Published in final edited form as:
Cult Health Sex. 2009 February ; 11(2): 139–157. doi:10.1080/13691050802521155.

Gender norms in South Africa: Implications for HIV and pregnancy prevention among African and Indian women students at a South African tertiary institution

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Abstract

In post-Apartheid South Africa, women are constitutionally guaranteed protections and freedoms that were previously unknown to them. These freedoms may have positive implications for women's ability to negotiate sexual protection with partners and hence prevent unintended pregnancy and decrease their risk of HIV. Among tertiary institution students who are a relatively 'privileged' group, there is little information on gender norms that might shape responses to HIV prevention programmes. To elicit gender norms regarding women's and men's roles, condom and contraceptive use, sexual communication, and sexual pleasure, we conducted 10 semi-structured focus group discussions with African and Indian female tertiary institution students so as to understand how norms might be used to buttress HIV and pregnancy prevention. Participants reported dramatic changes in the structure of gender norms and relations with the formal recognition of women's rights in the post-Apartheid context. These generational shifts in norms are supported by other research in South Africa. At the same time, women recognized the co-existence of traditional constructions of gender that operate to constrain women's freedom. The perceived changes that have taken place provide an entry point for intervention, particularly for reinforcing emerging gender norms that promote women's protection against unintended pregnancy and HIV/STIs.

Keywords

South Africa; cultural practices; condoms; gender; HIV prevention

INTRODUCTION

Concurrent with South Africa's transition to an integrated, democratic society have been changing gender-role dynamics, despite historical oppression and control of African[1] and Indian populations and women, through systems of political power. This paper sets out to explore macro-level factors, such as gender roles, and describes formative research conducted to identify perceptions of gender roles in African and Indian women students in a South African tertiary institution. This research was designed to inform a randomized trial comparing the efficacy of two female condom promotional strategies in a student population, to buttress HIV and pregnancy prevention among these women and to identify strategies for institutional and interpersonal behavioural change. We first provide a brief perspective on how the transition from Apartheid has challenged a society with traditional cultural expectations and gender inequalities.

[1]We use the word 'African' to reflect the official racial classification system in South Africa rather than the word 'Black' that is used by Africans and others.

From Apartheid to Social Transformation Post-Apartheid

Under the racially segregated Apartheid system, there were significant economic and health inequalities between White and African populations and a feminization of poverty. Government legislation via the Populations Registration Act of 1950 was used to impose social identities though the construction of racial categories ('Coloured', 'Native' - including African, Bantu, or Black, 'White' or 'European', and 'Asian/Indian'), with marked hierarchical ordering that positioned Whites at the top, Africans at the bottom, and Indians and Coloureds in the middle (Williams et al 2008). This racial stratification, along with a geographic segregation system via the 1950 Group Areas Act, served as an instrument of control to legitimate the South African government's restrictions of the economic, political and social rights of its non-White populations (Zegeye 2001). The Apartheid regime has had a detrimental impact on the traditional cohesive Black African family unit. Traditional patriarchal societies were forced apart, especially due to male migrant labour, which often led to having ties both in communities of origin and destination, fluid household boundaries, and fostering of a violent masculinity. Insecurity, violence and social costs of this have been high, especially where family support was eroded, resulting in male-female conflict and domestic violence (Moser 1999, Hunter 2007). Indians were originally brought to KwaZulu-Natal as indentured labourers (Maharaj and Cleland 2008), and traditional Indian culture and religion concentrated on the family rather than the individual. Family roles were well defined, with males being identified as primary wage earners and decision-makers (Durvusala and Mylvaganam 1994), and therefore, women had fewer decision-making roles in the family.

With the transition from Apartheid to democracy in 1994, South Africa began to undergo a major social transformation, with marked economic growth, improved redistribution of economic resources, and emphasis on social development through Black Economic Empowerment, the Reconstruction and Development Programme, and land reform policies (Nowak 2005). At the same time, there has been a new fluidity of identities and increased social mobility (Zegeye 2001). Despite post-Apartheid changes, the socially constructed, institutionalized categories of racial identity are still operative— reproduced and reinforced in South Africa's collective national identity as a rainbow nation, and segregation exists at an informal level (Koen and Durrheim 2008). These politically constructed differences and how they influence individuals cannot be ignored (Shefer et al. 2000).

Economic disparities are great, with Africans being the poorest. Rates of unemployment are high – higher in 2005 (26.7%) than in 1994 (20%) (Kingdon and Knight 2006), especially for people living in rural areas, women, uneducated and young people, due in part to skill deficiencies and labour market regulations (Arora and Ricci 2006). High levels of unemployment, especially amongst men, have been linked with gender-based violence. This has been partially attributed to loss of esteem, overturning of gender roles, and subsequent violence to women and children (Strebel et al. 2006).

Gender Role Norms, Sex, and HIV Risk

Gender, like race, is socially constructed, with rights, access to resources, power, participation in public life, and is interpreted through a cultural lens (International Bank for Reconstruction and Development/World Bank 2001). Consequently, expectations about how women and men should behave are structured by cultures and societies and influence the way in which sexual interactions are negotiated. Gender norms and sexual scripts are not static, vary across communities and have the potential to respond to changing socioeconomic and political landscape, according to social constructions (Strebel et al. 2006). The terrain of gender roles in South Africa is both complex and diverse, and gender inequalities persist at many levels in the economy, social institutions, households, and sexual partnerships. One study of South African tertiary-level students demonstrated that violence, coercion and male control,

especially in the context of sex, were assumed to be part of normal heterosexual relationships (Shefer et al. 2000). However, research demonstrates that women are beginning to challenge this view (Shefer et al. 2000, Strebel et al. 2006).

Gender inequalities have been linked to higher HIV prevalence in 72 countries (International Bank for Reconstruction and Development/World Bank 2001), diminished educational and economic opportunities for women (International Planned Parenthood Federation/United Nations Population Fund/Young Positives 2007) and gender-related violence (Jewkes, Levin and Penn-Kekana 2003, World Health Organization 2005). In South Africa, gender inequalities have been associated with unprotected sex and increased risk for HIV infection among women (Harrison, Xaba and Kunene 2001, MacPhail and Campbell 2001, Dunkle et al. 2004, Hoffman et al. 2006), and may fuel South Africa's HIV epidemic. HIV prevalence in South Africa is among the highest in the world (United Nations Joint Programme on HIV/AIDS 2007) and young women's disproportionate risk is reflected in incidence and prevalence (Shisana et al. 2005, Pettifor et al. 2005).

South Africa has pushed hard for gender equity. In 2006, women comprised nearly 33% of members of Parliament, four of the nine provincial leaders were women, and the deputy president was a woman (Charles Stewart Mott Foundation 2006). The reproductive health rights of women were formally enshrined in the 1996 Constitution (Sections 9 and 27), guaranteeing gender equality and access to reproductive health services for women (Republic of South Africa 1996).

New economic freedom and increased autonomy in young, African urban women (Rutter 2006) may have positive implications for women's ability to negotiate sexual protection with partners. Hence, unintended pregnancy may be prevented and risk of HIV infection reduced. In spite of Constitutional rights, the Employment Equity Act (1998), and the Promotion of Equality and Prevention of Unfair Discrimination Act (2000), patriarchy still exists in South Africa, as social inequalities lag behind legislation.

Although new gender norms may have evolved in the post-Apartheid context, the structure of persistent gender relations and ensuing power dynamics means that some women are less empowered and capable of negotiating protection with partners than others. These changes are likely to be mirrored in tertiary institution women students who grew up in the post-Apartheid period. Although they may be more likely to adopt empowering gender norms, they may still be expected by parents and partners to subscribe to traditional gender-role hierarchies that characterized their parents' generation. However, there is little information on how gender norms might shape responses to HIV prevention among the privileged population of tertiary institution students. In this paper, we present data from focus groups on the broader cultural and social contexts of gender and power structures.

METHODS

Study Background and Site

The study was conducted on a large, urban, tertiary institution campus in South Africa, where male and female condoms are currently distributed through the student health centre. Half the students are women, and most of the student body is Indian or African.

Recruitment and Participants

Between July and September 2005, we recruited 67 women students, mainly using venue-based sampling on campus. Ethnographic mapping of student venues identified sites for direct recruitment. Students were also recruited via posters on campus bulletin boards and through

word-of-mouth. One of the groups comprised student peer educators from the Campus Counselling Centre.

Eligibility criteria included: (1) current enrolment as student; (2) age 18 years or older; (3) no cognitive impairment (e.g., free from alcohol or drugs) to enable meaningful consenting and focus group participation; and (4) willingness to be audio-taped. Of 121 women approached, two were underage and therefore ineligible. Multiple attempted telephone contacts were made to schedule focus group discussions with 119 eligible students. However, only 67 students (56%) elected to participate, and 52 either decided not to participate or did not present for the group discussions.

Ethics

The study protocol was reviewed and approved by the Institutional Review Board at the New York State Psychiatric Institute-Columbia University Department of Psychiatry and by two South African Ethics Committees.

Procedures

We recruited African and Indian female students. These population groups together represented 83% of the female population on campus in 2006. We conducted ten focus groups, six with African and three with Indian women.[2] Homogeneity in focus groups ensures that numerous interacting demographic variables do not confound the issues under discussion (Parasuraman 1991). The tenth group comprised African and Indian peer health educators from the campus clinic. Most groups were conducted in English, the language of instruction on campus, but *isiZulu* speaking participants were encouraged to express themselves in *isiZulu* if preferred.

The majority of groups consisted of six participants, but group size ranged between five and nine participants. Participants gave their written, informed consent prior to the session. Focus group discussions lasted 90–120 minutes, and a brief, anonymous, socio-demographic/ behavioural questionnaire was administered to participants after the session. Participants were reimbursed ZAR30 (approximately $5) for participating. The groups were co-facilitated by a team of two/three experienced female researchers from both South Africa and the United States (US). Focus group discussions were audio-taped and transcribed, and segments were translated from *isiZulu* into English where necessary.

Focus Group Discussion

The semi-structured focus group guide addressed gender roles and expectations and how these roles have changed over time; reproductive and sexual issues (including: how women meet sexual partners; where sexual encounters take place); sexual practices; HIV risk perceptions and HIV testing; and condom attitudes and practices. We explored social constructions of gender by asking, 'What does it mean to be a woman in South African society today?' and 'In South Africa, how are women's roles the same as they were over the last 10 years? How are they different?' Similar questions were asked with regard to men's roles.

The discussion was not designed to elicit participants' personal experiences with regard to sex and gender, but rather to explore dominant social values and cultural perceptions of the communities/groups from which they originated. Focus group discussions provide more insight on social norms and values than on individual experiences that deviate from accepted norms (Mack et al. 2005).

[2]Ten focus groups were also conducted with male students. Findings from these groups are not reported here.

Even though a substantial proportion of the sample was not sexually active (Table 1), tertiary institution students are likely to be exposed to, and are embedded in societies with views regarding sexual behaviours and gender roles. These perceptions were investigated in this study. Furthermore, both facilitators and participants were unaware whether group members were sexually active or not.

Analysis

We first conducted a thematic analysis based on the questions in the interview guide. Following review of the a priori themes, we used a modified grounded-theory approach to further explore ideas derived directly from focus group data. Four independent investigators (two from South Africa and two from the US) generated a list of broad thematic codes based on a subset of four transcripts. The applicability of these codes across groups was discussed, and codes were defined to ensure common interpretation of any given code. The coding scheme was finalised at the point of saturation, i.e., when additional transcripts did not elicit new themes. The framework was refined by dividing broad thematic codes into sub-codes and separating sub-codes into first-level codes and more specific sub-categories where appropriate.

Two researchers independently coded the ten transcripts. The researchers then discussed which codes were applied to various passages of the text. The only lack of consensus involved whether to apply the parent or sub-code to data. When this occurred, a third investigator resolved the difference. Transcripts were re-read by the two investigators to ensure consensus coding. To organize data systematically, codes were entered into a standardized qualitative data computer program (NVIVO 2 and NVIVO 7, QSR International, Doncaster, Victoria, Australia). Quotations used throughout this paper reflect participants' typical comments unless otherwise noted.

RESULTS

Socio-Demographic Characteristics

The 67 participants ranged in age from 18–30 years (M=21.27 ± 2.39). Forty-six participants were African and 21 were Indian. Over half were in their second year of study and about 58% lived off-campus. Participants' age of sexual debut and history of condom use are shown in Table 1. A greater proportion of African (80.4%) than Indians (19.0%) indicated that they were sexually experienced. Over 90% of African and 75% of Indian sexually active participants had reportedly used a condom in the last three months, but few had ever used a female condom.

Overview of Themes

Two broad themes emerged from the focus group discussions, and several sub-themes were identified. Participants discussed culturally constructed social relations between women and men at two distinct levels: (1) constructions of gender roles (emerging and traditional); and (2) perceptions of gender dynamic norms in sexual relationships (sexual communication, sexual pleasure, condom and contraceptive use). Gender in these two interrelated domains and how it relates to individual vulnerability is discussed below. There were no major differences in perceptions of African and Indian participants, except with regard to substances used to enhance sexual pleasure. Therefore, results are presented for the whole sample, without distinguishing race of focus group members.

Constructions of Gender

Emerging constructions of gender—In all groups, participants perceived a dramatic change in the structure of gender norms and relations with the formal recognition of women's rights in the post-Apartheid context. Participants discussed the right to terminate a pregnancy

legally, make decisions around family planning, use barrier methods, initiate and refuse sex, and change sexual partners. They felt that they had not only the right, but the obligation to protect themselves.

Accompanying these new rights was the perception that men were accommodating to, rather than challenging women, although there was some disagreement as to the extent to which men had changed. Participants acknowledged that some men had begun to embrace a modern form of masculinity:

> 'I also feel like some men are um, moving from the notion of being Black, a Black man. You know like… they always have to control things. You know such things that used to happen. They have moved from such things. I think now they are saying okay, 'it's fine there are rights', 'we should tend to respect women more', 'we should tend to give women space to explore whatever they want to explore'.

Other participants concurred that men generally accept that they share the same rights as women. This allowed men to be less dominating and more open to women socializing freely, working, and obtaining an education. Participants in several groups commented that while men may not necessarily have favoured these changes, they were accommodating and supportive of women, including women's rights to refuse and/or protect themselves during sex.

> 'I think now for men, they get to accommodate the new changes, they have to ask, they have to accept the "no" to sex'.

> '[Men] *have to think about the issue of using condoms, they're now accepting condoms'*.

However, these perceived changes in constructions of gender roles were seen as neither uniform nor polarized but as more nuanced, occurring across a continuum and varying by social contexts (e.g., urban-rural and education). Education was seen as driving the emancipation of women. Participants frequently contrasted women's past domestic duties with contemporary opportunities to receive an education. In all groups, participants cited women role models in Parliament and as company directors to illustrate changes in gender-role norms. They articulated a break with the past and a sense of confidence and self-worth for the future:

> 'I think … women are becoming braver somewhat, because you see most … in the olden days people had, … at a certain age like at 21 yrs, someone is married and has children and all, but now women are confident enough to like work and you know they don't need a man to like substantiate what they stand for'.

This comment suggests that women are challenging the formerly prescribed domestic roles and establishing identities independent of their involvement with men. Independence was seen as a pathway to having a better future. Women also perceived increased autonomy as influential in transforming gender norms regarding decision-making around condom use from strictly male-determined to female-initiated:

> 'For those women who are strong, know what they want, who want what they want, they are the ones who determine whether to use condoms'.

As further evidence of perceived changing gender relations, participants in two groups echoed the notion that women should use protection, regardless of men's wants. This desire for self-protection was closely linked with an underlying sense of self-respect.

> 'She should protect herself [against pregnancy and HIV/STIs] if she respects herself'.

While viewing themselves as confident, independent decision-makers who could negotiate female condom use, participants across the groups repeatedly distinguished themselves from 'other' women who lack autonomy to negotiate with partners who refuse to use condoms:

> '… I'm talking about none of us. Remember we have different personalities, because with all of us here we know how to say, 'No, if you don't want it you can go away and find that someone else'.

This participant distanced herself and her peers from women who are unable to communicate with their partners. The different personalities of participants implies the greater ability of female students to negotiate sex and condom use with partners. Participants in several groups believed that refusing unprotected sex or terminating a relationship was not only their right, but an obligation to themselves. This is another indication of a perceived shift in gender relations.

Traditional constructions of gender roles—While participants viewed that gender roles were changing in South Africa, they also recognized that traditional constructions of gender were still operating and constraining women. For example, participants reported that men continue to head households and maintain power over women:

> 'A man is a main person in the family. He is the upper whatever in the family… I think men have always had this controlling power over many things'.

This power structure reportedly extends into sexual partnerships as well:

> 'Parents bring girls up strong, but when it comes to sexual relationships, some are more submissive'.

In fact, in the majority of groups, participants noted that women in both urban and rural settings were still disadvantaged relative to men. Men were characterized as beating women if they felt like it, violent if their wives had better jobs than them, and as raping women — 'like it's something they can't control'. One participant noted that although female students were more liberated, those who strove to obtain money and other gifts from their boyfriends to improve their lives and who used sex to boost themselves up were actually still exploited by men who used economic means to secure sexual gratification. Or, as one participant said about male control:

> '… right now I can see that they [men] protect me, but I know they've got power over me'….

The women believed that some men did not accept changing gender roles or preferred that women not take advantage of emerging shifts in their newfound freedom, but rather maintain their traditional role within the household:

> 'It's a burden if [a man] gets married with a person that is educated, cause (laugh) he don't feel like a real man, he is like a child'.

> 'Men don't want to be under the female. [3] It's difficult for them if they are told by a woman, for example, if you say 'please sweep the floor', he will say 'you know what? You are too much of yourself'.

All participants perceived that gender inequalities and oppression continue to be greater for Africans than for Indians or other South African population groups.

> 'I think it goes with race. We as Black women, we are the women who are the unprivileged group, even compared to Indians …by the term race, I'm looking at [this] …economically, socially. We as Blacks, we are oppressed all the time'.

[3]In terms of hierarchy/power in their relationships.

> ‘If you look at the White areas, women have always been equal to men. However, from our African cultures is not like that. Men are superior, men decide … anything… and I can say still now in some areas, women are still treated like children’.

Perceptions of Gender Dynamic Norms in Sexual Relationships

We explored norms regarding sexual communication, sexual pleasure, and condom use. We asked, 'How comfortable do you feel talking about sex with other female students or women?' A parallel question was asked with regard to talking about sex with men. Other questions asked about intravaginal practices, sexual pleasure, and condom decision-making.

Sexual communication—Participants felt more comfortable talking about sex with their female peers but believed that open communication with male partners was an important aspect of enabling self-protection via condom use. Participants across the groups mentioned that women must be able to communicate with male partners about mundane activities before they can communicate with them about sexual issues, such as contraceptive use.

> ‘….I mean if you can’t communicate simple things like throw out the garbage, washing the dishes, how are you gonna communicate sex as what I want and what you want’?

Women reported that ongoing discussions about sex with male peers who are not their sexual partners were comfortable and seemed to further strengthen sexual communication with partners. Talking about sex with male peers enabled women to gather information and understand the male and perhaps their own partner’s perspective. Women thought that men 'know better than me' and 'are more honest and say the thing straight':

> ‘Men are good at keeping stories to themselves and you want to get knowledge from males, to find out exactly what do the men want’.

> ‘In a relationship you have to know things like, what men understand or how … they value sex as women or what does sex mean to them as it means to us’.

> ‘The thing is you can have more insight to understand them better’.

Conversations with male peers included 'how you get a lady in bed', whether you had sex before, comfort in doing it, and doing it for fun or pleasure.

Sexual pleasure—Sexual pleasure and intravaginal practices were discussed as there is evidence that one of the main motivations of these practices is to enhance male partners’ sexual pleasure, which influences gender dynamic relations (Martin-Hilber et al. 2007). Participants were asked, 'Some people do certain things to enhance their sexual experiences. What has been your experience and of the people you know?' Evidence of sexual acquiescence regarding use of ingestable and intravaginal substances emerged. Participants reported that they or their peers had used substances such as rooibos tea (‘itiye’, a natural herb unique to South Africa ingested as a popular beverage), china fruit (dried Chinese plums; ingested; marketed as aphrodisiacs), dettol (antiseptic used to clean the vagina), alum stone (dissolved in water; used to cleanse and tighten the vagina), ice, newspaper, snuff, and the 'silver bullet' pill (a multi-vitamin), to enhance sexual pleasure for men. These substances were reported as 'making your blood hot' and 'boosting you and give you energy'. As one participant said:

> ‘I heard about something a woman should eat. I heard that a woman is good when she is hot in bed. If she is cold, she is no longer a man’s best choice. Therefore, they eat that so that they can be hot and the vagina becomes tight’.

While both African and Indian groups recognized the existence and use of ingestible and intravaginal substances among young women, African groups mentioned the specific types of

intravaginal substances listed above, whereas Indian groups were more likely to discuss the use of alcohol and drugs to enhance sexual pleasure. In fact, one Indian group did not mention intravaginal substances at all, while in another, one participant denied their existence or use of substances intravaginally (no other participants contested this comment). Furthermore, Indian women used language that distanced themselves from being able to comment on intravaginal practices, using subtle terms such as 'I heard' to deny first-hand knowledge to more explicit distanced terminology such as 'we don't know'.. African women, conversely, gave reasons for use of these substances — to dry and tighten the vagina — explicitly naming Africans as those who used both ingestible and intravaginal substances.

Increasing male pleasure was felt by several participants in one group, often to be to the detriment of the woman's sexual pleasure:

> 'A herb is painful for the woman because it dries, isn't suppose to be like a herb will produce more of feelings, but it still dries up the vagina so its super painful for her'.

Interestingly, although some participants reported using these substances, none explicitly made reference to their using them to enhance their own sexual pleasure.

Condom and contraceptive use—Participants reported that it may be more acceptable for women to tell their male partners that condoms should be used to prevent pregnancy rather than HIV, as pregnancy prevention has become more normative among South African youth due to the desire to complete higher education (Kaufman, DeWet and Stadler 2001).

> 'You can tell him that you are not using contraceptives, so if he does not want to use a condom it would be a problem because you do not want to be pregnant'.

> 'You don't want a child… 'You know that I am still in school and you are still in school… And what will happen afterwards? What would happen to us when we have a baby? We [are] not ready to have a child'.

Positive attitudes about male condoms were supported by the high rates of condom use in the last three months reported by sexually active focus group participants (Table 1).

Throughout several discussions, participants noted that women were more responsible for condom use than men, and that there was an expectation that women be responsible for decisions around contraceptive use. In one group, participants felt that contraceptive use was a joint responsibility between the man and the woman and assigned equal blame for unintended pregnancies:

> 'If you get pregnant, it's both people who did it'.

Most interestingly, in eight groups, participants reported that women initiated the use of male condoms 'because the girls are the ones who get pregnant'.

However, contrary to what the majority of women expressed, sexual deference to male partners was also described in relation to condom use. Peer educator group participants believed that men make the decision about condom use:

> '….men usually determine. The thing is we women are very much submissive. Even if you do want to use the condom, if a man says no and states his reason, we're kind of like okay, since you don't want it, then it's fine'.

Participants viewed communication about condom use not simply as talking, but as bargaining to reach a compromise, understanding, or agreement. In six groups, women mentioned straightforward reasoning as a strategy to negotiate condom use with a partner. The majority

of women perceived that communicating with a partner about using condoms would not be difficult for them. The general sentiment expressed by women was:

> 'Of course if you meet this guy then obviously you have to get him to use the condom'.

In all groups, participants mentioned the need to 'condomise' with either female or male condoms. Women were eager for emerging technologies to prevent pregnancy and HIV acquisition. Participants liked the idea that the female condom could give women control over protection, enabling them to purchase and insert the device.

DISCUSSION

In this study, two interrelated areas were explored among African and Indian South African women at a tertiary institution — (1) perceptions of emerging and traditional gender-role constructions, and (2) gender dynamic norms for communication and decision-making with male partners regarding condoms and contraception as well as sexual pleasure.

Post-Apartheid, Transitional South Africa and Gender Norms

South Africa is undergoing rapid social transitions, along with increased economic capital, and is making advances in reducing gender inequalities. Increased exposure to globalisation as a result of higher education opens up new perspectives and can potentially change students' perceptions of gendered behaviour norms. Political transformation in southern Africa has resulted in challenges to the institutions and structures that create and reproduce gender, and therefore may help to promote change (Walsh and Scully 2006).

The women in our study were born at the end of the Apartheid era. The majority were in their late childhood years when the new South Africa was established in 1994. As the first generation to come of age, these women were raised with a consciousness of their own independence and value. Presumably, their parents and grandparents alerted them to the benefits of such autonomy. Participants in all groups felt that gender ideologies were changing. These perceived new gender role possibilities were reflected in their views of South African women's ability for political engagement and participation in public life as well as the ability of young women to make household decisions, talk with male peers and partners about sex, and initiate condom use. Perhaps a commitment to maintain this newfound autonomy inspired their reported resolve and actual use of protection when engaging in sex.

The fluidity of gender roles and shifting landscape of gender reported by students participating in these focus groups are suggested by survey data (Unilever Institute for Strategic Marketing 2006), which found that young, Black, mostly urban, South African women are the most confident and optimistic, value independence, and feel they can achieve anything (Rutter 2006) Moreover, evidence from other studies suggests that there is a generational shift in gender roles among young South Africans. Even in rural areas in South Africa, gender norms have become more egalitarian, with young women and men being supportive of women initiating sexual activity and condom use (O'Sullivan et al. 2006, Ndinda et al. 2007). In Mozambique, female, middle-class secondary school students were found to be more willing to challenge gender relations than their working class counterparts (Machel 2001). In addition, in parallel focus groups with male students on this campus, young men reported that women, not men, bring up the topic of condom use (Mantell et al. 2008).

Perceived "Modern" Norms versus Lived Experience

Although our study findings challenge the dominant gender norms discourse that circumscribe South African women's ability for sexual protection reported in other South African studies (Eaton, Flischer and Aarø 2003), participants recognized the diversity in contexts within South

Africa, noting that modernity in the social and sexual arena is not played out equally for all women. Despite guaranteed 'constitutional sexuality' (Walker 2005) in the post-Apartheid period, this legislated independence does not necessarily lead to erosion of longstanding traditional values and roles, nor to immediate shifts in gender relations. Rather, traditional and more modern gender norms co-exist in South Africa today. While there may be contradictions between espoused values and lived experience, gender disparities in the consciousness of the young South African women in this study may signal a shift toward reducing gender power differentials in this educated group.

Even among 'modern' urban female tertiary institution students in our study, shifts in gender norms reflect a process of cultural change and adaptation, not an absolute change in cultural values. Not all women are benefiting equally from structural transformations in gender equality. Many South African women, like women elsewhere, are faced with the dual stresses of legal freedoms and persistent domestic responsibilities. Men and women may experience gender ambiguity due to conflicts between traditional gender positions versus shifting power dynamics, with increased role of women in the workforce (Strebel et al. 2006). Participants viewed women living in rural areas and women with low education to be oppressed by their husbands; this has also been reported by Strebel et al. (2006). As Hunter (2005) succinctly states: 'Sexuality [in Zulu culture] is deeply enmeshed in with a broader cultural politics and its transformation takes place through contradictory tugs rather than unidirectional movements'.

Power and Pleasure

Perhaps because the women in our study are positioned to have more structural power than women with less education, male sexual pleasure was central to their narratives. Physical sexual pleasure for women was not mentioned by any participants; however, they continuously made reference to male pleasure. Despite perceived changes in gender roles, accommodating to men's sexual pleasure is one example of participants' grappling with the tension between traditional and changing constructions of gender roles. Male sexual pleasure is paramount to the construction and reinforcement of masculinity in many parts of the world (Blanc 2001, Oriel 2005).

Programme implications

Legal rights and lived experience—Although the South African Constitution protects women and enforces their rights, women are not necessarily empowered to protect themselves. As outlined in Grieg et al. (2008), it is critical that further programmes and interventions include legal and human rights education and monitoring to enable women to protect themselves.

Female-initiated interventions—Study participants noted that many modern men support equality for women and these views are consistent with those of several South African researchers (Peacock 2004, Walker 2005). In our study, women's accounts of men are consistent with the finding from a South African population-based survey that younger and more educated men view change as natural and embrace their changing gender roles (Unilever Institute for Strategic Marketing 2006). These perceived changes thereby create a potentially hospitable environment for the use of female-initiated prevention methods and increasing awareness,and promotion of female-initiated methods should be one focus of interventions. Moreover, in situations where there is less gender equality, promotion of female-initiated prevention methods may help alter gender relations and renegotiate gender norms about sexual communication, sexual decision-making and sexual pleasure, thus eroding men's control over women's sexuality (Mantell et al. 2006). Programmes and interventions should empower women and men to protect themselves, by transforming harmful gender attitudes and behaviour

(Greig et al. 2008). Those that do not take into account gender norms may be doomed if they do not consider the broader context in which sexual decision-making is embedded.

Communication and negotiation—Women's reported comfort in discussing sexuality with male peers suggests that male social networks may be a rich source of consultation for sexual information and for condom promotion. Interventions that open the lines of communication between females and their male peers (rather than partners) around issues of sexuality may have far-reaching implications for better understanding modern gender roles and condom negotiation within sexual partnerships, and in turn, may help alleviate the rapid spread of HIV. For example, creating forums for dialogue between male and female peers, e.g., *indabas* - small group seminars, could open communication between the sexes and provide a conduit to accurate, up-to-date information. These norms regarding communication also bode well for increasing condom use, as a South African survey of youth aged 15–24 years found that talking about condom use with one's first sexual partner was a significant predictor of condom use at last sex (Hendriksen et al. 2007).

Normalising sexual pleasure—Findings also point to a unique opportunity for exploring how sexual pleasure (for both men and women) could be achieved with use of female condoms, microbicides, and other emerging prevention technologies, including normalizing the power of sexual pleasure (Philpott, Knerr and Boydell 2006), eroticising the method as part of foreplay, and 'selling' the method to men and women alike as a means for increasing sexual pleasure. Some gender scholars and activists may contest that eroticising these methods is harmful to women and reinforces culturally-based male patriarchy. Encouraging women to have explicit discussions around female sexual pleasure amongst themselves and with sexual partners can provide them with a space to challenge and resist traditional gender structures that are oppressive to female sexuality[4] (Fine 1988). This discourse could be transformative and perhaps normalise sexual desire, pleasure and eroticisation, increase women's sexual agency and improve their sexual health. Since sexuality often is not acknowledged in most reproductive health programmes globally (Ingham 2005, Higgins and Hirsch 2007), providers and peer health counsellors will require training about sexuality and pleasure.

Study Limitations

Several caveats about our findings are warranted. First, it is possible that the fact that all participants were not sexually active could have influenced the nature of responses. However, this research aimed to understand perceptions around gender norms and the implications for sex. Second, our finding that there was high consensus in African and Indian women's perceptions of gender norms may be due to facilitators' failure to conduct additional probing to elicit more divergence between groups. However, these similarities are not surprising in that African and Indian women may share values by virtue of being tertiary institution students and having a history of being marginalised and are exposed to a patriarchical culture.

Finally, our data are based on perceived norms; therefore, like all self-reported data, our participants' gender consciousness and views on the landscape of changing gender roles may not reflect the behaviours they actually practice. However, we believe that this shift reflects real change and increase in condom use in South African youth has been reported in larger population-based studies (Pettifor et al. 2005, Shisana et al. 2005).

[4]Deutsch (2006) provides an interesting framework for characterizing oppression and suggests a number of strategies that low-power groups can use to resist oppression and bring about change.

Conclusion

The data provide valuable insights for and optimism about potential changes in gendered behaviours among South African women tertiary institution students who are likely to be future leaders in society and the crafting of prevention interventions that promote new alternative sexual norms. As we strive toward the long-term goal of women's empowerment as an HIV risk-reduction strategy, we must continuously ask ourselves what is realistic in the short-term (Holtzman and McLeroy 2007). Long-term changes in gender norms are driven not by one-on-one sexual relationships, but by larger cultural shifts that embrace gender equalities in education, income, and the workforce. While we await larger social and economic structural changes, in the short-term, we must promote and support the emerging gender norms in pregnancy and HIV prevention programmes designed for South African youth.

Acknowledgments

This study was supported by the National Institute of Child Health and Human Development (Female Condom Use among South African College Students, R01-HD046351; Principal Investigator: JE Mantell, PhD) and by a center grant from the National Institute of Mental Health to the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University (P30-MH43520; Principal Investigator: Anke A. Ehrhardt, PhD). We are extremely appreciative of the women students who shared their thoughts about gender norms, sex and condoms with us.

The authors wish to acknowledge the insightful comments of Shari Dworkin, PhD, MS, Patricia Warne, PhD, Raymond Smith, PhD, at the HIV Center for Clinical and Behavioral Studies, and Ashley Fox, MA, Mailman School of Public Health, Columbia University to this paper, and the support we received from the university study site. We also appreciate the contributions of Nontobeko Mdlalose, BA. Finally, we appreciate the helpful comments of the anonymous reviewers of this manuscript.

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Table 1

Participants' Age of Sexual Debut and History of Condom Use (N=67)

	All		African		Indian	
	%	Frequency (N=67)	%	Frequency (N=46)	%	Frequency (N=21)
Age at first intercourse						
16	7.5	5	10.9	5	--	--
17	10.4	7	10.9	5	9.5	2
18	17.9	12	26.1	12	--	--
19	13.4	9	19.6	9	--	--
20	7.5	5	6.5	3	9.5	2
21	1.5	1	2.2	1	--	--
22	3.0	2	4.4	2	--	--
Not sexually experienced	38.8	26	19.6	9	81.0	17
Ever use of male condom						
Yes	59.7	40	80.4	37	14.3	3
No	1.5	1	--	--	4.8	1
Not sexually experienced	38.8	26	19.6	9	81.0	17
Ever use of female condom						
Yes	10.4	7	13.0	6	4.8	1
No	50.7	34	67.4	31	14.3	3
Not sexually experienced	38.8	26	19.6	9	81.0	17
Condom use* in last 3 months among those sexually active						
Yes	89.5	34	91.2	31	75.0	3
No	10.5	4	8.8	3	25.0	1

* = male condom and female condom