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Field Study Report:
**A stacked deck: A school-based study investigating the
behavioural factors behind the high vulnerability of
young South African women to HIV infection**

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List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
STI	Sexually Transmitted Infection
WKU	Africaid WhizzKids United

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1. Summary

The report has shown that between 25% and 50% of the male grade seven pupils hold disempowering gender attitudes that could result in a constraint of the sexual self-determination of girls and young women and hence explain their higher vulnerability to HIV/AIDS. Among grade seven girls, these disempowering gender attitudes are less prevalent. Their share varies between 5% and 15%, depending on the respective disempowering gender attitude. Some of the disempowering gender attitudes are slightly more prevalent in rural areas.

Other determinants of sexual behaviour are very similar for the grade seven boys and girls. With regard to knowledge and risk perception no differences were noticed. The girls are slightly more optimistic about their future, have a higher self-efficacy, and show the more desirable attitudes about sex in terms of risk behaviour.

These observations give further evidence to the belief that disempowering gender attitudes are an important reason for the higher vulnerability of girls and young women to HIV infections.

There is a link between attitudes towards gender equality in football and the disempowering gender attitudes. Boys who think that football is a sport for girls as well, and like to play in mixed-gender teams, are less likely to hold disempowering gender attitudes.

2. Introduction

2.1. General information

This study has been written in the context of a six months internship with *Africaid WhizzKids United (WKU)*. This internship was a requirement for the completion of the minor *Sustainable Development from a North-South Perspective: As the World Turns* at the University of Twente.

Africaid is a children's charity based in Durban, South Africa, doing HIV prevention through football. The organisation's programme, called WKU, is supposed to give teenagers the necessary life skills and knowledge to live an HIV/AIDS free life which is not a matter of course at all in South Africa, one of the countries with the highest HIV prevalence in the world. But studies have shown that not all South Africans are affected by the epidemic in the same way. Girls and young women are way more vulnerable to HIV infection than their male counterparts as the gaps in HIV prevalence between these two groups show.

This study examines the higher vulnerability of girls and young women and tries to find explanations for this phenomenon. To begin with, a problem definition is describing the South African HIV epidemic and presenting first assumptions on the higher vulnerability of girls and young women towards HIV infection deriving from literature and studies on sexual risk behaviour. The major hypothesis basing on the problem definition is that there are gender attitudes which disempower girls and young women in sexual decision making and therefore result in a higher vulnerability. It is assumed that other determinants of sexual risk behaviour cannot explain the women's vulnerability. In order to prove the stated hypothesis a quantitative survey among approximately 200 grade seven pupils from KZN was conducted. After a detailed discussion of the methodology, the results are presented before the report closes with a conclusion offering an answer on the central research question and giving recommendations on how the insights of this study can be applied in the field of HIV/AIDS prevention.

2.2. Problem definition

South Africa is one of the countries hardest hit by the HIV/AIDS epidemic. UNAIDS estimates that about 5.7 million people are infected with HIV in South Africa (UNAIDS, 2008). There is no country in the world in which more HIV-positive people live than in South Africa. The following numbers illustrate the dimension of the South African HIV/AIDS problem very well: Whereas only 0.7% of the world population live in South Africa, 15% of the world's HIV-positive people live there. According to the latest *South African National Prevalence, Incidence and Behaviour and Communication Survey* from 2008, the HIV

prevalence for the entire South African population is 10.9% (Shisana et al., 2009, p. 30) which means that 5.2 million South Africans were HIV-positive in 2008. It has to be taken into account that the numbers on the HIV/AIDS epidemic are only estimations, deriving from studies which work with samples and for which participants can test for HIV voluntarily. Because the HIV prevalence for the age group of the 15-49 years old is estimated to be 16.9% (Shisana et al., 2009, p. 31) and therefore higher than 15%, UNAIDS considers the HIV epidemic in South Africa to be a hyper-endemic epidemic.

But there are also signs of a possible turnaround in the South African HIV/AIDS epidemic. It was found that the HIV prevalence for children between 2-14 years old declined from 5.6% in 2002 to 2.5% in 2008, and the prevalence for youth aged 15-24 declined from 10.3% in 2005 to 8.6% in 2008. Moreover, a substantial reduction of the HIV incidence for the 15, 16, 17, 18, and 19 years old between 2002 and 2008 was computed (Shisana et al., 2009, p. xvii).

It has to be considered that the South African epidemic does not affect all South Africans the same way. There are big differences in the prevalence in terms of sex, age, race, province, district, and geographic area. Looking at provinces, KZN has the highest HIV prevalence with 15.8% and Western Cape has the lowest with only 3.3%. (Shisana et al., 2009, p. 32). On the district level even more enormous differences in HIV prevalence can be found. There are interesting numbers available from the 2007 *National HIV and Syphilis Prevalence Survey South Africa*. As the survey was conducted among antenatal clinic attendees and pregnant women are regarded as high-risk group for HIV infections, you have to be aware that these numbers do not reflect the HIV prevalence of the entire population which is clearly lower (DoH, 2008, p. 6). Yet still these numbers illustrate the huge gaps in HIV prevalence between different districts in South Africa very well. The district with the highest HIV prevalence is eThekweni in KZN with 41.6%. The district with the lowest prevalence in KZN is Sisonke with a prevalence of 34.1% and the lowest prevalence in South Africa can be found in the district of Namakwa in Western Cape where 7.3% are infected with HIV (DoH, 2008, p. 29).

With regard to sex and age also huge differences can be observed. Very noticeable is that the HIV prevalence of girls and young women is very high, and it is much higher than the prevalence of the boys and young men who are the same age. In the age group of the 15-19 years old only 2.5% of the boys are infected with HIV, but 6.7% of the girls. For the group of the 20-24 years old the gap in terms of HIV prevalence between females and males is dramatic. Whereas 5.1% of the young men are infected, 21.1% of the young women are HIV-positive. The HIV prevalence for women reaches its peak in the next age group. Of the 25-29 years old 32.7% are infected, compared to 15.7% of the men of the same age. The men reach their peak in HIV infection between 30 and 34 years of age when 25.8% are infected with

HIV which is, however, still less than the 29.1% prevalence of the women (Shisana et al, 2009, p. 30f). A study on HIV and the sexual behaviour among young South Africans comes to the conclusion that “women are disproportionately affected by HIV” because of the 10% infected South Africans between 15 and 24 years old 77% are female (Pettifor et al., 2004, p. 8). Although this discrepancy in vulnerability to HIV between male and female adolescents is well known, the literature offers few reasons and explanations for this phenomenon.

It is common knowledge that the vast majority of infections in South Africa occurs through unprotected sexual intercourse between heterosexual couples (Anderson, Beutel & Maughan-Brown, 2007, p.98). However, from a biological point of view men and women are not in equal danger of contracting the HIV during sexual intercourse. It is scientifically proven that HIV transmissions from an infected man to his female partner are more likely to occur than the transmission of HIV from an infected woman to her male partner (Kelly, 1995, p.345). Although this can explain the higher HIV prevalence among girls and young women to a certain degree, it is believed that also non-biological factors result in a higher vulnerability of women towards HIV infections. Obermeyer (2005, p.3) quotes from a four city study which showed that the HIV prevalence for 15-19 years old girls is six times higher and that of 20-24 years old women is three times higher than the prevalence of the boys respectively men of the same age. Because the behavioural factors were not able to explain this gap – men were found to have more sex partners and both sexes were found to be equally exposed to the possibility of transmission – biological factors such as a greater susceptibility of women to HIV or the concurrence of an infection with herpes viruses, were advanced to explain this discrepancy (Obermeyer, 2005, p.3). Obermeyer (2005, p.3) is convinced that these biological factors are not a sufficient explanation for the gap in HIV prevalence between males and females and that the weak correlation between biological indicators and behavioural indicators is a big challenge for researchers.

Biological indicators are, for example, the prevalence and incidence of HIV and the prevalence of other STI. The behavioural indicators, which are also called variables, are summarised under the term (sexual) risk behaviour and most commonly include age at first sex, condom use, number of sex partners, recreational drug use and gender inequality. But among studies and literature on sexual risk behaviour the compilation and interpretation of the variables can differ. Condom use might also include other sexual behaviour such as unprotected anal sex which is considered as a very risky behaviour with regard to HIV infections. The number of sex partners can also have a strong emphasis on concurrent sexual relationships which some regard as driving factor of the HIV/AIDS epidemic in South Africa. It is reasoned that South Africans do not have more or less sexual intercourse or sex partners,

but that prevailing concurrent sexual relationships accelerate the spread of HIV (Leclerc-Madlala, 2006, p.). The type of sex partner is often also included as variable to define risk behaviour. Differentiated is whether the sex partner is the lover, a casual sex partner, or a sex worker. Intergenerational and transactional sex are also regarded as risky sexual behaviour. Sex is defined as intergenerational sex if there is at least a five year age difference between the partners. Studies on intergenerational sex have shown that teenagers who have a sex partner who is five or more years older than themselves, have a higher prevalence of HIV than other teenagers. It is known that mostly females are the younger and therefore more vulnerable partner in a intergenerational relationship (Shisana et al, 2009, p. 2) which can partly explain that the HIV prevalence for girls and young women is so much higher than the males' of the same age. One reason for the increased risk of girls and young women having sex with older men is that they expose themselves to a higher HIV prevalence age group which older men are. Furthermore, intergenerational relationships are often characterised by uneven power balances which constrain the young women's right to apply safer sex measures (Shisana et al, 2009, p. 2). Regularly, intergenerational sex goes in hand with transactional sex, which means that so called "sugar daddies" pay the school fees or give presents in return for sex (Bankole, Singh, Woog & Wulf, 2004, p.10). Transactional sex raises the imbalance of power in favour of the "sugar daddy" because the females are economically dependent on him. A reason to worry is that the percentage of South African teenagers aged 15-19 having a more than five years older sex partner increased heavily in the past years. Whereas in 2005 9.6% of the teenagers reported to have sex with someone at least five years older, in 2008 the percentage was 14.5%. For teenage females the increase was even higher as the percentage of female teenagers engaging in intergenerational sex raised from 18.5% in 2005 to 27.6% in 2008 (Shisana et al, 2009, p. 41).

There is also data available which gives evidence that girls and young women in general have less control of their sexual life than boys and young men. A study on HIV prevalence and sexual behaviour among youth between 15 and 24 years old has shown that 10% of the females and 2% of the males have ever been forced physically to have sex. The question of how much the youth wanted to have sex the first time, reveals differences between boys and girls too. Of the sexually experienced, 83% of the boys compared to 40% of the girls said that they really wanted to have sex when they had their first time. Whereas only 1% of the boys did not want to have sex when they had their first time, 23% of the girls felt this way and further 5% really did not want to have sex. When the youth were supposed to characterise their first sexual intercourse, 96% of the males said they were willing to have sex, 3% felt persuaded, and 1% tricked into having sex. Of the females only 59% were willing to have sex,

as 31% felt persuaded to have sex, 6% think they were tricked into having sex, and 3% reported that they had been physically forced into sex (Pettifor et al., 2004, p.41).

Although most quantitative studies on sexual behaviour use a set of variables to determine the risk behaviour, this approach bears further problems which have to be taken into account. Firstly, there is not, as mentioned before, always a consistency between the biological and the behavioural indicators. A systematic comparison of variables across sites has shown that some believed risk factors such as young age at first sex for women or intergenerational sex were found to be more common in places with a high prevalence of HIV, but others such as condom use and partner's characteristics were not (Obermeyer, 2005, p.3). This means that it is not always possible to explain the prevalence and incidence of HIV undoubtedly with the common risk behaviour variables. One problem in this context is, especially when the differences in HIV prevalence between men and women are supposed to be explained, that men tend to overstate their sexual experience and that women tend to underreport. This pattern is explained by peer pressure or a desire to exaggerate for males and by the negative stigma of nonmarital sex for females. As consequence it compromises the gender comparisons of sexual behaviour (Bankole, Singh, Woog & Wulf, 2004, p. 6). Secondly, it is difficult to say what determines the variables of sexual behaviour, but this is important to know if risk behaviour is to be understood in depth and lessons for HIV prevention approaches are to be learnt. There is evidence that these determinants and correlations differ among different characteristics such as sex and race. The examples of two South African studies on the age of first sex are a good illustration of the complicated nature of risk behaviour variables and the fact that studies deliver contrary results. A study about the relationship between age at first sex and risk perception respectively knowing someone who has died because of AIDS among Cape Town youth showed that for females there is a reciprocal relationship between sexual experience and risk perception. Females who thought that they were at great risk, tend to delay first sex and those who had already made sexual experiences perceived a higher risk of contracting HIV. For males the relationship is only one-sided. Those who are sexually experienced have got a higher risk perception, but those who think that they are at a risk to contract HIV do not delay their sexual debut. This observation is explained by peer pressure, social and gender norms, and power relationships. It is believed that it is easier for males to keep in control of condom use and other sexual behaviour than for females. Knowing somebody who has died of AIDS does delay first sex in females but not in males. Furthermore, it was found that age of first sex and perceived risk differ among different race groups (Anderson, Beutel & Maughan-Brown, 2007, p.102f).

The other study, which deals with age of first sex of South Africans living in rural areas, has revealed which factors seem to determine the age of first sex. Interestingly, most of them have been important for one sex, but not for the other. School attendance was found to be a factor which delays the age at first sex for males and females, but being behind in terms of grade for age was found to delay sexual debut in males only. Maternal death is an indicator for a low age at first sex for females, as paternal death is an indicator for early first sex among males. A delaying factor for first sex in males is the mother's membership in the same household, whereas religion was observed to be a delaying determinant only in females. Further factors resulting in early sexual debut which are valid for both sexes are living in a periurban area compared to a rural area, contact with alcohol, and knowing someone who has died of HIV. For men also smoking, although correlated to contact with alcohol, is considered as an independent factor for a low age at first sex. The surprising result that knowing somebody who is infected with HIV is associated with significantly earlier first sex, is possibly a result of lack of disclosure and denial as only a few people said that they knew someone with HIV, despite a high prevalence of HIV in the community (McGrath, Nyirenda, Hosegood & Newell, 2009, p. 52).

2.3. Purpose and rationale of study

The central goal of this study is to examine why girls and young women are more vulnerable to HIV infection than their male counterparts. It is further hoped that the insights gained from this study can be applied in HIV prevention.

The theoretical approach underlying this study is that there are determinants such as risk perception, gender attitudes, attitudes about sex, knowledge on HIV/AIDS, self-efficacy and future expectations which result in a certain risk behaviour which can be described by the known variables such as condom use and age at first sex. So instead of asking the youth about their sexual behaviour which is described by the variables, they are asked about the determinants which are believed to result in certain risk behaviour. This approach has some advantages, but also disadvantages which have to be taken into account. The advantage is that the grade seven pupils do not need to be asked about their sexual behaviour which would involve three difficulties. Firstly, it is difficult to obtain ethical clearance on questioning 11-16 years old about their sexual behaviour. Secondly, as stated before, males tend to overstate their sexual experiences whereas females tend to do the opposite which makes it impossible to compare the gender groups accurately. Thirdly, many of the pupils might not be sexually experienced yet, as the arithmetic mean of the sample's age is 12.94. The average age for sexual debut in South Africa is 16.7 years (Pettifor et al., 2004, p.40). Therefore the approach

to ask about determinants allows to survey teenagers without sexual experience, possibly just before they become sexually active. It can be assessed under which circumstances teenagers start into the sexually active period of their life and if there are factors which exist before the sexual debut that can explain why girls and young women are that much more vulnerable to HIV infection than boys and young women.

The disadvantage of this approach is that there is no certainty about how the determinants actually determine the risk behaviour. It can be assumed that the approach of determinants cannot entirely explain the risk behaviour as the risk behaviour cannot entirely explain the prevalence and incidence of HIV. The problem is that research on sexual behaviour is relying on the self-reported answers of the respondents which can be biased and that human behaviour is probably not always rationally comprehensible because emotions are strongly involved. This is especially true when it comes to one of the most emotional matters of human life, sexuality.

As shown in the problem definition, literature and studies on HIV/AIDS in South Africa give strong evidence that gender norms in combination with the physical superiority of men and dependence of women on men are the driving factors which result in a much higher HIV prevalence among girls and young women. Men who think that they are entitled to decide on the common sexuality of their partner and themselves can use their physical superiority and the possibly existent dependence to push through their will. This constrains the women's sexual self-determination considerably.

Individuals are socialised by the community or society they live in, so it is believed that these gender attitudes which disempower women in the mentioned way, can also be found among the grade seven pupils. So the first hypothesis (H1) of this study is: *Gender attitudes exist which disempower women in sexual decision-making.*

It is assumed that these disempowering gender attitudes are predominately held by boys, because they favour males and allow them to be the determinant part of a (sexual) relationship. So the second hypothesis (H2) is: *These disempowering gender attitudes are predominately held by boys.*

Another assumption is that these disempowering gender attitudes are more prevalent in rural areas as people in rural areas tend to be more conservative and hence hold more traditional values and norms, in particular regarding the roles and equality of men and women. So H3 is: *In rural areas these disempowering gender attitudes are stronger.*

With regard to the other determinants no difference between boys and girls is expected, as boys and girls grow up under the same conditions in South Africa and in contrast to the disempowering gender attitudes these determinants have no impacts on the relationship

between males and females. An indicator that there are nearly the same conditions for boys and girls is that in South Africa the percentage of girls enrolled at school is slightly higher than that of boys (UNDP, 2009). Thus, there is no obvious reason for differences among the other risk determinants. The fourth hypothesis (H4) is: *There are no differences between boys and girls concerning other determinants such as knowledge, risk perception, attitudes about sex, self-efficacy, and future expectations.*

It is plausible that the pupils who support the idea that boys and girls are equal with regard to football also think that boys and girls are equal in life and when it comes to sexual decision-making. Because of this expected link between these two kinds of gender attitudes, the fifth hypothesis (H5) goes: *There is a link between the disempowering gender attitudes and gender attitudes related to football.*

The last hypothesis is addressing the same idea, but focuses on boys, because it is believed that disempowering gender attitudes are mainly held by them. If the above-mentioned link turns out to be true, it could be an interesting approach for HIV prevention to fight disempowering gender attitudes with the medium of football. Hence, the last hypothesis (H6) is: *Boys who support the idea of girls playing football tend to have less gender attitudes which disempower women in sexual decision-making.*

3. Methodology

3.1. Data collection

For the purpose of data collection a paper-based questionnaire was employed. It contained four questions on the demography of the participants and 61 questions in which the subjects used a scale to respond to statements on the following topics:

- Future orientation
- Free time behaviour and attitudes
- HIV and HIV testing knowledge
- HIV/AIDS stigma
- HIV risk perception
- HIV testing outcome expectancies
- Self-efficacy
- Goal orientation
- Communication about sex and HIV
- Attitudes about sex
- Disempowering gender attitudes

The entire questionnaire is in two languages, English and Zulu to ensure maximum understanding of the questions and statements because the dominant first language in KZN is Zulu. Furthermore, Zulu is the working language in the majority of schools in KZN, and many pupils do not read well in English. The questionnaire was designed in English and then translated into Zulu.

The survey was conducted at primary schools. Entire classes were questioned in their classroom and every pupil was given a questionnaire to fill out. For reasons of better understanding, the questions or statements were read out in Zulu loudly by an experienced local research facilitator. Besides, the pupils were explicitly encouraged to ask if they were not able to understand single questions. At one school, Greyville Primary School, the working language is English and not all pupils speak Zulu as their first language. Therefore the questionnaire was read out in English there. Nonetheless, single questions were also read out in Zulu if pupils requested. The questionnaire also provided explanations of central expressions such as “to have sex”, “partner”, and “oral sex” in both languages, English and Zulu.

The data was collected between the 18th and 31st of August 2009.

3.2. Population and sampling

The population consists of grade seven pupils in KZN who have not participated in the WKU Life Skills programme. For sampling a school was selected first. Then a grade seven class was chosen of which all pupils participated in the survey. It has to be noted that neither the school, nor the class were selected randomly

In order to get a broad variation in terms of urbanisation, it was determined that two schools are supposed to be located in an urban area, of which one should be a township, one in a semi-urban area and one in an rural area. As a consequence, the following schools were arbitrarily selected:

Greyville Primary School, Durban (urban)

Ndongeni Primary School, Umlazi, Durban (township)

Esigodini Primary School, Edendale, Pietermaritzburg (semi-urban)

Umphumulo Primary School, Maphumulo (rural)

Due to the availability of the pupils and to ensure a high proportion of participation, the survey had to take place during school hours. But this also meant to cooperate with the school as much as possible to not interfere with their teaching. Therefore the school determined which class was supposed to participate. From Greyville Primary School and Ndongeni

Primary School entire school classes participated, from Esigodini Primary School and Umphumulo Primary School the teachers chose pupils from different classes to take part. The final sample consists of 197 pupils.

3.3. Ethical considerations

Research which is related to adolescent sexual behaviour and reproductive health including the sensitive topic of HIV/AIDS has to be conducted very carefully as sexuality is a sensitive issue in any society and closely linked to people's conceptions of moral. It is important to find appropriate ways to address people during the research process so that their integrity is protected (Lie, 2008, p. 78).

In this research a couple of measures were applied in order to fulfil these objectives. First of all, the participation in this study was completely voluntary. The pupils were informed about the voluntary nature of participation before the questionnaires were distributed and the fact that it was not a test. It was explained that there were no right and wrong answers, but that they were asked to write down their honest opinions. It was also stressed that the pupils had the right to leave any question blank if they were not feeling comfortable to give an answer. Secondly, the study was anonymous and all data is treated confidentially. The pupils were explicitly asked not to write down their names on the questionnaire and hence it is impossible to assign answers to single participants. Thirdly, the principals of the concerned schools were asked for permission. Surveys were only conducted with prior permission of the principal. Fourthly, no questions on sexual exposure were included in the questionnaire because it is believed to be ethically problematic to face grade seven pupils with that kind of questions.

3.4. Limitations of the study

Due to the chosen research design and other factors this research study has some limitations which constrain the meaningfulness of the acquired results. The discussion of these limitations, which is provided in this chapter, allows the reader to assess the presented results correctly and it shows on what aspects further research is needed.

It has to be noticed that the sample was not drawn randomly which means that there is no theoretical foundation on which the results from the sample can be generalised to the population. Consequently, inferences on the population should be made with caution. However, while rigorous sampling methods were not used, a concerted effort was made to gain data from a range of socioeconomic settings.

At Esigodini and Umphumulo Primary School not entire classes were questioned but a group of pupils which consisted of pupils from all grade seven classes and which were selected by

the schools' teachers. This arbitrary process of selection is a potential source of bias because the composition of these groups of pupils in terms of certain pupil's characteristics could deviate from the composition of regular classes. For instance, a teacher could have chosen the most troublesome kids from her class just to be free of them for an hour.

Conducting the survey in classrooms with entire classes proved to have some disadvantages. The pupils were sitting very closely to each other, especially at Ndongeni Primary School where up to eight pupils were sitting around a small table so that their privacy was compromised and this might have prevented them from giving honest answers. In addition to that, the narrowness in the classrooms provoked discussions between seatmates and possibly also agreements on answers. It also happened that pupils shouted out answers loudly although they were expressly asked not to do so. Some questions also provoked reactions such as excitement, surprise, or laughter. In particular, the explanations of sex and oral sex made big parts of the classes laugh. Because the questionnaire was relatively long and each question was read out loudly, it could be noticed that the concentration of the pupils declined towards the end of the survey as the noise level increased noticeably. This was especially true for the classes of Ndongeni and Umphumulo Primary School where the survey was conducted in the afternoons in one of the last periods of the day when the pupils were apparently tired after a long school day. It also happened that single pupils had to leave the classroom for some minutes during the survey.

It has to be taken into account that the mentioned limitations are possible sources of bias for the presented results and that the results are not necessarily valid for the entire population of grade seven pupils in KZN.

3.5. Data analysis

The data analysis is done for the purpose of testing the stated hypothesis. This means that the results are presented and analysed in a way which allows to confirm or reject the hypothesis. Hypotheses which aim at the same content are discussed together. The hypothesis *Gender attitudes exist which disempower women in sexual decision-making (H1)*, *These disempowering gender attitudes are predominately held by boys (H2)* and *In rural areas these disempowering gender attitudes are stronger (H3)* are all related to disempowering gender attitudes and therefore rely on the results of the same questions which makes it convenient to discuss them together. The questionnaire contains six questions which cover different disempowering gender attitudes which are analysed with regard to the hypothesis H1, H2, and H3. In order to test H1, the frequencies of responses to the six questions and the two measures of central tendency, mode and median, are looked at.

With regard to H2 the answers of the boys have to be compared with the answers of girls. Therefore a filter was used to analyse the responses of girls and boys separately. At first the frequencies are compared, before mode and median for boys and girls are compared to each other. Cramer's V, a measure of association for nominal variables, is also computed. It shows if there is an association between gender and the respective disempowering gender attitude, and how strong the association is. Cramer's V allows assessment of differences between the answers between boys and girls because the higher the association between gender and disempowering gender attitude, the more the answers of boys and girls differ from each other. H3 is tested in a similar way as H2. Firstly, the frequencies for the four different schools are compared. Because the ratio between boys and girls differs a lot among the schools and it is assumed that the gender of the questioned pupils has an impact on the answering of the questions, gender is weighted for each school so that every school has a share of 52% girls and 48% boys, which is about the gender relation of the actual South African population. The weighting ensures that the influence of gender on the answers is constant among all four schools. Secondly, the mode and median for the schools are calculated and compared. Thirdly, a measure of association is computed which is supposed to show in what way urbanisation is related to disempowering gender attitudes. But first the schools have to be ranked according to the degree of urbanisation. Umphumulo which is located in a rural area is ranked as least urbanised school, followed by Esigodini which is considered to be in a semi-urban area. The only difficult question is how to rank Ndongeni and Greyville as they are both located in an urban area. Greyville is finally considered to be more urban because it is located in central Durban whereas Ndongeni is laying in Umlazi, a township about 5 km south of Durban.

In order to test the hypothesis H4 *"There are no differences between boys and girls concerning other determinants such as knowledge, risk perception, attitudes about sex, self-efficacy, and future expectations"* the data on each determinant is analysed in its own chapter, but in a consistent way. In a first step the frequencies for the group of boys and girls are compared for each question, before in a second step the mode and median are compared. In a third and last step the association between gender and the prevailing question is determined with the help of Cramer's V.

The last two hypotheses H5 *"There is a link between the disempowering gender attitudes and gender attitudes related to football."* and H6 *"Boys who support that girls play football, have less gender attitudes which disempower women in sexual decision-making"* are dealt with in one chapter. Firstly, the results for the two questions on gender attitudes related to football are presented by showing the frequencies for both the entire sample and the gender groups. Then

Kendall's-Tau-b is determined for every combination of the two statements on gender equality in football and the six statements on disempowering gender attitudes in life. Each of both gender attitudes on football is paired with all six sexually disempowering gender attitudes. This is done twice, once for the entire sample and once only including the responses of the boys. There is no determination of the association for the group of girls because there are only very few girls who do not support gender equality in football so that some categories only contain very few cases which prevents a reliable determination of the strength of association. But even without this additional information, the values for the associations of the entire sample allow investigation of a link between disempowering gender attitudes related to sex and gender attitudes related to football. The values for the association of the boys allow investigation of whether boys who support gender equality in football also are less likely to hold gender attitudes which disempower women.

For the purpose of data analysis the computer software *Statistical Package for the Social Sciences (SPSS) version 17.0* developed by SPSS Inc. was used.

4. Study demography

Of the 197 cases the sample includes, there are 83 boys and 114 girls, therefore 42.1% of the sample is male and 57.9% is female. The pupils' distribution on the four schools is as follows: 51 pupils visit Esigodini, 39 Greyville, 57 Ndongeni, and 50 Umphumulo Primary School. The age of the pupils in the sample is between 11 and 16 years. The mean age is 12.94, median and mode are 13 each. The girls are in average slightly younger than the boys. Their mean age is 12.70, the boy's one is 13.27. Median and mode are again 13 each for both gender groups.

From Esigodini Primary School there are 24 boys (47.1%) and 27 girls (52.9%). Their mean age is 12.80. The pupil's mean age of Greyville Primary School is with 12.79 almost the same, but the composition in terms of gender is totally different as there are only 13 boys (33.3%) and with 26 (66.6%) twice as many girls as boys. The gender composition of the class of Ndongeni Primary School is similar to that of Greyville Primary School. There are clearly more girls from that school in the sample than boys, namely 35 girls (61.4%) compared to 22 boys (38.6%). The mean age of 12.95 for these pupils is slightly higher than that of the previous two schools. The gender distribution of the pupils from Umphumulo Primary School, who are included in the sample is well balanced. There are 24 boys (48%) and 26 girls (52%). Their mean age is 13.18 and therefore the highest of the four schools.

Gender * School Crosstabulation

			School				
			Esigodini	Greyville	Ndongeni	Umphumulo	Total
Gender	Male	Count	24	13	22	24	83
		% within School	47,1%	33,3%	38,6%	48,0%	42,1%
	Female	Count	27	26	35	26	114
		% within School	52,9%	66,7%	61,4%	52,0%	57,9%
Total		Count	51	39	57	50	197
		% within School	100,0%	100,0%	100,0%	100,0%	100,0%

5. Results

5.1. Disempowering gender attitudes

Three of the stated hypotheses are addressing disempowering gender attitudes. They are discussed together in this chapter because they rely on the same data which is presented here.

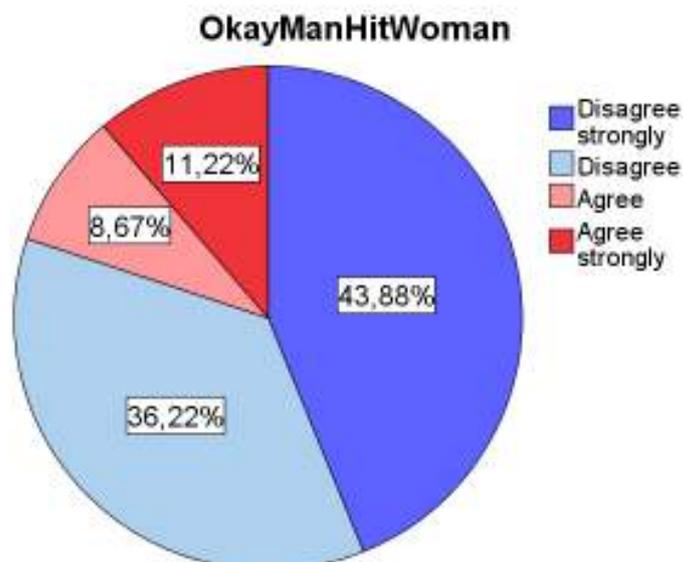
These hypotheses are:

H1: *Gender attitudes exist which disempower women in sexual decision-making.*

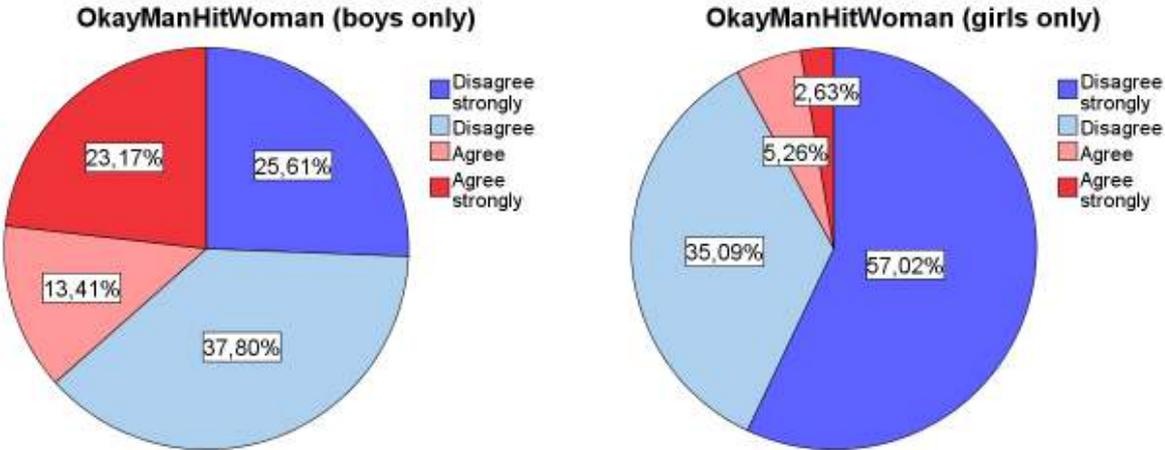
H2: *These disempowering gender attitudes are predominately held by boys.*

H3: *In rural areas these disempowering gender attitudes are stronger.*

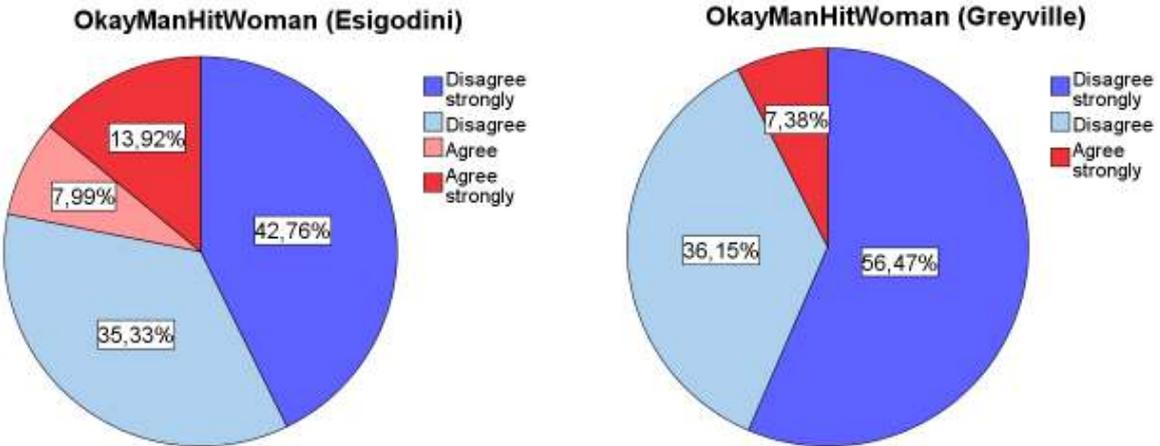
The first disempowering gender attitude with which the grade seven pupils were confronted is that it is okay for a man to hit his woman if she disobeys him.

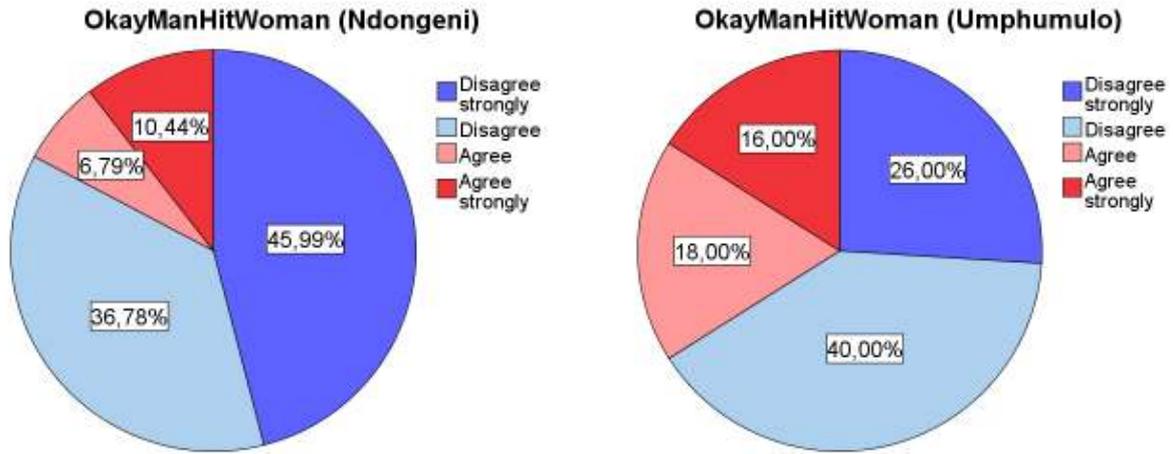


A majority of the pupils negates that statement as 44% disagree strongly and 36% disagree. But still a fifth of the pupils think that it is okay that a man hits his woman if she disobeys him because 9% expressed agreement and some more, 11% expressed strong agreement.



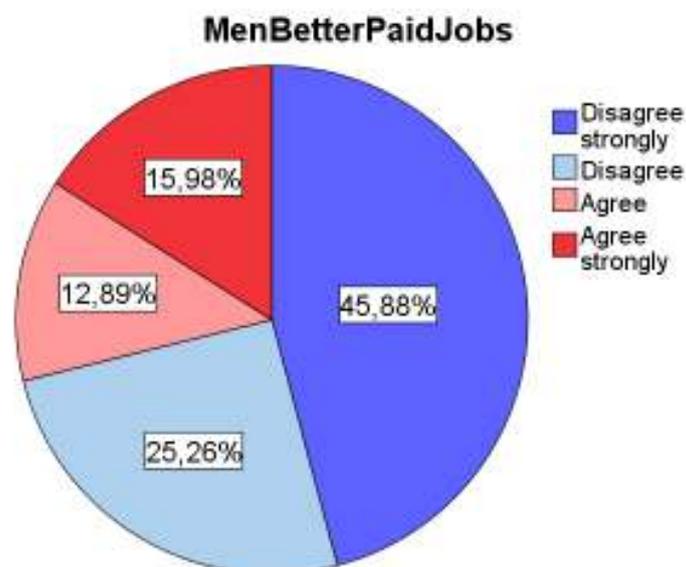
If boys and girls are looked at separately, you can see that there is a huge difference in the appraisal of the statement. Whereas with 23% nearly a quarter of the boys strongly agree that it is okay for a man to hit his woman if she disobeys him and further 13% agree, only 3% of the girls agree strongly and 5 % agree. More than half (57%) of the girls disagree strongly and further 35% disagree. Of the boys 38% disagree which is more than the 26% of boys that disagree strongly. These numbers show that domestic violence against women is basically only accepted by more than every third boy but hardly by any girl. The mode and median for boys is 'disagree', for girls both is 'disagree strongly'. Cramer's V is $C = 0.407$ which indicates the association between gender and this disempowering gender attitude has a medium strength. It means that the assessment of the question whether it is okay for a man to hit his woman if she disobeys him, depends to a noticeable degree on the gender. Girls generally deny the statement, while among the boys a third agree and two-thirds disagree.



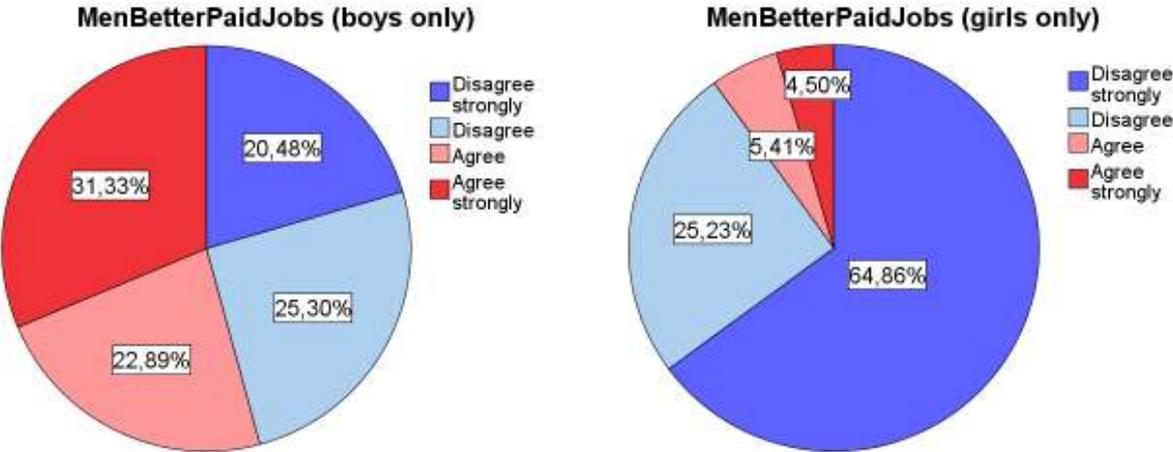


It can be seen at a glance that the pupils of Umphumulo show the highest support of the disempowering gender attitude that it is okay for a man to hit his disobeying women, followed by Esigodini, Ndongeni and Greyville. A comparison of the percentages for agree strongly (U: 16% - E: 14% - N: 10% - G: 7%), for agree (U: 18% - E: 8% - N: 7% - G: 0%) and for disagree strongly (U: 26% - E: 43% - N: 46% - G: 56%) illustrates the declining level of support well. The mode for all schools is 'disagree strongly' except for Umphumulo for which it is 'disagree.' The median is 'disagree strongly' for Greyville and 'disagree' for the other three schools. Kendalls-Tau-b is $\tau_a = -0.235$ which indicates that the more urbanised the location of the school is, the less the pupils agree that it is okay for a man to hit his woman if she disobeys him. The strength of the association is rather weak, but not to be neglected.

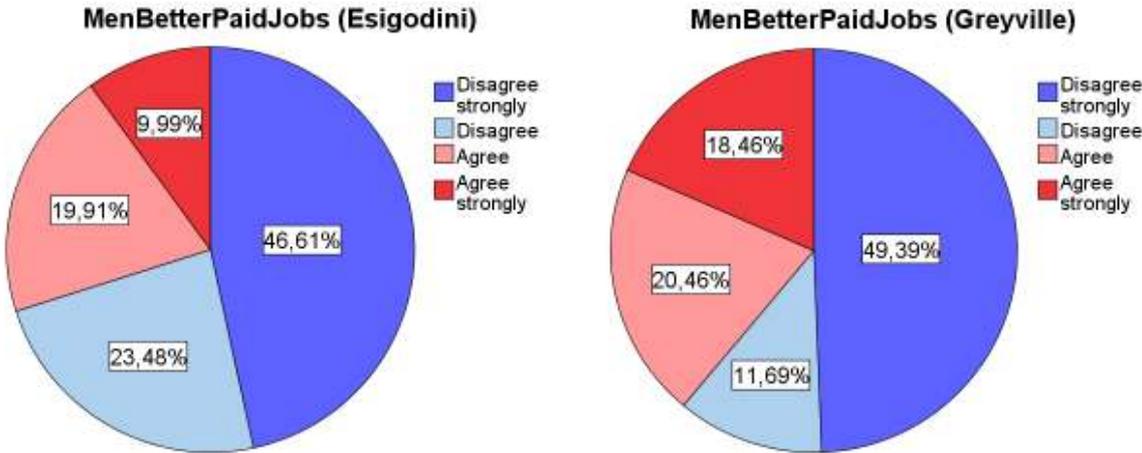
The following disempowering gender attitude is that men deserve the better paid jobs compared to women. This gender attitude reflects if men and women are considered to be equal in an economic point of view.

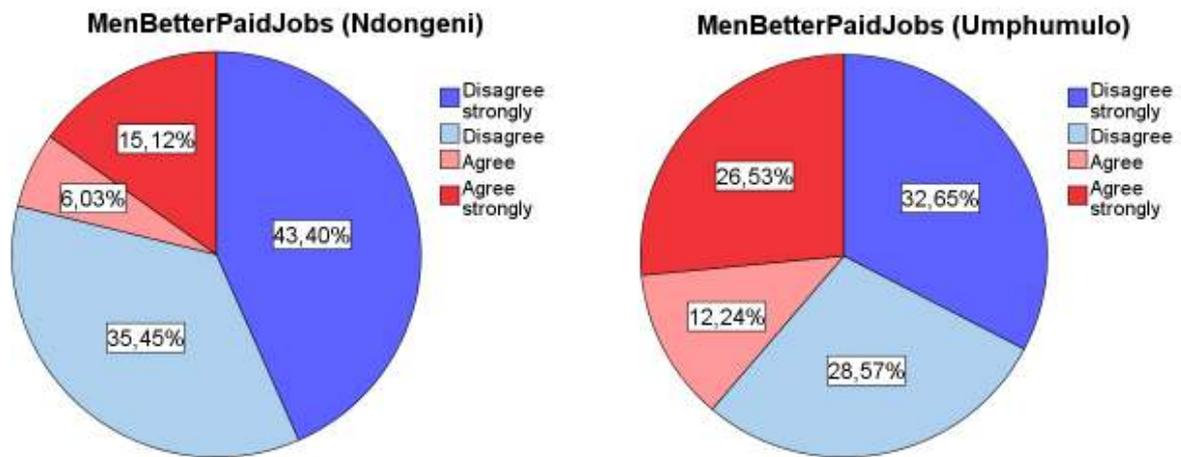


A majority of 46% of the grade seven pupils disagrees strongly with this disempowering gender attitude and a further quarter disagrees. Of the rest 13% agree and slightly more, 16% agree strongly which means that slightly less than a third of the pupils hold the disempowering gender attitude that men deserve the better paid jobs. If boys and girls are looked at separately, again huge differences can be observed.



A majority of boys claims that men deserve better paid jobs (31% agree strongly and 23% agree). The same opinion is only shared by each 5% of girls who either agree strongly or agree that the men deserve the better paid jobs. Consequently a vast majority of the girls, almost two-thirds, disagree strongly and a quarter disagrees. Of the boys a fifth disagrees strongly and a quarter disagrees. The mode for girls is ‘disagree strongly’ whereas the mode for boys is ‘agree strongly.’ With regard to the median there is also a clear difference, for boys it is ‘agree’ and for girls it is ‘disagree strongly.’ As consequence of the clear differences between boys and girls Cramer’s V is $C = 0.523$ which means, there is a strong association between gender and the disempowering gender attitude that men deserve the better paid jobs.

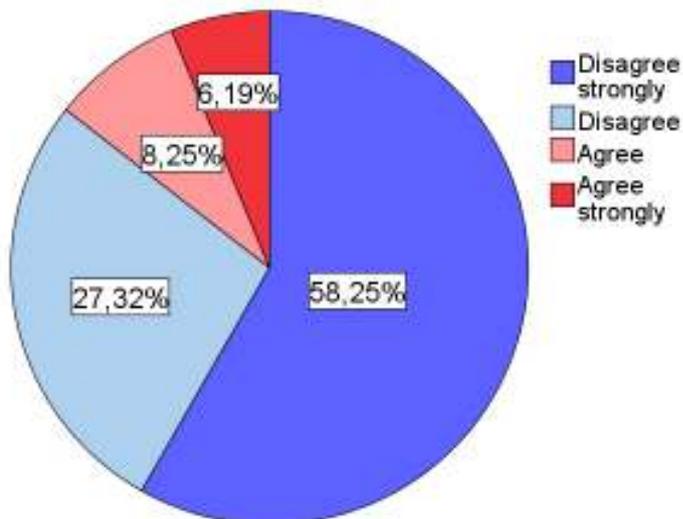




The comparison in terms of different schools is ambiguous. The pupils of Umphumulo agree the strongest that men deserve better paid jobs as they have the highest percentage of agree strongly (27%) and the lowest of disagree strongly (33%). The result of Greyville is very differing. It has the highest percentage of pupils disagreeing strongly (49%), but also 18% agreeing strongly and 20% agreeing. The mode for every school is ‘disagree strongly’ and the median is ‘disagree,’ except for Greyville where the median is actually between ‘disagree’ and ‘disagree strongly.’ If the strength of association is tested, Kendalls-Tau-b will be $\tau_b = -0.143$ which indicates a weak association between urbanisation and the disempowering gender attitude. The more urbanised the area of the school the less the pupils tend to agree that men deserve better paid jobs than women.

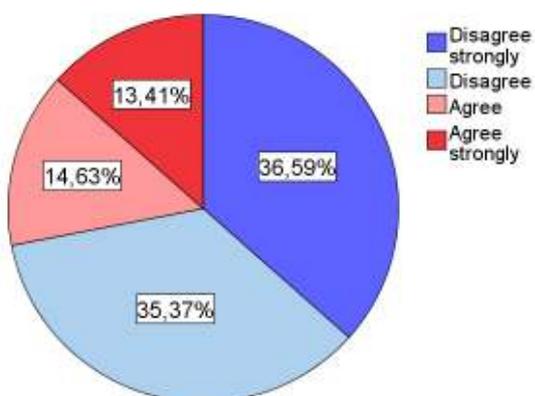
The third disempowering gender attitude about which the pupils were asked is that it is up to the man to decide whether to use a condom or not and that the woman must respect his decision. It has been shown that more than half (58%) of the pupils disagree strongly with this disempowering gender attitude and more than a quarter (27%) disagrees. Therefore only 8% agree and 6% agree strongly that the man should decided on condom usage.

Man'sDecisionOnCondomUse

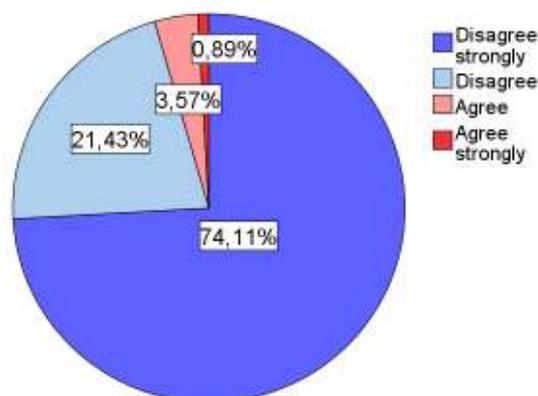


When the boys' answers are compared with the girls' ones very unambiguous differences can be observed. Almost three quarters (74%) of the girls disagree strongly with the disempowering gender attitude that it is the man's decision if a condom is used and further 21% disagree. That means that less than 5% of the girls hold the opposite opinion. Of the boys almost 30% believe that only the man can decide on condom usage as they either agree or agree strongly. Disagreement is expressed by 35% of the boys and strong disagreement by 36%. The mode for both genders is 'disagree strongly', the median is 'disagree strongly' for girls and 'disagree' for boys.

Man'sDecisionCondomUse (boys only)

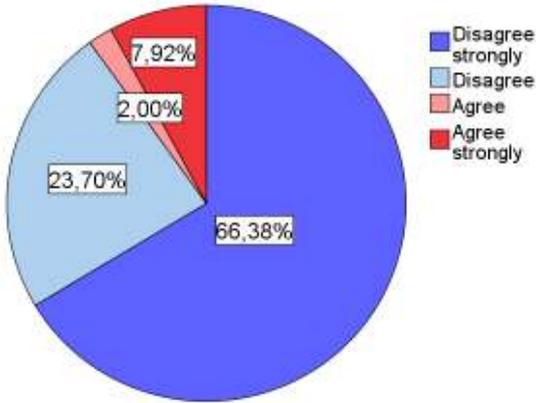


Man'sDecisionCondomUse (girls only)

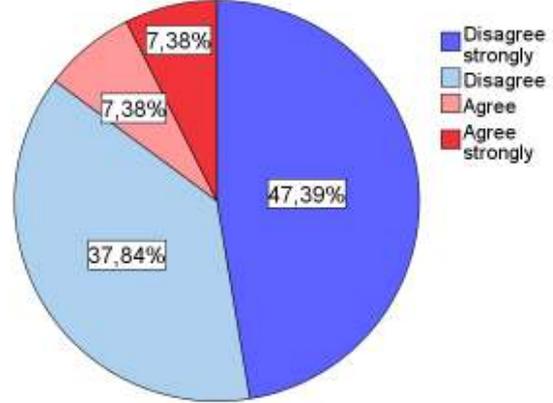


The unanimities between the genders results in a Cramer's V score of $V = 0.418$ which means that there is a medium association between gender and the disempowering gender attitude that men decided whether to use a condom or not and women have to respect the decision.

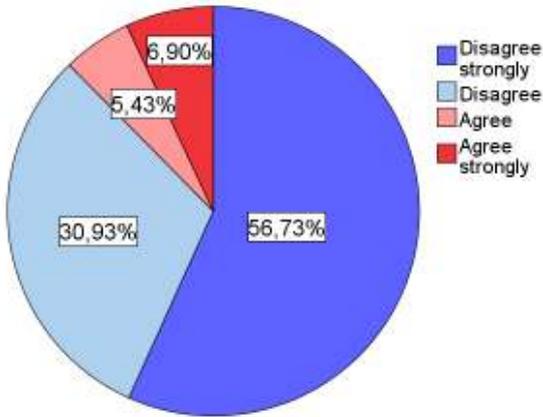
Man'sDecisionCondomUse (Esigodini)



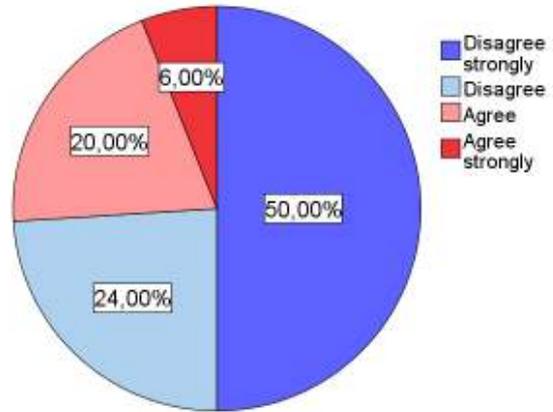
Man'sDecisionCondomUse (Greyville)



Man'sDecisionCondomUse (Ndongeni)

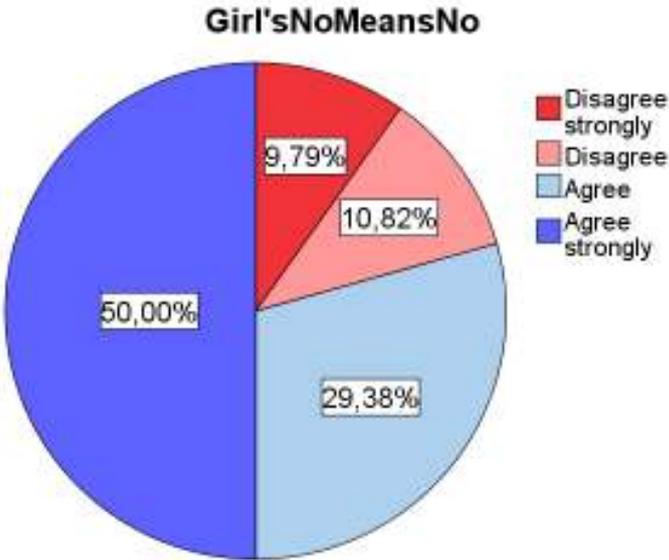


Man'sDecisionCondomUse (Umphumulo)

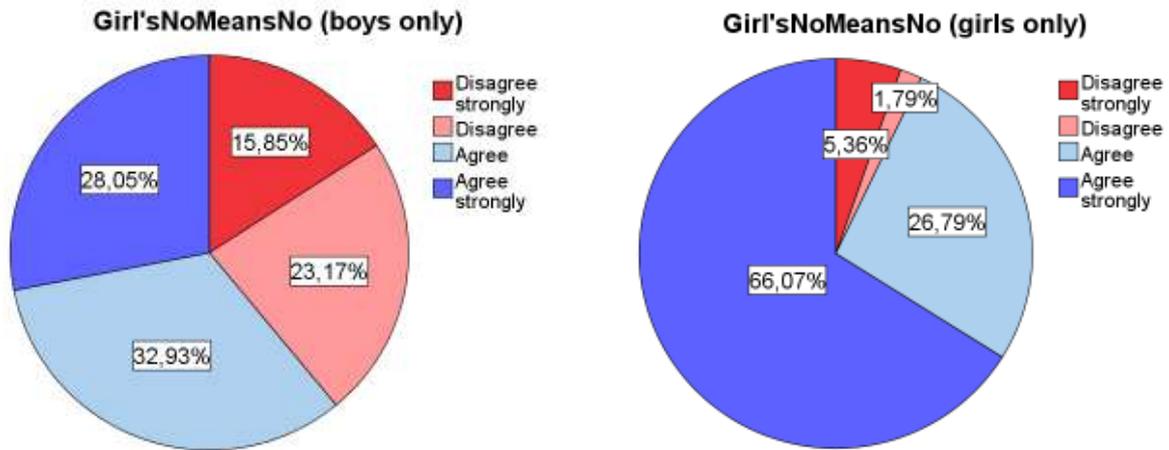


The answers separated by schools do not show a uniform picture. Of the pupils of Esigodini, for example, two-thirds express strong disagreement with the disempowering gender attitude. This is the highest share of all schools. But the 8% of strong agreement are also the biggest share of the four schools. But the difference is small as the other schools have got a share of strong agreement of 6-7%. It seems as if among the pupils of Umphumulo the strongest support of the disempowering gender attitude can be found. In total 26% of the pupils agree (20%) or agree strongly (6%). But the 6% strong agreement are also the lowest percentage compared to the other three schools. Of the pupils of Umphumulo exactly 50% disagree strongly which is the second lowest value after Greyville with 47% strong disagreement. The mode for all four schools is 'disagree strongly' which is also the median for Ndongeni and Esigodini. The median of Greyville is 'disagree' and the median of Umphumulo it is exactly between 'disagree strongly' and 'disagree'. Kendalls-Tau-b is $\tau_b = -0.054$ which confirms that there is no association between the degree of urbanisation of the school's location and the disempowering gender attitude that men decide on condom use.

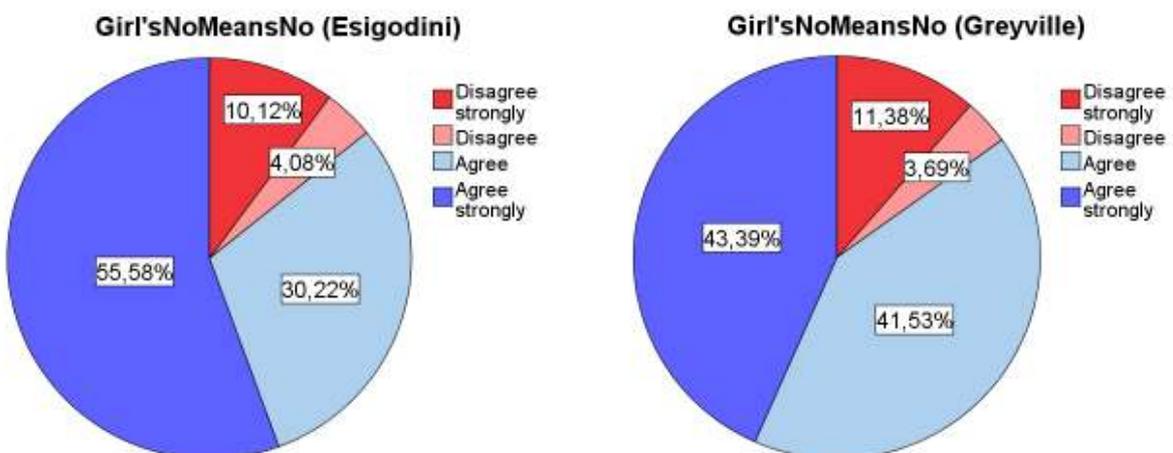
The next examined disempowering gender attitude is if a girl wants to have sex although she says “No” to it. Therefore the grade seven pupils were asked if it really means “No” when a girl says “No” to sex. A glance at the answers of the entire sample reveals that a exactly half of the children agrees strongly that a girl really does not want to have sex if she says so. Almost a further third (29%) agrees that a girls “No” to sex means “No”. Exactly 20% of the pupils hold the opposite opinion, 11% disagree and 9% disagree strongly.

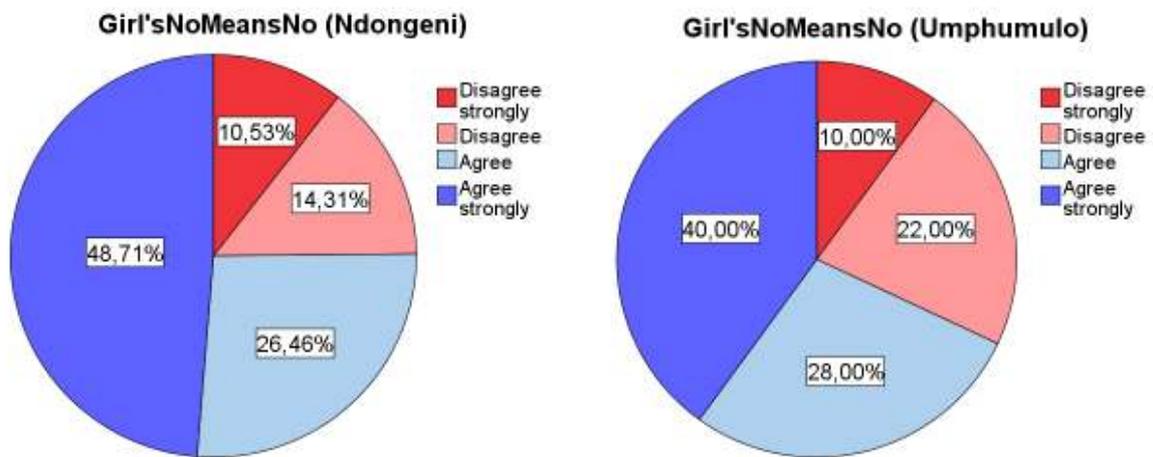


The comparison of the distribution of answers between boys and girls shows the typical differences. Whereas a huge majority of the girls either agrees strongly (66%) or agrees (27%), the boys show a much less degree of agreement. Of the boys 28% agree strongly and 32% agree that a girl’s “No” means no. As consequence still 23% of the boys disagree and 15% disagree strongly. This means that almost 40% of the boys believe that a girl may want to have sex even if she says “No”. Whereas for the girls the mode and median are ‘disagree strongly,’ for boys they are ‘disagree.’ Cramer’s V indicates a medium association between gender and the disempowering gender attitude as the value is $V = 0.452$.

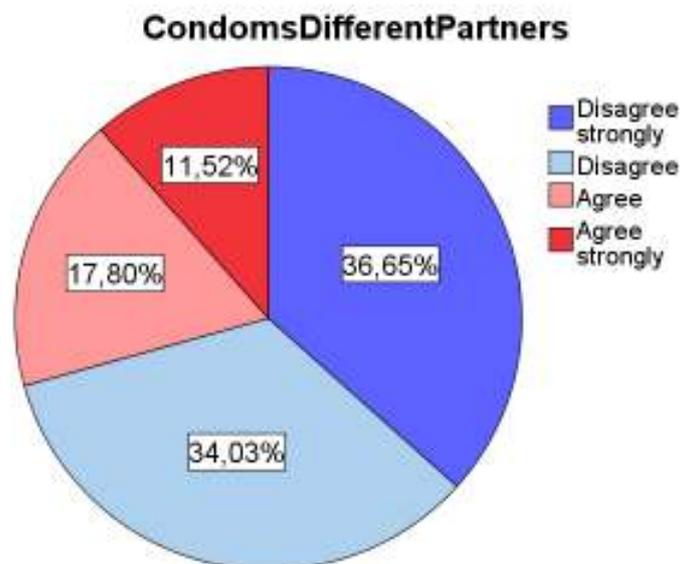


Finally the answers for the different schools are compared. Umphumulo has the biggest support of the disempowering gender attitude that girls who say “No” to sex actually do not mean “No”. Almost a third of the pupils believe that this is the case. For Endogeni about a quarter of the pupils shares this opinion. The pupils of Esigodini agree the most that a girl really means “No”. More than half (56%) agree strongly and further 30% agree that a girls “No” means “No”. The pupils of Greyville responded similarly as 84% either agree strongly (43%) or agree (41%). For both schools around 4% disagree and about 10% disagree strongly. The mode for every school is ‘disagree strongly.’ For Esigodini the median is also ‘disagree strongly’, for the other schools it is ‘disagree’. Kendalls-Tau-b is $\tau_b = 0.080$ which means that there is no evidence of association between the degree of urbanisation of the area the school is located and the prevalence of the disempowering gender attitude that girls want to have sex although they say “No”.



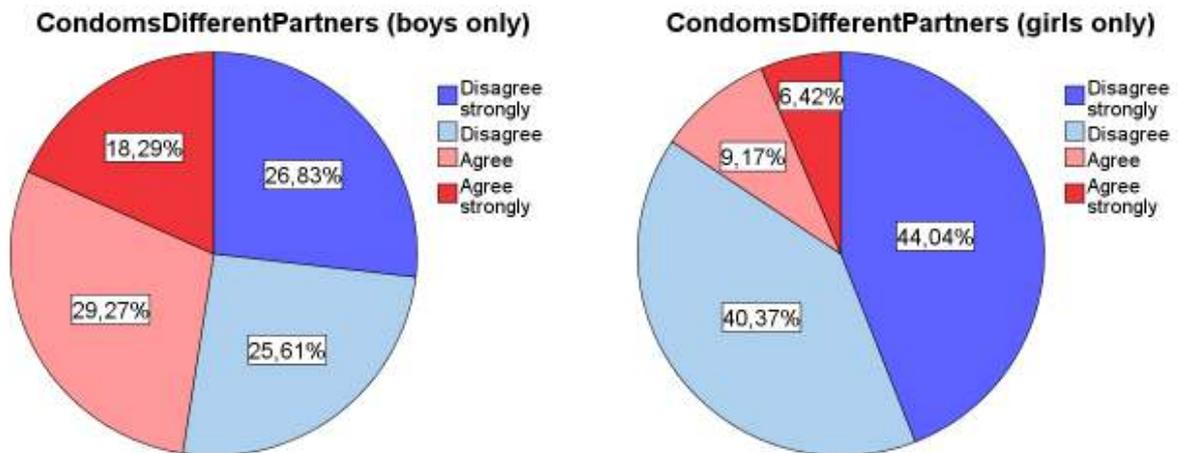


The next regarded disempowering gender attitude is if girls carrying condoms sleep with many different partners. If this attitude is supported by a broad base, it can be assumed that girls will avoid carrying condoms because they do not want to be regarded as promiscuous. More than one third (37%) of the adolescents disagrees strongly and another third (34%) disagrees that girls who carry condoms have sex with many different partners. A little bit less than a third holds that attitude as 18% agree and 12% agree strongly.

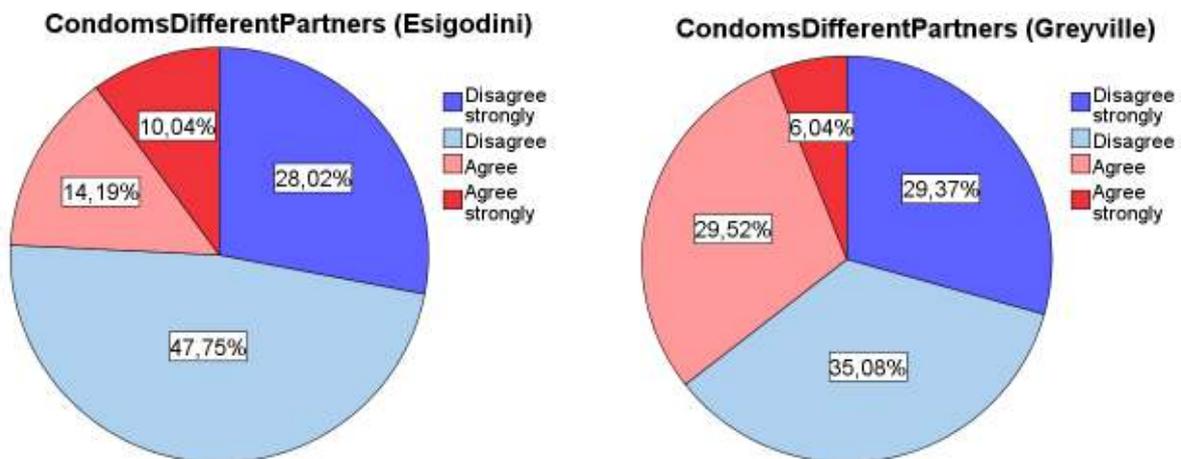


The results split into gender groups show again clear differences between the responses of boys and girls. Almost half of the boys support this disempowering gender attitude as 29% agree and 18% agree strongly. Each a little bit more than a quarter of the boys disagrees or disagrees strongly. Among the girls 44% disagree strongly and another 40% disagree, leaving 9% agreeing and 6% agreeing strongly. The mode for boys is 'agree' and 'disagree strongly'

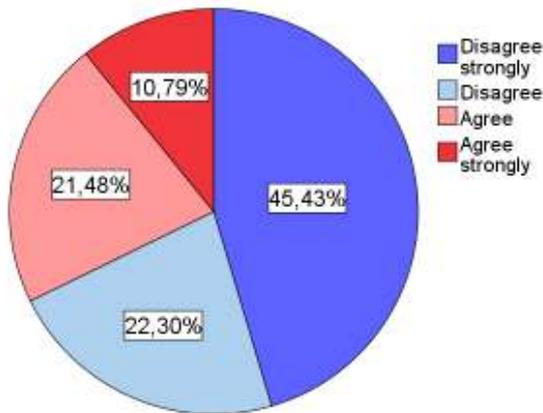
for girls. The median for both genders is ‘disagree.’ Cramer’s V shows a medium association between gender and the disempowering gender attitude as it is $V = 0.348$.



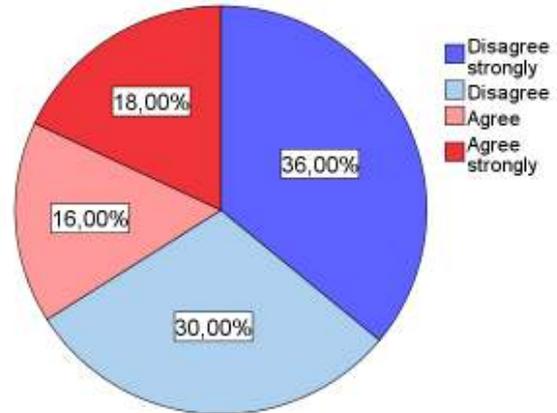
The comparison of the different schools does not show any remarkable patterns. The pupils of Umphumulo and Greyville show the strongest support for the disempowering gender attitude that girls who carry condoms have many different sex partners. Of the pupils of Umphumulo 18% agree strongly and 16% agree that girls who carry condoms sleep with many different partners. With regard to Greyville 30% of the pupils agree and further 6% agree strongly. The pupils of Ndongeni support the disempowering gender attitude slightly less, 11% agree strongly and 21% agree. Among Esidgodini’s pupils 14% agree and 10% agree strongly. For Esidgodini and Greyville the mode is ‘disagree’, for Ndongeni and Umphumulo it is ‘disagree strongly’. The median is ‘disagree’ for all four schools. Kendalls-Tau-b is $\tau_b = -0.053$ which means that there is again no association between the urbanisation and the prevalence of the disempowering gender attitude.



CondomsDifferentPartners (Ndongeni)

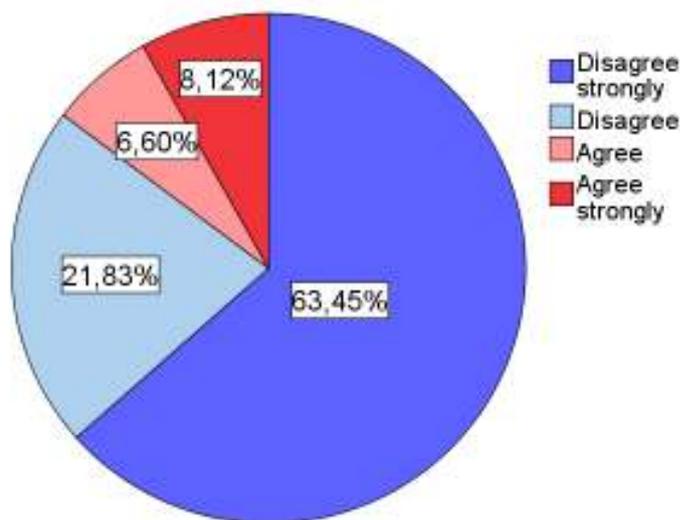


CondomsDifferentPartners (Umphumulo)

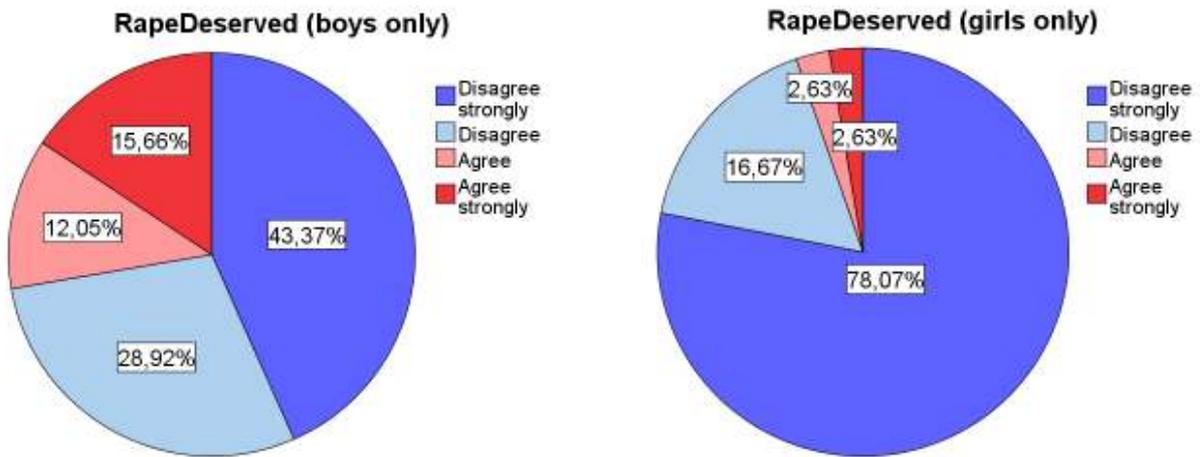


The last disempowering gender attitude is that often when women are raped they did something to deserve it. It can be observed that the majority (63%) disagrees strongly, and about another fifth disagrees. The opposite opinion is shared by the 7% of pupils who agree and the 8% who agree strongly.

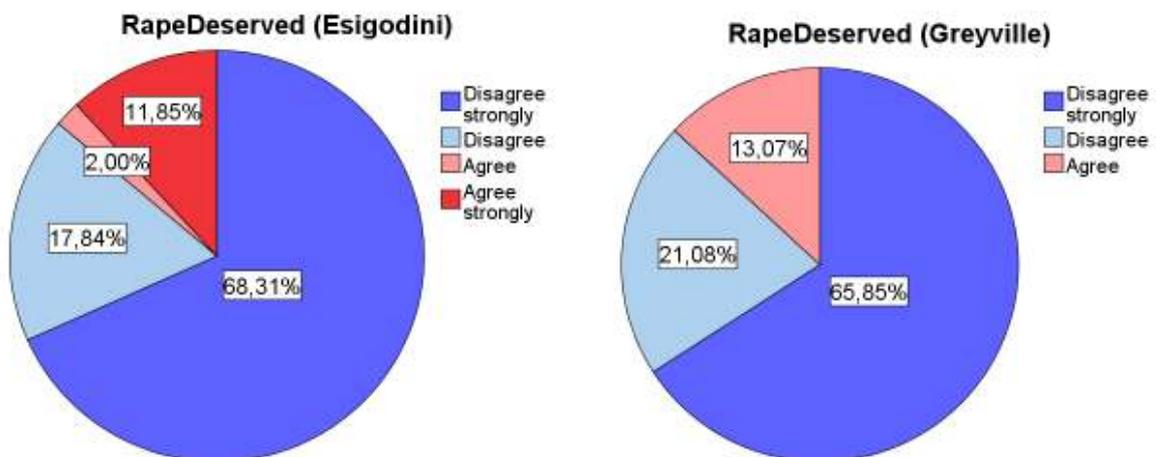
RapeDeserved

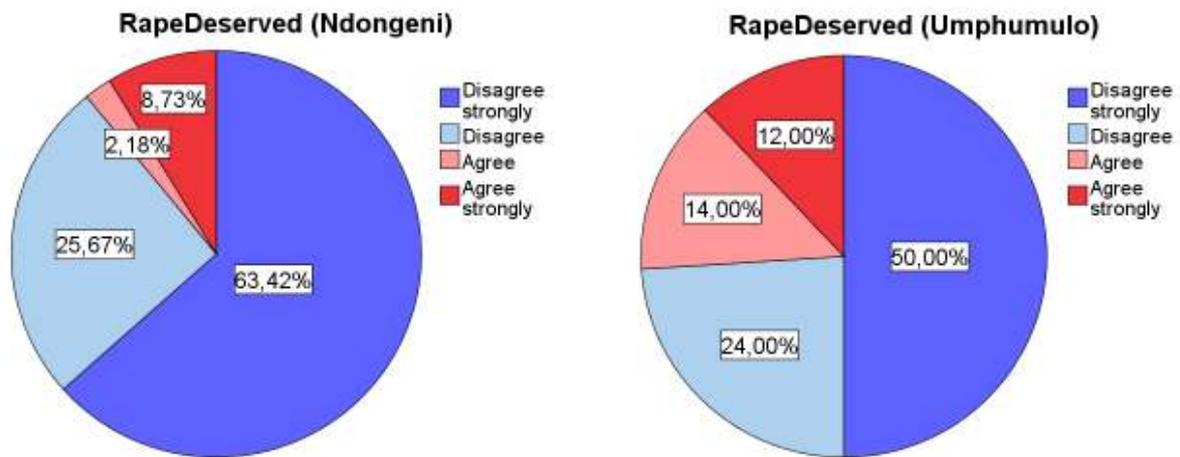


Comparing the results of boys and girls shows again the familiar differences. Whereas hardly any girls (each 3% agree strongly and agree) think that women often did something to deserve to be raped, there is a relatively big group of boys who thinks so as 16% agree strongly and 12% agree. Among the girls more than three-quarters disagree strongly with the statement whereas only 43% of the boys do so. For both genders the mode is 'disagree strongly.' For the girls 'disagree strongly' is the median as well whereas for the boys, it is 'disagree.' Cramer's V has a value of $V = 0.383$ which implies a medium association between gender and the support of the disempowering gender attitude.



Finally the answers categorised in terms of schools are compared. Apart from Umphumulo the results are similar. Of Esigodini, Greyville and Ndongeni around 65% of the pupils disagree strongly that women are raped because they did something to deserve it and 18-26% of the pupils disagree. Then around 10-13% of the children agree or agree strongly. Remarkable is that of Greyville not a single pupil agrees strongly. From Esigodini and Ndongeni more adolescents answered 'agree strongly' than 'agree.' With regard to Umphumulo only half of the pupils disagree strongly with the statement, a further quarter disagree, 14% agree and 12% agree strongly. The mode and median for every school are 'disagree strongly' except for Umphumulo where the median is just between 'disagree' and 'disagree strongly.' A glance on the value of Kendalls-Tau-b, which is $\tau_b = -0.131$, shows that there is a weak association between the urbanisation and the disempowering gender attitude. The less urbanised the area of the school, the more the children tend to hold the disempowering gender attitude that women often did something to deserve to be raped.





Now the question is, what do the results tell about the hypothesis? The most obvious observation is that all the disempowering gender attitudes are predominately held by boys and therefore H2 is confirmed. On average the support of a disempowering gender attitude is 30% higher among the boys than among the girls.¹

With regard to H1 that gender attitudes exist which disempower women in sexual decision-making, the results are not that unambiguous. In general the disempowering gender attitudes are only held by a minority of grade seven pupils. The highest support can be found for the disempowering gender attitudes that men deserve the better paid jobs and that girls who carry condoms sleep with many different partners which are both held by just under 30%. That men deserve the better paid jobs, is the only disempowering gender attitude which is supported by a majority of boys as 54% of the boys either agree or agree strongly. The girls hardly hold the gender attitudes which disempower themselves. The one that a girl carrying condoms means that she sleeps with many different partners, is the only one which is supported by more than 10%, namely by 15%. But the fact that there is a not insignificant share of boys who holds the disempowering gender attitudes finally leads to the conclusion that disempowering gender attitudes exist among grade seven pupils or more precisely said among grade seven boys. Even the disempowering gender attitude that often when women are raped they did something to deserve is held by more than a quarter of the boys. In average the disempowering gender attitudes are held by around 39% of the boys.

H3, which says that disempowering gender attitudes are stronger in rural areas, can only partly be confirmed. For three of the disempowering gender attitudes the association “the

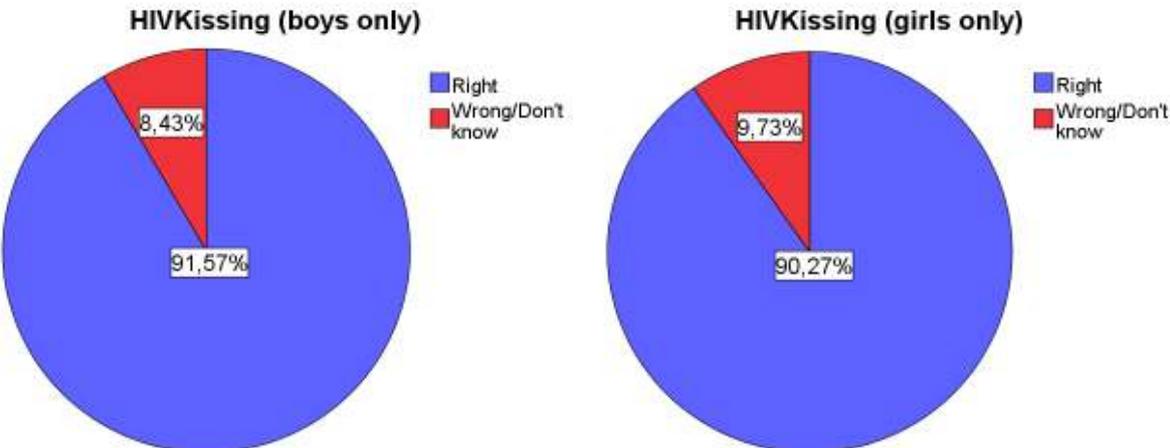
¹ The percentages of the two categories which express the support of a disempowering gender attitude were added for every single disempowering gender attitude, separately for boys and girls. After this, the percentages of support were added together and divided by six so that an average share of support was computed for boys and girls. Finally the difference of the average support was determined.

more rural an area, the stronger the support” has been found, but only to a weak degree. For the other three disempowering gender attitudes no such association has been discovered.

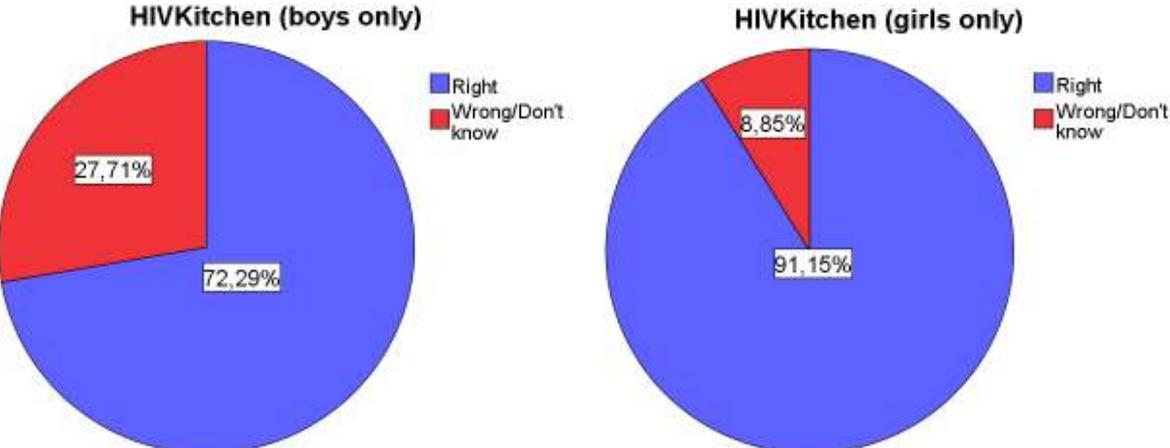
5.2. Knowledge

The questionnaire contained nine questions on HIV/AIDS knowledge of which the results are presented in this section. The answers of boys and girls are regarded separately because in order to confirm or reject H4 it is important to know if there are differences between boys and girls as regards knowledge on HIV/AIDS.

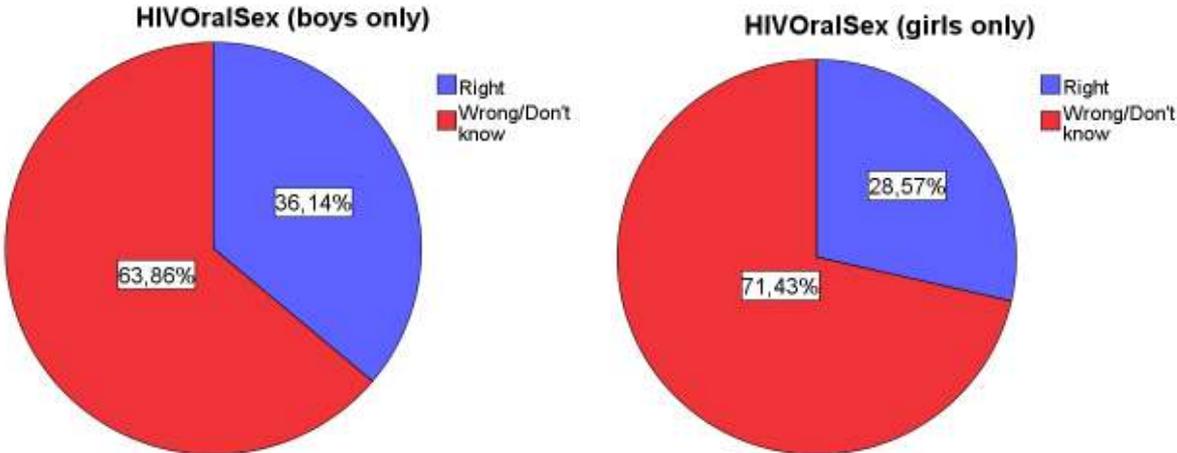
The first question is if HIV can be spread by kissing. It cannot and 92% of the boys and 90% of the girls knew the correct answer. As the results are very similar Cramer’s V is $V = 0.022$ and indicates no association between gender and this particular knowledge.



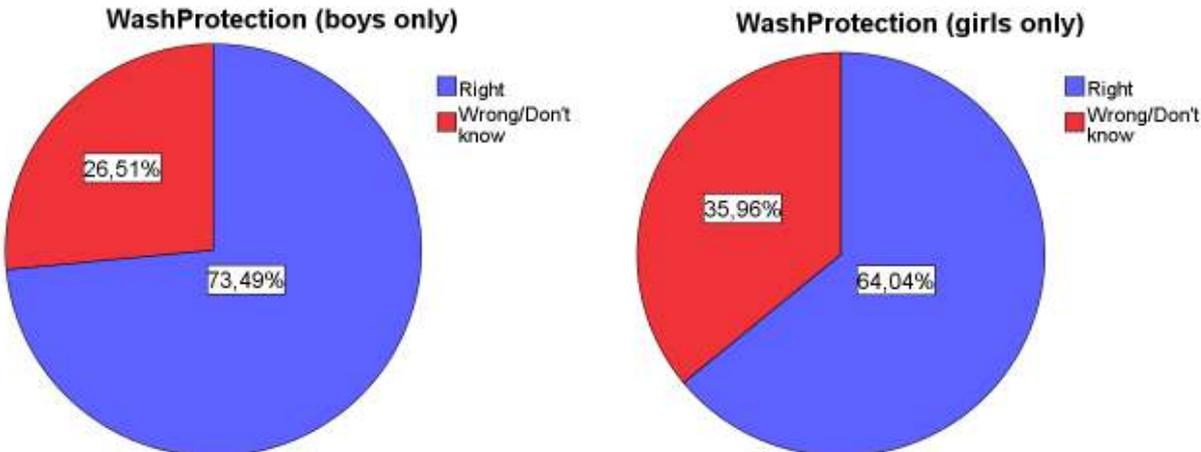
The next question on HIV knowledge is if a person can get HIV by sharing kitchens and bathrooms with HIV-positive people. The girls prove to have a better knowledge on this question as 91% know that this is not possible compared to 72% of the boys. Cramer’s V is $V = 0.249$ and therefore indicating a weak association between gender and the knowledge on this question.



With regard to the third question which is if HIV can be passed on through oral sex only a minority of about a third knows that this can happen. The boys know it slightly better as 36% gave the right answer compared to 29% of the girls. Cramer's V shows now association between gender and knowledge. It is $V = 0.080$.

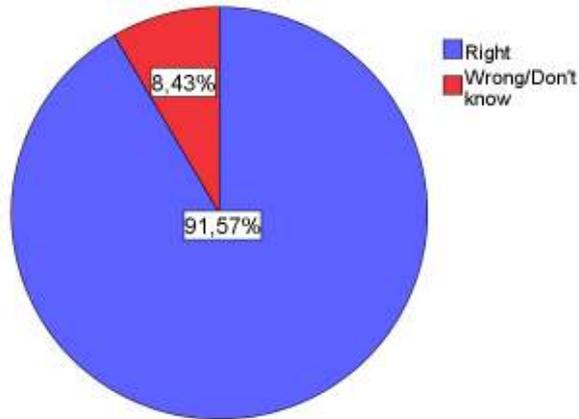


The following question is if washing after sex protects somebody from getting HIV, a myth which was inter alia spread by current President Jacob Zuma in his rape trial. Of the boys 73% know that this myth is not true. Of the girls only 64% gave the right answer. Cramer's V is $V = 0.100$ which means that there is a weak association between gender and the knowledge concerning this myth.

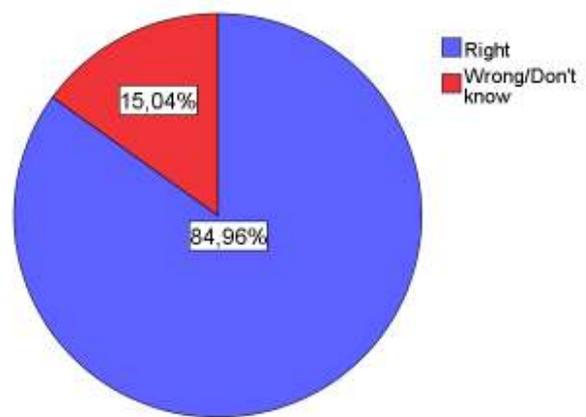


The fact that a condom during sex protects from getting HIV is known by 92% of the boys. The girls did again worse because only 85% answered correctly. Looking at Cramer's V which is $V = 0.100$, reveals a weak association between gender and the knowledge that condoms during sex protect against contracting HIV.

CondomProtection (boys only)

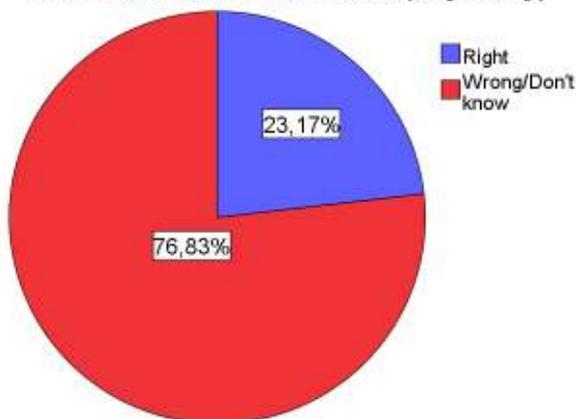


CondomProtection (girls only)

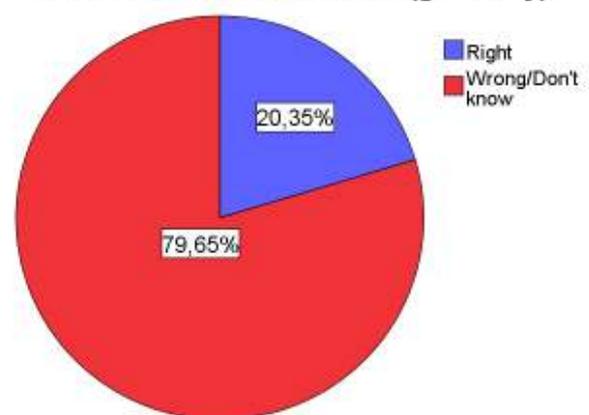


That fewer sex partners reduce the risk of getting HIV is only known by a minority of the pupils. Of the boys 23% know the right answer, of the girls 20%. A reason for the bad results on this question could be that it contains the double negative that fewer partners reduce the risk which could have confused some of the respondents. The value of $V = 0.034$ for Cramer's V indicates that there is no association between gender and knowing that fewer sex partners reduce the infection risk.

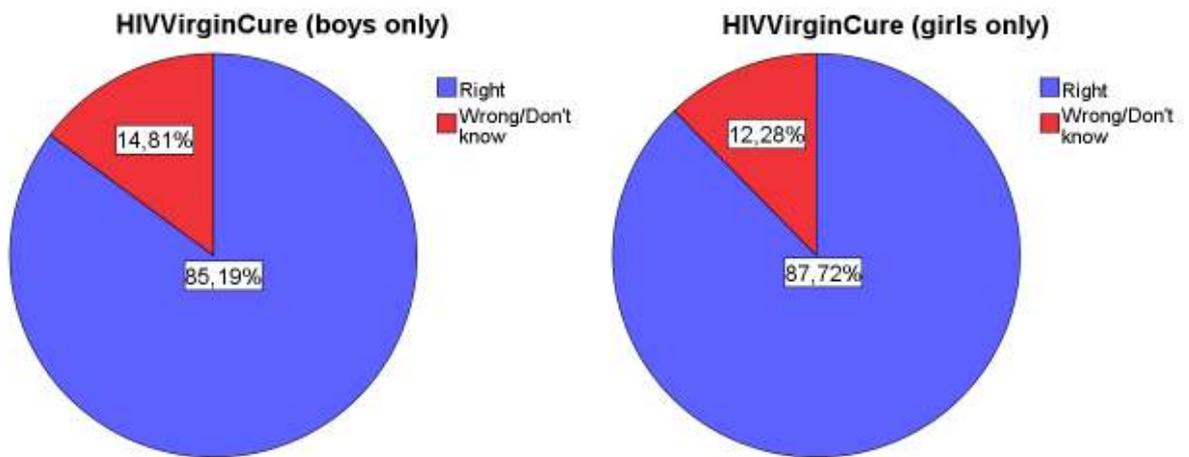
FewerPartnersRiskReduction (boys only)



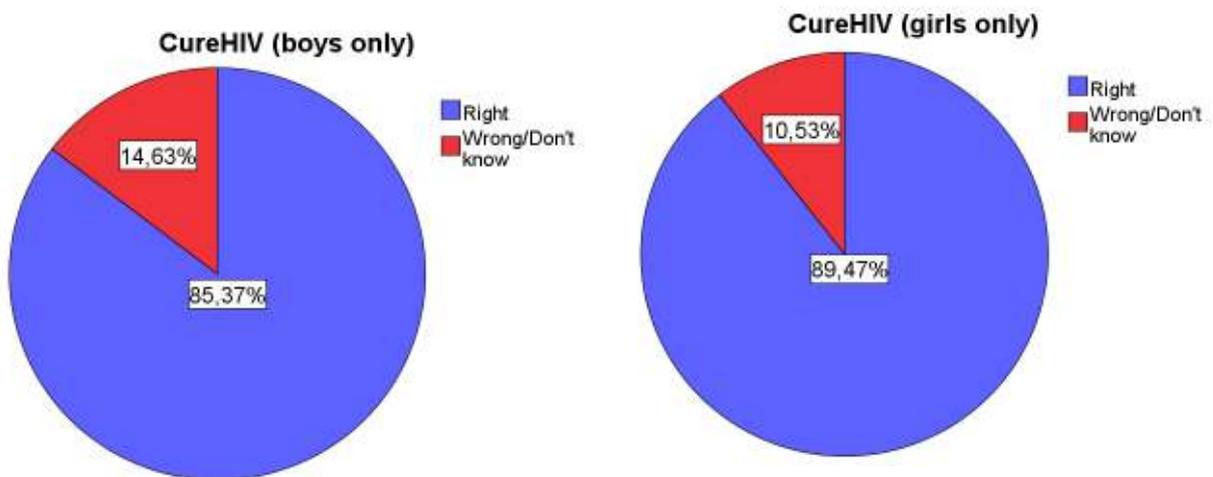
FewerPartnersRiskReduction (girls only)



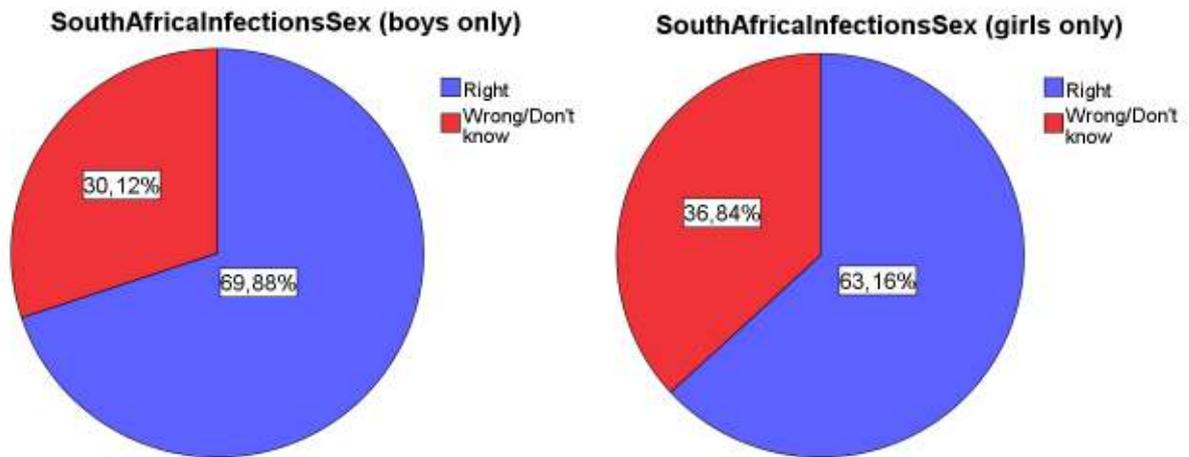
Another popular myth is that having sex with a virgin can cure HIV/AIDS. Of the boys 85% know that this is not true and gave the right answer. The girls did slightly better, 88% of them rejected this myth. There is no association as Cramer's V is $V = 0.037$.



If there is any cure for HIV/AIDS is a further question which is better done by the girls of which 89% know that there is no cure for HIV/AIDS compared to 85% of the boys. According to Cramer's V which is $V = 0.062$ there is no association.



The last question related to knowledge on HIV/AIDS is if most infections in South Africa happen through unprotected sex. That this is the case is known by 70% of the boys and 63% of the girls. Cramer's V is $C = 0.070$ which means there is no association between gender and the knowledge on this question.

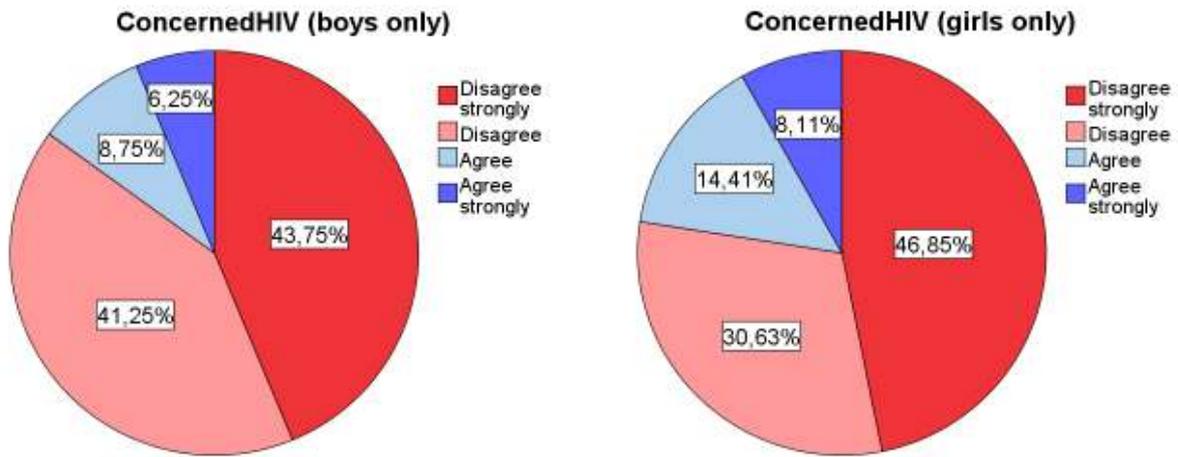


The results for boy and girls are very similar which is supported by the fact that Cramer's V only indicates an association between gender and knowledge on HIV/AIDS in three out of nine cases. It seems as if the boys have a slightly better knowledge on HIV/AIDS because they do better with the majority of questions. But if the percentage of right answers on all nine questions is calculated for the gender groups, it will be revealed that there is hardly any difference between boys and girls. The entire group of boys gave 69.85% correct answers, the girls reached 68.92% of right answers which means that the gap is smaller than 1%.

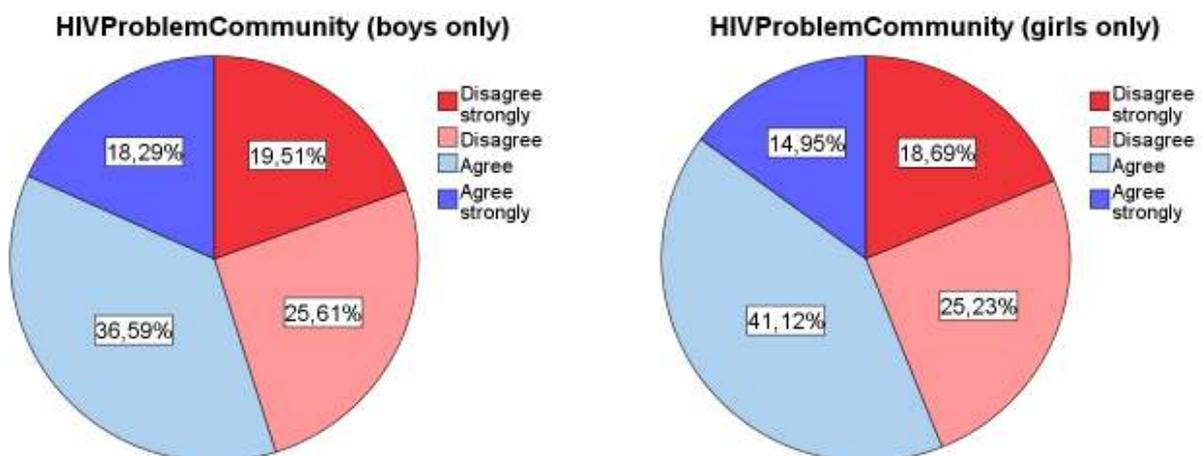
5.3. Risk perception

Concerning risk perception the questionnaire included two questions. Firstly, if the pupils are concerned about getting HIV in their lifetime and secondly, if HIV/AIDS is a serious problem in their community. The results are shown separated for boys and girls so that it can be seen if boys and girls have a different risk perception towards HIV/AIDS.

It can be observed that girls are more concerned about contracting HIV/AIDS during lifetime. While of the girls 8% agree strongly 14% agree that they are concerned of contracting HIV/AIDS during lifetime, of the boys only 6% agree strongly and 9% agree. The percentage of those who are not concerned at all as they answered with 'disagree strongly', is about the same for both genders, namely around 45%. For both genders the mode is 'disagree strongly' and the median is 'disagree'. To check if there is an association between gender and risk perception Cramer's V is applied which is $V = 0.126$ and indicates a weak association.



Whereas the concerns of contracting HIV/AIDS are relatively low, clearly more pupils perceive that HIV/AIDS is a serious problem in their community. It is remarkable how similar the results for boys and girls are. A little bit less than 20% of boys and girls agree strongly and about 25% agree that HIV/AIDS is a serious problem in their community. Of the girls 41% disagree and 15% disagree strongly, of the boys 37% disagree and 18% disagree strongly. Mode and median are the same for boys and girls. They are both 'agree' for boys and girls. Cramer's V $V = 0.055$ shows that there is no association between gender and this aspect of risk perception.



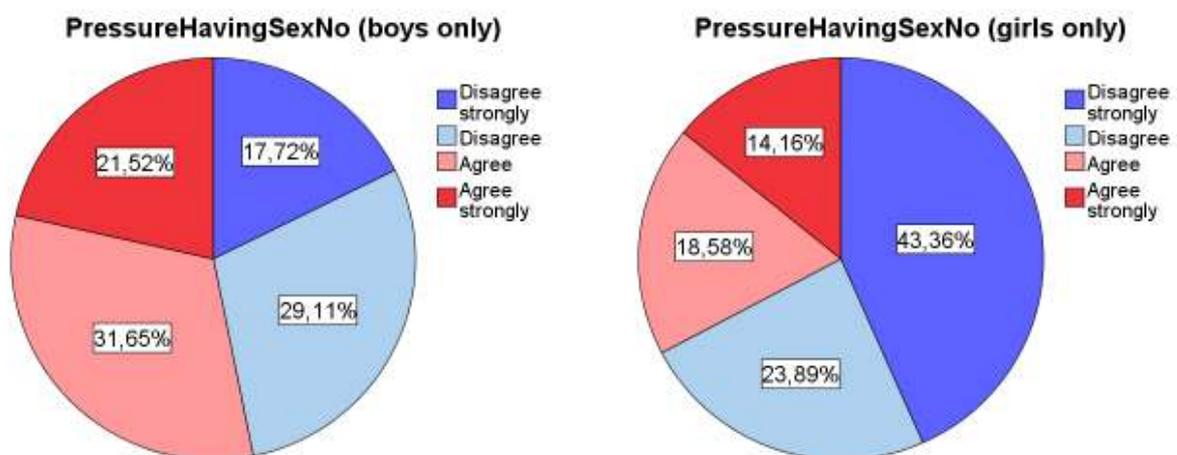
In summary, boys and girls perceive the risk of contracting HIV/AIDS very similarly. The boys are less concerned about getting HIV/AIDS during their life but the difference is very small. It is also remarkable that although many pupils perceive that HIV/AIDS is a serious problem in their community, only few are concerned about contracting HIV. Although this is remarkable, it is not surprising. Many studies have found a low degree of risk perception among young people in areas with a high prevalence. Reasons given are that youth tend to

feel invincible and that HIV/AIDS is highly stigmatised in South Africa. So by downplaying the own risk of infection, the possibility of being part of the stigmatised group of HIV-positive people is denied (Anderson., Beutel& Maughan-Brown, 2007, p. 98f).

5.4. Self-efficacy

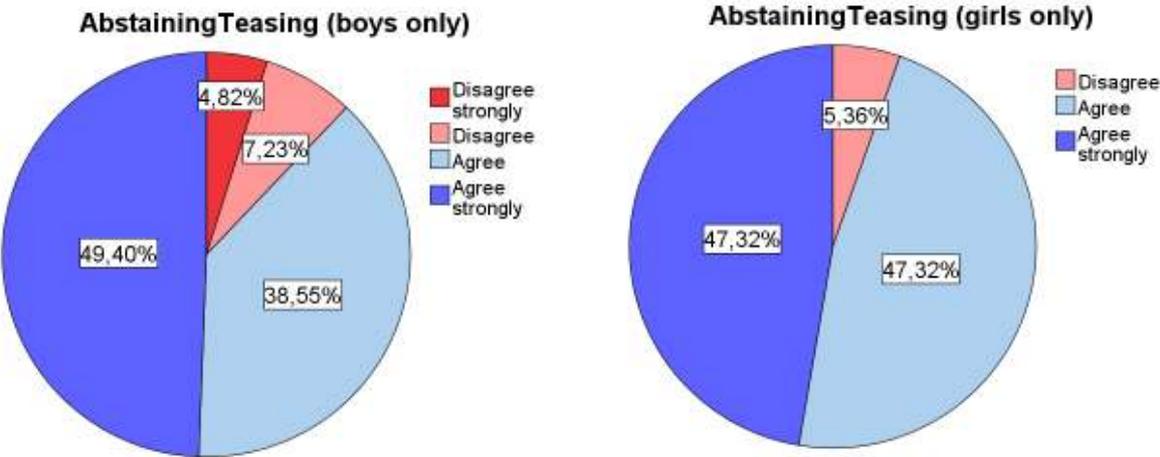
The self-efficacy is assessed with the help of four questions addressing the matters of being pressured to have sex, abstaining and condom use. Again for reasons of being able to compare the answers of boys and girls, the results are presented separately according to gender.

The first statement is that it would be difficult to refuse sex, if one was pressured by one’s partner. The results show very different results for boys and girls. The majority of girls – in contrast to the boys – are very confident that they would be able to refuse sex despite their partner pressuring them. 43% disagree strongly and 24% disagree that it would be difficult to reject sex. Of the boys only 18% believe that they could reject sex easily as they answered with ‘disagree strongly’. About 30% of the boys answered ‘disagree’ which is as much as those who answered ‘agree’. So the remaining 22% gave the answer of ‘agree strongly’ and therefore think that they could not refuse sex when pressured by their partner. Of the girls around a third feels unable to refuse sex as 14% agree strongly and 19% agree. As a result of this discrepancy of answers between boys and girls, the mode and median differ. For the boys the mode and median are both ‘agree,’ whereas for the girls the mode is ‘disagree strongly’ and the median is ‘disagree.’ Cramer’s V value of $V = 0.268$ indicates a weak association between gender and being able to refuse sex despite of being pressured by the partner.

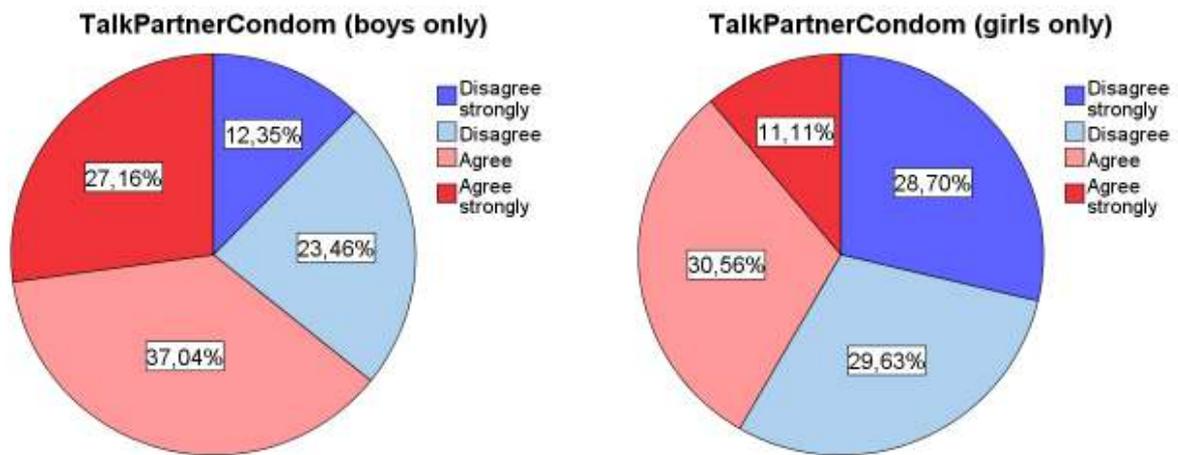


When it comes to the question if one would be able to abstain even if teased by one’s friends for it, the girls are again very confident in resisting the pressure. Not a single girl disagrees

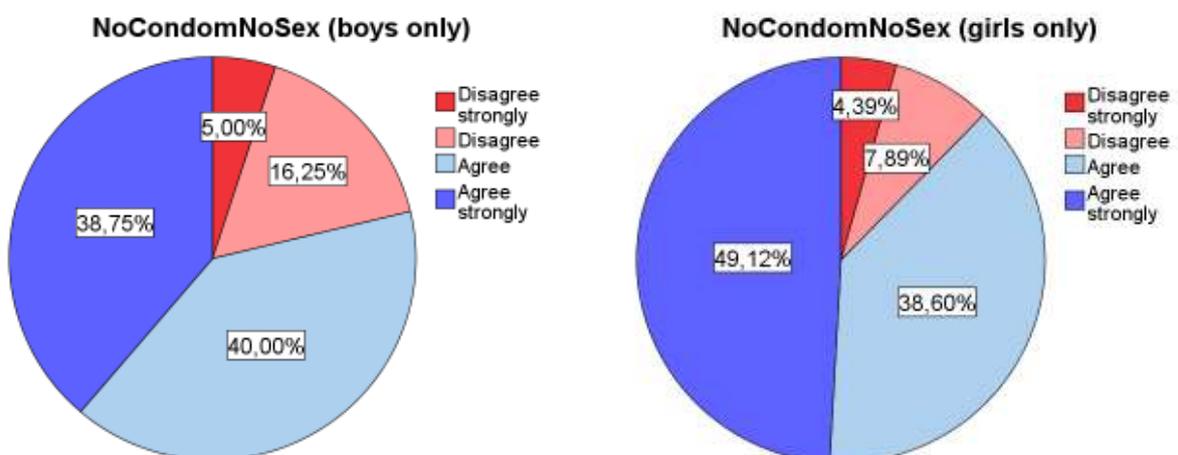
strongly and only 5% disagree whereas each 47% agree and agree strongly that they would be able to abstain. The difference compared to the boys is not as big this time. Of the boys around 5% disagree strongly and about 7% disagree that they would be able to abstain. Most boys believe they could abstain, 49% answered agree strongly and 39% answered agree. For the group of boys the mode is 'agree strongly' and the median is 'agree'. For the girls there are two modes, 'agree' and 'agree strongly'. The median is, as for the boys, 'agree'. Cramer's $V = 0.276$ shows that there is a weak association between gender and the self-efficacy of abstaining.



The third statement related to self-efficacy is that one would be afraid to start a discussion with one's partner about using condoms. The girls are less afraid about talking to their partners about the use of condoms than the boys. Whereas of the boys 27% agree strongly and 37% agree, of the girls less than half are afraid of starting a conversation on condom use as 11% agree strongly and 31% agree. Of the boys also only 12% disagree strongly compared to 29% of the girls. The mode for both genders is 'agree' which is also the median for the boys. The median for the girls is 'disagree'. Because Cramer's $V = 0.183$, a weak association between gender and the self-efficacy of talking about condom use can be assumed.



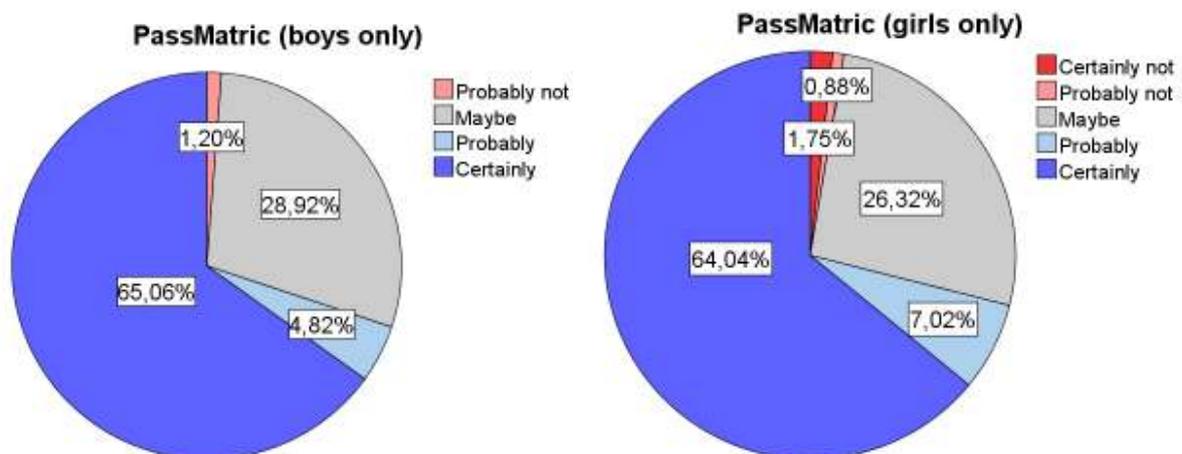
Being confident that one could refuse sex if one's partner refused to use a condom is the last statement with regard to self-efficacy. The girls are again more optimistic about their intended behaviour. Almost half of them agree strongly that they could refuse sex in this situation whereas only 4% disagree strongly and 8% disagree. The remaining 39% agree. Of the boys also 40% agree but with only 38% strong agreement opposed by 16% disagreement and 5% strong disagreement, it becomes obvious that more boys doubt being able to refuse sex when the partner refuses to use a condom. But still the difference is rather small which is also illustrated by the means and Cramer's V. The boys' mode is 'agree' and the girls' mode is 'agree strongly'. The median is the same for both genders, it is 'agree'. Cramer's V is $V = 0.286$ which means that there is a rather weak association between gender and the confidence of being able to refuse sex if the partner does not want to use a condom.



Finally it can be said that girls show a higher degree of self-efficacy than boys. They are more confident that they could perform the intended safe sexual behaviour in different critical situations such as starting a discussion with their partner on condom use or refusing sex if the partner refuses to use a condom.

5.5. Future expectations

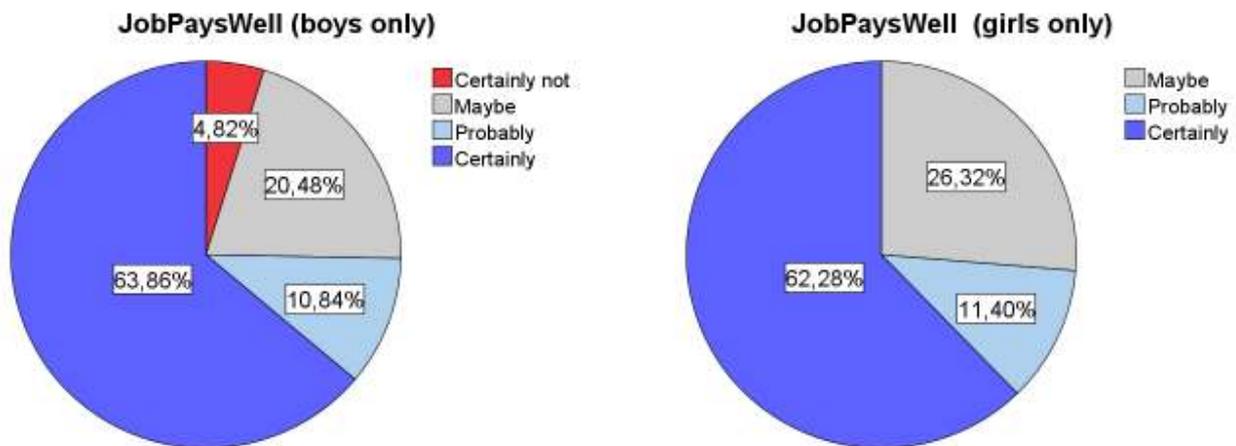
The questionnaire includes four questions which allow investigation of the pupils' future expectations. The results, again separated by gender, are presented in this chapter. The first question is if the pupils think that they will pass matric². The answers on this question allow two conclusions. Firstly, boys and girls responded in a very similar way and secondly both gender groups are very optimistic about passing matric. About two thirds of boys and girls are certain that they will pass the matric and further 5% respectively 7% think that they probably will pass the matric. Slightly less than 30% of boys and girls answered maybe. The share of those who do not believe that they will pass matric is around 1% for boys and less than 3% for girls. Consequently the mode and median for both genders is 'certainly'. Cramer's V is $V = 0.101$ which indicates a very weak association between gender and the expectation of passing the matric.



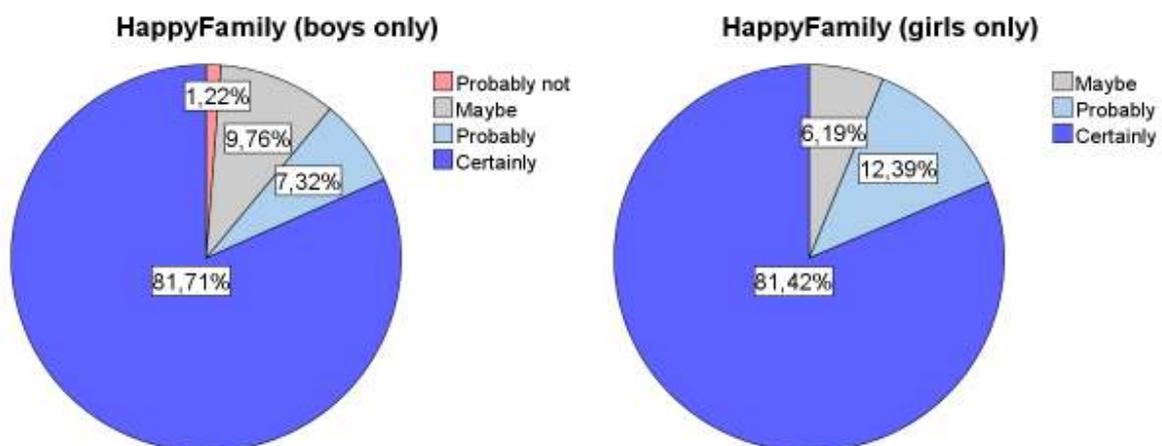
The second question is if the pupils think that they will find a job that pays well. Again the pupils showed a lot of optimism and boys and girls responded similarly. Of boys and girls each slightly less than two-thirds think that they certainly will find a job that pays well and about 11% each think that they probably will find a well paying job. Of the girls the

² South African high school graduation

remaining quarter assumes that maybe they will find a job which pays well which also means that not a single girl answered ‘probably not’ or ‘certainly not’. Of the boys 20% answered ‘maybe’ and 5% were very pessimistic and answered ‘certainly not’. The mean and median is again for both genders ‘certainly.’ There is a weak association between gender and the expectation of finding a job which pays well as Cramer’s is $V = 0.178$.

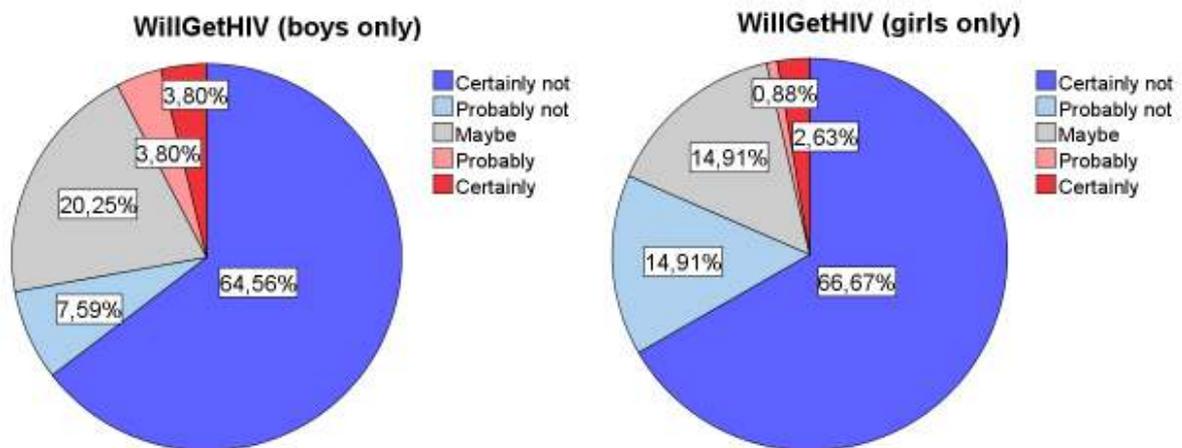


Next, the children were asked if they think that they will have a happy family life. With regard to this question the adolescents are even more optimistic than with the previous two. More than 80% of the boys and girls think that they certainly will have a happy family life. The girls are slightly more optimistic again. A further 12% answered ‘probably’ and 6% ‘maybe’ compared to 7% of boys who responded ‘probably’, 10% ‘maybe’ and 1% ‘probably not’. Mode and median are ‘certainly’ for boys, and girls as well. Cramer’s V , which is $V = 0.131$ indicates a weak association between gender and the expectation of a happy family life.



The last question on future expectations is if the adolescents think that they will get infected with HIV. Once again the pattern from the previous questions applies. The majority of pupils

are very optimistic about their future and the girls are even slightly more optimistic than the boys. Around two-thirds of both boys and girls think that they certainly will not get infected with HIV. Of the boys 8% and of the girls about twice as much, namely 15% believe that they probably will not contract HIV. Of the girls also 15% answered 'maybe', and less than 4% either 'probably' or 'certainly'. Of the boys 20% think that they maybe will get infected each 4% answered 'probably' and 'certainly'. The mode and median are 'certainly not' for both gender groups and Cramer' V C = 0.161 shows a weak association between gender and the assessment of contracting HIV.

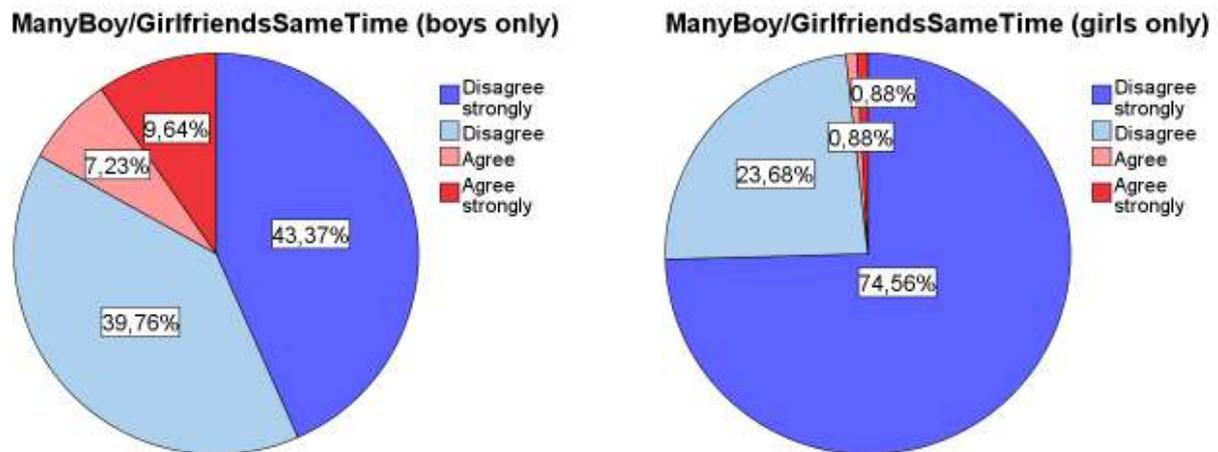


Summarising it can be stated that the grade seven pupils are very optimistic about their future despite poverty, the economic inequalities and the prevailing HIV epidemic in South Africa. A big majority is certain that they will achieve goals such as passing the matric, finding a good job, having a good family life or avoiding to contract HIV and only a very small percentage of pupils is pessimistic about these things. It is also remarkable that girls are even slightly more optimistic about their future than their male counterparts.

5.6. Attitudes about sex

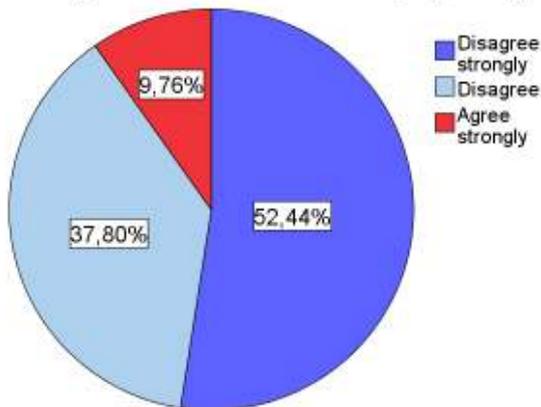
In order to compare the attitudes about sex between boys and girls, the results from five questions of the questionnaire are analysed. The first statement is if it is okay to have more than one boyfriend/girlfriend at a time. The results show clear differences between boys and girls as boys are more in agreement with this statement. Nevertheless, still the majority of boys contradicts the idea of having more than one girlfriend at a time as 43% disagree strongly and 40% disagree. However, of the girls three-quarters disagree strongly and almost one quarter disagrees which means that less than 1% either disagrees or disagrees strongly with this statement. In contrast to that, 7% of the boys agree and 10% agree strongly that it is

okay to have more than one girlfriend at a time. These differences are confirmed by the means and Cramer's V. For both genders the mode is 'disagree strongly' which is also the median for the girls whereas the boys' median is 'disagree'. Cramer's V is $V = 0.342$ which means that there is a medium strong association between gender and the attitude towards having several boyfriends respectively girlfriends at a time.

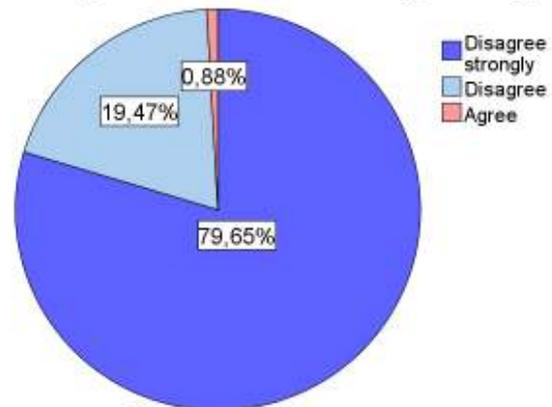


The next statement is in terms of content similar to the previous one. The question is whether it is okay to have more than one sex partner at a time or not. The distribution of answers concerning this statement is also very similar to the previous one, for boys as well as for girls. The rejection of the idea to have concurrent sex partners is slightly higher than that of having concurrent boyfriends or girlfriends. Of the boys more than half disagree strongly and 38% disagree that it is okay to have more than one sex partner at a time. The remaining 10% have got the opposite opinion and agree strongly. The girls disagree stronger with having different concurrent sex partners. No one agrees strongly that is okay and only less than 1% agree, but 80% disagree strongly and 19% disagree. With regard to this statement the mode and median is 'disagree strongly' for both genders. Furthermore, a weak association between gender and the attitude of having more than one concurrent sex partners can be recorded as Cramer's V is $V = 0.229$.

ManySexPartnersSameTime (boys only)

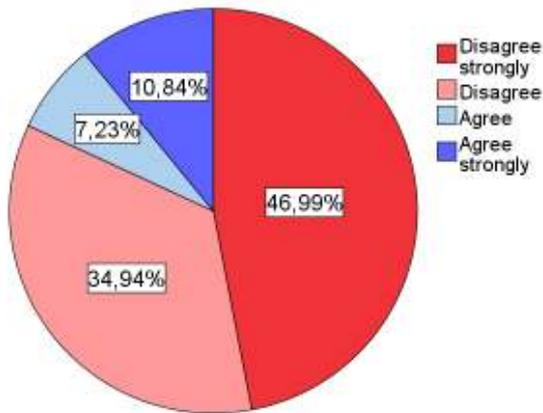


ManySexPartnersSameTime (girls only)

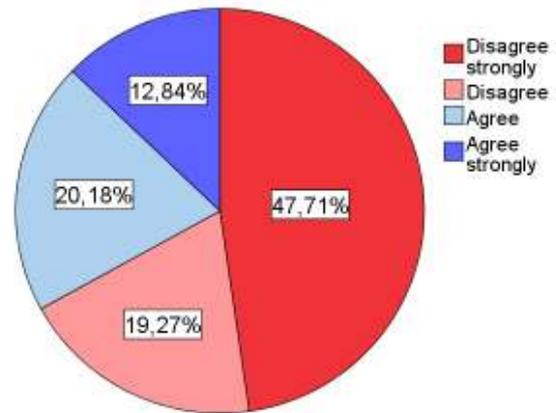


That it is unwise for a teenager to have a sexual partner who is more than five years older than the teenager is another statement the pupils were asked to give their opinion on. The pupils' answers reveal that most of the boys and girls do not think that it is unwise for a teenager to have a sexual partner who is more than five years older. The share of boys and girls who disagree strongly with this statement and therefore have got the attitude that it is absolutely acceptable for a teenager to have a sexual partner who is more than five years older is nearly identical. A little bit less than half of each boys and girls hold this attitude. The attitude of the other half is not so uniform because girls are less inclined to choose an older sex partner than boys are. Of the boys, apart from the almost 50% who disagree strongly, further 35% disagree that it is unwise to have an older sex partner. The share of girls who holds this attitude is only 19%. Consequently only a minority of boys and girls thinks that it is unwise to have a five years older sex partner. Again, it has to be taken into account that the statement contains a double negative as disagreeing that it is unwise would mean that it is wise to have an older sexual partner, which some pupils may have misunderstood, possibly biasing the result. Of the boys 7% agree and 11% agree strongly, of the girls 20% respectively 13% which also means that the percentage of girls who holds the attitude that it is unwise to have a at least five years older sexual partner is almost twice as big as that of the boys. A glance at the mode and median show no differences between the gender groups. The mode is 'disagree strongly' and the median 'disagree' for both genders. Cramer's V has got a value of $V = 0.229$ which indicates a weak association between gender and the attitude that it is unwise to have a more than five years older sexual partner.

UnwiseSexPartner5yOlder (boys only)

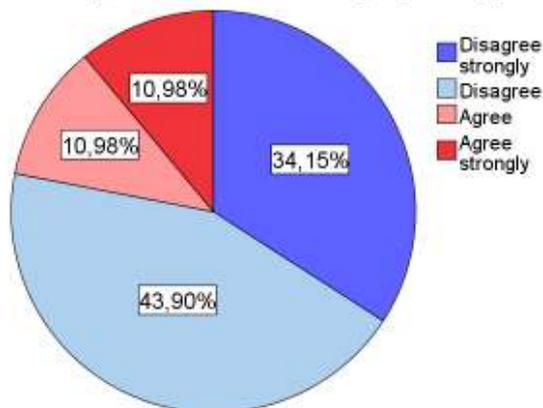


UnwiseSexPartner5yOlder (girls only)

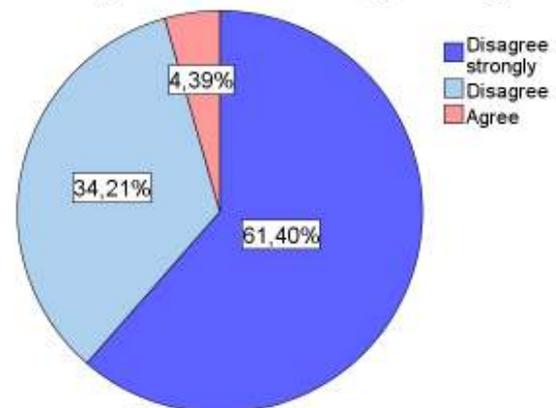


A further statement related to attitudes about sex asked the pupils whether a person who is 20 years old and has never had sex should be embarrassed. The results deliver a further piece of evidence that attitudes on sex are different for boys and girls. A majority of more than 60% of the girls disagree strongly because they think that people who are 20 years and have never had sex should not be embarrassed. The contrary opinion is only weakly supported. Less than 5% of the girls agree that 20 years old virgins should be embarrassed and not a single girl agrees strongly. In contrast to that, among boys 11% each believe that these persons should be embarrassed as they answered either ‘agree’ or ‘agree strongly’. Furthermore, the share of boys who expressed strong disagreement is 34% and hence compared to the 61% of the girls, much smaller. As consequence the measures of the mean are different for boys and girls. For boys the mode and median are each ‘disagree’ whereas for the girls they are both ‘disagree strongly’. Cramer’s $V = 0.348$ reveals that there is a medium strong association between gender and the attitude if 20 years old who have never had sex should be embarrassed.

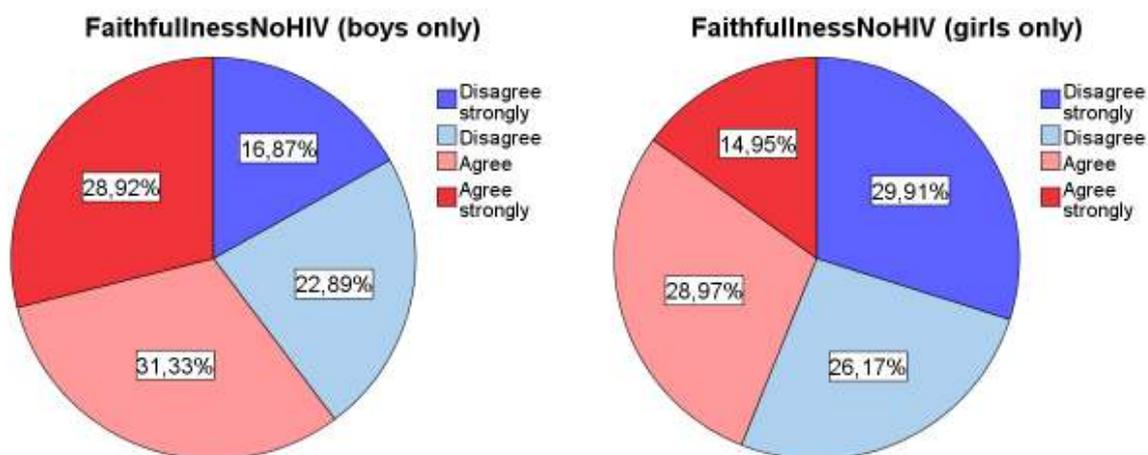
20yNoSexEmbarassed (boys only)



20yNoSexEmbarassed (girls only)



The last statement about sex attitudes is that as long as one is faithful to one partner you do not need to worry about HIV/AIDS. Although faithfulness is part of the ABC-HIV-prevention approach, it is problematic in that it only protects from contracting HIV if the faithfulness is mutual and the couple knows each other's status. Nevertheless, more than half of the boys and almost half of the girls believe that they do not need to worry about HIV/AIDS as long as they are faithful to their partner. About each 30% of the boys gave the answers 'agree strongly' and 'agree'. The contrary attitude is held by the 23% of the boys who disagree and the 17% who disagree strongly. The support of this attitude among the girls is clearly weaker. The strong agreement for the girls is with a share of 15% only half as big as that of the boys. Agreement on the statement was given by 29% of the girls. With 30%, the biggest group among the girls answered with 'disagree strongly,' rejecting the attitude of not worrying about HIV/AIDS because of being faithful to the partner. About a further quarter shares the same attitude in a weaker way as they disagree with the statement of the questionnaire. The look at the means confirms the observed difference between the boys' and girls' attitude. The mode for the boys is 'agree' whereas the it is 'disagree strongly' for the group of girls. The median is also different as it is 'agree' for the boys and 'disagree' for the girls. Cramer's V is $V = 0.202$ which means that there is a weak association between the gender and the attitude that you do not need to worry about HIV/AIDS when being faithful to your partner.



The analysis of the questions on attitudes about sex has unambiguously revealed that boys and girls hold different attitudes about sex. It is interesting that without any exception, clearly more girls show the attitudes which are believed to result in safer sexual behaviour. In two cases the association between gender and the respective attitude about sex has medium strength. Such a strength is only found rarely, therefore indicating how different the attitudes about sex are between boys and girls.

The fourth hypothesis (H4) stated in this study is: *There are no differences between boys and girls as concerned other determinants such as knowledge, risk perception, attitudes about sex, self-efficacy and future expectations.* The analysis of the determinants has shown that H4 is not completely true and hence has to be rejected. With regard to attitudes about sex clear differences between boys and girls have been observed. But it is remarkable that the girls who are more vulnerable to HIV/AIDS, show the more desirable attitudes compared to the boys. The same is also true for self-efficacy, however the difference is much smaller. Girls are more confident that they are able to perform the safe behaviour in critical situations than boys. The future expectations are very optimistic among boys and girls. But again the girls seem to be slightly more optimistic than the boys which is supposed to lead to less risky sexual behaviour. It is believed that people who see their future optimistically, have a strong incentive to stay healthy. Concerning the overall knowledge the analysis has shown that there is hardly any difference between the knowledge of boys and girls on HIV/AIDS, although there were partly huge knowledge differences on single questions.

5.7. Football and disempowering gender attitudes

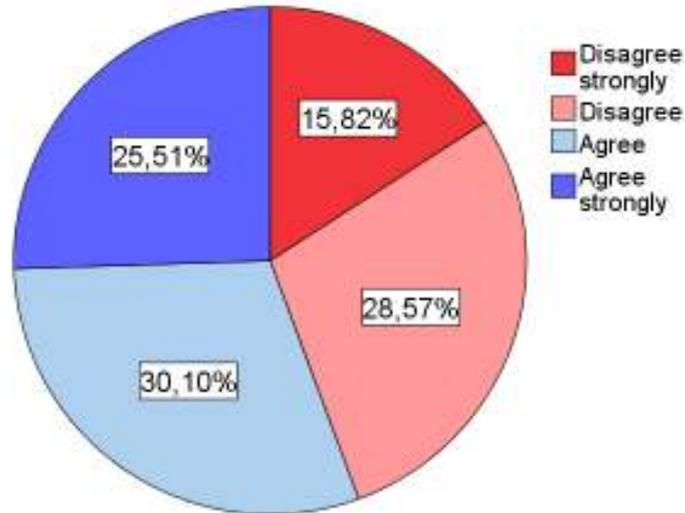
In this chapter two hypotheses are addressed because they both are related to the possible connection between gender equality in sports and disempowering gender attitudes. The hypotheses are:

H5: *There is a link between the disempowering gender attitudes and gender attitudes related to football.*

H6: *Boys who support girls playing football, have less gender attitudes which disempower women in sexual decision-making.*

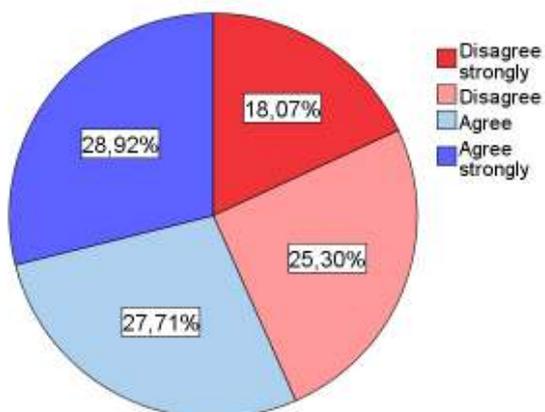
There are two questions included in the questionnaire which give information about gender equality in sports. The first is that one would personally like to play in a football game with boys and girls and the second is that football is a sport only for boys. As regards the first question it can be seen that a majority of the pupils would like to play in mixed teams. A quarter of the pupils agree strongly and 30% agree that they would like to play football games with boys and girls. The opposite opinion is held by the 29% who disagree and the 16% who disagree strongly.

FootballBoysAndGirls

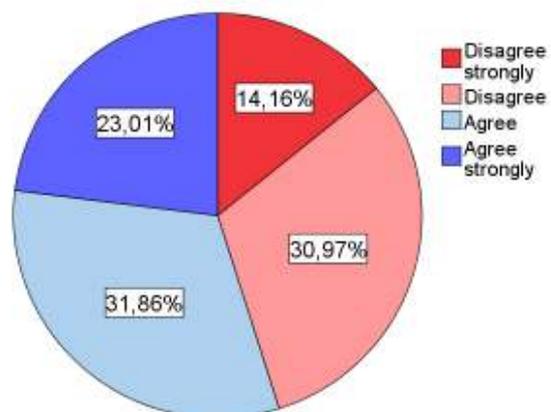


If the answers of boys and girls are looked at separately little differences can be noticed. The boys tend to hold the extreme opinions rather than the girls but the general agreement/disagreement is very similar although the girls would like to play football together with boys slightly less. The boys have 57% agreement (29% strong agreement and 28% agreement) compared to 55% (23% strong agreement and 32% agreement) of the girls. The disagreement is distributed as follows: 25% of the boys disagree and 18% disagree strongly, of the girls 31% disagree and 14% disagree strongly. As consequence the boys' mode is 'agree strongly' and the girls' mode is 'agree'. The median for both genders is 'agree'. Cramer's V is $V = 0.099$ so that no association between gender and the preference of playing football in mixed teams can be assumed.

FootballBoysAndGirls (boys only)

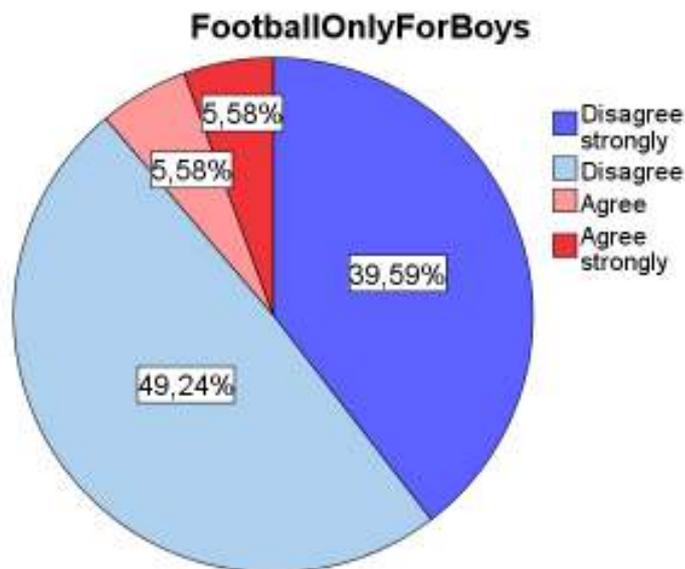


FootballBoysAndGirls (girls only)

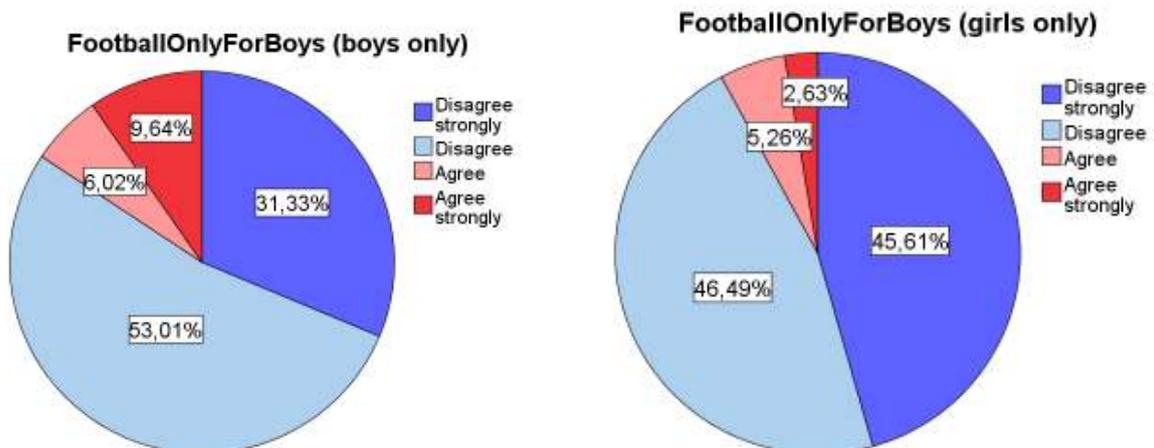


Agreement for the second question that football is a sport for boys only is expressed by a small minority only. Each 6% agree respectively agree strongly that football is a sport which

is supposed to be played by only boys. Consequently a huge majority of the grade seven pupils shares the contrary opinion. Almost 50% disagree and 40% disagree strongly.



The results separated by gender show bigger differences than the first question. More boys think that football is a sport only for them as 10% agree strongly and 6% agree. Of the girls only 3% agree strongly and 5% agree. The share of girls who disagree and disagree strongly is each 46% whereas of the boys 53% disagree and only 31% disagree strongly. But still mode and median are the same for boys and girls as they are both ‘disagree’. Cramer’s $V = 0.191$ shows that there is a weak association between gender and the attitude that football is a sport only for boys.



Because H5 claims that there is a link between the gender attitudes which disempower girls and young women in sexual decision-making and gender attitudes related to football, the

results of the six questions on disempowering gender attitudes are tested for their association with the two questions on gender attitudes concerning football. Kendall’s-Tau-b is applied as measure of association. The values expressing the strength and direction of the association can be found in the table.

Association (Kendall's-Tau-b)

	FootballBoysAndGirls	FootballOnlyForBoys
OkayManHitWoman	0.018	0.254
MenBetterPaidJobs	0.010	0.286
Man'sDicisionOnCondomUse	-0.095	0.275
Girl'sNoMeansNo	0.110	-0.159
CondomsDifferentPartners	-0.088	0.283
RapeDeserved	0.021	0.304

Association for boys (Kendall's-Tau-b)

	FootballBoysAndGirls	FootballOnlyForBoys
OkayManHitWoman	-0.140	0.145
MenBetterPaidJobs	-0.086	0.194
Man'sDicisionOnCondomUse	-0.194	0.163
Girl'sNoMeansNo	0.203	0.020
CondomsDifferentPartners	-0.203	0.287
RapeDeserved	-0.010	0.166

First of all it is remarkable that if the answers of all pupils are considered, the wish of playing in mixed teams is not associated with any disempowering gender attitude with exception of the one that a girl’s “No” to sex really means “No”. But as Kendall’s-Tau-b is only $\tau_b = 0.110$ the association is very weak. Pupils who like to play football in teams consisting of boys and girls, tend to have the opinion that a girl who says “No” to sex really means that she does not want to have sex. It also could be said that there is a very weak association between the attitude on playing football in mixed teams and the disempowering gender attitudes that it is the man’s decision to use a condom during sexual intercourse and that it is true that girls who carry a condom sleep with many different partners. The values are $\tau_b = -0.095$ respectively $\tau_b = -0.088$ which means that adolescents who like playing football in mixed teams rather do not believe that it is the men’s decision whether to use a condom during sex or that a woman who carries a condom necessarily has many different sex partners.

The connection between the attitude that football is a sport only for boys, and the disempowering gender attitudes is unexceptionally stronger. For every pair of attitudes a weak to medium association is noticeable. Also the direction of the association is always the same. Pupils holding the attitude that football should be only played by boys, rather support the disempowering and by inequality characterised gender attitudes.

If only the answers of boys are taken into account, different observations can be made. In that case also the attitude that someone likes to play football in mixed teams is associated to most of the disempowering gender attitudes. Apart from the disempowering gender attitudes that men deserve better paid jobs and that women often did something to deserve to be raped, a weak association between the disempowering gender attitudes and the attitude on mixed football teams can be noticed. The boys who would like to play football together with girls tend to reject the disempowering gender attitudes. With regard to the links between the attitude that football is a sport only for boys and the disempowering gender attitudes a weak association can be observed for all but one. There is no association between the attitude that football is a sport only for boys and the disempowering gender attitude that a girl who says “No” to sex actually does not mean so.

Concluding, it can be stated that there is a link between the disempowering gender attitudes and the gender attitudes concerning football and that H5 can be confirmed. However, this association is difficult to describe. If the whole sample is considered a solid association between the attitude “Football is a sport only for boys” and the disempowering gender attitudes can be found. An association between the attitude about playing in mixed teams and the disempowering gender attitudes is only confirmed in one case. If only the boys are considered the results show some interesting differences even though the general tendency that pupils supporting gender equality in football also support gender equality in relationships is confirmed. The association between the “Football is only for boys” attitude and the disempowering gender attitudes are, with one exception, noticeable smaller. In contrast to that, the association between the other attitude about gender equality in football and the statements on disempowering gender attitudes is way stronger if only boys are considered. The associations between the attitude, “Football is a sport only for boys” and the disempowering gender attitude are not very strong, but consistent so that H6 can be confirmed. Boys who are in support of gender equality in football also hold less gender attitudes which disempower girls and women in sexual decision-making.

6. Conclusion and recommendations

The analysis of the survey data has revealed some interesting results which can help to understand the higher vulnerability of girls and young women compared to their male counterparts. The central hypothesis that there are gender attitudes which disempower girls and young women in sexual decision-making turned out to be true. However, this observation has to be put in perspective. These disempowering gender attitudes are not held by a majority of teenagers, especially the girls reject them with a great majority. So it turned out to be true, that the disempowering gender attitudes are predominantly held by boys. Unfortunately, it is not possible to determine an exact number of grade seven pupils holding disempowering gender attitudes because the questions on disempowering gender attitudes cover different aspects and hence the support for single disempowering gender attitudes varies significantly. This can inter alia be explained by the fact that the disempowering impact of the single, isolated gender attitude differs too. It can be assumed that holding the disempowering gender attitude that often when women are raped they did something to deserve it, implies more strongly a dominant behaviour of the male towards the female which as consequence restricts the females' sexual self-determination than holding the disempowering gender attitude that men deserve better paid jobs than women. The support of disempowering gender attitudes among the boys fluctuates between a little bit more than a quarter and more than the half, depending on the single attitude. In average it is 39%. Fortunately the girls seem to be very empowered with regard to disempowering gender attitudes as their support of the disempowering gender attitudes is much smaller and varies between 5 and 15%, resulting in an average of 8%. This results in the question how can young women be constrained in sexual decision-making although they do not think that the males are legitimated to make the decisions on sexuality as they do not share these attitudes. As mentioned in the problem definition, it has to be considered that men are often in a better position in terms of exerting influence and pressure, either by simply being physically stronger or by exploiting economic dependencies. And as long as the males believe that their behaviour is legitimate and socially accepted as they get supporting feedback by their male peers, they probably do not care if their female sex partner accepts the male dominance or not, because they often have the means to enforce their will. Besides, the acceptance and normality of intergenerational sex is a further factor, not only because older men are more likely to be infected with HIV or they might have even better means to exert pressure on young women due to their experience, but also because it can be assumed that among older men the support of disempowering gender attitudes, the driver of their behaviour, is stronger than among the young boys. However, to prove this assumption further research would be necessary.

That rural areas are more strongly characterised by disempowering gender norms than urban areas cannot be confirmed in general. For some of the disempowering gender attitudes a weak association was found, but more data and further research would be necessary to assess if this implies a higher vulnerability of women to HIV infections in rural areas than in urban areas.

The hypothesis that there are not any differences between boys and girls with regard to the other determinant is not quite true because the analysis has shown that girls appear to be slightly more optimistic about their future, show a slightly higher degree of self-efficacy, and hold the more desirable attitudes about sex. These findings indicate a lower risk behaviour of girls compared to boys and cannot explain the higher vulnerability of young females towards HIV. Consequently, there is strong evidence that the male dominance in sexual decision-making is the main reason for the high vulnerability of girls and young women to HIV. Of course, it cannot be ruled out that other reasons exist which were not addressed in this study. However, the literature review has not shown other possible explanations.

It turned out to be correct that boys who support that girls play football - a sport which is regarded as traditionally male dominated - hold less disempowering gender attitudes because the hypothesis H5 and H6 were confirmed. This could indicate that the HIV/AIDS prevention approach to fight disempowering gender attitudes by passing on values of gender equality through sports is promising. But this study did not prove any causation. It remains unclear if a change in the attitudes about gender equality results in a change of disempowering gender attitudes or vice versa. Perhaps the causal link flows both ways; but in any case, this correlation is an interesting starting point for further research.

Finally, two recommendations for the sector of HIV/AIDS prevention can be given based on the results of this survey. Firstly, boys should be encouraged and supported to rethink the disempowering gender attitudes which ideally results in the rejection of these attitudes. Using sports could be a good means. WKU is a HIV/AIDS prevention programme for adolescents which uses football as central teaching mean and also lays a focus on gender equality. The results of this study give very strong evidence that this is an appropriate approach to fight the girls' and young women's high vulnerability to HIV infection. Because it was planned that all grade seven pupils from the four participating schools would run through the WKU programme, it would be very interesting to do a follow up study, examining whether the share of pupils, especially boys, holding disempowering gender attitudes declined due to the programme. Secondly, girls should be better informed about the problem of engaging in intergenerational sex as it is one of the driving factors for their high vulnerability and only few of them seem to be aware of that. Two-thirds of the grade seven girls do not think that it is unwise to have a sex partner who is five or more years older.

7. References

- Anderson, K. G., Beutel, A. M. & Maughan-Brown, B. (2007). HIV risk perceptions and first sexual intercourse among youth in Cape Town, South Africa. *International Family Planning Perspectives*, 33(3), 98-105.
- Bankole A., Singh S., Woog V. & Wulf D. (2004). *Risk and Protection: Youth and HIV/AIDS in Sub-Saharan Africa*. New-York: The Alan Guttmacher Institute.
- National Department of Health South Africa (DoH) (2008). *The National HIV and Syphilis Prevalence Survey South Africa 2007*.
- Kelly, J. A. (1995). Advances in HIV / AIDS Education and Prevention. *Family Relations*, 44(4), 345-352.
- Leclerc-Madlala, S. (2006). What Really Drives the HIV/AIDS in Southern Africa: Summary Report of SADC Expert Think-Tank Meeting, Maseru, 10-12 May 2006. *AIDS Legal Quarterly*, 29-32.
- Lie, G. T. (2008). Ethical Dilemmas in Adolescent Reproductive Health Promotion. In K.-I. Klepp, A. J. Flisher & S. F. Kaaya (Eds.), *Promoting Adolescent Sexual and Reproductive Health in East and Southern Africa* (pp. 76-95). Cape Town: HSRC Press.
- McGrath, N., Nyirenda, M., Hosegood, V. & Newell M.-L. (2009). Age at first sex in rural South Africa. *Sexually Transmitted Infections*, 85, 49-55.
- Obermeyer, C. A. (2005). Refraining Research Sexual Behaviour and HIV. *Studies in Family Planning*, 36(1), 1-12.
- Pettifor, A. E., Rees, H. V., Steffenson, A., Hlongwa-Madikizela L., MacPhail, C., Vermaak, K. & Kleinschmidt, I. (2004). *HIV and sexual behaviour among young South Africans: A national survey of 15-24 years olds*. Johannesburg: Reproductive Health Unit, University of the Witwatersrand.
- Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N. P., Pezi, S. & SABSSM III Implementation Team (2009). *South African National Prevalence, Incidence and Behaviour and Communication Survey, 2008: A turning tide among teenagers?* Cape Town: HSRC Press.
- UNAIDS (2008). *South Africa. Country Situation*. Retrieved, November 10, 2009, from http://data.unaids.org/pub/FactSheet/2008/sa08_soa_en.pdf
- UNDP (2009). *Human Development Reports 2009. South Africa HDI Rank – 129*. Retrieved November 24, 2009 from http://hdrstats.undp.org/en/countries/data_sheets/cty_ds_ZAF.html

8. Annexes

Annex 1: Interpretation of values of measures of association

Cramer's V

Value of Cramer's V	Strength of association
$V < 0.1$	No association
$V > 0.1$	Weak association
$V > 0.3$	Medium association
$V > 0.5$	Strong association
$V > 0.7$	Very strong association

Kendall's-Tau-b

Value of Kendall's-Tau-b	Strength of association
$\tau_b < 0.1 / \tau_b > -0.1$	No association
$\tau_b > 0.1 / \tau_b < -0.1$	Weak association
$\tau_b > 0.3 / \tau_b < -0.3$	Medium association
$\tau_b > 0.5 / \tau_b < -0.5$	Strong association
$\tau_b > 0.7 / \tau_b < -0.7$	Very strong association

Annex 2: Questionnaire

	<h1>PRE</h1>	Age (<i>iminyaka yakho</i>):
		Boy or girl (<i>umfana noma intombazane</i>):
		School (<i>isikole sakho</i>):
		Grade (<i>ibanga olenzayo</i>):

WhizzKids United Life Skills Pre-Questionnaire

Have you ever done WhizzKids United Life Skills Football Training before now? (Please tick one box)

Wake wayenza i-WhizzKids United Life Skills Football Training ngaphambilini? (Ngicela umake ibhokisi elilodwa)

Yes (*Yebo*)
 No (*Cha*)
 Don't know (*Anginalwazi*)

Below are some questions about how you see your future. For each question please mark the answer that best represents your feeling.

Ngezansi kunemibuzo ngokuthi ulibona linjani ikusasa lakho. Umbuzo ngamunye ngicela ubeke uphawu maqondana nempendulo oyizwa ikufanele.

1. Do you think that you will pass matric? (Please tick one box)

Ucabanga ukuthi uzowuqhenda umatikuletsheeni? (Ngicela umake ibhokisi elilodwa)

Certainly not (*impela cha*)
 Probably not (*hlasimbe cha*)
 Maybe (*mhlawumbe*)
 Probably (*hlasimbe*)
 Certainly (*impela*)

2. Do you think that you will find a job that pays well? (Please tick one box)

Ucabanga ukuthi uzokwazi ukuthola umsebenzi oyokukhokhela kangcono? (Ngicela umake ibhokisi elilodwa)

- Certainly not (impela cha) Probably not (hlasimbe cha) Maybe (mhlawumbe) Probably (hlasimbe) Certainly (impela)

3. Do you think that you will have a happy family life? (Please tick one box)

Ucabanga ukuthi uzokwazi ukuba nomndeni ojabulile empilweni? (Ngicela umake ibhokisi elilodwa)

- Certainly not (impela cha) Probably not (hlasimbe cha) Maybe (mhlawumbe) Probably (hlasimbe) Certainly (impela)

4. Do you think that you will become infected with HIV/AIDS? (Please tick one box)

Ucabanga ukuthi uyothelwa ngegciwane/ingculaza? (Ngicela umake ibhokisi elilodwa)

- Certainly not (impela cha) Probably not (hlasimbe cha) Maybe (mhlawumbe) Probably (hlasimbe) Certainly (impela)

The following questions are about the way you spend your free time.

Ngizansi kunemibuzo echaza ukuthi usichitha kanjani isikhathi sakho sokukhululeka.

5. During the past month, have you done any sports or exercise in your free time? (Please tick one box)

Ngenyanga edlule, uke waba kwezemidlalo noma wazivocavoca ngesikhathi sakho sokukhululeka?

(Ngicela umake ibhokisi elilodwa)

- Yes (Yebo) No (Cha) Don't know (Anginalwazi)

6. How much of your free time do you usually spend doing sports or exercise? (Please tick one box)

Singakanani isikhathi sokukhululeka ojwayele ukusichitha wenza ezemidlalo noma uzivocavoca

umzimba? (Ngicela umake ibhokisi elilodwa)

- Less than 1 hour per week (Ngaphansi kwehora elilodwa ngesonto)
 1-5 hours per week (1-5 wamahora ngesonto)
 6-10 hours per week (6-10 wamahora ngesonto)
 More than 10 hours per week (Ngaphezulu kwamahora alishumi ngesonto)
 Don't know (Anginalwazi)

7. I like to play football. (Please tick one box)

Ngiyathanda ukudlala ibhola lezinyawo. (Ngicela umake ibhokisi elilodwa)

- Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

8. I would like to play in a football game with both boys and girls. (Please tick one box)

Ngingakuthanda ukudlala umdlalo webhola lezinyawo onabafana kanye namantombazane. (Ngicela

umake ibhokisi elilodwa)

- Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

9. I get a lot of benefits (good things) out of my free time activities. (Please tick one box)

Ngithola ukusizakala okuningi (ezintweni ezinhle) uma ngibamba iqhaza ngesikhathi sami

sokukhululeka. (Ngicela umake ibhokisi elilodwa)

- Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

10. My free time is boring. (Please tick one box)

Isikhathi sami sokukhululeka sinesizungu. (Ngicela umake ibhokisi elilodwa)

- Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

11. Football is a sport only for boys.

Ibhola lezinyawo umdlalo wabafana bodwa. (Ngicela umake ibhokisi elilodwa)

Disagree strongly Disagree Agree Agree strongly
(angivumelani kakhulu) (angivumi) (ngiyavuma) (ngiyavuma kakhulu)

**Please tick either 'Yes', 'No' or 'Do not know' to indicate your answers to the following.
Ngicela ubeke uphawu ngabe 'yebo' noma 'cha' noma 'anginalwazi' olukhombisa impendulo yakho kokulandelayo.**

12. Is HIV/AIDS spread by kissing? (Please tick one box)

Igciwane lengculaza noma ingculaza iyathelelana ngokuqabula? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

13. Can a person get HIV/AIDS by sharing kitchens and bathrooms with HIV-positive people? (Please tick one box)

Umuntu engangenwa yigciwane lengculaza/ingculaza ngokusebenzisa ikhishi noma indlu yangasese nabantu abanegciwane lengculaza? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

Oral sex means putting your mouth on a penis or vagina.

Ucansi lomlomo kusho ukubeka isitho sangasese emlonyeni kowesifazane noma kowesilisa.

14. Can HIV be passed on through oral sex? (Please tick one box)

Kungenzeka igciwane lengculaza lidluliseleke ngokwenza ucansi lomlomo? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

15. Does washing after sex protect you from getting HIV? (Please tick one box)

Ngokugeza ngemuva kokwenza ucansi kuyavikela ungalitholi igciwane lengculaza? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

16. Does using a condom during sex protect you from getting HIV? (Please tick one box)

Ngokusebenzisa ikhondomu uma uya ocansini kuyavikela ungalitholi igciwane lengculaza? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

17. Does having fewer sexual partners reduce your risk of getting HIV? (Please tick one box)

Ngabe ukuba nomaqondana abambalwa bungabehlisa ubungozi bokuthola igciwane lengculaza? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

18. Can HIV/AIDS be cured by having sex with a virgin? (Please tick one box)

Ngabe igciwane lengculaza/ingculaza iyalapheka ngokwenza ucansini nentombi-nto? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

19. Is there a cure for HIV/AIDS? (Please tick one box)

Ngabe likhona ikhambi lokuqhenda lengculaza? (Ngicela umake ibhokisi elilodwa)

Yes (Yebo) No (Cha) Don't know (Anginalwazi)

20. Do most HIV infections in South Africa happen through unprotected sex? (Please tick one box)
Ngabe iningi labathelelekile ngegcwane lengculaza eSouth Africa kwenzeka ngenxa yocansi ulungavikelekile? (Ngicela umake ibhokisi elilodwa)
 Yes (Yebo) No (Cha) Don't know (Anginalwazi)

**Below are some statements. Please mark the answer that best represents your opinion.
 Ngezansi kunezitetimende. Ngicela ubeke uphawu kwimpendulo oyibona njengombono wakho.**

21. People who have HIV/AIDS are dirty. (Please tick one box)
Abantu abanegciwane/ingculaza bakhohlakele. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

22. People who have HIV/AIDS should be ashamed. (Please tick one box)
Abantu abanegciwane/ingculaza bangaba namahloni. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

23. I am willing to be friends with people who have HIV/AIDS. (Please tick one box)
Ngizimisele ukuba nabangani nabantu abanegciwane/ingculaza. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

24. I would avoid helping a bleeding person because I might get HIV. (Please tick one box)
Ngiyokugwema ukusiza umuntu owophayo ngoba kungenzeka ngithole igciwane lengculaza. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

**Please answer each of the following questions to the best of your knowledge.
 Ngicela uphendule imibuzo ngamunye ngolwazi lakho olukhulu.**

25. Do you know a place where you can get free HIV testing? (Please tick one box)
Uyayazi indawo ongathola khona ukuhlolela igciwane lengculaza mahhala? (Ngicela umake ibhokisi elilodwa)
 Yes (Yebo) No (Cha)

26. Do you plan to get tested for HIV in the next year? (Please tick one box)
Ungaba nalo icebo lokuyohlola igciwane lengculaza ngonyaka ozayo? (Ngicela umake ibhokisi elilodwa)
 Yes (Yebo) No (Cha) Don't know (Anginalwazi)

**Below are some statements. Please mark the answer that best represents your opinion.
 Ngezansi kunezitetimende. Ngicela ubeke uphawu kwimpendulo oyibona njengombono wakho.**

27. I am concerned about getting HIV/AIDS in my lifetime. (Please tick one box)
Nginalo ugqozi lokuthola igciwane lengculaza/ingculaza ngokwesikhathi sempilo yami. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

28. HIV/AIDS is a serious problem in my community. (Please tick one box)
Igciwane lengculaza/ingculaza yinkinga enzima emphakathini wakithi. (Ngicela umake ibhokisi elilodwa)
 Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

29. It is important to me to know my HIV status. (Please tick one box)

Kubalulekile ngazi ukuthi ngithelelekile ngegcwane lengculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

30. If I were HIV positive, I would prefer not to know it. (Please tick one box)

Uma ngithelelekile ngegcwane, ngincamela ukungazazi ukuthi nginalo.

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

31. If I tested positive for HIV, people in my life would reject me. (Please tick one box)

Uma ngithole ukuthi ngingecwane, abantu abasempilweni yami bangangilahla. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

32. An HIV-positive person can live a longer, healthier life if they know their status. (Please tick one box)

Umntu onegciwane engaphila isikhathi, enemphilo ephilile uma usuzazi ukuthi uthelelekile. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

33. Many young people get tested for HIV in my community. (Please tick one box)

Iningi labasakhulayo bayaya kohlelela igciwane lengculaza emphakathini wakithi. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

34. I would be ashamed to tell my friends that I was going for an HIV test. (Please tick one box)

Ngingaba nokuphoxeka uma ngitshela abangani bami ukuthi kade ngiyohlola igciwane lengculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

35. If I went for an HIV test at a clinic the staff would judge me because of my age.

Uma ngiyohlola igciwane lengculaza abasebenzi basemtholampilo bangangehlulela ngenxa yeminyaka yami.

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

To “have sex” means close body contact during which the penis enters the vagina or anus. A “partner” is a person with whom you have sex.

“Ukwenza ucansi” kusho ukusondelana kwemzimba ngesikhathi umphambili ungena enkomeni noma embhobeni yangemuva. “Umaqondana” yilowo muntu enenza naye ucansi.

36. If my partner pressured me to have sex it would be difficult for me to say no. (Please tick one box)

Uma umaqondana engiphoka ngokuya ocansini kuyobanzima kimina ukuthi ngenqabe. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

To “abstain” means to choose not to have sex until you reach a certain age, or until you are married.

Ukuzithiba kusho ukungayi ocansini kuze kufike izinga leminyaka, noma ulinde uze ungene emishadweni.

37. I am confident that I could abstain even if my friends teased me for it. (Please tick one box)
Ngiyazethemba ukuthi ngizozithiba noma abangani bami sebengicukuluza ngakho. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

38. I would be afraid to start a discussion with my partner about using condoms. (Please tick one box)
Ngingaba nokwesaba ukuqala udaba lokusetshenziswa kwekhondomu nomaqondana wami. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

39. I am confident that I could refuse sex if my partner refused to use a condom. (Please tick one box)
Ngiyazethemba nginganqaba ukuya ocansini uma ukuthi umaqondana uyenqaba ukusebenzisa ikhondomu. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

40. I know exactly how to use a condom correctly. (Please tick one box)
Ngikwazi njengoba ukuthi isetshenziswa kahle kanjani ikhondomu. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

41. I have set myself clear goals that I want to achieve in my life. (Please tick one box)
Ngingahlela umgomo ocacile engifuna ukuwuzuzisa empilweni yami. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

42. I will have to overcome obstacles to achieve my goals in life. (Please tick one box)
Ngizozinqaba izithiyo ukuze ngizuze ngomgomo wempilo yami. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

43. I have thought of a plan to achieve my goals in life. (Please tick one box)
Ngike ngicabange ngecebo lokuzuzisa imigomo empilweni yami. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

44. I have discussed sex with my parents/guardian. (Please tick one box)
Ngiyaxoxa nabazali/umphathi wami ngocansi. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

45. I have discussed HIV/AIDS with my parents/guardian. (Please tick one box)
Ngiyaxoxa nabazali/umphathi wami ngodaba legciwane lengculaza/ingculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

46. I have discussed sex with my friends. (Please tick one box)
Ngiyaxoxa nabangani bami ngocansi. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

47. I have discussed HIV/AIDS with my friends. (Please tick one box)

Ngiyaxoxa nabangani bami ngodaba legciwane lengculaza/ingculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

48. I have discussed sex with a boyfriend/girlfriend. (Please tick one box)

Ngiyaxoxa nesoka lami/intombi yami ngocansi. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) I don't have a boyfriend/girlfriend (anginalo isoka noma intombi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

49. I have discussed HIV/AIDS with a boyfriend/girlfriend. (Please tick one box)

Ngiyaxoxa nesoka lami/intombi yami ngodaba legciwane/ingculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) I don't have a boyfriend/girlfriend (anginalo isoka noma intombi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

50. It is okay to have more than one boyfriend/girlfriend at a time. (Please tick one box)

Kulungile ukuba nezintombi eziningi/namasoka amaningi ngesikhathi esisodwa. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

51. It is okay to have more than one sexual partner at a time. (Please tick one box)

Kulungile ukuba nomaqondana abaningi oyanabo ocansini ngesikhathi esisodwa. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

52. It is unwise for a teenager to have a sexual partner who is more than 5 years older than they are. (Please tick one box)

Ubungazi kwezingane ezisakhulayo okwenza ziye ocansini nomaqondana abadala kunabo ngeminyaka emihlanu nangaphezulu. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

53. A person who is 20 years old and has never had sex should be embarrassed. (Please tick one box)

Umuntu eneminyaka engamashumi amabili yobudala futhi ongakaze alwenze ucansi kuyamphoxa lokho. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

54. What is the youngest age when it is okay to have sex? _____ (please write a number)

Yimuphi unyaka kwabancane okungathiwa sebekulungele ukuya ocansini? _____ (Ngicela ubhale inombolo)

55. It is okay for a man to hit his woman if she disobeys him. (Please tick one box)

Kulungile yini uma indoda ishaya owesifazane ngoba engamhloniphi. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

56. Men deserve better paid jobs than women. (Please tick one box)

Amadoda kufanele ahole kangcono emsebenzini kunesifazane. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

57. It is up to the man whether or not to use a condom; the woman must respect his decision. (Please tick one box)

Kubasendodeni ukuthi ingayisebenzisa noma ingayisebenzisi ikhondomu owesifazane makahloniphe lesosinqumo. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

58. When a girl says "No" to sex, she really means "No." (Please tick one box)

Uma intombazana ithi "Cha" ukuya ocansini, isuke ichaza ukuthi "Cha" ngempela. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

59. If a girl carries condoms, it means she sleeps with many different partners. (Please tick one box)

Uma intombazana iphethe amakhondomu, kuchaza ukuthi ilala nomaqondana abahlukene. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

60. As long as I am faithful to my partner I do not need to worry about HIV/AIDS. (Please tick one box)

Uma ngithembekile kumaqondana wami, asikho isizathu sokuphatheka kabi ngegcwane/ingculaza. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)

61. Often when women are raped they did something to deserve it. (Please tick one box)

Kujwayelekile uma isifazane sidlwengula kusuke kwenzeka into ebafanele. (Ngicela umake ibhokisi elilodwa)

Disagree strongly (angivumelani kakhulu) Disagree (angivumi) Agree (ngiyavuma) Agree strongly (ngiyavuma kakhulu)