

Chapter 6

CONCLUSION AND RECOMMENDATIONS

The present study investigated sexual coercion in South African adolescent dating relationships with a view to informing the design and implementation of developmentally and contextually appropriate interventions. This final chapter concludes with a presentation of the most salient findings of the study, identifies the limitations of the study, and provides recommendations for improving adolescent sexual health and well-being.

6.1 Gender, sexual coercion and high risk behaviours

In general the survey results reveal that most of the learners surveyed had not yet engaged in sexual intercourse, with just over a third of the 928 learners reporting that they ever had sex. In this respect, significantly fewer of the female respondents than the male respondents reported ever having sex. More than 90% of sexually experienced learners indicated that their most recent partner was of the opposite sex, with a minority of female and male learners having reported that their most recent relationship involved a same-sex partner.

The study reveals that sexual coercion is prevalent in adolescent dating relationships, with 57.8% of the female and 44.2% of the male learners having reported victimisation on at least one occasion, and 46.8% of female and 50% of male learners having reported perpetration on at least on occasion. This rate is somewhat higher than that observed among other South African studies (e.g. CIETAfrica, 2000; Pettifor et al., 2004; Richter, 1996) and may be due to the present study having measured a broader range of coercive behaviours, from verbal persuasion to forced sex. Higher prevalence estimates have been reported in international studies which have included strategies, such as verbal pressure, as evidence of sexual coercion. For example, Jackson and colleagues (2000) found that among New Zealand high school students 76.9% of the females and 67.4% of the males reported they had experienced one or more incidents of unwanted sexual activity in a dating relationship. While variations in methodology make it difficult to compare the results across studies, the findings in the present study reflect the concern raised in other studies regarding the extent of coercive sexual

practices in young people's dating relationships, and underscore the need for intervention.

Consistent with other international and local studies (e.g. Hird, 2000; loveLife, 2000; Poitras & Lavoie, 1995), the present study reveals that significantly more females (57.8%) than males (44.2%) reported sexual victimisation in a dating relationship. Although similar percentages of male (50%) and female learners (46.8%) reported that they had perpetrated sexual coercion in a relationship, the use of coercion by females was largely confined to having sex without a condom, while for males perpetration extended to insisting on sex when a partner did not want to. In this study the prevalence rate refers to having perpetrated at least one act of sexual coercion in a relationship and hence, does not capture the frequency of such behaviours. However, considering the qualitative findings which reveal sexual relations defined by gender-specific sexual scripts contribute to men being more sexually aggressive, it is probable that young men not only use a wider range of coercive strategies, but also engage in coercive practices more often than young women. Furthermore, given the dominant constructions of sexuality revealed in this study, it is likely that different dynamics are involved when men are sexually coercive than when women engage in similar behaviour. For instance, a young man may not resist a woman's unwanted sexual advances to fulfill the masculine sexual script of always being ready for sex. In contrast, a young woman may be restricted in her ability to resist a man's unwanted sexual advances for fear of losing a relationship, or for fear of potential harm due to men's greater physical strength (Hird, 2000; Jackson, 1999). Negative emotional and social consequences are more likely for young women who risk blame for the assault, while young men are likely to gain approval from their friends for having taken the opportunity to engage in sex. Accordingly, Jackson and colleagues (2000) found that more female than male adolescents reported feeling dirty, angry, and scared by the experience of sexual victimisation, while more male than female students indicated that they were "not bothered" by the experience.

A substantial proportion of learners reported both sexual victimisation and the perpetration of coercion in a dating relationship. Other international studies (Harned, 2002; Murray et al., 1993) among adolescents have also found a correlation between victimisation and perpetration suggesting that dating relationships may be mutually coercive and that coercive behaviours may be learned, in part, within intimate interactions with partners. In the present study, 38.8%

of the female learners reported both sexual victimisation and perpetrating sexual coercion, 15.5% reported only sexual victimisation, 5.2% reported only perpetrating sexual coercion, while the remaining 40.5% reported neither sexual victimisation nor perpetrating sexual coercion. Among male learners, 34.8% reported both sexual victimisation and perpetrating sexual coercion, 14.2% reported only perpetrating sexual coercion, 8.2% reported only sexual victimisation, while the remaining 42.9% reported neither sexual victimisation nor perpetrating sexual coercion. Significant female-male differences were found with more females than males reporting victimisation only, and more males than females reporting perpetration only.

No significant gender differences were evident in the present study with respect to the meaning of sexual coercion in a dating relationship. With one third of female and just over a third of the male participants having indicated that coerced sex by a partner was evidence of love it would appear that a substantial minority of learners view sexual coercion as a positive aspect of a relationship and as acceptable behaviour. This percentage is somewhat lower than that found in another South African study among school-going adolescents where 45% of the female and 52% of the male learners attributed rape or sexual harassment to love of one's partner (Whitefield, 1999 cited in Eaton et al., 2003). Around a third of female and male learners also reported that if a partner makes one have sex against one's will, that partner is drunk or on drugs, suggesting that alcohol and drug use may be seen as a plausible excuse for sexually aggressive behaviour (Muehlenhard & Linton, 1987).

The study also found that alcohol use is common among adolescents with significantly more male respondents having reported using alcohol either occasionally or regularly (72.8%) than female respondents (45.6%). This difference is probably a reflection of the common understanding among young people that alcohol increases sexual desire and reduces inhibitions, and thus drinking is not appropriate for women. Nevertheless, alcohol appears to be a prominent feature in young peoples sexual encounters, contributing to coercive and high risk sexual practices. Specifically, alcohol appears to be used by men as a strategy to obtain sex (see Abbey et al., 2004). Moreover, alcohol consumption would appear to provide young men with an excuse for sexually aggressive behaviour (Muehlenhard & Linton, 1987) as an intoxicated man has less self-control.

The survey findings also reveal that a substantial percentage of learners engaged in high risk sexual practices, and accordingly highlight the need for interventions to improve the sexual health of both female and male adolescents. Approximately a quarter of the sexually experienced female (24.1%) and half of the sexually experienced male (49.8%) participants in this study reported that they had more than one sexual partner within the past 12 months. This finding is consistent with other South African studies which reveal that more young men than women are likely to report having sexual relations with multiple partners (Eaton, et al., 2003; Pettifor et al., 2004) and can be linked to the dominant heterosexual script that prescribes that young boys should demonstrate their sexual competence by having many sexual partners while young women should protect their sexual reputations by limiting their desire. Nonetheless, the percentage of young women in this study who reported having engaged in sex with more than one partner within the past 12 months is much higher than that recorded for young women in the recent NSHSB, where 12% of females reported having had more than one sexual partner in the prior year (Pettifor et al., 2004). Although the present study found some evidence that condom use appears to be more socially acceptable among youth, around 40% of female and male learners reported that they did not use a condom the last time they had sex. This indicates that a substantial proportion of young people continue to engage in unprotected sex, placing themselves at risk for pregnancy and HIV infection. Practising safer sex also requires open communication about sexual desire and concerns (Lear, 1995). In this respect, it was evident that normative heterosexual scripts as well as alcohol use are important factors limiting young people's, particularly women's, ability to negotiate safe sex.

6. 2 Differences within gender according to victim/perpetrator status

Some differences were noted among female participants for victim/perpetrator status. More females from the perpetrator only group and the victim/perpetrator group appeared to accept a partner's coercive behaviour as a positive aspect of a relationship in that it signifies that partner's love than females from the no coercion and victim only groups. On the other hand, more females from the victim only group reported that if a partner makes one have sex against one's will that partner is drunk or on drugs compared to the other three groups. Furthermore, female learners from the victim only group were more likely to report using alcohol than female participants from the other three groups. These findings reveal that female learners

attribute different meanings to sexual coercion depending on their victim/perpetrator status, and suggest that female learners from the victim/perpetrator group are more likely to view their partner's coercive behaviour positively, and hence may be less negatively affected than young women who report sexual victimisation only. These differences need to be taken into account when designing appropriate interventions. Notwithstanding, the findings reveal that irrespective of victim/perpetrator status, female learners from the perpetrator only, victim only, and victim/perpetrator groups were more likely to have engaged high risk sexual behaviour than female learners who reported no coercion. Therefore, in order to improve adolescents' sexual health the various forms of coercion need to be properly understood and addressed.

Differences were also evident among the male participants with respect to victim/perpetrator status. Similar to female learners, male learners who reported both sexual victimisation and the perpetration of sexual coercion were more likely to view a partner's coercive behaviour as evidence of love, and hence a positive aspect of a relationship. Significant differences were found among the four groups for alcohol use. Almost 90% of the perpetrator only and victim only groups reported using alcohol on an occasional or regular basis, compared to the victim/perpetrator and the no coercion groups (71.4% and 65.9%, respectively). In addition, comparatively more respondents from the three coercion groups than the no coercion group reported having more than one sexual partner during the past 12 months, not using a condom during their most recent sexual encounter, ever having an STD, and gotten someone pregnant, with the exception being that slightly fewer of the males from the victim only group having reported not using a condom on the last encounter.

6.3 The association between sexual coercion and high risk sexual behaviours

According to the CHAID results, gender was the most important explanatory variable for learners' high risk sexual behaviour. Irrespective of sociodemographic characteristics, alcohol use, or the experience of sexual coercion, significantly more male participants reported engaging in sexual risk behaviour than female participants. This difference is attributable to the higher percentage of male respondents than female respondents having reported sexual relations with multiple partners over the past 12 months. Among female learners, those who reported either sexual victimisation, the perpetration of sexual coercion, or both sexual

victimisation and perpetration were significantly more likely to have engaged in sexual risk behaviour than those females who reported no coercion. Among male learners, those who reported using alcohol regularly were significantly more likely to have engaged in risky sexual behaviour than those male learners who never used alcohol or used alcohol occasionally. Furthermore, among males who used alcohol regularly those who reported perpetration only as well as both perpetration and sexual victimisation were significantly more likely to have engaged in high risk sexual behaviour than those male learners who reported no coercion or victimisation only. These findings suggest that interventions to improve adolescent female sexual health also need to address issues related to coercive sexual encounters in dating relationships, while interventions to improve the sexual health of adolescent males need to address alcohol use as well as the perpetration of sexual coercion in relationships.

6.4 Social construction of male and female sexuality

The qualitative findings highlight how the peer group serves to reproduce and sustain male dominance and female subordination within sexual encounters. This serves to normalise male sexual coercion in relationships (Hird & Jackson, 2001; Reinholtz et al., 1995). Young people's accounts of sexuality tended to be mediated by narrow and restrictive ways of being masculine and feminine. Sexual intercourse was primarily constructed as the desire and domain of young men, and was essential in establishing masculinity. Male sexual desire is presented as inherent, active, persistent and satiated only by ejaculation during coitus, while female desire is silenced and their sexuality is constructed in response to male sexuality. The social construction of male and female sexualities encouraging male dominance and restricting female expression operates to legitimise coercive behaviour in young people's sexual interactions and frequently blur the distinction between male violence, coercion and rape and 'normal' heterosexual sex (Hird, 2000; Hird & Jackson, 2001; van Roosmalen, 2000). Gender norms and unequal power relations compromise young women's sexual health by limiting their ability to negotiate birth control and safer sexual practices such as condom use or fidelity (Heise et al., 1995; Maman et al., 2000). These sociocultural factors compromise men's sexual health too (Barker, 2000; Doyle, 2001) by encouraging them to be sexually aggressive and to engage in high risk sexual practices such as multiple sexual partners.

These findings are similar to those found in international and local studies among adolescents and young adults (e.g. Hird & Jackson, 2001; Holland et al., 1996; Shefer & Foster, 2001; Varga, 1999; Wood & Jewkes, 1998). Among the international studies conducted in Britain and New Zealand (Hird & Jackson, 2001; Holland et al., 1996; Jackson & Cram, 2003) however, there would appear to be more evidence of female resistance to discourses of male domination and the sexual double standard than among female learners in the present study. Shefer and Foster (2001) also reached a similar conclusion when comparing their findings on the construction of female sexuality among South African university students to the WRAP study in Britain (Holland et al., 1996). According to Shefer and Foster (2001) this disparity between local and international findings needs to be understood within the history of South Africa and where the national democratic struggle against apartheid took precedence over issues related to gender inequality. It is only since the first democratic elections in 1994, that the development of gender equality has become recognised as a crucial component of building democracy in South Africa (Beall, 2001).

However, even in comparing the present findings to other South studies (MacPhail & Campbell, 2001; Shefer & Foster, 2001; Shefer, Strebel, & Foster, 2000) there also appears to be less evidence of female resistance to male domination and the sexual double standard, and of male resistance to traditional versions of masculinity and recognition of female sexual rights in the present study. This finding is probably explained by the age and developmental stage of the various study participants. Specifically, the studies by Shefer and colleagues (2000; 2001) were conducted among university students and thus were more representative of older adolescents and young adults than school-going adolescents. For younger adolescents, behaviour and relationships are more about fitting in and gaining acceptance from one's peers (Brown, 1999). Accordingly, young people are less likely to resist the expectations of the peer group, and thus their understanding of sexuality and relationships are more likely to reflect dominant sociocultural discourses than their own experience. As revealed in the survey findings, many of the participants reported that they had not yet engaged in sexual intercourse. Furthermore, given their levels of inexperience, younger adolescents are probably less likely to recognise the power differentials in relationships as well as their sexual rights than older adolescents or young adults.

6.5 Limitations of the study

The present study has several limitations. First, the cross-sectional and correlational nature of the study it is not possible to establish a direct causal link or the direction of the relationship between sexual coercion, alcohol use and high risk sexual behaviour among learners. For example, while the experience of sexual victimisation may contribute to adolescents engaging in high risk behaviours such as having multiple sexual partners, having multiple sexual partners may also heighten an adolescent's vulnerability for sexual victimisation (Noell et al., 1997). Further research is required to identify the complex associations between alcohol use, sexual coercion and high risk sexual behaviour among adolescents.

Second, the findings of the CHAID analysis may be limited in representativeness due to the high rate of missing responses in the survey which led to the exclusion of some participants. The sample was also limited to high school youth in a low socioeconomic community and thus has limited generalisability to the adolescent population in South Africa. Additional research is needed among diverse adolescent populations to gain a better understanding of the prevalence, nature and meaning of sexual coercion in dating relationships among South African adolescents and its relationship with alcohol use and high risk sexual behaviour.

Finally, the reduced number of transcripts available for analysis may also have limited the identification of alternative discourses of sexuality among male participants. In this respect, future research should also include data from individual interviews where voices of resistance to dominant constructions of sexuality may be more evident as participants are less under pressure from their peers.

6.6 Implications for the improvement of adolescent sexual health

Despite the abovementioned limitations, the study contains a number of implications for the improvement of adolescent sexual health. The prevalence of sexual coercion reported by learners in this study underscores the need for programmes promoting sexual health to include interventions which aim at building healthier relationships between adolescent dating partners.

Schools in particular provide an important setting for prevention programmes, as they not only provide a captive audience of young people, but as friends and peers are important sources of learning for young people, such programmes are better positioned to have an effect in limiting peer approval for coercive and high risk sexual practices. Furthermore, the schools-based Life Skills Programme can provide a medium for interventions aimed at reducing coercive and high risk sexual practices.

There are a number of international sexual violence prevention programmes which have been developed for high school students that incorporate both education and skills building (see Foshee, Bauman, Greene, Kock, Linder, & MacDougall, 2000; Greytak, 2003; Lavoie, Vezina, Piche, & Boivin, 1995; Wolfe et al., 1997) that may be adapted for use locally. In this respect, Stepping Stones, a programme which has been adapted for local use and recently implemented among young people in South Africa has shown initial short-term benefits in improving communication in young people's sexual relationships (Jama & Jewkes, 2002). Stepping Stones aims to promote safer sex practices, by providing participants with knowledge on issues of sexual health, addressing issues of gender, violence, and building communication and relationship skills.

However, in designing appropriate interventions it is crucial that young women are not represented merely as sexual victims of young men's sexual desires. Apart from reinforcing social expectations of male sexual aggression (Greytak, 2003), the young women in this study strongly resisted being seen as victims. This as well as the importance of adolescents' relationships with each other may lead to them rejecting such notions along with the health promotion messages that accompany them (see Dowsett & Aggleton, 1999; Frith & Kitzinger, 1998).

Particularly important to designing interventions for young people would be to find ways to introduce alternative discourses of female sexual desire and male sexual responsibility. Programmes are needed to encourage young women to recognise their sexual feelings, and to challenge the notion that 'decent' women do not desire sex. Only in recognising their own sexual desires, rather than the desires of men, will young women realise that they have sexual choices and may see themselves as able to take charge of their own sexual lives. In this respect it would also be helpful to show women how their limited control in sexual

relationships contributes to risky sexual practices (Hillier et al., 1999; Tolman, 1994). Tolman (2000) also argues that in acknowledging young women's sexual desire, young men's accountability for their sexual behaviour also becomes more apparent. In this respect, it would also be important to challenge the sociocultural discourse around constructions of masculinity. Young men need to recognise that being sensitive, expressing doubts and inexperience, desiring emotional commitment, and not wanting sexual intercourse does not make them less masculine (Hillier et al., 1999; Tolman, 2000). Furthermore, adolescent men also need to be made aware of how the male peer group reinforces dominant constructions of masculinity, and how these constructions restrict their behaviour contributing to coercive and risky sexual practices.

The findings of this study also stress the need for programmes to focus on alcohol use among adolescents, particularly among young men (Abbey et al., 2001). Acknowledging young women's sexual desire will also obviate the need for young women to use alcohol to engage in sex or for young men to use alcohol to obtain sex. Programmes also need to challenge adolescents' expectations around sex and alcohol.

Apart from recognising that there are many ways of being masculine and of feminine it would also be essential that interventions among young people acknowledge other sexualities apart from heterosexuality. A minority of learners in the present study were involved in same-sex relationships, and thus it would also be important to address their sexual health needs and concerns.

6.7 Conclusion

The present study highlights the need for sexual health promotion programmes to address issues of sexual coercion in adolescent dating relationships. Specifically, the study draws attention to the complex relationship between gender, sexual coercion, alcohol use and high risk sexual behaviour. In addition the study highlights how dominant constructions of masculinity and femininity serve to normalise male sexual coercion and accordingly highlights the role of the peer group in preventing learners from negotiating healthy and

consensual sexual relationships. While multi-level and long-term interventions are required to address the problem of coercion in adolescent relationships, implementing programmes at the school level that challenge narrow and restrictive ways of being masculine and feminine would provide a valuable starting place. It would also be important for future research to document the specific types of interventions that assist young people in developing healthy relationships.