that they tell them about having other partners as well. Children were also sometimes kept secret from potential partners or community members. Thulani's girlfriend, Linda, for example, had given birth to twins as a teenager. The now teenaged girls lived with her mother in a nearby area. Instead of telling people that they were her daughters, Linda often told

people that the girls were her sisters. She may have chosen to do this because she has had her twins as a teenager and wanted to avoid any potential disapproval she might have faced for having had her children at an early age.

The choice about how to speak about HIV, as well as to disclose one's HIV status, was important in the context of sexual and peer relationships. As seen in Chapter Seven, HIV was simultaneously spoken about openly and optimistically, but also in very moralised ways that othered those who were seen as vulnerable to infection. Young people were thus forced to navigate the contradiction that on one hand HIV is “not for dogs”, but on the other, sexually immorally people are vulnerable to HIV infection.

Peer relationships were also an important form of social investment. For young men, this became particularly important during times of violence. For some this meant having access to social networks of people who might physically defend them in a time of gang violence. For others, having a peer group constituted of members of the church might allow them a social avenue through which to avoid gang involvement.

In addition to enjoying the benefits of being accepted and recognised socially, having social networks also often translated into other more concrete benefits. This was often visible when people needed to spend time away from home at the local clinic or in hospital, getting care for either themselves or a child. It was often during those visits that people asked to be brought food. While people are at home, they might be more likely to be given food from a neighbour or visiting friend to share, whereas in the hospital, they were away from immediate social networks that they may have drawn on in order to access food. For the young people with whom I spent time in Town Two, having a broad social network also played an important part in young people accessing job opportunities. Thulani had used his networks to begin helping to push people's trolleys to their cars outside the Price Chain. Although this was work that technically anyone could do, only a certain known network of young men were socially permitted to do this work at certain times of the month.

## **The Body-politic**

The ways that pushing trolleys at Price Chain was socially policed is also a good example of the body-politic at play. In the framework set out by Scheper Hughes and Lock (1987), the body-politic looks at the ways that social surveillance and norms shape all of our interactions. It also speaks to broader systems of governance, like those employed by the South African state and how people understand them. In this context, I explore some of the ways that young people draw on what it means to be a South African citizen, but are also forced to manage the fact that many protections and entitlements remain out of reach.

The meaning of being a South African citizen is both in relation to which rights and entitlements young people think they ought to be able to access, but also in relation to their understandings of the role that the state should play in protecting them and their communities. Much of how the understanding of being South African plays out with young people is in relation to a predominant discourse about how different the older generation is from the younger generation. It is also worth noting that there are significant parallels between young people attempting to transition to adulthood and the South African democracy. Here, just over two decades since the end of apartheid, the young, South African democracy still falters in its goals to protect the rights and needs of South African citizens.

### *Rights, Gender and Generation*

Explicit reference to people's rights were only usually made in one of two ways. The first is in relation to generation and the second is in relation to gender, more specifically "women's rights". A key part of how young people understand their place and opportunities in South Africa today is in relation to their understandings of how things have shifted since their parents were young. A broad notion of "children's rights" was often invoked by young people and members of the older generation. Older people spoke about the ways that they used to be allowed to use corporal punishment before (pre-1994), but today, because of children's rights associated with democracy, such punishment or enforcement of discipline is no longer allowed. There is a widely circulating discourse, embraced in particular by older community members, that young people today are "undisciplined". Older people, even if they

did not complete school themselves, have the expectation that young people will take advantage of all of the opportunities that are available to them. The younger generation, on the other hand, sometimes uses this rights-based discourse about discipline to explain why their parents and elders cannot stop them as young South Africans from doing whatever they want to do.

The distinction between the experiences of a younger and an older generation is not unique to South Africa, but it has come to have a particular character in South Africa. As Black South Africans under apartheid, all state services were segregated by race, with preference given to the White South African population. In the new South Africa, the state cannot discriminate on the basis of race, but the painful reality is that for young people coming of age in townships, experiences of young people today may not have changed as dramatically as hoped. The intergenerational cycle of poverty continues to challenge young South Africans today (De Lannoy et al., 2015).

The constant negotiation and renegotiation of gendered and generational roles also played an important role in how adolescents used social strategies in the spheres of their sexual lives and in relation to the ways that they thought about parenthood. For some young people, living up to the gendered ideals set out by their parents was an impossible task, as access to resources, like housing, has shifted in more recent times (cf. Salo, 2004). For other young people, part of their strategy to become what they hoped to in the future was linked to challenging what their parents had done in the past. This was particularly true for young men who had grown up with absent fathers, and wanted to be fathers to their own children in ways that were different from what they had experienced themselves. Mothers' experiences of absent fathers also encouraged them to maintain connections to the fathers of their children, even if it was clear that they were not going to be entirely suitable parents. The roles that young people played in their families in terms of providing care always shifted in relation to the roles and responsibilities taken up by other members of the family.

The second way that rights are explicitly invoked was in relation to an equally broad discussion of "women's rights". This most often came up in conversations about women and

their sexual partnerships. Young women often spoke about the fact that they deserved equal rights to men. But the way that the notion of equal rights was invoked made it clear that what women hoped for was a space where dominant gendered ideals about sex and partnerships could be challenged in a socially acceptable way. Young women did not want to be frowned upon for having more than one sexual partnership, accused of “trapping” men or seen by others as driven by material over emotional benefits in their partnerships.

Some young men also spoke about women’s rights. They were careful to do so in ways that reflected their knowledge of the socially sanctioned, politically correct ways to speak about gender and relationships. But while many young men were happy to say things like “gender-based violence is wrong” and “you must never hit your girlfriend”, they were also clear about the need for male dominance in relationships, as well as the way that violence was positively associated with masculinity. Thus, for both young men and young women, thinking about their legal entitlements was often more about trying to challenge or reinforce particular gendered ideals than thinking about the state’s role or responsibility to intervene.

An exception to this was the relationship between Thulani and Linda in which the police had intervened multiple times. But even this situation raised similar, complex questions about the gendered dynamics of sexual partnerships. Thulani believed that Linda was deserving of his violence because she did not listen to him, and liked to go out and drink with her friends. Linda knew that she could call on the South African Police to enforce her legal right not to be abused by her partner, but quickly learned that her implementation of a restraining order may in this case have been of little consequence. In the section below I explore how vigilantism or mob justice has been one avenue through which community members have been able to intervene in situations where they believe that criminals have not been appropriately apprehended.

### *Social Order and Protection*

Both the younger and the older generation recognise that while South African citizenship affords them particular rights and entitlements, various failures of the system have forced

people to act to challenge the system. Mob justice, which I explained in Chapter Three, pointed to the perceived failures of the state and of policing structures in Khayelitsha, but simultaneously pointed to the ways that community members drew on their immediate social networks in an attempt to manage and curb crime in their area.

In Town Two, young men more so than young women became involved in criminal activities like robbing people's houses, mugging women as they walked home from the shops or breaking in people's cars. Such young men were often referred to as *tsotsis* (slang term for criminals). Community members often knew exactly who the perpetrators of such crimes were and having little faith that the police would intervene, took it upon themselves to pursue perpetrators. During my fieldwork, I was often told gruesome stories about what was done to criminals when they were caught. One young man was apparently necklaced (had a burning tyre put around his neck). Another, who lives across the street from Monwa, had his leg broken when he was attacked by community members who claimed that he was a thief.

These acts of vigilantism were also gendered: only men were allowed to participate in them. These men would meet at a community hall in Town Two before they took to the streets to apprehend these criminals. The men would shout, "*Ipenti endlini!*" which translated literally means "Panties in the house!", meaning that women must not be outside to watch the violence unfold. Part of what underlies these acts of vigilantism is the people's struggle with the uncertainty that characterises their lives. By apprehending criminals themselves, people are able to feel that they have some control over their situations. The painful irony is that the young men who committed the crimes were also dealing with uncertainty too; the uncertainty characterised by coming of age in waithood where legal opportunities to access material resources may be unavailable to them.

In South Africa, young people, including victims of mob justice, ought to be protected by the South African state. They ought to be able to access various privileges, including forms of social assistance like the Child Support Grant. Part of the challenge linked to realising their rights in Town Two, was that in order to do so, many young people were forced to navigate difficult and onerous bureaucratic processes. Siyabonga's struggles to get his South African

ID book were not at all unique. Nothemba, Zabi's mother, also did not have an ID book. Without it, she was unable to claim her rightful access to Child Support Grants for her children.

But having all of the correct documentation did not necessarily translate into the opportunities and experiences young people hoped for. Although Siya was adamant that once he had an ID book he would get and keep a job, he is currently unemployed. For young women, despite the importance of the Child Support Grant in alleviating some of the immediate pressures of income poverty, they are still often subject to condemnation by community members. If women have had a child as a teenager, people often say that she did it "just to get the grant". In response, many young people, irrespective of whether they accessed the grant, asserted that they did not need the grant to survive. Here young people challenged the sentiment of the older generation that the youth of today were just after money and the individual material benefits they could gain through accessing the grant each month.

Young people's interaction with the state highlights a series of contradictions. On one hand, they are reliant on state provision, like social grants and various forms of national protection, including that which could be provided by the police. On the other hand, young people also reject, confront and challenge this idea of the state as provider and protector. They do this by speaking about their rejection of social grants or by involving themselves in illegal activities like youth gang violence or other kinds of criminal activity that might be met mob justice, which could play out as another form of illegal violence.

### **Implications for Public Health Research and Intervention**

This thesis has explored a series of challenges that young people in Town Two grapple with in their attempts to transition to adulthood. In particular, it highlighted three core ideas based on the research findings that have clear implications for public health research and interventions. The first is that young people draw on their gender identity and sexual partnerships to assist them in making the transition to adulthood, or achieving what they

perceive to be a more adult form of identity. The second is that research and interventions that focus too heavily on either individual capacity for agency or on the structures that shape people's lives are unlikely to be as successful as interventions that can balance these two things. Thirdly, it has highlighted the value of adopting a view of adolescence and youth that is more socially than chronologically defined. In the section that follows, I outline some of the ways that the findings of this thesis can contribute to strengthening public health research and intervention.

It is clear that young people actively use their sexual partnerships to assist them in their transition to adulthood. For the young men, having multiple sexual partners was for the most part positively associated with hegemonic Xhosa masculinity. Sexual partnerships also offered young women opportunities to increase their social stability and mobility. Understanding the social and gendered implications of having sexual partnerships should be considered in the context of public health programming. Scholars in the field of public health may have pointed to multiple and current partnerships as important sites of HIV risk in southern Africa, but these partnerships are also part of young people's central life course strategy to build on networks available to them, and maximise individual and social gains that are always in danger of being pulled away (Liddell, Barrett, & Bydawell, 2005). While policy that encourages young people to limit their number of sexual partners certainly has its place in contributing to the response to HIV, understanding the multiple motivations behind young people's partner selection can offer insight to programming linked to HIV and STI transmission. Working with young people to make relationships safer through available public health methods (e.g. HIV testing, sero-status disclosure, condom and contraceptive use) is likely to be more feasible than efforts focused solely on reducing partner numbers or vilifying the ideas of concurrency or multiple partnerships. The data presented here also points to the limitations of an "ABC" approach – "being faithful" is simplistic and not workable for many young people.

In Chapter Six, I explored the ways that young people manage contraception and fertility, as individuals but also in the context of existing partnerships. In the same way that vilifying the idea concurrency might be limiting, to explore teenage pregnancy in narrow or moralising terms is unproductive in the context of public health intervention. Although raising a child in

the context of socioeconomic marginalisation is not easy, for some young couples, having a child might seem like a rational choice at time. In order to increase the scope for success, public health programmes should recognise the role that having a child can play in the transition to adulthood. If programming focuses solely on encouraging abstinence and the promotion of contraceptive use, their impact may be more limited.

Public health programming that narrowly seeks to prevent teenage pregnancy would also fail to reach young men and women over the age of 19 years who would be likely to be facing similar challenges to those faced by those in the chronologically-circumscribed teenage years. Young people can have similar social experiences of early fertility irrespective of their chronological age. In order to be most responsive to the needs of young people in this context, research and intervention could include components that recognise the complex understandings and networks of care that surround the birth of a child. Young men who have children at an earlier age often feel the individual and social pressure to support children financially, even if this is near impossible if they have not completed school, and have little opportunity to find employment that could support them. Young women are often drawn into networks of caring for other children, even before they themselves might have been ascribed the status of adult.

Many young fathers spoke about their own painful experiences of not having fathers themselves and wanting to support their own children more than they felt supported growing up. Interventions aimed at early fertility might benefit from including a mentorship component in which more experienced fathers could support and guide young fathers. Young fathers might receive the same benefits experienced by young Christian men who looked to older Christian men as role models in their lives. In relation to early fertility, interventions also need to consider the complex networks of care involved in raising a child. Because of the role that they often play in caring for grandchildren born to younger parents, interventions might consider actively including maternal and paternal grandmothers in addition to young parents themselves. This may shift in kinship networks, like Zabi's, where her own mother gave birth to her as a teenager. Interventions that take into account the diverse and dynamic social networks might have more success than those that focus solely on single individuals as care givers for children.

## **Towards a more Balanced Intervention Approach**

The work of this thesis points to the value of research and intervention that moves beyond the dichotomy of structure and agency as these are mutually defined. The findings also suggest that research and intervention might be more likely to succeed if it has not employed an approach that focuses too heavily on the individual's capacity to make changes and choices in their lives, for example, to reduce their number of sexual partners, use various forms of contraception or avoid using violent behaviour. Such choices, which are ultimately made by individuals, are shaped by a complex series of much broader contextual factors. For this reason, interventions that seek to address a series of multi-level factors at play in young people's lives, in a range of different sectors, rather than solely being focused on single health outcomes, are more likely to succeed.

The structural forces that shape young lives in contexts like Town Two, Khayelitsha, cannot be quickly or easily changed. There are inherent challenges in the spheres of service delivery, education and employment. Young South Africans are exposed to innumerable risks to their health that are caused and perpetuated by social, environmental and socioeconomic conditions that are beyond their individual control. While it is not possible to entirely eliminate these challenges, interventions should seek to mitigate the negative effects of these structural forces in young lives. A more balanced approach to interventions with this population also needs to proactively consider the ways that young people interact with and draw upon their social networks of family and community members. In the sections that follow, I highlight some potential examples of this more balanced approach.

For young men, living up to a set of ideals linked to hegemonic Xhosa masculinity is challenging. For some, displaying violent behaviour is one avenue through which to perform their masculinity. The call for individual young men to change their behaviour might be better received if interventions offered men clear alternative avenues through which to perform their masculinity. Examples include interventions that have a sporting component, like Grassroots Soccer, or opportunities to develop skills that could lead to income generation. Such interventions might be more likely to succeed than those that rely on

offering men information in the hope that greater knowledge of gender identity and gendered dynamics might lead to a change in their behaviour. Interventions that seek to mitigate the negative effects of income poverty might reduce the likelihood of men using violence to assert their masculine identity.

In the context of HIV prevention interventions, most also tend to focus on the individual's capacity to change their sexual behaviour. Medical male circumcision is an example of an HIV prevention strategy that goes beyond the sole reliance on individual behaviour change. Instead, this intervention includes an important biomedical component that can decrease the rates of female to male HIV transmission (cf. Bailey et al., 2007; Gray et al., 2007). Chapter Four highlighted the persistence of cultural ideals linked to Xhosa male initiation and circumcision. There are two important public health implications of the data presented on Xhosa male initiation. Firstly, this work highlights the fact that the initiation ceremonies themselves are very varied. Instead of essentialising or reifying the elements or process of rites of passage, interventions should pay attention to this variation, as well as the complex social dynamics that surround the process. By taking this into account, interventions could be better tailored to mitigate potential health risks associated with initiation. The second set of implications of this research for public health is related to circumcision itself. While medical male circumcision has been recognised as an important intervention to reduce HIV transmission from women to men, the call for Xhosa men to be circumcised in a clinical context might be less likely to succeed than interventions that aim to train and equip traditional circumcision doctors to perform safer circumcisions in the bush. An approach where those who already possess the highly specific and guarded knowledge surrounding the initiation and circumcision practices are supported to safeguard the health of initiates is another example of how the health system and its services could be better tailored to people's individual needs.

From the data presented here, it is clear that young people think and speak about HIV in contradictory terms. On one hand they are open and optimistic about the potential of infection, while on the other, they speak about the risk of contracting HIV as existing elsewhere, in the older generation or in people who are sexually immoral. While HIV prevention programming and activism have made a critical contribution to reducing HIV-

related stigma and offering people the chance to improve and extend their lives through access to treatment, this may have opened a socially sanctioned space for young people to talk more openly about their engagement in riskier sexual practice. It is not possible to know the connection between how young people speak about HIV and what they do in practice, but HIV prevention programming might benefit from considering these complex and contradictory ways that young people speak about HIV and their behaviours in relation to it.

Public health research and intervention could benefit from drawing on theoretical contributions that seek to make sense of how people negotiate the uncertainty that characterises their lives. The concepts of waitness, vital junctures and judicious opportunism are helpful in this respect that could allow interventions the opportunity to balance individual agency with the structures that shape young lives. Instead of being faced with clear paths of decision-making that might lead to desirable outcomes, young people grapple with their circumstances of uncertainty where the outcomes of decisions that they make are often unknowable. Programming that can take into account the messiness and complexity of young lives might have greater success than programmes that focus too rigidly on narrowly-defined health outcomes.

## **Conclusion**

For young people coming of age in contexts like Town Two, their attempts to achieve what might be considered a more adult identity are fraught and uncertain. Growing up in township contexts forces these young people to manage multiple significant and often escalating pressures on them as individuals, but also on their social relationships. They constantly seek to make the most of situations that are often difficult, and while they make gains in this respect, these gains are slippery and contingent, and always threaten to be pulled away.

Identity, life stage and life course transitions are all deeply social and relational which points to the difficulty in defining terms like adolescence or youth. Achieving specific transitions is challenging and often unattainable for young people, particularly those coming of age in

township contexts. These transitions may also happen out of order, or in ways that are unforeseen. In South Africa, many people who are chronologically young get drawn into performing tasks that demand a level of “social adulthood”. In thinking about the value of exploring how young people are shaped by their contexts, the concept of social navigation is useful (Christiansen et al., 2009; Vigh, 2006). Young people are agents, who, through employing various strategies attempt to make the most of their situations of uncertainty. Their individual choices, experiences and understandings of the world are shaped by their contexts in Town Two, but the context of Town Two in turn shapes how young people employ judicious opportunism (Johnson-Hanks, 2005).

In their performances of their gendered identities, and experiences within their sexual partnerships, young people are negotiating what is a significant contradiction in temporal terms. They are at once trying to make the most of their situations of waithood, where the prospect of radically changing their immediate circumstances is beyond hope. This is perpetuated by the South African challenges of intergenerational poverty that persist. Daily life in townships is often tedious and boring due to a lack of money or opportunities to escape. But at the same time, life is rapidly changing and precarious, and plans thus need to be made to respond to the uncertainty characterised by their contexts in order to maximise their gains.

## References

- Adamson, L., Ferrer-Wreder, L., & Kerpelman, J. (2007). Self-concept consistency and future orientation during the transition to adulthood. *Young, 15*(1), 91.
- Ajzen, I. (1998). Models of human social behavior and their application to health psychology. *Psychology & Health, 13*(4), 735-739. doi:Doi 10.1080/08870449808407426
- Alexander, P. (2010). Rebellion of the poor: South Africa's service delivery protests—a preliminary analysis. *Review of African political economy, 37*(123), 25-40.
- Amuyunzu-Nyamongo, M., Okeng'o, L., Wagura, A., & Mwenzwa, E. (2007). Putting on a brave face: the experiences of women living with HIV and AIDS in informal settlements of Nairobi, Kenya. *AIDS care, 19*(S1), 25-34.
- Anthony, D. (2011). *The state of the world's children 2011-adolescence: an age of opportunity*: United Nations Children's Fund (UNICEF).
- Ardington, C., Branson, N., Lam, D., Leibbrandt, M., Marteleto, L., Menendez, A., . . . Ranchhod, V. (2012). Revisiting the 'crisis' in teen births: What is the impact of teen births on young mothers and their children. *Cape Town: SALDRU, University of Cape Town*.
- Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American psychologist, 55*(5), 469-480.
- Arnfred, S. (2011). *Sexuality & gender politics in Mozambique: rethinking gender in Africa*: Boydell & Brewer Ltd.
- Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R., & Puren, A. (2005). Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS med, 2*(11), e298.
- Bailey, R. C., Moses, S., Parker, C. B., Agot, K., Maclean, I., Krieger, J. N., . . . Ndinya-Achola, J. O. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *The Lancet, 369*(9562), 643-656.
- Baird, S. J., Garfein, R. S., McIntosh, C. T., & Özler, B. (2012). Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial. *The Lancet, 379*(9823), 1320-1329.
- Ball, S., Maguire, M., & Macrae, S. (2000). *Choice, pathways, and transitions post-16: new youth, new economies in the global city*. London: Routledge.
- Banaji, S. (2008). The trouble with civic: a snapshot of young people's civic and political engagements in twenty-first-century democracies. *Journal of Youth Studies, 11*(5), 543-560.
- Bandura, A. (1989). Human agency in social cognitive theory. *American psychologist, 44*(9), 1175.
- Barbarin, O., & Richter, L. (2001). *Mandela's Children: Growing up in Post-Apartheid South Africa*. New York: Routledge.
- Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet, 369*(9568), 1220-1231. doi:10.1016/S0140-6736(07)60367-5
- Becker, M. H. (1974). *The Health belief model and personal health behavior*. San Francisco: Society for Public Health Education.
- Bhana, D. (2005). Violence and the gendered negotiation of masculinity among young black school boys in South Africa *African masculinities* (pp. 205-220): Springer.
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality, 12*(8), 871-883.

- Bhana, D., & Pattman, R. (2011). Girls want money, boys want virgins: The materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health & Sexuality, 13*(8), 961-972.
- Blatterer, H. (2010). The Changing Semantics of Youth and Adulthood. *Cultural Sociology, 4*(1), 63.
- Bledsoe, C. H., & Banja, F. (2002). *Contingent lives: Fertility, time, and aging in West Africa*: University of Chicago Press.
- Booyesen, F. R., & Arntz, T. (2002). Children of the storm: HIV/AIDS and children in South Africa. *Social Dynamics, 28*(1), 170-192.
- Bor, J., Herbst, A. J., Newell, M.-L., & Bärnighausen, T. (2013). Increases in adult life expectancy in rural South Africa: valuing the scale-up of HIV treatment. *Science, 339*(6122), 961-965.
- Bourdieu, P. (1977). *Outline of a Theory of Practice* (Vol. 16): Cambridge university press.
- Branson, N., Ardington, C., & Leibbrandt, M. (2013). *Trends in teenage childbearing and schooling outcomes for children born to teens in South Africa*.
- Bray, R., Gooskens, I., Moses, S., Kahn, L., & Seekings, J. (2010). *Growing up in the new South Africa: Childhood and adolescence in post-apartheid Cape Town*. Cape Town: HSRC Press.
- Bray, R., Gooskens, I., Moses, S., Kahn, L., & Seekings, J. (2011). *Growing up in the new South Africa: Childhood and adolescence in post-apartheid Cape Town*: University of Cape Town.
- Bronfenbrenner, U. (1992). *Ecological systems theory*: Jessica Kingsley Publishers.
- Brown, P., Lyson, M., & Jenkins, T. (2011). From diagnosis to social diagnosis. *Social science & medicine, 73*(6), 939-943.
- Burchardt, M. (2016). *Faith in the Time of AIDS: Religion, Biopolitics and Modernity in South Africa*: Springer.
- Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre journal, 40*(4), 519-531.
- Butler, J. (2011a). *Bodies that matter: On the discursive limits of sex*: Taylor & Francis.
- Butler, J. (2011b). *Gender trouble: Feminism and the subversion of identity*: routledge.
- Campbell, C., Nair, Y., & Maimane, S. (2006). AIDS stigma, sexual moralities and the policing of women and youth in South Africa. *Feminist review, 132-138*.
- Campbell, C., Skovdal, M., Madanhire, C., Mugurungi, O., Gregson, S., & Nyamukapa, C. (2011). "We, the AIDS people...": how antiretroviral therapy enables Zimbabweans living with HIV/AIDS to cope with stigma. *American journal of public health, 101*(6), 1004-1010.
- Chan, B. T., Weiser, S. D., Boum, Y., Siedner, M. J., Mocello, A. R., Haberer, J. E., . . . Bangsberg, D. R. (2015). Persistent HIV-related stigma in rural Uganda during a period of increasing HIV incidence despite treatment expansion. *AIDS (London, England), 29*(1), 83.
- Chimanikire, D. (Ed.) (2009). *Youth and Higher Education in Africa: The Cases of Cameroon, South Africa, Eritrea and Zimbabwe*. Dakar CODESRIA.
- Chopra, M., Lawn, J. E., Sanders, D., Barron, P., Karim, S. S. A., Bradshaw, D., . . . Coovadia, H. (2009). Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *The Lancet, 374*(9694), 1023-1031. doi:10.1016/s0140-6736(09)61122-3
- Christiansen, C., Utas, M., & Vigh, H. (2009). Navigating Youth, Generating Adulthood: Social Becoming in an African Context. *African Affairs, 108, no. 430 (2009): 137-139, 108*(430), 137-139.
- Clark, S., Cotton, C., & Marteleto, L. J. (2015). Family Ties and Young Fathers' Engagement in Cape Town, South Africa. *Journal of Marriage and Family, 77*(2), 575-589.
- Cluver, L., Hodes, R., Sherr, L., Orkin, F., Meinck, F., Ken, P., . . . Vicari, M. (2015). Social protection: potential for improving HIV outcomes among adolescents. *Getting to 90-90-90 in paediatric HIV: What is needed?*, 73.
- Cluver, L., & Sherr, L. (2016). Cash transfers—magic bullet or fundamental ingredient? *The Lancet Global Health, 4*(12), e883-e884.
- Cole, J. (2009). Love, Money, and Economies of Intimacy in Tamative, Madagascar *Love in Africa* (pp. 109-134): University of Chicago Press.

- Cole, J., & Durham, D. (Eds.). (2007). *Generations and globalization: youth, age, and family in the new world economy*: Indiana University Press.
- Cole, J., & Durham, D. (Eds.). (2008). *Figuring the Future: Globalization and the Temporalities of Children and Youth*: SAR Press.
- Cole, J., & Thomas, L. M. (2009). *Love in Africa*: University of Chicago Press.
- Comaroff, J., & Comaroff, J. L. (1999). Occult economies and the violence of abstraction: notes from the South African postcolony. *American ethnologist*, 26(2), 279-303.
- Commission, N. P. (2012). National Development Plan 2030: Our future—make it work. *Presidency of South Africa, Pretoria*, 1.
- Connell, R. W. (1990). An iron man: The body and some contradictions of hegemonic masculinity. *Sociological perspectives in sport: The games outside the games*.
- Connell, R. W., & Connell, R. (2005). *Masculinities*: Univ of California Press.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity rethinking the concept. *Gender & society*, 19(6), 829-859.
- Cook, G. (1986). Khayelitsha: Policy change or crisis response? *Transactions of the Institute of British Geographers*, 57-66.
- Cooper, D., De Lannoy, A., & Rule, C. (2015). Youth health and well-being: why it matters?
- Cooper, D., Morroni, C., Orner, P., Moodley, J., Harries, J., Cullingworth, L., & Hoffman, M. (2004). Ten years of democracy in South Africa: Documenting transformation in reproductive health policy and status. *Reproductive health matters*, 12(24), 70-85.
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), 817-834.
- Dahrendorf, R. (1979). *Life chances: Approaches to social and political theory*: Weidenfeld and Nicolson London.
- Das, V. (2006). *The Unstable Categories of Child and Adult: Urban Poverty and Everyday Life*. Paper presented at the Child on the Wing, Baltimore, MD.
- De Lannoy, A., Leibbrandt, M., & Frame, E. (2015). A focus on youth: An opportunity to disrupt the intergenerational transmission of poverty. *ChildGauge*, 21.
- de Walque, D., Dow, W., Nathan, R., Medlin, C., & team, R. s. (2010). Incentivizing safe sex: A randomized trial of conditional cash transfers (CCTs) for HIV/STI prevention in rural Tanzania. *British Medical Journal*. forthcoming. [http://siteresources.worldbank.org/DEC/Resources/HIVExeSummary\(Tanzania\).pdf](http://siteresources.worldbank.org/DEC/Resources/HIVExeSummary(Tanzania).pdf).
- Delius, P., & Glaser, C. (2002). Sexual socialisation in South Africa: a historical perspective. *African Studies*, 61(1), 27-54.
- Development, D. o. S. (2012). *White Paper on Families in South Africa*. Pretoria.
- Dhillon, N., & Yousef, T. (2007). *Inclusion: Meeting the 100 million youth challenge*: Wolfensohn Center for Development at the Brookings Institution.
- Dickson, K. E. (2003). Adolescent fertility: a population concern.
- Dickson, K. E., Ashton, J., & Smith, J.-M. (2007). Does setting adolescent-friendly standards improve the quality of care in clinics? Evidence from South Africa. *International Journal for Quality in Health Care*, 19(2), 80-89.
- Dickson-Tetteh, K., Pettifor, A., & Moleko, W. (2001). Working with public sector clinics to provide adolescent-friendly services in South Africa. *Reproductive health matters*, 9(17), 160-169.
- Du Toit, A., & Neves, D. (2007). *In Search of South Africa's Second Economy: Chronic Poverty, Economic Marginalisation and Adverse Incorporation in Mt. Frere and Khayelitsha* (102). Retrieved from Cape Town: [http://www.chronicpoverty.org/uploads/publication\\_files/WP102\\_DuToit\\_Neves.pdf](http://www.chronicpoverty.org/uploads/publication_files/WP102_DuToit_Neves.pdf)
- Dunkle, K. L., Jewkes, R., Nduna, M., Jama, N., Levin, J., Sikweyiya, Y., & Koss, M. P. (2007). Transactional sex with casual and main partners among young South African men in the rural Eastern Cape: prevalence, predictors, and associations with gender-based violence. *Social science & medicine*, 65(6), 1235-1248.

- Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004a). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, *363*(9419), 1415-1421.
- Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004b). Transactional sex among women in Soweto, South Africa: prevalence, risk factors and association with HIV infection. *Social science & medicine*, *59*(8), 1581-1592.
- Durham, D. (2000). Youth and the social imagination in Africa: introduction to parts 1 and 2. *Anthropological Quarterly*, *73*(3), 113-120.
- Dworkin, S. L., Colvin, C., Hatcher, A., & Peacock, D. (2012). Men's Perceptions of Women's Rights and Changing Gender Relations in South Africa Lessons for Working With Men and Boys in HIV and Antiviolence Programs. *Gender & society*, *26*(1), 97-120.
- Erulkar, A. S., Onoka, C. J., & Phiri, A. (2005). What is youth-friendly? Adolescents' preferences for reproductive health services in Kenya and Zimbabwe. *African journal of reproductive health*, 51-58.
- Farmer, P. (2001). *Infections and inequalities: The modern plagues*: Univ of California Press.
- Farmer, P. (2006). *AIDS and Accusation: Haiti and the Geography of Blame*: Univ of California Press.
- Fishbein, M., & Ajzen, I. (2011). *Predicting and changing behavior: The reasoned action approach*: Taylor & Francis.
- Ford, K., & Hosegood, V. (2005). AIDS Mortality and the Mobility of Children in KwaZulu Natal, South Africa. *Demography*, *42*(4), 757-768.
- Forgus, S., Delva, W., Hauptfleisch, C., Govender, S., & Blitz, J. (2014). Community v. non-community assault among adults in Khayelitsha, Western Cape, South Africa: A case count and comparison of injury severity. *SAMJ: South African Medical Journal*, *104*(4), 299-301.
- France, A. (2007). *Understanding youth in late modernity*. Berkshire: Open University Press.
- Gallant, M., & Maticka-Tyndale, E. (2004). School-based HIV prevention programmes for African youth. *Social science & medicine*, *58*(7), 1337-1351.
- Garenne, M., Tollman, S., Kahn, K., Collins, T., & Ngwenya, S. (2001). Understanding marital and premarital fertility in rural South Africa. *Journal of Southern African Studies*, *27*(2), 277-290.
- Garnett, G. P., & Johnson, A. M. (1997). Coining a new term in epidemiology: concurrency and HIV. *Aids*, *11*(5), 681-683.
- Garone, D. B., Hilderbrand, K., Boule, A. M., Coetzee, D., Goemaere, E., Van Cutsem, G., & Besada, D. (2011). Review: Khayelitsha 2001-2011: 10 years of primary care HIV and TB programmes. *Southern African Journal of HIV Medicine*, *12*(4), 33-38.
- Government, S. A. (1996). *National Youth Commission Act*. 1996.
- Government, S. A. (2015). *Draft National Youth Policy 2014-2019*. Retrieved from [http://www.gov.za/sites/www.gov.za/files/38393\\_gen15.pdf](http://www.gov.za/sites/www.gov.za/files/38393_gen15.pdf).
- Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related School Dropout and Prior School Performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, *39*(4), 369-382.
- Gray, R. H., Kigozi, G., Serwadda, D., Makumbi, F., Watya, S., Nalugoda, F., . . . Chen, M. Z. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*, *369*(9562), 657-666.
- Groenewald, P., Bradshaw, D., Daniels, J., Zinyakatira, N., Matzopoulos, R., Bourne, D., . . . Naledi, T. (2010). Local-level mortality surveillance in resource-limited settings: a case study of Cape Town highlights disparities in health. *Bulletin of the World Health Organization*, *88*(6), 444-451.
- Groes-Green, C. (2013). "To put men in a bottle": Eroticism, kinship, female power, and transactional sex in Maputo, Mozambique. *American ethnologist*, *40*(1), 102-117.
- Gupta, G. R., Parkhurst, J. O., Ogden, J. A., Aggleton, P., & Mahal, A. (2008). Structural approaches to HIV prevention. *The Lancet*, *372*(9640), 764-775.

- Halperin, D. T., & Epstein, H. (2004). Concurrent sexual partnerships help to explain Africa's high HIV prevalence: implications for prevention. *The Lancet*, 364(9428), 4-6. doi:10.1016/S0140-6736(04)16606-3
- Hansen, K. (2008). *Youth and the city in the global south*. Bloomington: Indiana University Press.
- Hardon, A., & Posel, D. (2012). Secrecy as embodied practice: beyond the confessional imperative. *Culture, Health & Sexuality*, 14(sup1), S1-S13.
- Harrison, A. (2008). Hidden love: sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS. *Culture, Health & Sexuality*, 10(2), 175-189.
- Harrison, A., Colvin, C., Kuo, C., Swartz, A., & Lurie, M. (2015). Sustained High HIV Incidence in Young Women in Southern Africa: Social, Behavioral, and Structural Factors and Emerging Intervention Approaches. *Current HIV/AIDS Reports*, 12(2), 207-215.
- Harrison, A., & O'Sullivan, L. F. (2010). In the absence of marriage: long-term concurrent partnerships, pregnancy, and HIV risk dynamics among South African young adults. *AIDS Behavior*, 14(5), 991-1000. doi:10.1007/s10461-010-9687-y
- Higgins, J. A., Hoffman, S., & Dworkin, S. L. (2010). Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. *American journal of public health*, 100(3), 435-445.
- Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *International perspectives on sexual and reproductive health*, 35(2), 58-62.
- Hirsch, J. S., Wardlow, H., Smith, D. J., Phinney, H., Parikh, S., & Nathanson, C. A. (2009). *The Secret: Love, Marriage, and HIV*. Nashville, Tennessee: Vanderbilt University Press.
- Hockey, J. (2009). The life course anticipated: gender and chronologisation among young people. *Journal of Youth Studies*, 12(2), 227-241.
- Honwana, A. (2012). *The time of youth: Work, social change, and politics in Africa*. Sterling, Virginia, USA: Kumarian Press Pub.
- Honwana, A. (2014). Waithood: Youth Transitions and Social Change. *Development and Equity: An Interdisciplinary Exploration by Ten Scholars from Africa, Asia and Latin America*, 28-40.
- Honwana, A., & Boeck, D. (Eds.). (2005). *Makers & Breakers: Children and Youth in Postcolonial Africa*. Oxford: James Currey.
- Hosegood, V., McGrath, N., & Moultrie, T. (2009). Dispensing with marriage: Marital and partnership trends in rural KwaZulu-Natal, South Africa 2000-2006. *Demographic Research*, 20, 279.
- Huchzermeyer, M. (2004). From "contravention of laws" to "lack of rights": redefining the problem of informal settlements in South Africa. *Habitat International*, 28(3), 333-347.
- Hunter, M. (2002). The materiality of everyday sex: thinking beyond 'prostitution'. *African Studies*, 61(1), 99-120.
- Hunter, M. (2005). Cultural politics and masculinities: Multiple-partners in historical perspective in KwaZulu-Natal. *Culture, Health & Sexuality*, 7(4), 389-403.
- Hunter, M. (2010). *Love in the Time of AIDS*. Bloomington, Indiana: Indiana University Press.
- Jacobs, S., & Johnson, K. (2007). Media, social movements and the state: competing images of HIV/AIDS in South Africa. *African Studies Quarterly*, 9(4), 10.
- Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health education quarterly*, 11(1), 1-47.
- Jensen, S. B. (2008). *Gangs, politics & dignity in Cape Town*. Chicago, USA: University of Chicago Press.
- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13(1), 6.
- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ*, 337. doi:10.1136/bmj.a506

- Johnson-Hanks, J. (2002a). On the limits of life stages in ethnography: Toward a theory of vital conjunctures. *American Anthropologist*, 104(3), 865-880.
- Johnson-Hanks, J. (2002b). On the limits of life stages in ethnography: toward a theory of vital conjunctures. *American Anthropologist*, 865-880.
- Johnson-Hanks, J. (2005). When the future decides: uncertainty and intentional action in contemporary Cameroon. *Current Anthropology*, 46(3), 363-385.
- Johnson-Hanks, J. (2006). *Uncertain honor: Modern motherhood in an African crisis*. Chicago, USA: University of Chicago Press.
- Johnson-Hanks, J. (2007). What kind of theory for anthropological demography? *Demographic Research*, 16, 1.
- Jones, G. (2009). *Youth*. Cambridge: Polity Press.
- Karim, S. S. A., Churchyard, G. J., Karim, Q. A., & Lawn, S. D. (2009). HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response. *The Lancet*, 374(9693), 921-933.
- Kaufman, C. E., Wet, T., & Stadler, J. (2001). Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning*, 32(2), 147-160.
- Kepe, T. (2010). 'Secrets' that kill: Crisis, custodianship and responsibility in ritual male circumcision in the Eastern Cape Province, South Africa. *Social science & medicine*, 70(5), 729-735.
- Kumalo F, P. S., Sithole S. . (2011). *The Department of Basic Education's Draft Integrated Strategy on HIV and AIDS 2012-2016*. South Africa Retrieved from <http://www.education.gov.za/LinkClick.aspx?fileticket=S100fmrAuLs%3d&tabid=869&mid=2451>.
- Kuo, C., & Operario, D. (2007). *Challenging Dominant Policy Paradigms of Care for Children Orphaned by AIDS: Dynamic Patterns of Care in KwaZulu-Natal, Republic of South Africa*. Retrieved from Cape Town:
- Leclerc-Madlala, S. (2003). Transactional sex and the pursuit of modernity. *Social Dynamics*, 29(2), 213-233.
- Leclerc-Madlala, S. (2005). Popular responses to HIV/AIDS and policy. *Journal of Southern African Studies*, 31(4), 845-856.
- LeClerc-Madlala, S. (2009). Cultural scripts for multiple and concurrent partnerships in southern Africa: why HIV prevention needs anthropology. *Sexual Health*, 6(2), 103-110.
- Levine, S. (2006). The 'picaninny wage'. An historical overview of the persistence of structural inequality and child labour in South Africa. *Anthropology Southern Africa*, 29(3-4), 122-131.
- Lewis, D. (2011). Representing African Sexualities. In S. Tamale (Ed.), *African sexualities: A reader: Fahamu/Pambazuka*.
- Liddell, C., Barrett, L., & Bydowell, M. (2005). Indigenous representations of illness and AIDS in Sub-Saharan Africa. *Social science & medicine*, 60(4), 691-700.
- Lowther, K., Selman, L., Harding, R., & Higginson, I. J. (2014). Experience of persistent psychological symptoms and perceived stigma among people with HIV on antiretroviral therapy (ART): a systematic review. *International journal of nursing studies*, 51(8), 1171-1189.
- Luyt, R. (2012a). Constructing hegemonic masculinities in South Africa: The discourse and rhetoric of heteronormativity. *Gender & Language*, 6(1).
- Luyt, R. (2012b). Representation of masculinities and race in South African television advertising: A content analysis. *Journal of Gender Studies*, 21(1), 35-60.
- Macleod, C. (2003a). Teenage pregnancy and the construction of adolescence scientific literature in South Africa. *Childhood*, 10(4), 419-437.
- Macleod, C. (2003b). Teenage pregnancy and the construction of adolescence: Scientific literature in South Africa. *Childhood*, 10(4), 419-437.
- Macleod, C. (2010). *'Adolescence', Pregnancy and Abortion: Constructing a Threat of Degeneration*: Routledge.

- Mah, T. L., & Halperin, D. T. (2010). Concurrent sexual partnerships and the HIV epidemics in Africa: evidence to move forward. *AIDS Behavior*, 14(1), 11-16.
- Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Ortiz, D., Szekeres, G., & Coates, T. J. (2008). Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward. *AIDS (London, England)*, 22(Suppl 2), S67.
- Makusha, T., & Richter, L. (2016). Gatekeeping and its impact on father involvement among Black South Africans in rural KwaZulu-Natal. *Culture, Health & Sexuality*, 18(3), 308-320.
- Makusha, T., Richter, L., & Bhana, D. (2012). Children's experiences of support received from men in rural KwaZulu-Natal. *Africa Development*, 37(3), 127-152.
- Manji, F. (2012). African Awakenings: the courage to invent the future. *African awakening: the emerging revolutions*, 1-18.
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
- Martin, K. A. (1996). *Puberty, sexuality, and the self: Boys and girls at adolescence*: Psychology Press.
- Masvawure, T. (2010). 'I just need to be flashy on campus': female students and transactional sex at a university in Zimbabwe. *Culture, Health & Sexuality*, 12(8), 857-870.
- Mathews, C., Guttmacher, S. J., Flisher, A. J., Mtshizana, Y. Y., Nelson, T., McCarthy, J., & Daries, V. (2009). The quality of HIV testing services for adolescents in Cape Town, South Africa: do adolescent-friendly services make a difference? *Journal of Adolescent Health*, 44(2), 188-190.
- May, M. T., & Ingle, S. M. (2011). Life expectancy of HIV-positive adults: a review. *Sexual Health*, 8(4), 526-533.
- Mayosi, B. M., & Benatar, S. R. (2014). Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, 371(14), 1344-1353.
- Mbembe, A. (2016). Democracy as a Community Life 4. Retrieved from Johannesburg Workshop in Theory and Criticism website: [http://jwtc.org.za/volume\\_4/achille\\_mbembe.htm](http://jwtc.org.za/volume_4/achille_mbembe.htm) 1/4 8/18/2016 JWTC
- McDevitt, T. M. (1996). *World population profile* (Vol. 3): US Government Printing Office.
- McDonald, D. A. (2012). *World city syndrome: Neoliberalism and inequality in Cape Town* (Vol. 10): Routledge.
- Meintjes, H., Hall, K., Marera, D.-H., & Boulle, A. (2010). Orphans of the AIDS epidemic? The extent, nature and circumstances of child-headed households in South Africa. *AIDS care*, 22(1), 40-49.
- Mendenhall, E., & Norris, S. A. (2015). When HIV is ordinary and diabetes new: Remaking Suffering in a South African Township. *Global public health*, 10(4), 449-462.
- Mfecane, S. (2008). Living with HIV as a man: Implications for masculinity. *Psychology in Society*(36), 45-59.
- Michielsen, K., Chersich, M. F., Luchters, S., De Koker, P., Van Rossem, R., & Temmerman, M. (2010). Effectiveness of HIV prevention for youth in sub-Saharan Africa: systematic review and meta-analysis of randomized and nonrandomized trials. *Aids*, 24(8), 1193-1202.
- Mintz, S. (2008). Reflections on Age as a Category of Historical Analysis. *Journal of the History of Childhood and Youth*, 1(1), 91-94.
- Mkhwanazi, N. (2009). Teenage pregnancy and HIV in South Africa. *Body politics and women citizens: African experiences*, 83-92.
- Mkhwanazi, N. (2010). Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, 12(4), 347-358.
- Mkhwanazi, N. (2012). A tough love approach indeed: Demonising early childbearing in the Zuma era. *Agenda*, 26(4), 73-84.
- Mkhwanazi, N. (2014). "An African way of doing things": reproducing gender and generation. *Anthropology Southern Africa*, 37(1-2), 107-118.
- Mkhwanazi, N., & Bhana, D. (Forthcoming). *Young Families: Gender, sexuality and care* Cape Town, South Africa.: HSRC Press.

- Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities*, 1097184X12438001.
- Moultrie, T. A., & McGrath, N. (2007). Teenage fertility rates falling in South Africa. *South African Medical Journal*, 97(6), 442.
- MSF. (2011). Khayelitsha 2001–2011 ACTIVITY REPORT: 10 years of HIV/TB care at primary health care level. *Activity report, Cape Town*.
- Myers, J. N., T. (2007). *Western Cape Burden of Disease Reduction Project*. Retrieved from Cape Town:  
[http://www.westerncape.gov.za/text/2007/10/cd\\_volume\\_1\\_overview\\_and\\_executive\\_summaries180907.pdf](http://www.westerncape.gov.za/text/2007/10/cd_volume_1_overview_and_executive_summaries180907.pdf)
- Ndangam, N. L. (2008). 'Lifting the Cloak on Manhood': Coverage of Xhosa Male Circumcision in the South African Press. *Masculinities in Contemporary Africa*, edited by Egodi Uchendu, 209-228.
- Ndjio, B. (2012). Sagacity spirit and ghetto ethic: Feymania and new African entrepreneurship. *Fractures and Reconnections: Civic Action and the Redefinition of African Political and Economic Spaces: Studies in Honor of Piet JJ Konings*, 5.
- Ngabaza, S. (2011). Positively pregnant: Teenage women's experiences of negotiating pregnancy with their families. *Agenda*, 25(3), 42-51.
- Nowotny, H. (1994). *Time, The Modern and Postmodern Experience*. Cambridge, United Kingdom: Polity Press.
- Ntombana, L. (2009). Xhosa male initiation and teaching of moral values: An exploration of the role of traditional guardians in teaching the initiates. *Indilinga: African Journal of Indigenous Knowledge Systems*, 8(1).
- O'Regan, C. a. P., Vusumzi. (2014). *Towards a Safer Khayelitsha: The Report of the Commission of Inquiry into Allegations of Police Inefficiency and a Breakdown in Relations between SAPS and the Community in Khayelitsha*. Retrieved from Cape Town, South Africa:  
<http://www.khayelitshacommission.org.za>
- Panday, S., Makiwane, M., Ranchod, C., & Letsoala, T. (2009). *Teenage pregnancy in South Africa: with a specific focus on school-going learners*. Retrieved from Cape Town, South Africa:  
[http://repository.hsra.ac.za/bitstream/handle/20.500.11910/4711/5965\(1\).pdf?sequence=1](http://repository.hsra.ac.za/bitstream/handle/20.500.11910/4711/5965(1).pdf?sequence=1)
- Petersen, A. C., & Taylor, B. (1980). The biological approach to adolescence: Biological change and psychological adaptation. *Handbook of adolescent psychology*, 117-155.
- Pettifor, A. E., MacPhail, C., Bertozzi, S., & Rees, H. V. (2007). Challenge of evaluating a national HIV prevention programme: the case of loveLife, South Africa. *Sexually Transmitted Infections*, 83(suppl 1), i70-i74.
- Pettifor, A. E., Rees, H. V., Kleinschmidt, I., Steffenson, A. E., MacPhail, C., Hlongwa-Madikizela, L., . . . Padian, N. S. (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *Aids*, 19(14), 1525-1534.
- Pikoli, C. O. R. a. V. (2014). *Towards a Safer Khayelitsha: Report of the Commission of Inquiry into Allegations of Police Inefficiency and a Breakdown in Relations between SAPS and the Community of Khayelitsha*. Retrieved from
- Pinnock, D., & Douglas-Hamilton, D. (1997). *Gangs, rituals & rites of passage*: African Sun Press with the Institute of Criminology, University of Cape Town Cape Town.
- Posel, D. (2004). 'Getting the nation talking about sex': reflections on the discursive constitution of sexuality in South Africa since 1994. *Agenda*, 18(62), 53-63.
- Posel, D., & Devey, R. (2006). The demographics of fathers in South Africa: an analysis of survey data, 1993–2002. *Baba: men and fatherhood in South Africa*, 38-52.
- Posel, D., & Rudwick, S. (2011). *Marriage and ilobolo [Bridewealth] in contemporary Zulu Society*. Retrieved from Durban, South Africa:  
<http://sds.ukzn.ac.za/Files/Documents/Default/WP 60-Posel and Rudwick.pdf>

- Posel, D., Rudwick, S., & Casale, D. (2011). Is marriage a dying institution in South Africa? Exploring changes in marriage in the context of ilobolo payments. *Agenda*, 25(1), 102-111.
- Prince, C. (2009, July 12, 2009). The Changing Face of SA Families. *The Times*.
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: theory, research & practice*, 19(3), 276.
- Pronyk, P. M., Kim, J. C., Abramsky, T., Phetla, G., Hargreaves, J. R., Morison, L. A., . . . Porter, J. D. (2008). A combined microfinance and training intervention can reduce HIV risk behaviour in young female participants. *Aids*, 22(13), 1659-1665.
- Reddy, V., Meyer, S., Shefer, T., & Meyiwa, T. (2014). *Care in context: Transnational gender perspectives*: HSRC Press Cape Town.
- Richter, L. M., & Desmond, C. (2008). Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995–2005. *AIDS care*, 20(9), 1019-1028.
- Robins, S. (2005). *Rights passages from "near death" to "new life": AIDS activism and treatment testimonies in South Africa*. Retrieved from Brighton, Sussex, England: <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4039/Wp251.pdf?sequence=1>
- Robins, S., & Von Lieres, B. (2004). Remaking citizenship, unmaking marginalization: the treatment action campaign in post-apartheid South Africa. *Canadian Journal of African Studies/La Revue canadienne des études africaines*, 38(3), 575-586.
- Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health education monographs*, 2(4), 328-335.
- Salo, E. R. (2004). *Respectable Mothers, Tough Men and Good Daughters: Producing Persons in Manenburg Township, South Africa*. (D.Phil.), Emory University, Atlanta, USA.
- Sanders, J., & Munford, R. (2008). Losing self to the future? Young women's strategic responses to adulthood transitions. *Journal of Youth Studies*, 11(3), 331-346.
- Scheper-Hughes, N., & Lock, M. M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, 1(1), 6-41.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: prioritising an agenda for prevention. *The Lancet*, 374(9694), 1011-1022.
- Selikow, T.-A., Ahmed, N., Flisher, A. J., Mathews, C., & Mukoma, W. (2009). I am not "umqwayito": a qualitative study of peer pressure and sexual risk behaviour among young adolescents in Cape Town, South Africa. *Scand J Public Health*, 37 Suppl 2, 107-112. doi:10.1177/1403494809103903
- Selikow, T.-A., Ahmed, N., Flisher, A. J., Mathews, C., & Mukoma, W. (2009). I am not "umqwayito": A qualitative study of peer pressure and sexual risk behaviour among young adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health*, 37(2 suppl), 107-112.
- Selikow, T.-A., Zulu, B., & Cedra, E. (2002). The ingagara, the regte and the cherry: HIV/AIDS and youth culture in contemporary urban townships. *Agenda*, 17(53), 22-32.
- Setel, P. (1999). *A plague of paradoxes: AIDS, culture, and demography in northern Tanzania*. Stanford, California: University of Chicago Press.
- Shaikh, N., Abdullah, F., Lombard, C. J., Smit, L., Bradshaw, D., & Makubalo, L. (2006). Masking through averages-intraprovincial heterogeneity in HIV prevalence within the Western Cape: original article. *South African Medical Journal*, 96(6), 538-543.
- Shefer, T., Clowes, L., & Vergnani, T. (2012). Narratives of transactional sex on a university campus. *Culture, Health & Sexuality*, 14(4), 435-447. doi:10.1080/13691058.2012.664660
- Shisana, O., Rehle, T., Simbayi, L., Zuma, K., Jooste, S., Zungu, N., . . . Onoya, D. (2014). South African national HIV prevalence, incidence and behaviour survey, 2012.
- Shisana, O., Zungu, N., Nwanyanwu, O., Simbayi, L., Parker, W., Dinh, T., . . . Pillay-van Wyk, V. (2015). South African national HIV prevalence, incidence, behaviour and communication survey, 2008: the health of our children.

- Singerman, D. (2007). The economic imperatives of marriage: Emerging practices and identities among youth in the Middle East. *Middle East Youth Initiative Working Paper*(6).
- Singh, S., & Hamid, A. (2016). Reflections of a group of South African teenage mothers: Sexual health implications. *Health Education Journal*, 75(3), 278-288.
- Smit, W., De Lannoy, A., Dover, R. V., Lambert, E. V., Levitt, N., & Watson, V. (2015). Making unhealthy places: the built environment and non-communicable diseases in Khayelitsha, Cape Town. *Health & place*, 35, 11-18.
- Smith, D. J. (2004). Premarital sex, procreation, and HIV risk in Nigeria. *Studies in Family Planning*, 35(4), 223-235.
- Smith, D. J. (2006). Love and the risk of HIV: courtship, marriage, and infidelity in southeastern Nigeria. In J. S. Hirsch & H. Wardlow (Eds.), *Modern loves: The anthropology of romantic courtship and companionate marriage*. Michigan, USA: University of Michigan Press.
- Smith, D. J. (2014). *AIDS doesn't show its face: inequality, morality, and social change in Nigeria*. Chicago, USA: University of Chicago Press.
- Sommers, M. (2012). *Stuck: Rwandan youth and the struggle for adulthood*: University of Georgia Press.
- Spiegel, A., & Mehlwana, A. M. (1997). *Family as social network : kinship and sporadic migrancy in the Western Cape's Khayelitsha* (0796917884). Retrieved from Pretoria, South Africa:
- StatsSA. (2011). *City of Cape Town Census Data*. Retrieved from [http://www.statssa.gov.za/?page\\_id=4286&id=328](http://www.statssa.gov.za/?page_id=4286&id=328).
- StatsSA. (2013). *City of Cape Town – 2011 Census – Khayelitsha Health District*. Retrieved from Cape Town:
- StatsSA. (2015). *Morality and Morbidity Patterns among the Youth of South Africa, 2013. Report No. 03-09-12*. (03-09-12). Pretoria: Stats SA.
- StatsSA. (2016). *Mid-year population estimates*.
- Steinberg, J. (2004). *The Number: One Man's Search for Identity in the Cape Underworld and Prison Gangs*. Johannesburg: Jonathan Ball Publishers.
- Stern, E., & Buikema, R. (2013). The relational dynamics of hegemonic masculinity among South African men and women in the context of HIV. *Culture, Health & Sexuality*, 15(9), 1040-1054.
- Sukarieh, M., & Tannock, S. (2002). In the Best Interests of Youth or Neoliberalism? The World Bank & the New Global Youth Empowerment Project. *Hindu*, 1.
- Super, G. (2016). Volatile sovereignty: Governing crime through the community in Khayelitsha. *Law & Society Review*, 50(2), 450-483.
- Swartz, S., & Bhana, A. (2009). *Teenage Tata: voices of young fathers in South Africa*. Cape Town, South Africa: HSRC Press.
- Tamale, S. (2006). Eroticism, sensuality and 'women's secrets' among the Baganda. *IDS bulletin*, 37(5), 89-97.
- Taussig, M. T. (1999). *Defacement: Public secrecy and the labor of the negative*. Stanford, California: Stanford University Press.
- Thornton, R. (2008). *Unimagined community: sex, networks, and AIDS in Uganda and South Africa* (Vol. 20). Berkeley and Los Angeles, California: University of California Press.
- Thornton, R. (2009). Sexual networks and social capital: multiple and concurrent sexual partnerships as a rational response to unstable social networks. *African Journal of AIDS Research*, 8(4), 413-421.
- UNICEF. (2011). *The state of the world's children 2011: Adolescence: An Age of Opportunity*. Retrieved from [https://www.unicef.org/adolescence/files/SOWC\\_2011\\_Main\\_Report\\_EN\\_02092011.pdf](https://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf)
- Van Gennep, A. (1966). *The Rites of Passage: Transl. by Monika B. Vizedom and Gabrielle L. Caffee. Introd. by Solon T. Kimball*: University of Chicago Press.
- Vigh, H. (2006). Social death and violent life chances. *Navigating youth-generating adulthood: social becoming in an African context*. Uppsala: Nordiska Afrikainstitutet.

- Vincent, L. (2008). 'Boys will be boys': traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality*, 10(5), 431-446.
- Wagner-Pacifici, R. (2000). *Theorizing the standoff: Contingency in action*: Cambridge University Press.
- Walsh, S., & Mitchell, C. (2006). 'I'm too young to die': HIV, masculinity, danger and desire in urban South Africa. *Gender & Development*, 14(1), 57-68.
- Wilkinson, R. G., & Marmot, M. (2003). *Social determinants of health: the solid facts*: World Health Organization.
- Wingood, G. M., Reddy, P., Lang, D. L., Saleh-Onoya, D., Braxton, N., Sifunda, S., & DiClemente, R. J. (2013). Efficacy of SISTA South Africa on sexual behavior and relationship control among isiXhosa women in South Africa: results of a randomized-controlled trial. *Journal of acquired immune deficiency syndromes (1999)*, 63(0 1), S59-65.
- Wojcicki, J. M. (2002). " She drank his money": survival sex and the problem of violence in taverns in Gauteng province, South Africa. *Medical Anthropology Quarterly*, 16(3), 267-293.
- Wyn, J., & Woodman, D. (2006). Generation, youth and social change in Australia. *Journal of Youth Studies*, 9(5), 495-514.