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“If I buy the Kellogg’s then he should [buy] the milk”: young women’s perspectives on relationship dynamics, gender power and HIV risk in Johannesburg, South Africa

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Abstract

Ideals of masculinity and femininity may limit South African women’s decision making power in relationships and increase their risk of HIV infection. We conducted 30 in-depth interviews with 18-24 year old women in inner-city Johannesburg with the aim of understanding young women’s expectations of intimate relationships with men, their perceptions of gender and power, and how this influences HIV risk. We found that the majority of young women reported expectations of power in relationships that conform to a model of femininity marked by financial independence, freedom to make decisions, including over sexuality, and equality (resistant femininity). The majority of young women, however, were in relationships marked by intimate partner violence, infidelity or lack of condom use. In spite of this, more young women who subscribed to a resistant model of femininity were in less risky relationships than young women who subscribed to acquiescent models, in which power was vested in their male partners. Further, young women who subscribed to resistant femininity had more education than women who subscribed to an acquiescent model. The disconnect between expectations of relationships and young women’s lived realities emphasises the need for structural changes that afford women greater economic and thus decision making power.

Keywords

South Africa; gender; power; HIV; femininity

Introduction

Young women in sub-Saharan Africa are at very high risk of HIV infection; young women aged 15-24 years are 2-3 times more likely to be infected with HIV compared to their male counterparts (Glynn et al. 2001; Quinn and Overbaugh 2005). In a nationally representative study of 15-24 year old South Africans, we observed that HIV prevalence levels increased from 4% among 15-16 year old women to over 25% by the time young women reached their early twenties (Pettifor et al. 2005).

Social constructions of masculinity and femininity in South Africa place young men and particularly young women at increased risk of HIV infection. There is a large body of literature documenting the manner in which dominant social constructions of gender lead to poor sexual health for young South Africans (Jewkes and Morrell 2010; MacPhail and Campbell 2001; Jewkes, Levin, and Penn-Kekana 2003; Jewkes et al. 2010; Jewkes et al. 2006; Harrison et al. 2006; Harrison, Xaba, and Kunene 2001; Wood, Maforah, and Jewkes 1998; Wood and Jewkes 2001; Ragnarsson et al. 2010). Within South Africa, researchers have noted that young men describe desirable masculine norms as those where multiple partnerships are valued and physical and sexual violence are seen as acceptable ways of establishing power in relationships and controlling female partners (Varga 1997; Wood and Jewkes 2001; MacPhail and Campbell 2001). Norms that condone and encourage multiple partnerships for men place them as well as their female partners at increased risk of infection (Varga 2003; Wood and Jewkes 2001; Gilbert and Walker 2002; Varga 1997). For young women, traditional gender norms dictate that young women have less power in relationships than men, especially with regard to decision making around condom use and sexual initiation (Wood, Maforah, and Jewkes 1998; Wood and Jewkes 2001; Varga 1997; Harrison, Xaba, and Kunene 2001); requesting condom use or refusing sexual advances is not acceptable and may result in suspicions of infidelity and carry the risk of violent outcomes (MacPhail and Campbell 2001; Wood, Maforah, and Jewkes 1998).

Gendered power inequities within sexual relationships have been identified as a risk factor for HIV infection among young women (Jewkes et al. 2010; Pettifor et al. 2004; Dunkle et al. 2004). The limited decision making power young women experience in their relationships can result in their inability to use condoms with male partners or to refuse unwanted sexual encounters (Pettifor et al. 2004; Dunkle et al. 2004; Varga 1997; Jewkes et al. 2001; Wood, Maforah, and Jewkes 1998). A recent longitudinal study of young women in rural South Africa found that those young women with low relationship power equity were 1.5 times more likely to become infected with HIV compared to young women with medium and high relationship power equity (Jewkes et al. 2010). A national survey of young South African women aged 15-24 also found that those with less decision making power in their relationships, or those who have been forced to have sex by a partner were significantly less likely to use condoms consistently compared to young women with more power or who had not experienced forced sex (Pettifor et al. 2004).

Despite a large body of literature in South Africa documenting cultural ideals of gender norms that place young women at risk of HIV infection through a lack of power in relationships, there is a growing literature documenting a transformation in gender norms in post-apartheid South Africa (Strebel et al. 2006; Shefer et al. 2008; O'Sullivan et al. 2006; Morrell 2001; Hunter 2005). This literature highlights the tension between cultural ideals of gender norms, dictating that men are the head of the household and that women have little decision making power in relationships, with the post-apartheid legal and constitutional changes and societal dialog that emphasise gender equality (Shefer et al. 2008; Strebel et al. 2006). O'Sullivan's research with young people in a rural area of Kwa-Zulu Natal found that while most participants supported traditional scripts surrounding sexual relationships between men and women, there were notable challenges to these scripts (O'Sullivan et al. 2006). However, the authors conclude that gender roles derived from traditional and accepted social norms remain dominant for most young people and there is a need for alternative scripts that encapsulate more egalitarian norms.

Other recent research among men and women in Cape Town found that while participants still talked about traditional gender roles, participants also discussed observed shifts in these roles (Shefer et al. 2008). Changes that were noted included: 1) increasing employment of women compared to men, resulting in women's control over budgets and shift in power in

the household domain; 2) an emphasis on gender equality in the legal and constitutional arena and discourse and resources viewed as targeting women; and 3) the use of legal mechanisms by women to protect their rights against men. Study participants expressed some resistance to the observed changes however, as it was felt that the increase in women's power came at the expense of men—power was viewed as a zero-sum game and there was little dialog about equality and mutually negotiated power. Further, these reported changes in gender roles did not appear to have any notable impact on sexual negotiation or HIV risk reduction.

In this study, we explore young South African women's conceptions of gender and power in the "new"—post apartheid South African context. We frame our analysis of gender and power within intimate relationships using a theoretical approach that emphasises the ways in which socially-constructed gender relations are sustained by social regulation, reproduced by the daily cultivation of gender-normative behaviour, and yet transformed by acts of contestation and resistance. Within social constructionist approaches, Connell offers one of the most comprehensive analyses of how patterns of gender inequalities – differential bestowing of privilege, status, and power – are organised within a structure of gendered social relations (Connell 1987). Additionally, Connell articulates the relational nature of gender, the interplay between expressions of masculinity and femininity. She stresses that gender relations are mutually constituted by the agency of those subordinated [typically women in comparison to men] and the socially-inscribed power of those who dominate (Connell and Messerschmidt 2005). In our analysis of gendered power dynamics in young South African women's intimate relationships, Connell's framework is particularly useful in understanding patterns of gender inequalities and highlighting how changes in social structures shape new configurations of gender identity and social relations.

In this study, we conducted in-depth interviews with 30 young women in inner-city Johannesburg with the aim of better understanding young women's expectations of sexual and romantic relationships with men, their understanding, expectations and experiences of gender and power, including decision making in their relationships, and how this influences HIV risk. We posit that societal changes in cultural ideals of gender norms and power dynamics have positively influenced young women's expectations for more gender-equitable decision-making within their intimate relationships. Based on Connell's theoretical framework of gender relations, we suggest that gendered power equity in intimate relationships is a result of the interplay between women's expectations of shifting gender norms, as well as their partners' response to these norms. Since transformations in gender relations in the "new" South African context may challenge cultural norms of masculinity, we hypothesise that actual *experiences* of gendered power equity in relationships may not yet correspond to young women's expectations. Moreover, concordance between young women's expectations and experience of gendered power equity depends on three factors: their resistance to a dominant model of femininity, in which power is vested with their male partners; structural changes that afford women greater economic and decision making power and the extent to which men accept new models of femininity and masculinity

Methods

Women were recruited to take part in in-depth interviews from a family planning, STI, VCT clinic in inner-city Johannesburg. Women were approached for participation in the clinic waiting room after an announcement about the study. Women who were interested in participating were asked to give their name to study staff or to go to the study office. Eligibility criteria included: age 18-24 years, currently sexually active, and willingness to participate in the study. We aimed to recruit the sample so that half of the women were co-habiting with a partner and half were not; as we hypothesised that cohabitation would be a

proxy for the stability of the relationship in a setting where marriage is uncommon. Interviews were conducted in our study offices located at the clinic. We enrolled 32 women in the study, 30 women were retained in the final sample as two interviews were ended prematurely by the participants due to childcare issues. Interviews were conducted between November 2006 and July 2007. All interviews were taped and then simultaneously translated and transcribed from the language of the interview into English. Interviews were conducted in the participant's language of choice: Sotho, Zulu, Xhosa, Tswana, or English. Written informed consent was obtained from all participants. IRB approval was received from both the South African and US Institutions.

An interview guide was used to guide interviews and included the following topics: romantic/sexual relationships with men (desired characteristics of partners, expectations of partners and relationships); experiences with current partner (how they met, partner characteristics); HIV risk perception within context of current relationship; experience using condoms with current partner; communication with current partner; experiences and feelings about sex; what gives women power in relationships and life; emotional and financial dependence on partner; decision making within the relationship and household; gender roles in society and potential interventions for young women to reduce HIV risk. A single interviewer with extensive experience conducting in-depth interviews conducted all interviews. She was trained by the study investigators (AP, CM) on key concepts of good qualitative interviewing and the interview guide. The first few interviews were immediately reviewed by the investigators to ensure that the guide was exploring the desired themes. Feedback was given to the interviewer and the guide was slightly modified to ensure fidelity to the aims of the study.

A code book was developed based on themes in the interview guide. Deductive and inductive codes were applied using ATLAS.ti version 5.0 (Berlin, Scientific Software Development). All transcripts were coded separately by two of the investigators (AP, AA). Twenty percent of the transcripts were reviewed by a third investigator to assess the quality of the coding (SM). Discrepancies between coders were discussed and resolved between the investigators. Matrices were then developed to explore definitions of power and relationship characteristics, including HIV risk behaviours, to facilitate cross-case analysis.

Findings

Among the 30 women who completed interviews, the mean age was 21.2 years and all women were black African. The sample was highly educated with 73% (22/30) reporting having completed grade 12. Among these, 7 were currently in University and 7 had completed or were doing post-graduate studies. All women currently had a main partner and 43% (13/30) reported cohabiting with that partner. Thirty percent (10/30) had children.

Relationship expectations are changing

At the start of the interview women were asked to discuss the qualities or characteristics they look for in a romantic or sexual partner and what they expect from that partner or relationship. We highlight here the characteristics that were most salient and mentioned the most by study participants. The vast majority of women reported that their main expectation from such a relationship/partner is that he be loving, caring, understanding, respectful and faithful (honest/not cheating).

“Sometimes they think many girls are after money in a relationship, but all I want is just a simple relationship, it's just love, ya, compassion and then just, somebody to, just to care...because the main thing is the love, that is the important thing is love, there can be love with no money there can be love with money... but I think

love and trust that's the two main things, and respect, ya' (Mary, Age 22, 2 Children, Working, Completed Grade 11)

Participants also mentioned the importance of good communication, responsibility/dependability, and partners accepting them for who they are.

"Someone who will be caring, loving, someone to talk to, and someone who understands me, when I'm talking, who listens to me when I'm talking" (Jennifer, Age 21, 1 Child, Not working, Completed Grade 10)

Seven women mentioned financial support being an important expectation of relationships with men; three of the seven participants indicated, without being prompted, that finances were important.

A few participants explicitly stated that they wanted to be financially independent so that they were not dependent on a male partner.

"I think I should be financially stable, if you know, ... yes because most of the times you know, what happens is if you are a female and then you get into a relationship where your husband or your boyfriend is the one who is financially stable. They get to control you because, you know, they provide you with everything and they are like, they think they own you, and you will feel like that as well. [It] is a natural thing, I think is a natural thing. You will feel like, you know, this person... I have to, I have to please him in every way. Even the thing that you don't wanna do, you will do, just because you know that this person has got my back with money and money is the issue. Money is everything" (Susan, Age 19, No Children, Not Working, University Student)

When prompted on the importance of material goods many participants mentioned that if love exists in the relationship then financial stability will follow. Women also reported that both members of a partnership need to take care of each other financially, depending on their ability to do so.

"I believe that if someone loves and respects you, material things come after. Yes, he will support you because he loves you. I will also support him because I love him" (Jane, Age 21, 1 Child, Not Working, Completed Grade 10)

A number of participants also mentioned that it was important for financial responsibility to be shared equally in a relationship.

"I think we help each other in a relationship, if I have money and he doesn't have something I can buy it for him and I don't have something and he has money I expect him to buy it for me, I don't expect to depend on him financially" (Kate, Age 23, No Children, Working, Completed High School)

"I don't want a guy who can provide things for me but rather provide for each other, like he pays for the house, I'll pay car or things like that" (Pat, Age 19, No Children, Not Working, University Student)

"If it's fifty-fifty like that, if ever I buy Kellogg's then he should [buy] some milk" (Nancy, Age 21, No Children, Not Working, University Student)

The majority of study participants expected equality in relationships, not only in terms of sharing financial responsibilities, but in other areas of relationships as well. Many women talked about having rights and how things were different now than they used to be.

"It has changed a lot, a lot, I've seen it, it has changed a lot, that's why here people say, ahh, women have lost their culture or something. That's not it, they are just... trying to get their rights you know... I have the right to say what I want, I have the

right to say no to sex. In the old days you wouldn't say no to a man just because he is your husband. You would say yes every time. When he wants something give it to him, just because he's your man. But now I know I can say no, I have that right to say no" (Ann, Age 24, 2 Children, Not Working, Completed Grade 11)

Young Women's Conceptions of Gender and Power

Women were asked to describe what power means to them and, specifically, what makes women feel powerful in relationships. The majority of participants (n=20) said that being able to make their own decisions and say and do what they like in a relationship gave women power.

"If you have power as a woman you should be able to have a say when you don't want something. You should be able to say I don't want it... I don't feel free to do this, I feel free to do that. When you have power you won't be scared to say that you don't feel right, you won't do something that you don't want" (Rachel, Age 24, 1 Child, Not working, Completed High School)

Financial independence was mentioned by many women as something that gives women power. A few women gave examples of Black female role models who were financially independent and in positions of power. Women equated working and having their own money with being able to make their own decisions, challenge their partners if they disagree and to leave relationships that were less than desirable and that they might otherwise have felt trapped in due to being financially dependent on a partner.

"When you are working and making your own money, you have power because you don't ask him for anything. You challenge him, unlike when you are at home, waiting for him to come to buy everything. Then the next thing he will ask you why you didn't buy certain things and you know that you are not working. So when you have your own money you do everything for yourself, no need to bother him" (Meg, Age 19, No Children, Not Working, Completed High School)

"If a person is financially stable [they are powerful]. That's why men don't want women to work. Because they know that us women, if we work and have our own money, we don't agree to certain things. Like I won't allow him to tell me what to do. I'll tell myself that I have money, I can look after myself, so I'll do whatever I want to do. (Laughter). That's why men don't allow women to work" (Laura, Age 19, 1 Child, Not Working, Completed High School)

In this example, a young woman talked about how earning potential and purchasing power gave women power. Despite endorsing this concept of the 'modern woman', the role model she talks about encompasses both cultural ideals of the modern, independent woman and the traditional 'good wife and mother'.

I think salary, the way a woman is earning, is something that makes a woman feels powerful. And maybe having lots of household things in the house. Maybe she bought the bed, she bought the cars, the car, maybe she is driving a bigger car than a husband, things like that. Maybe she works at a bigger company than her husband, that's when she will feel power. Imagine if I don't have a thing and he is working, or maybe he is earning more than me? Obviously I will feel down on my husband, I will be down and he will be up. I have read the story about Phumzile Mlambo Ngcuka (Deputy President), she earns more than her husband-- right! But when she gets home she cooks for her husband, she makes sure that her kids have done their homework. I respect that woman, I respect her so much. (Olivia, Age 20, No Children, Not Working, University Student)

While being able to work and having financial resources was mentioned by many of the participants, only two participants specifically mentioned education and knowledge as giving women power. One woman reported that knowledge was important, not because it would lead to financial independence, but because it allowed her to debate and challenge her partner. One participant directly linked the importance of education to financial independence.

“Education gives me power, because I can see that other girls are in a relationship with boys for support financially, so if you can go to school and do your degree, you gonna have your own money. Then I don’t think there can be power that is bigger than that one” (Margaret, Age 19, No Children, Not Working, University Student)

A number of women gave examples of being able to say no to unwanted sexual advances and to leave abusive relationships as signs of women having power.

“Power means to express how you feel, to be able to tell somebody that, to say no when you don’t want to have sex. To be able to-- if somebody start abusing, to have that power, to go and say no. To walk out in the relationship, and don’t want this, I don’t want this abusive relationship. I can have my power just to walk out” (Mary, Age 22, 2 Children, Working, Completed Grade 11)

“Like myself, my boyfriend told me that okay, I want to sleep with you and if you don’t I will go somewhere. He thought that he had the power over me, that I will beg him not to leave me and then I will do what he wants me to do. He had that little power to control me you see! Other girls sometimes, we let boys have power over us. But in my case, I don’t think a boy can have power over me because I can stand for myself. I know what kind of people boys are, you see! Powerful is when you talk for yourself, you see! Again don’t agree with everything a boy says. ... Stand for yourself, even if he leaves you, tell yourself that he is gone, that means you were not meant to be together” (Margaret, Age 19, No Children, Not Working, University Student)

The majority (n=20) of women thus described a model of female power marked by financial independence, freedom to make decisions, power over sexual decisions as well as equality in relationships. We defined this description of power in relationships as a resistant model of femininity as it challenges what has been described in South Africa as a dominant model where power was vested in their male partners; a model we will call acquiescent femininity.

About one third of the study participants were unable to articulate what gave women power in a relationship, and talked about women being subordinate and deriving power from their male partners (n=10). We categorised these women as ascribing to an acquiescent model of femininity.

“A man, he was, like, he get[s] power over a woman and then, yahh, it’s more that a woman must obey, ehmm, a woman must obey a man.” (Erin, Age 19, No Children, Not Working, Completed Grade 10)

Risk in Relationships—Abuse and infidelity were commonly reported by women in this sample. Eighteen of the women reported being in relationships where their partners were unfaithful and seven of the women reported that they were in abusive relationships. Overall, condom use was not commonly reported: only nine women reported using condoms in their relationships, and not all consistently. We defined risky relationships as those where women reported that the partner was physically abusive, was unfaithful or not using condoms- the majority of these women’s relationships had all 3 characteristics (and all had one of the first

2). While all of these outcomes are clearly unique, they have all been found to independently increase women's risk of HIV infection.

Expectations of gendered power equity in relationships and lived realities

There was a tension between the two models of femininity that women described and their lived experiences in their relationships. Among the women who subscribed to a resistant model of femininity (n=20), about half were in relationships where there was no reported abuse or infidelity and they were using condoms (or reported they had both tested and now were not using condoms) (n=9) (See Table 1). All 9 of these women had matriculated from high school and the majority (n=6) were in University, were not married and did not have children. Among the women who subscribed to an acquiescent model of femininity (n=10), the vast majority (n=9) were in risky relationships where they reported abuse or infidelity and no condom use—and only one of these women had matriculated from high school.

Of the women who subscribed to the resistant model of femininity and were in risky relationships (n=11), some expressed frustration that while they believed women should be equal to men and that women have rights in relationships, their male partners do not understand or accept this change.

R: No. Men at home haven't accepted that we are equal, he will not agree or accept.

I: Accept what?

R: That we are equal, 50/50. That as a woman you also have rights, just like I am able to say if I feel like not having sex, I have a right to say 'today I don't want to'. He will not understand, he will want to do it just because he is the man and he has rights. (Laura, Age 19, 1 Child, Not Working, Completed High School)

In trying to better understand the association between women's expectations of gendered power equity in relationships and the risks they experienced in their intimate relationships, we asked women about their control over condom use with their partners. Although some women reported not having power to use condoms with their partners, the vast majority reported that they did have control over this. However, about half of the women who subscribed to resistant femininity reported using condoms with their partners, while almost all of the women who subscribed to acquiescent femininity reported not using condoms. These women reported wanting to use condoms but not being able to because their male partner refused:

R: So I started to be aware of HIV, AIDS, so that's when I started talking to him, and ask him why don't we use a condom? I was just, I knew he wouldn't agree... So I was just, wanting to hear what he would say...And he said no

I: Okay, his reason, you say his reason was?

R: He never give me any reason, really never...He just say it 'no!'

I: Okay, mm, if you wanted to, if you were really serious about using condoms, do you think that you'd be able to convince him to use condoms?

R: No (Ann, Age 24, 2 Children, Not Working, Completed Grade 11)

The other area we explored with regard to power in relationships and risk experienced in relationships was physical abuse and infidelity. Among the 10 women who subscribed to an acquiescent model of femininity, 4 reported being in an abusive relationship compared to 3 of the 20 women who subscribed to a resistant model. There was less of a difference with regard to infidelity with 8 out of 10 of the women who subscribed to an acquiescent model reporting being in a relationship where there was infidelity compared to 12 out of 20 of the

women who endorsed a resistant model. Just under half of women who were in relationships where they reported abuse or infidelity expressed a desire to leave the relationship, however all but one of the women had children and did not have the ‘power’ to leave because they were financially dependent on their partner.

“But if I was working, after that incident [partner cheated], I would not stay with him, I could have left...Because in most things I do I consider the baby...the things she used to get you see! So that’s why. But if I were working and able to sustain myself I could have left and take care of myself”(Molly, Age 24, 1 Child, Not Working, Completed High School)

When we asked women directly if they felt they had control over preventing HIV infection in their lives, the vast majority of women who reported a resistant model of femininity reported having control over HIV while only 3 out of 10 of the women who subscribed to an acquiescent model reported having control over HIV prevention.

“Over HIV prevention, I think I have all the control because I make sure that I prevent all the time” (Karen, Age 19, No Children, Not Working, Completed High School)

When exploring the relationship between co-habiting, models of femininity and risk in relationships we observed that more women who subscribed to an acquiescent model of femininity reported co-habiting with their partner than women who subscribed to a resistant model. We also observed that more women who co-habited with partners reported being in riskier relationships (ie, relationships with abuse or infidelity and no condom use) than women who were not co-habiting. In addition, more women living with their partners had children and had not completed high school than women who did not cohabit with partners.

Of the 13 women who were cohabiting with their partners, 5 reported that they did not have control over household decision making. Among cohabiting women, there was no apparent association with the model of femininity women subscribed to and control over household decision making. When exploring whether women felt that a lack of financial independence (power) in relationships put them at increased risk of HIV through pressure to engage in unsafe sex; the vast majority reported that it did not.

“No, he does not expect anything from me, just because he pays for the rent. If he expected anything from me, I would pay for my own rent and buy my own food. I think the only thing he wants is for us to one day have children and be a family” (Diane, Age 18, No Children, Not Working, Completed Grade 11)

A few women reported that being financially dependent on their partner did affect their ability to use condoms and refuse unwanted sex with their partners

“... sometimes when I refuse to have sex with him he will tell me ‘I’ll kick you out’ and he knows I can’t go out because I have nowhere to go and I can’t support myself financially. This kind of thing. So he knows at the end I’ll say yes just to keep him happy” (Jennifer, Age 24, 2 Children, Not Working, Completed High School)

Discussion

In this sample of urban young women, the majority of young women subscribed to a resistant feminine model where equality in sexual relationships is important and women have decision making power. We found that the majority of young women’s expectations of romantic relationships with men were based on love, respect and mutual support. Despite these expectations, the lived realities of these young women were markedly different; only a

third of young women were in relationships that were free of abuse or infidelity or where they were using condoms consistently (characteristics that would reduce the risk of HIV acquisition). Nevertheless, more young women who subscribed to resistant femininity were in relationships at lower risk for HIV acquisition than young women whose power was vested in their male partners. In addition, the vast majority of young women who subscribed to a resistant model of femininity had graduated from high school and all of them did not have children.

Similar to other emerging research in South Africa (Strebel et al. 2006; O'Sullivan et al. 2006; Shefer et al. 2008; Morrell 2001), our study supports the idea that cultural ideals of gender identity and their effect on intimate relationships between men and women are changing. We observed more young women articulating ideas commensurate with new gender norms in which they perceived themselves to be in control, not only of household and economic related decisions, but also in charge of sexual decisions (i.e., condom use, when and whether to have sex, etc.) than previous research has documented. It should be noted however that our sample is urban and included a large proportion of young women who had matriculated from high school and who were in University. Importantly, and in line with findings from quantitative data (Jukes, Simmons, and Bundy 2008; Jewkes et al. 2010), we did observe a relationship between education and young women reporting more egalitarian gender norms and being in relationships that were less risky in terms of HIV acquisition. It is also important to note that the study took place in central Johannesburg. Compared to other parts of South Africa, and in particular rural and peri-urban areas, Johannesburg is considered the economic hub of South Africa and thus work opportunities may be more prevalent in Johannesburg than other areas contributing to more women ascribing to resistant femininities. Furthermore, Johannesburg is an urban metropolis where individuals are exposed to the latest in modern trends- there is a definite Western influence that has fused in a unique way with South African culture. Thus this urban context is perhaps unique compared to rural and peri-urban areas of South Africa.

Despite what appears to be a positive trend towards new expectations of femininity for young women, there is still a tension between what young women perceive to be the "new South African woman" and the reality of most young women's lives. While the majority of young women articulated that women should have decision making power in relationships, half of these women were in relationships characterised by infidelity or abuse. These risky relationships still appear to be accepted by many young women, even if grudgingly so, and do not appear to be changing as readily as expectations of equality within relationships. In research conducted with young women in the Eastern Cape of South Africa, Jewkes and Morrell discuss how young women construct their own success as being desirable to men and are thus under enormous pressure to conform to dominant cultural ideals of femininity, including being controlled by men. As part of this, the authors argue that tolerating violence, other partners and unprotected sex are necessary to keep 'the right man' and thus are an integral part of the dominant feminine gender identity in South Africa (Jewkes and Morrell 2010). Although young women in our study did not emphasise having a male partner as integral to their identity, many of those in risky relationships felt that they had no options to change their situation. In particular, in the group of young women who described gaining power from their male partners (acquiescent femininity) and who were all in risky relationships, the vast majority had children and limited education and thus were financially reliant on their partners. Therefore, while social and cultural norms around accepted gender ideals may be changing, there is a need for structural changes that allow women to leave negative partnerships and negotiate safer sex. Greater access to quality education, job training and employment opportunities are key structural interventions necessary to improve women's lives and reduce their HIV risk.

Another key finding from this research is the desire for emotional intimacy and love as the major motivation for young women entering relationships. Less than a third of young women reported financial support as the rationale for partnerships or mentioned that it was important in a male partner. There is an abundance of research from sub-Saharan Africa highlighting the prevalence of transactional sex as a risk factor for HIV infection and emphasising financial gain as a major motivator for women entering relationships with men (Hunter 2002; Kaufman and Stavrou 2002; Dunkle et al. 2004). In this urban population in Johannesburg, young Black women of various educational backgrounds emphasised that they are mainly in relationships for emotional support and love. However, women did acknowledge that generally financial support is an important part of relationships with men. It was not however the driving force behind entering relationships with many young women reporting that financial support was the equal responsibility of both partners. It should be noted that the high levels of education of women in this sample may explain the low number of women reporting that finances were a major motivator for entering relationships. In a few instances women reported having to stay in relationships that they would prefer to leave because they were financially dependent on their partner—these women had less education, were not working and often had children. Research documenting the expectation of egalitarian gender norms is important and has been lacking from previous research on gender, power and intimate relationships in South Africa. These new expectations of femininity likely stem from structural changes in post-apartheid South Africa which offer young, educated Black women the potential to be leaders in politics and industry and be economically independent. Clearly these individuals are a small minority of the population, but young women in this study, many of whom were in University, did cite role models of independent, successful Black South African professional women.

Conclusion

There is emerging evidence that models of femininity among urban, educated young women in South Africa are changing. Many young women in this sample reported the importance of loving and compassionate relationships where decision making and responsibilities are shared equally between both members of a partnership. Despite the expectation that relationships are now “50/50” in the “new” South Africa, the majority of young women in our study are not yet experiencing these egalitarian relationships. It is exciting that young women are embracing a dialog of change and some are experiencing new realities of more egalitarian relationships. In an effort to continue this trend, equal attention must be paid to supporting alternative models of masculinity that also promote gender equity by challenging dominant cultural ideals of male dominance, both within intimate partnerships and the broader society. Moreover, promoting structural changes that ensure more women are able to complete high school, obtain degrees in higher education, and the creation of jobs that offer equal pay for men and women are likely important to promoting a more equitable society and reducing HIV risk.

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References

- Connell, RW. *Gender and Power: Society, the Person and Sexual Politics*. Palo Alto: University of California Press; 1987.
- Connell RW, Messerschmidt JW. Hegemonic masculinity- Rethinking the concept. *Gender and Society*. 2005; 19(6):829–859.

- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004; 363(9419):1415–21. [PubMed: 15121402]
- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Transactional sex among women in Soweto, South Africa: prevalence, risk factors and association with HIV infection. *Social Science and Medicine*. 2004; 59(8):1581–92. [PubMed: 15279917]
- Gilbert L, Walker L. Treading the path of least resistance: HIV/AIDS and social inequalities—a South African case study. *Social Science and Medicine*. 2002; 54:1093–1110. [PubMed: 11999505]
- Glynn J, Carael M, Auvert B, Kahindo M, Chege J, Musonda RM, Kaona F, Buve A. Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia. *AIDS*. 2001; 15(suppl 4):S51–S60. [PubMed: 11686466]
- Harrison A, Xaba N, Kunene P. Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school going youth. *Reproductive Health Matters*. 2001; 9(17): 63–71. [PubMed: 11468848]
- Harrison A, O’Sullivan LF, Hoffman S, Dolezal C, Morrell R. Gender role and relationship norms among young adults in South Africa: measuring the context of masculinity and HIV risk. *Journal of Urban Health*. 2006; 83(4):709–22. [PubMed: 16758334]
- Hunter M. The Materiality of Everyday Sex: thinking beyond ‘prostitution’. *African Studies*. 2002; 61(1):99–120.
- Hunter M. Masculinities and Multiple-Sexual Partners in KwaZulu Natal: The Making and Unmaking of Isoka. *Transformations*. 2005; 54:123–153.
- Jewkes R, Dunkle K, Koss MP, Levin JB, Nduna M, Jama N, Sikweyiya Y. Rape perpetration by young, rural South African men: Prevalence, patterns and risk factors. *Social Science and Medicine*. 2006; 63(11):2949–61. [PubMed: 16962222]
- Jewkes RK, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*. 2010; 376(9734):41–8. [PubMed: 20557928]
- Jewkes RK, Levin JB, Penn-Kekana LA. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Social Science and Medicine*. 2003; 56(1):125–34. [PubMed: 12435556]
- Jewkes R, Morrell R. 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*. 2010; 13(6):1–11. [PubMed: 20205768]
- Jewkes, Rachel; Vundule, Caesar; Maforah, Fidelia; Jordaan, Esme. Relationship dynamics and teenage pregnancy in South Africa. *Social Science & Medicine*. 2001; 52:733–744. [PubMed: 11218177]
- Jukes M, Simmons S, Bundy D. Education and vulnerability: the role of schools in protecting young women and girls from HIV in southern Africa. *AIDS*. 2008; 22(suppl 4):S41–56. [PubMed: 19033754]
- Kaufman, Carol E.; Stavros, E Stavrou. Policy Research Division Working Papers. Population Council; New York: 2002. “Bus Fare, Please”: The Economics of Sex and Gifts Among Adolescents in Urban South Africa; p. 1-26.
- MacPhail, Catherine; Campbell, Catherine. ‘I think condoms are good but, aai, I hate those things’: condom use among adolescents and young people in a Southern African township. *Social Science & Medicine*. 2001; 52:1613–1627. [PubMed: 11327136]
- Morrell, R. The times of change: Men and masculinity in South Africa. In: Morrell, R., editor. *Changing Men in Southern Africa*. Pietermaritzburg: University of Natal Press; 2001.
- O’Sullivan LF, Harrison A, Morrell R, Monroe-Wise A, Kubeka M. Gender dynamics in the primary sexual relationships of young rural South African women and men. *Culture, Health & Sexuality*. 2006; 8(2):99–113.
- Pettifor A, Measham D, Rees H, Padian N. Sexual power and HIV risk, South Africa. *Emerging Infectious Diseases*. 2004; 10(11):1996–2004. [PubMed: 15550214]
- Pettifor A, Rees H, Kleinschmidt I, Steffenson A, MacPhail C, Hlongwa-Madikizela L, Vermaak K, Padian N. Young people’s sexual health in South Africa: HIV prevalence and sexual behaviours

- from a nationally representative household survey. *AIDS*. 2005; 19:1525–1534. [PubMed: 16135907]
- Quinn TC, Overbaugh J. HIV/AIDS in women: an expanding epidemic. *Science*. 2005; 308(5728): 1582–3. [PubMed: 15947174]
- Ragnarsson A, Townsend L, Ekstrom AM, Chopra M, Thorson A. The construction of an idealised urban masculinity among men with concurrent sexual partners in a South African township. *Global Health Action*. 2010; 3 5092. 10.3402/gha.v3i0.5092
- Shefer T, Crawford M, Strebel A, Simbayi L, Dwa-dwa-Henda N, Cloete A, Kaufman MR, Kalichman SC. Gender, Power and Resistance to Change among Two Communities in the Western Cape, South Africa. *Feminism & Psychology*. 2008; 18(2):157–182.
- Strebel A, Crawford M, Shefer T, Cloete A, Henda N, Kaufman M, Simbayi L, Magome K, Kalichman S. Social constructions of gender roles, gender-based violence and HIV/AIDS in two communities of the Western Cape, South Africa. *Sahara Journal*. 2006; 3(3):516–28. [PubMed: 17601339]
- Varga, Christine. Sexual decision-making and negotiation in the midst of AIDS: youth in KwaZulu-Natal South Africa. *Health Transitions Review*. 1997; 7(suppl 3):45–67.
- Varga, Christine. How Gender Roles Influence Sexual and Reproductive Health Among South African Adolescents. *Studies in Family Planning*. 2003; 34(3):160–172. [PubMed: 14558319]
- Wood, Katherine; Jewkes, R. ‘Dangerous’ love: Reflections on violence among Xhosa township youth. In: Morrell, R., editor. *Changing men in Southern Africa*. Vol. 317. Pietermaritzburg: University of Natal Press; 2001. p. 36
- Wood, Katherine; Maforah, Fidelia; Jewkes, Rachel. “He forced me to love him”: Putting violence on adolescent sexual health agendas. *Social Science & Medicine*. 1998; 47(2):233–242. [PubMed: 9720642]

Table 1

Association between model of femininity subscribed to by young women and the risk of relationship they reported being in among young South African women in Johannesburg

	Low risk relationship	High risk relationship	Total
Resistant Femininity	9	11	20
Acquiescent Femininity	1	9	10
Total	10	20	30