

ADOLESCENT SEXUALITY IN NAMIBIA:
AN ANALYSIS OF SEXUAL KNOWLEDGE, ATTITUDES AND
PRACTICES AMONG SECONDARY SCHOOL LEARNERS
IN KATUTURA

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among Secondary School Learners in Katutura

by

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Abstract

Adolescence is a time of great turmoil, and adolescents are going through a struggle of identities. This thesis demonstrates socio-cultural influences on adolescent sexuality, focusing on secondary school learners in Katutura, a former township during apartheid. In Namibia adolescent sexuality has received much attention recently from both national and international levels as to the context in which sexual health risks, such as HIV infection and teenage pregnancy, are one of the major social problems. The quality of adolescents' present life, as shaped by historical, economic and social forces, not only determines his or her future but also, to a large extent, Namibia's future development.

Analysis chapters use quantitative data from self-administered questionnaires completed by 344 adolescent respondents at three different schools in Katutura, as well as qualitative data from focus group discussions and key informant interviews. A major finding of the thesis is significant inconsistency between 'ideal self' and 'actual behaviour,' of which 'ideal' cultural scenarios about adolescent sexuality at both interpersonal and intrapsychic levels are reflected. The results reveal that most respondents in the sample have had sexual intercourse by Grade 12, although the majority of respondents indicate that it is not appropriate to have sexual intercourse before the age of 20. Divergence of high perception of safe sex and active sexual behaviour also confirms an ambivalence of ideal versus real in adolescents.

Gender specific differences in sexuality are also based on cultural norms and regulation about male and female sexuality. In addition, a growing tendency toward consumer-oriented economy is one of the central factors that particularly affect female adolescents' sexual attitudes and practices. Despite the changing pattern of adolescent sexual behaviour, at the same time, much of the traditional values attached to the idea of sexuality and gender related ideology are internalised by adolescents at the fundamental level. Adolescents in this thesis are trying to interact with cultural scenarios and incorporate them into their individual social realities.

Thesis Supervisor: Dr. Debie LeBeau

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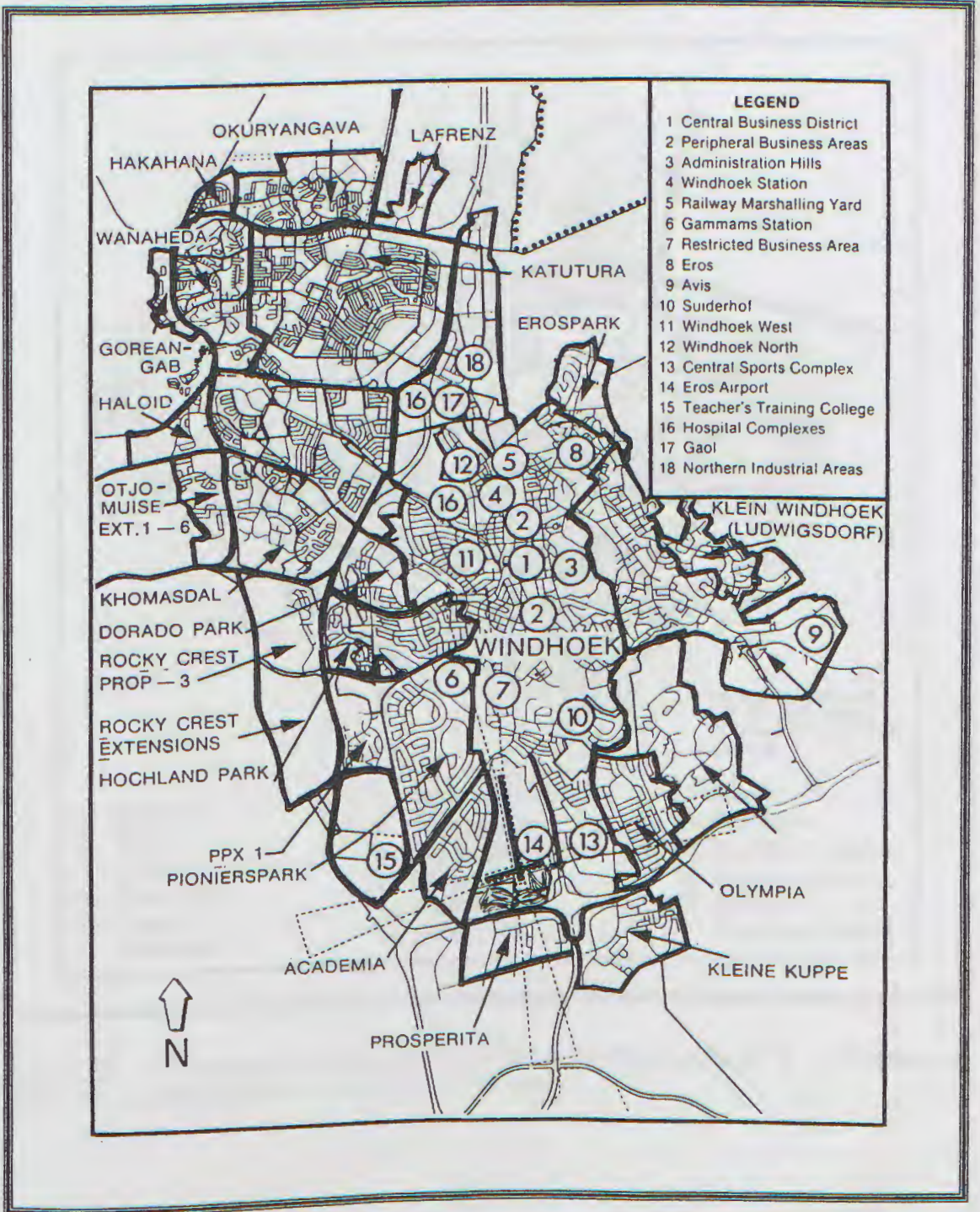
LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CASS	Centre for Applied Social Sciences
CDC	Centre for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Central Statistics Office
DWA	Department of Women Affairs
GRN	Government of the Republic of Namibia
HIV	Human Immunodeficiency Virus
KAPs	Knowledge, Attitudes and Practices
MBEC	Ministry of Basic Education and Culture
MoHSS	Ministry of Health and Social Services
MRC	Multi-disciplinary Research Centre
MYS	Ministry of Youth and Sport
NDHS	Namibia Demographic and Health Survey
NISER	Namibian Institute for Social and Economic Research
NBC	Namibia Broadcasting Corporation
NRC	National Research Council
NYC	National Youth Council
SAPES	Southern African Political Economic Series
SARDC	Southern African Research and Documentation Centre
SIDA	Swedish International Development Agency
SPSS	Statistics Package for the Social Sciences
SSD	Social Science Division
STDs	Sexually Transmitted Diseases
SWAPO	South West Africa People's Organisation
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAM	University of Namibia
UNDP	United Nations Development Programme
UNECA	UN Economic Commission for Africa
UNESCO	United Nations Education, Science and Culture Organisation
UNFPA	United Nations Population Fund

- | | |
|--------|---|
| UNICEF | United Nations Children Fund |
| WHO | World Health Organisation |
| ZARD | Zambia Association for Research and Development |
| ZWRCN | Zimbabwe Women Resource Centre and Network |

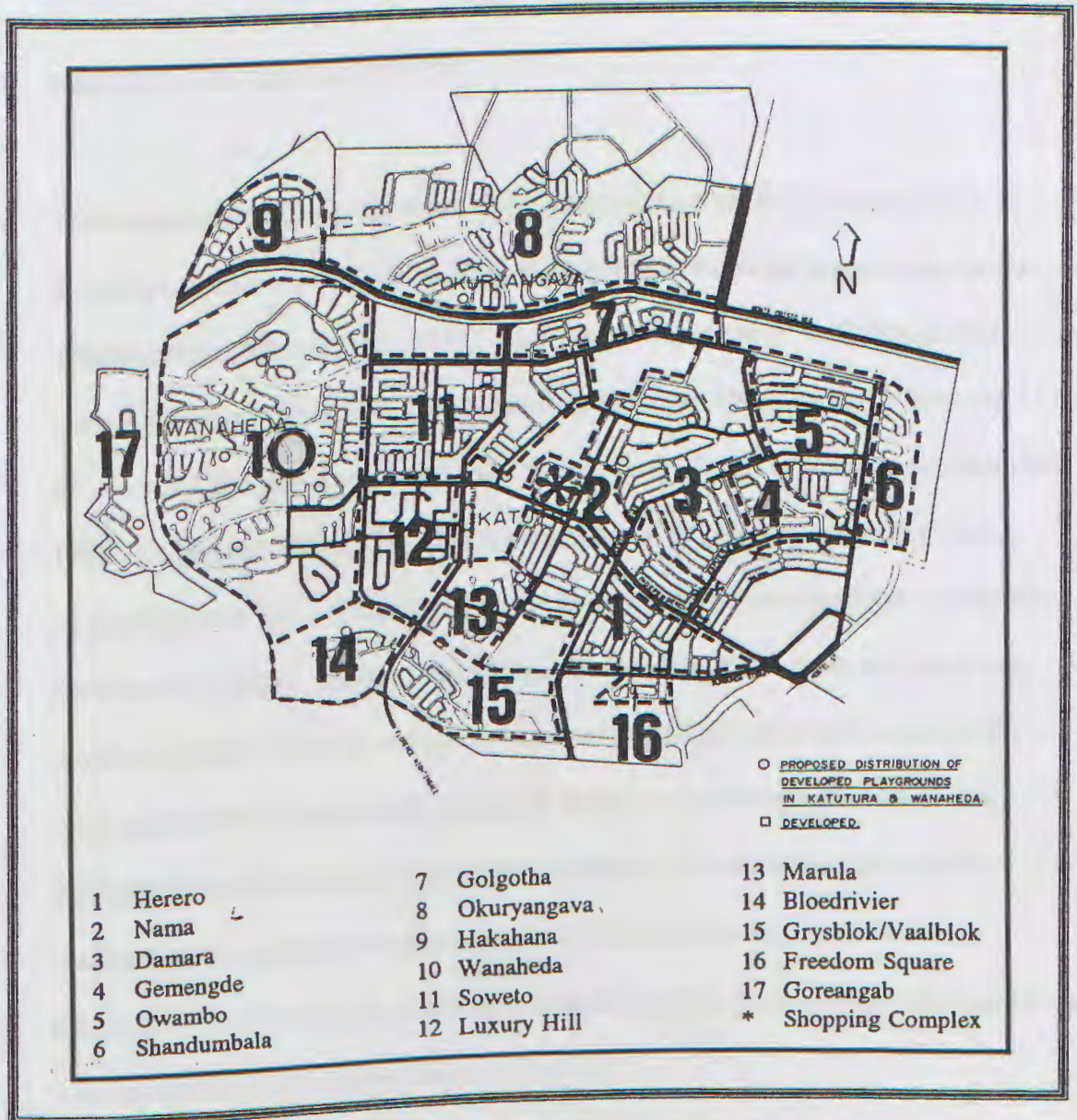


MAP OF WINDHOEK



Source: Map B: Windhoek in Pendleton (1993)

MAP OF KATUTURA



Source: Map C: Katutura in Pendleton (1993), which is based on a map by W. C. Pendleton, a map by C. Fröhlich, and the municipal map of Katutura.

INTRODUCTION

RATIONALE FOR THE STUDY

Adolescent sexuality has received much attention and has been recognised as an important aspect to protect Namibian adolescents from sexual health risks such as teenage pregnancy and HIV/AIDS.¹ It is reported that nearly half of Namibian women give birth while they are still in their teens, and that among those in the 15 to 24 years old age group are found to be the majority of new HIV infections (MoHSS 1992: 27; Mustafa 2000: 120-121). These data not only indicate that Namibian adolescents may have difficulties in their lives, but also have significant implications for Namibia's future. Many adolescents in Namibia will encounter the previously mentioned risks if they do not receive appropriate information and education for prevention, although knowledge does not always guarantee prevention. Without seriously taking adolescents' futures into account, it would be hard to have the realistic hope of getting ahead economically because the future economic development of Namibia depends on having increasing proportions of the population who are healthy and economically productive.

¹ The definition of sexual health based on the International Conference in Cairo of 1994 as well as at the Fourth World Conference on Women and Development in Beijing in 1995 is that sexual health, "is a part of reproductive health and includes: Healthy sexual development; Equitable and responsible relationships and sexual fulfilment; Freedom from illness, disease, disability, violence and other harmful practices related to sexuality," (Mustafa 2000: 113). It is reported that most teenage pregnancy is unplanned or unwanted, and thus it often causes negative outcomes such as unsafe abortion, great risk of cervical trauma, and long-term psychological stress (Moore and Rosenthal 1995). HIV can be transmitted through sexual conduct and results in a disease, AIDS. Therefore, teenage pregnancy and HIV infection are considered to be sexual health risks in this thesis.

As in most African countries, discussing sexual issues in Namibia has been a taboo. The Namibian cultural and tradition moral codes in which 'sex' is regarded as a sin or shame affect the way Namibian people cope with the issues of sexual health risks, gender roles, reproductive health and family planning, all of which are also closely linked to sexuality (DWA 1995: 41). On the other hand, these cultural and traditional norms about sexuality have been gradually changing to more open tendency, reflecting historical and social settings. Therefore, adolescent sexuality has been simultaneously altered as Namibia's socio-historical milieu has changed, although sexuality is also influenced by specific socio-cultural and economic contexts in which each individual lives, as well as by individuals' personal characteristics, life histories and experiences. In addition, it is true that gender is a factor, as well as class and ethnicity, in social stratification that shapes one's identity and life, and that all these social categories are interwoven into one's daily life. Women are, however, more vulnerable to the previously mentioned risks because of their lower social status relative to men, and thus, gender is considered to be a crucial factor that forms Namibian women's identity and sexuality in social life. Hence, this thesis examines sexuality as a social phenomenon in which socio-cultural factors function to determine specific sexual behaviour as well as how these behaviours are interpreted.

ADOLESCENCE AS AN AGE CATEGORY

From a sociological perspective, adolescence is a culturally defined age category that is placed between childhood and adulthood, and therefore it is seen as a product of

social organisation rather than something purely biological or inherent in the aging process (Johnson 1995). Although the inclusion of adolescence in social categories as well as the length and importance of adolescence as a social position vary between cultures, it is generally said to begin with puberty. In addition, adolescence is primarily found in industrial societies where the pre-adult period last after puberty and sometimes until the early twenties, while in non-industrial societies puberty often means a transfer to a full adult status (Ibid). Therefore, sexuality for people who belong to the category of adolescence includes sexual and reproductive capacity, and complicate social or personal relationships but is more limited in terms of sexual expressions than adult sexuality (Simon and Gagnon 1998).

In Namibia, it is not easy to set a clear boundary among childhood, adolescence and adulthood, for social expectations and experiences of biological aging differ according to several factors such as ethnicity, geographic locations (rural/urban), and social class. For example, it is assumed that children in rural areas are more likely than those in urban areas to have social expectations that require them to become economically productive at an earlier age, and thus rural children are less likely than urban children to have a time span of adolescence. Despite this Namibian context, this thesis uses the term adolescence because of its focus on secondary school students in an urban area. For this reason, the notion of adolescent sexuality is also used to distinguish it from sexuality in general or adult sexuality.

RESEARCH HYPOTHESES

This thesis utilises 'script theory' to argue that socio-cultural processes play a fundamental role in determining what we perceived to be 'normal,' 'ideal' and 'sexual.' Sexual scripts theory was developed by sociologists John Gagnon and William Simon (1973, 1987, 1999). The theory is a combination of sociological and psycho-analytical theories, and is one of the most frequently used theories in investigating adolescent sexuality (Dowsett and Aggleton 1999: 13). Sexual scripts theory suggests that becoming sexual is a life-long process in which individuals learn cultural expectations about sexuality that they shape into their own particular patterns (Irvine 1994: 37). In other words, the meanings of what is sexual may vary from one society to another. It is possible that all societies have their own sexual scripts compatible with the orientation of major social institutions in particular societies and cultures. The primary premise of this thesis is that sexuality is not universal either throughout history or across societies and cultures, but that sexuality is socio-culturally defined as appropriate for members of certain categories of individuals. Hence, the following hypothesis related to adolescent sexuality are proposed:

Adolescents are socialised to follow adolescent sexual script, whereby:

- social desirability criteria for adolescents' sexual activity are created within social institutions such as family, schools, religion, and the media.
- adolescents' actual sexual activity does not necessarily fit in with social desirability criteria. Each person has his or her own internal world that is influenced by his or her own personality, life-history and experience.

Also, adolescent males and females are socialised to follow different sexual scripts, whereby:

- differences in adolescents' sexual activity, attitudes and in the way of communicating with others of both sexes are standardised.
- different expectations of appropriateness about gender roles for both sexes are determined.
- gender-specific motives for both sexes are influenced and even predetermined by social and economic conditions.
- some functions of biological sex drive for both sexes, which are believed to be natural and inherent in both sexes, are misled by social ideology on sexuality.

RESEARCH OBJECTIVES

The objectives of this thesis are:

- to analyse the influence of social factors such as parents, family, peer group, religion, school and the media on adolescent sexuality;
- to determine how adolescents interpret the differences of male and female sexuality, and how gender relations influence adolescent sexuality;
- to determine influential sources of knowledge about sex and sexuality;
- to determine what Knowledge, Attitudes and Practices (KAPs) are related to sexual-health risks such as teenage pregnancy, sexually transmitted diseases and HIV/AIDS;

- to analyse the influence of socio-economic conditions on adolescent sexuality.

The clarification of these objective guides this thesis to engender a better understanding of how social factors of adolescent sexuality shape Namibian young people's lives and future.

FORMAT OF THESIS

This thesis is divided into eight chapters. The first chapter contains a description of various research methodologies used as well as the problems and limitations in studying adolescent sexuality. In the second chapter, the theoretical framework for the research is discussed. The third chapter illustrates the study site, Katutura, by reviewing its history and social living conditions. The fourth chapter examines social influences on adolescent sexuality in Katutura. The fifth chapter analyses sexual health risks such as teenage pregnancy and HIV/AIDS. The sixth chapter examines the impact of modernisation on adolescent sexuality with particular emphasis on gender differences. The final chapter provides a summary and conclusion, raising issues and questions regarding adolescent sexuality that require further investigation.

CHAPTER 1.

METHODOLOGY

INTRODUCTION

This chapter describes the rationale for the research methodology used for this study. A discussion is given concerning which methods are selected as well as how the data are analysed and interpreted. Problems and limitations of studying adolescent sexuality are discussed in the last part of this chapter.

1.1 RATIONALE FOR RESEARCH METHODS

Quantitative and Qualitative Methods

This research employs both quantitative and qualitative research methods to analyse adolescent sexuality in Katutura and to probe the social regulation of sexuality in Namibia. Quantitative data from secondary school² learners' sexual health Knowledge, Attitudes and Practices (KAPs) were collected through a questionnaire, while qualitative data on the socio-cultural context and in-depth information relating to adolescent sexuality were obtained through key informant interviews and focus

² In Namibia, the word 'secondary school' is usually used instead of the word 'High School.' Secondary schools have Grade 8 to Grade 12.

group discussions.

Quantitative methods such as questionnaires are usually used either independently, or in conjunction with qualitative data (Punch 1999: 243). In general, quantitative data are regarded by some researchers as more scientific than qualitative data, which are considered to be rather humanistic (LeBeau 1996: 72; Haralambos and Holborn 2000: 998). Quantitative data are usually in a numerical and statistical form, which makes standardised and objective comparisons possible. On the other hand, qualitative methods such as key informant interviews, participant observations and focus group discussions are more flexible, dealing more with cases, contexts and processes than quantitative methods (LeBeau 1996: 51; Punch 1999: 243; Giddens 2000: 543). Qualitative data are usually presented in words, providing rich and in-depth information, and are capable of handling the complexities of social phenomena (Punch 1999: 243).

Both quantitative and qualitative methods have advantages and disadvantages. Data collected from survey questionnaires, for instance, can be more easily quantified and analysed than qualitative data, and they enable researchers with relatively few funds and time to study large numbers of people (LeBeau 1996: 39-40; Haralambos and Holborn 2000: 1001; Giddens 2000: 545). However, some sociologists, especially interactionists and phenomenologists, are critical of quantitative survey methods. Their main critiques are on the inadequacy of statistical data for producing sociological explanations of human behaviour and on the artificial nature of the data: Criticisms include the fact that usually respondents are allowed to answer only the

questions asked, which gives the respondents little opportunity to answer in their own words (Haralambos and Holborn 2000: 1002); questions are mostly close-ended and are designed to draw information that the researcher think is important (Ibid); and the data only give a superficial view of real-life situations, thus the validity of the data can be questionable (LeBeau 1996: 39; Giddens 2000: 546). On the other hand, a qualitative approach has the problem of generalisation because only small numbers of people or groups can be studied (Giddens 2000: 546). However, qualitative data provide richer information about social life than quantitative data do to give researchers a better understanding of their study population (LeBeau 1996: 51-52; Punch 1999: 243; Giddens 2000: 542). It can be said that qualitative methods are the best way to obtain the insiders' knowledge and perspectives on the specific topic chosen for studies, while quantitative data give a wider view of the population (Punch 1999: 243).

Punch argues that generally the reasons for combining quantitative and qualitative methods are, "to capitalise on the strengths of the two approaches, and to compensate for the weakness of each approach,"(Ibid: 246). Considering this point of view on the combination of methods, a combination of quantitative and qualitative methods was selected for the research for this thesis. Qualitative methods were chosen to collect detailed ideas on the topic of this research, but due to the necessity to understand the range of the topic and information on population characteristics, a quantitative method was also used. Qualitative research was conducted to provide background information on the context and subjects of the study. In addition, findings from qualitative key informant interviews and focus group discussions were cross-checked

with the findings from quantitative questionnaires to enhance the validity of findings from the various sources. This approach of combining data from more than one method is called 'triangulation.' (LeBeau 1996: 43; Punch 1999: 247)

Privacy and Confidentiality in Sexuality Research

Issues of privacy and confidentiality specially underlie the design of sexuality research. The protection of respondents' privacy and the confidentiality of the information provided greatly influence the willingness of respondents to report their views and experiences honestly (Ibid: 71). Self-administered questionnaires are considered to be one of the preferred techniques for collecting sensitive information such as respondents' sexual experiences, because it intensifies respondents' privacy (Moore and Rosenthal, 1993: 191). In such an anonymous manner, compare to face-to-face interviews, respondents are probably less embarrassed about reporting their ideas and experiences about sexual issues. It is therefore essential in sexuality research that the researcher should try to ensure the confidentiality, anonymity of the response, and if possible, to prepare secure environment for the research participant so as to reduce the effects of distortion

On the other hand, face-to-face interviews allow for explanation of problem questions, probing, and the clarification of unclear responses. If a comfortable rapport develops between interviewer and interviewee, respondents are likely to be quite honest and forthcoming.

1.2 EMPIRICAL RESEARCH

Quantitative Questionnaires

The measurements of quantitative research provide a general overview of particular situations, populations or phenomena in a systematic and comparable manner (LeBeau 1996: 39; Punch 1999: 242). Quantitative data in general are considered to be less variable but more reliable than qualitative data, and thus many sociologists advocate using quantitative data due to their objectivity and scientific accreditation (Haralambos and Holborn 2000: 1001). In fact, questionnaires are a frequently used research technique in social sciences, which is the most practical way of collecting standardised data about large numbers of people (Giddens 2000: 544; Haralambos and Holborn 2000: 1001).

* Questionnaires were used in this research as the quantitative method to collect data on sexual health KAPs among secondary school learners in Katutura. The questionnaire was self-administered by distributing it to learners in Grades 8, 10 and 12 at three secondary schools in the study area. These schools were Jan Jonker Afrikaner secondary school, A. Shipena secondary school and Jacob Marengo secondary school. Face-to-face interviews were not used because the respondents were given questions to answer about sexual issues and their personal sexual experiences and activities. Due to the sensitive nature of the topic, it was deemed impossible to conduct face-to face interviews, which could make the respondents uncomfortable to discuss in public.

Questionnaires were distributed to respondents when they entered the selected classrooms so as to avoid potentially embarrassing situations. Respondents were asked to fill out the questionnaire during the class after given little instructions and explanations for the questionnaire, and to put in large envelopes when they finished. Researcher stayed in an each class while respondents were answering the questionnaire and assisted them if necessary.

Respondents were asked questions on the following topics in line with the research objectives:

- ~ sexual health education in school;
- ~ relationship and communication with parents;
- attitudes toward sexual relationships;
- perceived gender roles and stereotypes;
- sexual activities;
- -- important sources of information about sex and sexual issues;
- knowledge and attitudes about condom use and sexual health risks such as pregnancy, STD's and HIV/AIDS.

Key Informant Interviews and Focus Group Discussions

Qualitative approaches can be carried out in a natural environment, enabling researchers to gain the local insight of the topic they study such as specific cases

embedded in the context. Qualitative methods include participant observations, case studies, life histories, key informant interviews and focus group discussions. These methods can be selected depending on the research area, topic and question under investigation (Punch 1999: 244-245).

Key informant interviews and focus group discussions were conducted as qualitative research for this thesis. Semi-structured interview forms were designed for the interviews. The key informant interviews were administered to teachers, pastors, HIV counsellor, social worker and nurse to obtain in-depth cultural information and professional views concerning adolescent sexuality. Interview methods are usually divided into three main forms of structured, unstructured and semi-structured.

Haralambos and Holborn explain that structured interviews are similar to questionnaires in that respondents are allowed to answer only for predetermined questions asked, while unstructured interviews are built upon more natural conversation so that respondents can talk freely about the topics in which researchers are interested (2000: 1003). However, they point out that, "most interviews fall somewhere between these two extremes," namely semi-structured interviews (Ibid). Therefore, informants to semi-structured interviews were allowed to talk about the questions in detail, although their answers were basically factual about the topic.

- ✓ Focus group discussions with secondary school students took a more unstructured form so that the informants were able to talk freely about general questions asked, as long as they covered the area on which the questions were focused. These types of interviews, such as group interviews and focus group discussions are, "an active

process in which knowledge is created through interaction,"(Ibid: 1005). This method is used so that the informants become more reflective to each other, and the discussion can be further developed to obtain more in-depth data. In this research, members of each group had at least two common characteristics, that is, educational level and gender because of the sensitive nature of the research topic. The focus groups, therefore, consisted of four to six people of the same gender and educational level. These qualitative data were used to corroborate quantitative data collected. Both the interviews and discussions were tape-recorded and later transcribed for the purpose of analysis.

1.3 SITE SELECTION AND SAMPLING

Site Selection

Katutura, a former township of Windhoek in Namibia, was selected as the study site because of the high rate of population growth, rapidly changing environment as an urban area and of HIV prevalence among pregnant women.³ The population in this area has been constantly increasing since Namibia's independence in 1990. It is estimated that the total population of the Greater Windhoek area is about 200 000, about 60% of which live in Katutura but occupy only 20% of the Greater Windhoek

³ According to the Epidemiological Report on HIV/AIDS for the Year 1999, at least 23% of pregnant women in the Windhoek area are HIV positive. The highest HIV infection rate was found in Oshakati (34%), 29% in Walvis Bay and Katima Mulilo, while Windhoek has the fourth highest rate in Namibia (MoHSS 1999).

area (Frayne 1998: 6). One study shows that 34% of the Katutura population is 16 years of age and younger (Pendleton 1993: 46). The majority of people in Katutura originally come from the rural areas of Namibia, and have different ethnic profiles. Thus Katutura reflects the ethnic diversity of Namibia.

Teenage pregnancy rates in Katutura are reported to be surprisingly high,⁴ although a report shows high rates of teenage pregnancy in overall Namibia (MoHSS: 1992). These data are important for sexuality research in that such high rates of teenage pregnancy imply the early onset of sexual activity among, at least, women, as well as non-use of contraceptives. In addition, teenage pregnancy often involves some negative consequences such as low levels of educational attainment, economic obstacles, and psychological issues.

Selection of Quantitative Informants

A sample of 344 learners was drawn. The study population was stratified by education level and gender to obtain demographic differences within the population. Education level was deemed more practical than age by which to stratify the study population, because there were learners of different ages within a single class at the selected schools. Therefore, it was an appropriate technique to have strata by education level rather than age, and was also more valid for statistical purposes.

⁴ One report shows that 22 girls in one Katutura school became pregnant between January and August of 1992 (MSY 1993: 6)

Table 1 Distribution of Questionnaire Respondents

Grade	Gender	Population	
Grade 8	Male	66	125
Grade 8	Female	57	
Grade 8	Unclear	2	
Grade 10	Male	53	115
Grade 10	Female	62	
Grade 12	Male	46	104
Grade 12	Female	58	
		Total	344

Table 1 shows the distribution of questionnaire respondents. Because two Grade 8 respondents did not indicate their gender, it was shown as 'unclear' in the Table. The sample population consists of 48% of males and 52% of females (Table 2). The grade distribution indicates that 36% of the sample were in Grade 8, 33% were in Grade 10, and 30% were in Grade 12 (Table 3)⁵.

Table 2. Gender of Respondents

	Number	Percent
Male	165	48
Female	177	52
Total	342	100

Table 3. Grade of Respondents

	Number	Percent
Grade 8	125	36
Grade 10	115	33
Grade 12	104	30
Total	344	100

⁵ Numbers in the text may not total 100% due to rounding.

Selection of Qualitative Informants

Eleven semi-structured key informant interviews with community leaders were conducted to gather in-depth information concerning adolescent sexual KAPs in Katutura. Justification for the selection of the key informants was based on insider knowledge of certain aspects of adolescent sexuality from their work in institutions such as churches, schools and community based institutions, which are influential in regulating social values, norms and morals. Table 4 below shows the distribution of key informants.

Table 4. Key Informants

Occupation	Number of Informants
Secondary school teacher	5
Pastor	3
HIV counsellor	1
Social worker	1
Nurse	1
Total	11

Four focus group discussions stratified by education level and gender were conducted. Each group consisted of four to six learners. Justification for groupings was differential experiences and knowledge of the research topic. The following table indicates the educational grade and gender distribution of focus group participants (Table 5).

Table 5 Grade and Gender of Focus Group Discussions Participants

Grade	Gender	Number
Grade 8	Male	6
Grade 8	Female	6
Grade 12	Male	4
Grade 12	Female	6
Total Participants		20

1.4 PILOT TESTING

Pilot tests of the questionnaire were carried out twice on members of the relevant population. The purpose of the tests was to check the adequacy of the design of questions for measuring concepts as well as to validate cultural and linguistic appropriateness of the wording of the questionnaire. The first draft of the questionnaire was given to a group of students in Grades 8, 10 and 12 at the secondary schools selected. Five boys and five girls from each school were arbitrarily chosen by teachers and asked to fill out the questionnaire for pilot test. While answering the questionnaire, learners were allowed to ask questions of the researcher. According to the first pilot test, some respondents did not understand the words, for instance, describing household's family type such as 'male headed' and 'female headed.' Therefore, these words were changed to 'man with children (father and children)' and 'woman and children (mother and children).' Change to the format of questions was also applied to some cases. For example, based on the answers from an open-ended question asking about the ideal image of boyfriend or girlfriend, the format of this question was changed to a closed-ended, three point

scale question. Also, a few supplementary instructions for questions and modifications on question order were made to the first draft of the questionnaire because some respondents had trouble with following the instructions necessary to navigate their way through the questionnaire.

The second pilot test was conducted with ten students in Grades 8, 9 and 11 at a secondary school in Khomasdal, an area located next to Katutura. The second draft of the questionnaire was handed out to learners who were hanging around after school, so that the researcher was able to ask them frankly whether they found any sentences and questions not clear to them. During the second pilot test, problems with respondents' understanding of some sentences were found, and they were improved for the final version. Although words and sentences used in the questionnaire were carefully checked and simplified after the first pilot test, Grades 8 and 9 learners still had difficulties to understand some sentences. Based on the second pilot test, final changes were made to the overall questionnaire.

1.5 DATA PROCESSING

Quantitative data from 344 questionnaires were checked, coded and entered into the computer. The data were analysed using SPSS.⁶ In the initial stages of the analysis,

⁶ SPSS (Statistical Package for the Social Sciences) is one of the most popular statistical packages. It is a collection of pre-written computer programs. SPSS can perform highly complex data manipulation and statistical analysis on data with simple instructions (LeBeau 1992: 1; Punch 1999:134).

simple frequency distributions of both demographic characteristics and the overall responses were calculated. The results are shown as frequency distribution tables in Appendix I. In the second stage of the analysis, cross-tabulations and contingency tables were created. Chi-square analyses were also conducted to determine the statistical significance of different responses across categories of independent variables. The cross-tabulation, "is a joint frequency distribution of cases as defined by the categories of two or more variables," (LeBeau 1992: 17). A contingency table is a table showing the responses of subjects for one variable as a function of another variable. For example, the following contingency table (Table 24 from Appendix I) shows learners' interest in contraceptive methods as a function of educational level. The entries show the number of subjects at each educational grade choosing a particular answer representing their interest level. The number of respondents who chose 'Interesting' is higher for Grade 10 and 12 than for Grade 8, while the number of respondents who chose 'Not interesting' is lowest in Grade 12.

Table 24. Interest in Information about sex (Contraceptive Methods)

	Grade 8	Grade 10	Grade 12
	Percentage	Percentage	Percentage
Interesting	35.8	70.6	67.0
Somewhat Interesting	27.4	20.2	24.2
Not Interesting	36.8	9.2	8.8
Total	100.0	100.0	100.0

P = .0000 (*P* < .001)

The chi-square statistic is one of the most useful statistical tools need to determine if two variables are related, and if it is important interpreting a contingency table

(LeBeau 1992: 20; Punch 1999: 116). Therefore, the chi-square statistic in this example is used to test the relationship between rows (educational grade) and columns (level of interest) for statistical significance. Significance levels show whether or not the results occurs by chance (LeBeau 1992: 20). If the significance level is less than .05, the rows and columns of the contingency are dependent,⁷ and researcher can expect to get the same results 95 times in 100. In other words, there is significant difference in the distribution of the dependent variable over categories of the independent variables (LeBeau 1992: 20; Lane from a website). In this example $p < .001$ indicates that respondents' interest in contraceptive methods is not evenly distributed across the different educational levels, but that respondents' educational level influences their interest in contraceptive methods.⁸

Data from four open-ended questions such as 'Please explain how you agree or disagree with your parents' attitudes and ideas about having sex?' and 'If you were to have a baby between you and your partner, would you marry or not marry to him/her? Please explain your answer,' provided more than 100 answers for each question but were recoded into 10 to 20 categories. Data about respondents' mother tongue were also recoded into eight categories.

A ground theory approach was used in analysing the qualitative data collected through audio taped key informant interviews and focus group discussions. The

⁷ The Chi-square significance level is also called 95% confidence level (LeBeau 1992: 20), 5% confidence level, or 5% significance level (Punch 1999: 134)

⁸ .0000 in SPSS is represented as $< .001$ (LeBeau 1992: 20).

central idea of ground theory analysis is, “the conceptualisation of the data, and the generation of conceptually abstract categories grounded in the data,” (Punch 1999:218). Qualitative data presented in this thesis were selected based in their representativeness for the population.

1.6 PROBLEMS AND LIMITATIONS

Problems in Sexuality Research

As the spread of HIV/AIDS in countries around the world becomes a serious problem, the importance of research on sexuality has also been growing, while the lack of scientific research on human sexuality has been increasingly noted (Parker 1997: 9; Parker et al. 1999: 419). However, Mauro points out that comprehensive data on sexuality topics are not available at the present time, especially on, “the diversity and distribution of sexual values and behaviours within different populations, societies and cultures; the impact of sexuality on personal and family relationships; and the specific and varied meanings of sexuality for individuals,” and thus these are urgent areas for sexuality research (1997: 5). Opposition to gather and publicise information about sex, strong support for keeping sexuality a private matter and the lack of credibility on sexuality research also make sexuality difficult to study (Laumann et al. 1994: xxviii). Hence, sexuality is a controversial topic, and research findings tend also to be distorted based on the researchers’ perspectives.

The important methodological issues regarding sexuality are difficulties in: research

design and execution; defining concepts of sexuality; sample selection; bias accompanied by participation and self-report; and the complexity of incorporating gender and cultural factors (Mauro 1997: 5). In relation to the obstacles in the methodology, particular data collected from quantitative questionnaires in research investigating sexual behaviour, "may be highly distorted or simply not forthcoming, implying that more qualitative designs that utilise anthropological research methods, convenience samples, key actors and focus groups, may be more appropriate," (Webb 1997: 63). Considering the above mentioned issues, qualitative research in the form of open-ended interviews, case studies etc., have drawn growing attention from sexuality researchers not only to describe the social and cultural contexts of sexual experience but also to enrich sexuality research. However, quantitative methods continue to be much needed and should be employed to test hypotheses and to obtain replicable scientific findings (Webb, 1997:63; Mauro 1997: 5). Therefore, more efforts at integrating qualitative and quantitative methods are required in sexuality research so that research in this field can become effective.

Researcher's Gender, Age and Ethnicity

Gender, age, and the ethnicity of the researcher are factors which might affect respondents' motivations in cooperating in this research. Firstly, gender has arisen when considering women and men as interviewers and women and men as participants, particularly in survey or interview research. It is reported that women as interviewers have higher response rates because they are preferred to men, while it is not clear how much influence the age of women interviewers have on responses

(Ehrhardt 1997: 361).

The impact of age and ethnicity of the researcher as well as gender should be stressed. Moore and Rosenthal point out that, "perceived similarity between interviewee and interviewer increases rapport, with certain personal characteristics of the interviewer, such as age and style of dress, also influencing the degree of trust felt by the respondents," (Moore and Rosenthal 1993: 193). If it is true that the similarity between interviewee and interviewer helps in establishing rapport with respondents, this research might not have been negatively influenced in terms of the age of the researcher, whose age was usually thought of as similar to that of adolescent respondents. Some students showed interest in the researcher's background, taking a positive attitude toward communicating with her. Nevertheless, researcher's perceived age can cause the insufficiency of professional atmosphere.

On the other hand, key informants, who were older than the researcher in most cases, seemed to be more comfortable after told the researcher's actual age. Key informants were generally tolerant of the researcher's ethnicity. However, there is another view of the influence of ethnicity. Two female participants for focus group discussions for this research explained that they were more comfortable with foreign researchers than with Namibian researchers, because they did not have to worry about particular social norms and moral precepts required of them as members of their own society. Therefore the researcher's ethnicity could work positively.

Instruments, Format, Wording and Validity

Validity is one of the most important concepts in measurement in referring to the quality of the data collected (Punch 1999: 30). Thus valid conclusions depend on validity of measuring instruments, particularly content validity, whether the content in the measure represents all relevant aspects of the concept of the study (Moore and Rosenthal 1993: 190; Punch 1999:101-102). One-sided tendency toward questions, format of the questionnaires, and the wording of questions are the main difficulties associated with validity.

Since the purpose of questionnaires is generally to seek a wide range of information, development of each part in questionnaire is needed because the adequacy of items included in the questionnaires greatly influence the validity of information (Moore and Rosenthal 1993:190). In the questionnaire for this thesis, measures of attitudes, values and beliefs about sexual issues are included. Unlike factual information such as respondents' background information, measures of attitudes toward premarital sexual intercourse, for example, may be influenced by the way in which items are described. If premarital sexual intercourse is described more often as a negative activity than as positive one, respondents may be affected by such content in the questionnaire.

The format of the questionnaire is also an important issue in relation to validity. Most quantitative measures for this research were framed in alternative choice formats such as true/false, yes/no, and in 3-point scales such as from 1 = *agree* to 3 =

disagree and 1 = *important* to 3 = *not important*. These data were easy to be quantified. On the other hand, data from open-ended questions provided in-depth information.⁹

Lastly, one problem affecting reliability and validity is the wording of questions. It is pointed out that ambiguous or complex wording such as double negatives can cause mistakes in responses (Moore and Rosenthal, 1993:190-191). In this research, for instance, some respondents were confused by the negative word used in a question. The problems of wording to a large extent depend on the respondent's reading ability and their level of education. All in all, most of those in grade 12 could complete the questionnaire without questions or making silly remarks, but some respondents in Grade 8 had difficulties in understanding some questions so that they could not finish it during the class.

CONCLUSION

Empirical research in social sciences involves quantitative and qualitative methodologies, each of which has its own strengths and weaknesses. Therefore, over-reliance on a particular approach is sometimes criticised, and a combination of both methods can work effectively, especially in research investigating sensitive topic such as sexuality. In spite of some practical limitations on studying adolescent

⁹ According to the result of pilot tests, 3-point scales were selected over the standard 5-point scales due to respondents' age and possible lack of understanding

sexuality discussed in this Chapter, three approaches (self-administered questionnaire, focus group discussions, and key informant interviews) interact as well as support each other to enhance validity between information in collected data and the reality in respondents' life.

CHAPTER 2.

ADOLESCENT SEXUALITY: THEORETICAL PERSPECTIVE

INTRODUCTION

The study of sexuality has been conducted by scholars in various disciplines. However, a single correct approach or theory of sexuality does not exist because sexuality is a multidisciplinary subject, and is a topic which relates to diversity of human behaviour. In this chapter, the ongoing discussion about two different theoretical perspectives on sexuality: essentialism and social constructionism theories are examined, with particular emphasis on 'sexual' scripts theory as a main theoretical framework utilised for this thesis. Studies on adolescent sexuality in Western countries as well as Africa, Southern Africa and Namibia are also reviewed.

2.1 OVERVIEW OF SEXUALITY RESEARCH

Attempts to theorise sexuality have been made in the fields of sexology, psychology, history, anthropology, philosophy and sociology. Various views on sexuality offered by different disciplines form interdisciplinary questions. Therefore, it is important to know the main perspectives and approaches to sexuality research. However, this thesis primarily advocates a sociological approach in which sexuality is studied in relation to all aspects of social life and social organisations, involving other social

issues such as age, gender, race, class and culture.

In traditional sexology studies, sexuality has been seen as a biological, physiological and psychological phenomenon. Sexologists have sought to explain the meaning and nature of sex by examining various factors such as the influence of hormones and chromosomes on the relations between the sexes (Weeks 1990: 45-50). Although their studies tend to underline the difference between male and female sexual natures, as well as between 'normal' and 'pathological' sexuality, recent approaches put more emphasis on the social and cultural shaping of human sexuality (Weeks 1990: 14-17; Jackson and Scott 1996: 2). Therefore, diversities of sexuality are, to some extent, examined within this discipline.

Historians generally consider that sexuality varies across different cultures and through different historical time periods (Bullough 1987: 49; Weeks 1999: 119). One of the main arguments in the historical approach to sexuality is that history is essential for revealing the sources of our attitudes toward sexuality, which are deeply embedded in our beliefs and value systems carried over from the past to modern society (Bullough 1987: 49). A historical view of sexuality also focuses on various social practices by which regulations on sexuality and meaning to human behaviour are produced (Weeks 1990: 36). The most distinguished conclusion, however, is the one that sexuality itself is a product of a socio-historical construct (Foucault 1990: 105).

In an anthropological study of human sexuality, two main types of perspectives are

found: the ethnography of sex and the ethnology of sex. The former is a descriptive way of examining sexuality in a single culture and society, while the latter provides comparative data about sexuality among more than two cultures or societies (Davenport 1987: 197-198). Anthropologists have also raised several fundamental questions about western conceptualisations of gender and sexuality, suggesting that gender is not regarded as a set of binary oppositions by all cultures (Mascia-Lees and Black 2000: 1-2; Jackson and Scott 1996: 8; Ortner and Whitehead 1981: 1-26). As with anthropologists, most feminists do not view male and female sexuality as natural and unchangeable because of their historical and cultural variability as social artifacts. Feminists argue that in a patriarchal society women are alienated from their sexuality in certain ways and are denied their sexual potential. (c.f. Jackson and Scott 1996; Irigaray 1978; Dworkin 1988; Holloway 1984).

Psychologists often use developmental theory, cognitive theory and learning theory when examining sexuality. Each of these is discussed below. The developmental theory examines psychosocial ego, cognitive and moral development through several developmental stages, particularly focusing on change or progression toward higher stages which play a significant part in the growth of autonomy and independence (Serbin and Sprafkin 1987: 164-165; Taylor 1994: 30-33). Although developmental psychologists are primarily concerned with developmental patterns in the behavioural expression of sexual drives, they also attempt to identify sex roles and sex-typing (masculine or feminine) development (Serbin and Sprafkin 1987: 164-165; Maccoby 1998: 7-8).

Cognitive theory, which derives from experimental and clinical psychology, focuses on cognitive activities in children's development of perception and evaluation in influencing sexual behaviour and patterns (Serbin and Sprafkin 1987: 164; Walen and Roth 1987: 338-339; Maccoby 1998: 153-157). This theory offers the idea that knowing social expectations and cultural messages concerning appropriateness impact on the construction of individual identity and behaviour. Studies of gender cognition view that child's knowledge and comprehension of gender stereotypes lead to a self-socialisation process, and are considered to be the central cognition in the development of gendered behaviour (Serbin and Sprafkin 1987: 164; Maccoby 1998: 8-9, 153-157).

The learning theory emphasises the lasting importance of experience in childhood on adult behaviour. In other words, this theory views the values, beliefs and behaviours that children learn in childhood, particularly from the people closest to them, as crucial determinants of adult sexual behaviour, whereas the society itself in which children are brought up is also considered to be one of the key determinants (McConaghy 1987: 287-289). Scholars who support the learning theory approach, to some extent, are linked to those who agree with psychoanalytical theory in that both reject biological factors in determining sexual behaviour and believe that childhood experience has a profound influence upon sexuality. The central concept of psychoanalytic theory is that repression, as Freud postulated in relation to consciousness, develops the concept of identification (McConaghy 1987: 296-297; Person 1987: 385-410; Jackson and Scott 1996: 10).

Lastly, sociological studies on sexuality and sexual behaviour generally reject biological explanations in accounting for sexual phenomena but recognise social factors as central determinants in ruling the expression of sexuality (DeLamater 1987: 238; Laumann et al. 1994: 3-5; Davenport 1987: 217; Kon 1987:260). Focus of sociological view is often paid to the influences of social institutions such as the family, religion, economy, and medicine, all of which have their own ideologies about sexuality that operate as social controls over sexuality (Delamater 1987: 238). However, sociology has not only investigated sexuality at the societal level but also at the individual level. According to Kon, the 'macrosociological approach' examines the general social determinants and structural frames, such as the function of social structure, social stratification and institution, distribution of power, and modes of socialisation, as factors that establish and maintain the forms and standards of sexuality (1987: 261). On the other hand, the 'microsociological approach,' which is closely linked to the work of G. H. Mead, E. Goffman, and W. Simon and J. H. Gagnon, seeks to explain individual behaviour, assuming that it is formed and transformed based on interpersonal communication and mutual interaction with others (Ibid).

One of the most significant contributions of sociological studies on the subject is that the differences in the pattern and form of sexuality among member of the same society, depending on social class, economic status, gender and race, are revealed (Simon and Gagnon 1998; DeLamater 1987; Weeks 1981; Weeks 2000). Moreover, class plays a major part in regulating sexual mores through social struggles in Europe, and more recently through sexual liberation, overlapping with other social variables

(Weeks 2000: 135-137). Indeed, there has been a growing interest in studying sexuality in this discipline, with an effort toward understand the significance of sexuality in structuring social (Weeks and Holland 1996: 1-13).

Each of the above mentioned approaches has its own strengths, but the main stream of previous scientific research on sexuality has been conducted in the disciplines of biology and psychology which have focused on sexuality as individual variations (Maccoby 1998: 5; Laumann et al. 1994: 3). Such research, "has defined sexual activity to be the physical actions that a person performs (or the thoughts and feelings that a person experiences)," and thus has difficulty in explaining and predicting human sexual behaviour (Laumann et al. 1994: 3). While these individualistic approaches provide profound knowledge at the individual level, the fact that most sexual behaviour involves others indicates the need to consider sexuality as a social behaviour.

2.2 ESSENTIALISM VS. SOCIAL CONSTRUCTIONISM

There has been an argument over sexual differences between males and females, as to whether these differences are biologically determined or socially constructed. This nature or nurture debate is often seen as the antagonism between essentialism and social constructionism (Laumann et al. 1994: 284; Pattatucci and Hamer 1995: 154-155; Irvine 1995: 1). The idea that social factors have a greater impact on sexuality than do biological factors is prevalent in most social science thinking. In

our daily lives, however, essentialist ideas that sexuality is a natural, inherent aspect of the self are more common than social constructionist ideas that sexuality is deeply influenced and constructed by socio-cultural factors. Despite the basic assumption of this thesis, that sexuality is a social artifact, it is worth looking at each of these perspectives because essentialist ideas on sexuality also constitute a part of social influences in constructing sexuality.

Essentialism View on Sexuality

Essentialism about sexuality is more predominant than social constructionism in popular thinking (Laumann et al. 1994: 258; Irvine 1995: 2-3). In fact, essentialism is so deeply imprinted that many people do not even doubt such essentialist ideas. The academic study of sexuality has also been dominated for over a century by medicine, psychiatry and psychology, all of which classify sex as the property of individuals (Rubin 1999: 149). The paradigmatic form of essentialism is a kind of biological or genetic causal model. This model is based on the idea that regardless of categories such as men or women; heterosexual or homosexual; whites or blacks to which members of various domains belong, all members share an essential feature that is identical. Usually this essence is believed to be dominated by external physical attributes. Wilson, discussing from the traditional perspective of biological approaches to human sexuality, says that behaviour in most species is controlled by gonadal hormones which:

are involved in the conversion of the sexually indifferent embryo into the male phenotype, in sexual and reproductive maturation of males and

females during postnatal life, and, in the male at least, in the development of a basic sexual drive at the time of sexual maturation (1995: 132).

He also notes the biological fact that gonadal hormones influence the reproductive behaviour of humans and animals (Ibid). An essentialist approach to sexuality assumes that sexuality is a natural, inherent aspect of the self, and the idea of the sex drive is one of the most common found in essentialism (Irvine 1995: 3). Major essentialist assumptions on sexuality are: the existence of an inherent sex drive or instinct; and that sexuality is a universal expression across different historical times and cultures (Ibid). In other words, essentialism is the idea that considers sexuality to be fundamentally unchanging and asocial, therefore sexuality in this view has no historical or social determinants that control and regulate it (Rubin 1999: 149; Connel and Dowsett 1999: 179)

Approaches by theorists such as Sigmund Freud, Alfred Kinsey, William Masters and Virginia Johnson are often included in essentialism because these theorists assume an inherent sex drive, and thus support the idea that sexuality is a biologically-based force (Irvine 1995: 3). For example, Freud along with Havelock Ellis who attempts to include social elements in the content of erotic motivation, does not view sexuality as purely biological in nature (Kon 1987: 258; Padgug 1999: 24). On the other hand, Freud's libido theory and his hypothesis of the universality of the Oedipus complex view sexuality as something inherent to the individual and universal (Padgug 1999: 24; Kon 1987: 258; Davenport 1987: 197-198). Therefore, Freud's theory is regarded, in many cases, as essentialism.

Essentialists argue that there are universal differences between male and female sexuality, which are the result of biological factors that constitute the sex drive (Irvine 1995: 12). In the late nineteenth century an orthodox idea is expressed by Krafft-Ebing who described sex as a, “ ‘natural instinct’ which with all conquering force and might demands fulfilment,” (in Weeks 1999:127). The clear presupposition here is that the sex drive is basically male in character (Ibid: 126-127). The idea of a ‘female nature’ and a ‘male nature’ that essentialism postulates leads to the assumption that heterosexuality represents the normal and natural development of the sexual drive. Criticism against the essentialist idea of forced heterosexuality is found especially in works written from gay and feminism perspectives (Jackson and Scott 1996; Weeks 1990; Rich 1978). Feminism has challenged essentialism due to its emphasis on a ‘female nature.’ However, radical feminism is often treated as the representation of essentialism because it stresses an essential female nature and female sexuality (c.f. Irigaray 1985; Dworkin 1981; Mackinnon 1987; and Rich 1978)

For many people, essentialism was our first way of thinking about sexuality and still remains hegemonic. It is a powerful social ideology, supported by social ‘commonsense’ (Connell and Dowsett 1999: 183). For example, all girls in Grade 12 who participated in focus group discussions for this thesis believe that women can control their sexual urges but men cannot. They believe that men are simply unable to control their sex drives, which they think is in men’s nature (see Chapter 6). The idea that men are naturally sexually aggressive, while women are passive, reinforces the myth that it is a women’s responsibility to tame or control the powerful male sex

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drive. Such a myth about the nature of male and female sexuality exerts a powerful cultural influence.

Social Constructionist View on Sexuality

Social scientists have developed a perspective on sexuality that challenges essentialism. This perspective is called 'social constructionism,' (Vance 1999: 40-46; Irvine 1995: 12). Fundamental ideas of the social constructionism approach to sexuality, as the term suggests, assume that sexuality is a social product or construction with historical and cultural influences. Although most social constructionists admit that human sexuality has biological roots, they emphasize the historical and cultural variability of the expression of sexuality (Irvine 1994: 8; Weeks 1990: 11-18). In this view, therefore, the way members of a society behave sexually vary from one society to another, and how conceptions of sexuality have changed over time, also vary across societies (Irvine 1995: 12; Laumann 1994: 285; Deverell and Prout 1999: 339; Vance 1999: 39-50; DeLamater 1987: 237).

Weeks clearly states the difference between essentialism and social constructionism. He argues that the essentialist approach to sexuality, "seeks to explain individuals as automatic products of inner propulsions, whether of the genes, the instincts, the hormones, or the mysterious workings of the dynamic unconscious," (1990: 16). On the other hand, the social constructionism approach explains that sexuality is shaped by social forces, and cannot exist without its social forms and social organisation (Ibid: 24). Thus sexuality is determined by various social factors such as, "kinship

and family systems, economic and social organization, social regulation, political interventions, and 'cultures of resistance,' " (Ibid: 27).

Some of the important characteristics of social constructionist approach, in addition to the rejection of essentialism, are the focus on forms of discourse and the questioning of common-sense ways of understanding social reality. Social constructionism explains that all forms of knowledge, including the categories and concepts, are historically and culturally specific, and that knowledge is acquired as well as reproduced through everyday interactions between people by using forms of discourse (c.f. Burr 1995; Shotter 1993). The fundamental ideas of these social constructionist views are often found in Foucault's work. For Foucault, knowledge is a particular common-sense view of the world dominating in a culture at any one time, and discourse has a constructive power (c.f. Foucault 1972, 1990). It is intimately bound up with power in that the power to act in particular ways depends on the prevailing knowledge and discourse in a society. However, dominant knowledge and discourse, according to Foucault, is continually subject to contestation or resistance. Therefore, his view of power is not an essentially repressive force, but power and resistance are two sides of the same coin.

Foucault considers the body as a major site of power relations (1990). He argues that 'sex' became an area of target of the state in the eighteenth century, and thus the body also came under constant surveillance of authorities who encouraged people under their supervision to confess about sexual practices. Sexuality was rapidly constructed in the nineteenth century with an explosion in discourses of sexuality, for

sex was not an object of analysis, concern, surveillance and control before this period (Foucault 1980a: 56-57). Foucault views that sexuality is a historical apparatus when stating that:

Sexuality must not be thought as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power (1990: 105-106)

Thus, sexuality is not a biological entity. He also points out that sexuality is constituted in the course of historically specific social practices, especially in discourse, arguing against 'repressive hypothesis' in which it was believed that there had been a pervasive silence and repression on the subject of sex since the seventeenth century (Ibid: 10-12).

Many scholars also support Foucault's argument on the social organisation of sex that new forms of sexualities are constantly produced based on the idea of 'normality,' which is associated with power (c.f. Rubin 1999, Burr 1995, Weeks 1990). This power is called 'bio-power' with which things are distinguished in one way or the other, into a series of binary oppositions. It consists of two components, scientific categories of human beings and disciplinary power, the latter of which is a form of internalised surveillance. Foucault explains that, "Power is essentially what dictates its law to sex. Which means first of all that sex is placed by power in a binary system: licit and illicit, permitted and forbidden," (1990: 83). Therefore, with

'bio-power' the ideas of 'sexual perversion' or 'sexual immorality' become a possibility as the opposition of 'sexual normality,' because 'bio-power,' "acts as the formative matrix of sexuality itself as the historical and cultural phenomenon," within which people are effectively controlled through their own self-surveillance to adjust their behaviour according to 'normality," (Foucault 1980b: 186). In other words, power originates power over the body.

Social constructionism examines the implicit assumptions of our thinking about sexual preferences and orientations, and questions their universality. The social distinction and hierarchical relationship between men and women profoundly affect our sexual lives. This is applicable not only to those who are heterosexual but also for lesbian, gay and bisexual people, because their sexualities are also shaped by extensive understandings of masculinity and femininity that are based on hetero-centrism. The fact that gays and lesbians are often distinguished from 'real men' and 'real women' verifies that our sexuality is attempting to be limited by society within two so-called 'natural' or 'normal' gender categories, that of 'men' and 'women.'

Although sexual identity is defined by how people think about themselves in terms of who they are sexually attracted to, there are arbitrary norms prescribed by society, for example, that one should be sexually attracted to the other gender. Since these norms are so deeply internalised in the majority of members of most societies, this majority hardly believes or wants to admit to the fact that a person can be sexually attracted to members of both genders. To be a 'natural (man or women),' one should dress, act,

think, feel, and relate to others according to prescribed gender norms for a woman (feminine) or man (masculine) in a society. Such gender roles based on one's sex, whether one has a vagina or a penis, greatly influence our lives as a whole, because the definition of a role from a sociological perspective is that a role is, "associated with a social status that defines its relationship with another position," and individuals are connected to social systems through such roles they perform (Johnson 1997: 236).

Rubin discusses the idea that sexuality is, "most inclusively structured by a sex/gender system... [that is]... composed of interrelated components of gender divisions, sexual divisions of labour, and sexualities, which vary by culture and across time. It is the set of arrangements by which a society transforms biological sexuality into products of human activity," (1975: 159). Namely, it is the system of society that transforms the penis as an organ with no inherent social character into the phallus as an organ, which symbolises male authority, dominance and social power. On the other hand, female sexuality in this context, "extends to the whole structure of feminine personality as dependent, passive, unaggressive and submissive... [so that]... this is not just a matter of her open vagina," (Oakley 1972: 36).

What makes sexuality problematic is neither heterosexuality nor its roots in biology; both of these are merely subsequential outcomes. A more fundamental factor is all social statuses in the social system. It is clear that each social status is substantiated only through its relation to other social status (es), so that the status of 'men' in a

certain social system cannot exist without a corresponding category of 'women' in the same social system. The concept of status, the operation of power structures among each or entire social systems, forms asymmetrical differences between the categories. In a social system, socialisation is necessary if the system is to continue and effectively function, because every social system is subject to the members of the society who are motivated and prepared to perform the various roles scripted and required. Consequently, everyone is supposed to be embodied in the mechanism of socialisation if they are to participate in social life.

2.3 SEXUAL SCRIPTS THEORY

Socio-cultural processes play a fundamental role in determining what we perceive to be 'sexual' and how we construct and interpret our sexual expressions (Simon and Gagnon 1998; Ortner and Whitehead 1981: 1-26). Therefore, what is sexual in one society may not be sexual in another society, because we learn the meanings of 'sexual' in the specific social context in which such sexual meanings are differently scripted according to social categories. Gagnon and Simon use the term 'sexual scripts' to conceptualise sexual behaviour in social life and state:

Sexual behavior is a socially scripted behavior. The sources of sexual arousal are to be found in socio-cultural definitions, and it is extremely difficult to conceive of any type of human sexual activity without this definitional aspect. It is also equally clear that the sources of the sexual scripts... find their origins not in biology or even training for sex itself, but in the application of social attributes to both the situation and the actors. It is not the physical aspects of sexuality but the social aspects that generate the arousal and organize the action (1973: 262).⁴

Simon and Gagnon see sexuality as a field which is exclusively dominated by socio-cultural factors, although they agree to the biological roots of sexuality (1998). From this perspective, behaviour becomes sexual only when individuals make an arrangement between necessary ingredients, such as desire, privacy and closeness with attractive others, and an appropriate script (Simon and Gagnon 1998). In the theory of scripting, three levels of sexual scripts are proposed: *cultural scenarios*, *interpersonal scripts*, and *intrapsychic scripts* (Simon and Gagnon 1987: 363-383; 1999: 29; Gagnon and Simon 1973: 19-26).

Cultural scenarios are the most basic sociogenic instruction that guides collective social life. The scenarios specify appropriate sexual goals, objects and self-other relationships, by providing instructions as to when, where, how, with whom and why one should be sexual and have sexual intercourse (Simon and Gagnon 1987: 363-383; 1999: 29-38). It can be explained that cultural scenarios are similar to cultural norms in that both are seen as configurations of meaning that are externally constructed to provide the individual with models of sexual conduct. People learn these scripts from the dominant culture, but they also learn sexual rules and logic that are specific to their own culture (Irvine 1995: 38; Moore and Rothenthal 1993: 41). Sometimes competence or contradiction is found between cultural scripts from the dominant culture and the non-dominant culture.

Interpersonal scripts are the structured patterns of interaction that allow individuals to function in everyday sexual situations, and largely reflect cultural scenarios (Simon and Gagnon 1987: 365-366). In other words, interpersonal scripts represent

the individual's perception of cultural scenarios in the external world (Ibid). On the other hand, *intrapsychic scripts* are distinguished from the other two levels in that intrapsychic scripts reflect individual desires, fantasies and plans which facilitate individual motivation for sexual conduct (Gagnon and Simon 1973: 20-21; Simon and Gagnon 1987: 365-366). Therefore, individuals do not simply follow cultural scenarios. However, according to Gagnon and Simon, individual desire does not completely originate in the self, but rather it is created along with the self, linking to social meanings (1999: 30). Other scholars also point out that intrapsychic scripts and cultural scenarios are not the opposite of each other because much of what has been interpreted as a function of a biological sex drive is, in fact, culturally shaped (Moore and Rosenthal 1993: 41; Irvine 1995: 44).

From a sociological point of view, DeLamater argues that cultural scenarios are embedded in social institutions (1987: 245). Behaviours that are compatible with the orientations of major institutions such as family, religion or economy will become scenarios that are positively valued, while other activities that are incompatible with these orientations will be stigmatised (Ibid: 238). Therefore, the person who engages in activities that are disapproved of may be temporarily or permanently stigmatised (Ibid: 241). In Christian religion, for example, asceticism and procreational orientation are two main ideologies that are sources of cultural scenarios: These are the scenarios of abstinence and reproductive sexuality, which accepts sexual activity only within marriage. Consequently premarital, extramarital and postmenopausal sexuality as well as sexual activities other than vaginal intercourse are defined as undesirable (Ibid). Laumann et al as well stress that, "understanding about what is

appropriate within the context of a specific relationship are nothing more other than scripts," (1994:21).

Sexual scripts theory is indeed considered to be one of the main theoretical frameworks used in scrutinising adolescent sexuality (Dowsett and Aggleton 1999: 13). In relation to the effects of scripts on actual behaviour among adolescents, a number of researchers have found the existence of a general pattern of activities followed by adolescents as they acquire sexual experience (Martin 1996; DeLamater and MacCorquodale 1979; Laumann et al 1994). Research, known as discourse analysis, on the scripts of sexual behaviour and the effects of scripts on actual activity among adolescents has attempted to determine what constitutes adolescent sexual scripts through analysis of social interactions, adolescent literature and stories, and the way people talk about sexuality and relationships. The different sexual scripts adopted by adolescents as well as discourses that represent male-female interactions are important guidelines for adolescents' socialisation. It is argued that adolescents develop their sexual scripts primarily from early scripts that arise from listening to others talk and absorbing the popular culture (such as movies, videos, television, magazines and books) rather than from experience (Moore and Rosenthal 1993: 84). In this way, the concept of sexual appropriateness and inappropriateness for age and gender are acquired by adolescents (Ibid). For example, the representation in romantic novels, girls' comics and magazines powerfully function to socialise preadolescent girls (Walkerdine 1984: 162-184). Sexual scripts in these sources typically describe women as passive and victims who are waiting for love and a strong man to be saved, while many stories for boys depict the male as a hero

overcome problems (Ibid). Similarly, Martin analyses adolescent sexuality as a product of cultural discourses, social interactions and one's internalisation of each of these, particularly looking at the relation between sexual subjectivity and girl's lower self-esteem (1996).

The strength of the concept of sexual scripts is that it brings together two levels of meaning, namely the cultural and the intrapsychic, and links them to a system of interpersonal (Laumann et al. 1994: 7). However, situational determinants of sexual behaviour in real-life are so complicated that it is essential to have a large number of accounts of sexual encounters to determine the nature of sexual scripts so as to respond to real occurrences (Bolton 1999:451).

2.4 SEXUALITY RESEARCH AROUND THE WORLD

Non-African Countries

Various writers have described the sexuality of different cultures and attempted to account for these differences through an analysis of cultural contexts. A study of Papua New Guinea, which examines the androgynous image of female ritual leaders, found that Western categories of sexuality are inappropriate to describe their complex structure of sexuality and gender (Poole 1981: 116-165). By the same token, in native people of North America and Papua New Guinea homosexual practices are regarded as acceptable, and thus the Western idea of sexual perversion cannot

explain sexuality in those cultures (Whitehead 1981: 80-115). In Japan, men are still perceived to be sexually available after marriage, yet women are primarily supposed to be mothers because of the predominant notion of 'motherhood.' In other words, a woman equals being a mother (and raising children) but does not equal being sexual (Yoshizumi 1995: 184; Ohinata 1995: 199-208). On the other hand, in Morocco as in many Islamic cultures, women are viewed as more highly sexual than men, and therefore female sexuality is restricted in order not to distract men from their dedication to God (Mascia-Lees and Black 2000: 35).

With regard to cultural contexts, prevailing cultural norms have fundamental effects on sexuality. Some of these norms are explicit and open, with clear guidelines about their enactment. There is also a conflict between the norms of the younger generation and the older generation, the latter of which tend to value sexual restraint and deplore permissiveness, while the younger generation may consider sexual experimentation and liberalism as important (Moore and Rosenthal 1993: 40). Furthermore, sexual norms are regarded differently by men and women. In society, men and women have different expectations about sex roles, which are defined by society and culture.

These sexual morals and norms are maintained and reinforced through social and cultural factors. Thus, social influences such as the family, school, peers, religion and the media play a central role in sexual Knowledge, Attitudes and Practices. Parents and other family members are considered to be the most significant factor influencing adolescent sexuality. Many scholars outline the ways in which parents influence their children by considering parents' attitudes about sexuality and gender,

parents as role models, and the power distribution and communication between two parents as well as parents and children (Moore and Rosenthal 1993; Coleman and Hendry 1999; Kroger 1996). For example, daughters' plans for both marriage and parenthood are associated with mother's intentions and expectations, while mother's expectations are similar due to a closer relationship between mother-daughter than mother-son (Starrels and Holm 2000). However, mothers perceive that they are doing a good job in providing their children with sex education (Rosenthal et al. 1998). Also, a study focusing on parents' trust in their children shows that a child's spontaneous disclosure of the knowledge of daily activities is most closely linked to parental trust (Kerr et al 1999).

Although parental influence is powerful in shaping adolescent sexual behaviour, in a study on sexual attitudes, nineteen-year-old focus group members indicate that friends' approval has the strongest effect on their sexuality, while those between fifteen and seventeen years of age indicate that discussions with their parents is the most influential (Coleman and Hendry 1999: 103). Peer pressure is, therefore, deemed to have as strong an influence as parental advice. One's own level of sexual activity is tightly entwined with his or her friends' attitudes toward sex, and therefore, adolescents whose peers are sexually active are more likely to engage in sexual activity (Mueller 1999: 227). Religious belief is also considered to be one of the major influences on sexuality. Studies reveal that there is a tendency toward the delay of sexual activity among adolescents involved in religious activities, compared with those who are not involved in religious activities (DeLamater and MacCorquodale 1979; Thornton and Camburn 1987 in Coleman and Hendry 1999).

There has also been research focusing on the consequences and risks of sexual conduct, especially teenage pregnancy, STDs and HIV/AIDS. Because of the urgency and seriousness of the AIDS epidemic, much research has been conducted on the understanding of human sexuality and its cultural and social determinants (River and Aggleton 1999; Moatti et al 2000: 4). Large-scale quantitative data sources on sexual behaviour (including adolescents and young adults) have become available for the general population in many European countries and the United States (c.f. Laumann et al 1994; Smith 1998; Sonenstein et al 1997; Lagrange et al 2000; Bochoy 2000; CDC 1995, 1997, 1998). For example, the results of a French national survey of sexual behaviour among 15 to 18 year-olds show that while French youth tend to use condoms at first sexual intercourse and at the start of a new sexual partnership, they tend to stop using condoms as soon as a relationship has become stable (Lagrange et al 2000: 103-118). In addition, the age at first sexual intercourse in France has not changed due to the introduction of HIV/AIDS prevention programmes (Ibid). In Belgium, data similar to the French condom use patterns were collected (Delor 2000: 77-91). Hence, the AIDS epidemic does not seem to have brought about major changes in the sexual behaviour among young people in Western countries.

On the other hand, some positive changes in the recent trend of adolescent sexual behaviour in the United States were found: that is, the end of the increase in premarital and adolescent sexual activity; the settled proportion of adolescent pregnancy and childbearing; the increase in condom use; and the decrease in some STD rates among adolescents (CDC 1995, 1997, 1998; Sonenstein et al. 1997; Urban

Institute 2000; Smith 1998). These data indicate that sexual risk-taking by adolescents in the US has declined (Urban Institute 2000: 10). Nevertheless, AIDS is still the seventh leading cause of death among young people aged 15 to 24, and the physical, social and economic costs of other STDs and unintended pregnancy remain high in the United States (Urban Institute 2000: 19; Smith 1998: 6)

Studies conducted in Bulgaria and Russia have analysed the rapid increase and changes in sexual activity among young people during the 1990s as well as the consequences of these changes, as a result of the rapid transition of political and societal arenas (Vassileva and Komarova 2000: 119-134; Chervyakov and Kon 2000: 135-146). With regard to HIV prevention, these political and societal changes create a context of intergenerational conflict between young people and their parents in terms of the persistence of values, norms and rules that prevailed in the former political system (Ibid).

Africa and Southern Africa

Not many studies focusing on sexuality *per se* have been conducted in Africa, primarily because the subject has been and still is regarded as taboo in most African countries. Early research on sexuality in Africa has been through ethnographic and descriptive studies, mainly done by anthropologists, examining traditional ways of life and cultural practices concerning sexual behaviours (McLean 1995: 401). After the women's movements in the 1970s, feminists in Africa as well as on other continents actively produced works concentrating on women and their experiences,

and some of these studies examined the issue of sexuality. Feminism aims at producing knowledge that contributes to changes in inequality and the domination of existing social relations based on gender discrimination, for this reason feminism is usually linked to political practices (Meena 1992: 2; Allen and Leonard 1996: 28; McFadden 1992: 163). Although the representation of African women in feminism is sometimes unnecessarily victimised, feminism has played a significant role in developing studies on sexuality in Africa as in other parts of the world. Indeed, understanding as well as revealing the meaning of cultural practices concerning sexuality has been a central part of African feminism for at least a decade (Bennett 2000).

■ Sexuality in historical contexts

Taking into account the historical context of Africa, which is an unavoidable aspect necessary in understanding today's sexuality, McFadden stresses the impact of the Western concept of sex and sexuality on deconstruction and reconstruction of sexuality among indigenous people through colonisation (1992: 171). For example, the principles of male proprietorship over female sexuality were underlined by the colonial administration in Zululand to reduce the African population (Walker 1990b: 184). At the same time, a decline of sexual morality, increased rates of premarital pregnancy, and a change in the role and status of women stemmed from the breakdown of traditional family structures as a result of the migrant labour system (Ibid: 168-196). In south-east Africa, sexuality was redefined by Christian societies and was evaluated according to Western concepts and norms (Meintjes 1990: 140).

It is true that colonisation changed traditional forms of life in Africa, however, African societies are sometimes romantically depicted as a dichotomy between a harmonious and integrated past versus a present moral wasteland (NRC 1993a: 83; UNDP 2001: 52). In addition, some scholars say that female sexuality in pre-colonial societies was controlled by women themselves, but others argue it was not (NRC 1993a: 83; McFadden 1992: 169). Bozzoli, for example, demonstrates women's continuous subordination to men in South Africa, by examining patriarchy, and the development of the capitalist society and its impact on family life as crucial determinants for women's oppression (1983: 139-171). It is argued that the transformation of existing forms of patriarchy occurred during nineteenth and twentieth century South Africa was caused by colonialism, the penetration of merchant capital, proletarianisation, and class and state-formation (Ibid). The important point, however, is that this change in the patriarchal system has not meant an end to male dominance over women. Patriarchy in South Africa was only a shift of power from the position of father or chief to positions in other institutions of politics and economics (Ibid). Therefore, women in South Africa have been subject to the male control since pre-colonial time with apparently no fundamental change in their social status.

Although further investigations are required to draw conclusions, these differences in description of sexuality can be partly explained by urbanisation and the breakdown of tradition. Formal education in modern school systems introduced by missionaries through colonisation as well as urbanisation caused a change in the traditions of sex education exercised in pre-colonial Africa, where sexual knowledge was transmitted

to young people during initiation rituals (Dunton and Palmberg 1996: 24). After this change, people were taught the ideology based on Christian morality that, "sex within marriage was the only natural and permitted sexual activity, and that reproduction was its purpose" (Ibid). It is assumed that the impact of colonisation, Christianity and urbanisation largely reduced expressions of sexuality, and therefore, sexuality has been sometimes described as more liberal in pre-colonial African societies than in the present.

■ Sexuality, fertility and women's social status

Christian notions of sexual activity for reproduction are not the same as the African cultural value of fertility. One view on African sexuality is found to be in its relation to fertility. While sexuality on the African continent varies in expression from one society and ethnic community to another, sexuality is closely linked to fertility in most African cultures (McFadden 1992: 169; Walker 1990a: 14; Walker 1990c: 319; Guy 1990: 40-43). The demand for children in African society is explained by the following reasons based on African social organisation:

...the high value attached to the perpetuation of the lineage; the importance of children as a means of gaining access to resources, particularly land; the use of kinship networks to share the costs and benefits of children, primarily through child fostering; and the weak nature of conjugal bonds (NRC 1993b: 2).

The perceived importance of fertility also implies negative attitudes toward contraceptive use that result in lower fertility. The NRC reports that some women have recently shown a tendency to prefer modern contraception to traditional

birth-spacing methods because of the inconvenience of abstinence for themselves as well as to keep their husbands closer to home (NRC 1993b: 8).¹⁰ However, modern contraceptive use is still not fully accepted by many Africans, mainly by men, whereas traditional abstinence methods are perceived of to be highly beneficial to the health and welfare of women (Ibid). Hence, contraceptive use is more strongly shaped by the surrounding social environment than by individual demands for birth spacing in most African cultures. Although fertility is considered to be important for both men and women, women's primary value in society, and particularly in marriage, is determined by their capacity for reproduction (Guy 1990: 41; McClintock 1990: 98; McFadden 1992: 176).

Several studies show that a strong connection between sexuality and cultural values of fertility also exists in southern African countries. In Zambia, for example, a wife could be divorced if the marriage is childless, because the primary duty of a wife is the production of children (Siame et al. 1998: 43-44). Also, it is taboo for a wife to refuse to have sexual intercourse with her husband, and therefore traditional marriage counsellors teach girls to always accept their husbands' demands for having sex and to give them pleasure (Ibid: 56). The practice of dry sex to enhance men's sexual pleasure is reported by 86% of female respondents in a research in Zambia (Ibid: 43-44).

Botswana women's ability is strictly limited in almost every aspect of their lives.

¹⁰ Most African societies have had and do have birth-spacing practices in which the mean period of postpartum sexual abstinence was 2.5 years in west Africa and 1.5 to 2.0 years in east Africa. However, male members of those societies, where the practice of polygamy is exercised, are able to have alternate sexual partners during the postpartum abstinence period (NRC 1993b: 7).

First and foremost, women in Botswana have only three roles that are, “a docile daughter, wife or caring mother” (Datta et al. 1998: 53-58). In marriage, the legal head of the household is a husband who controls all property including a wife, and thus, he has a right to demand sexual intercourse as well as to decide the number of children in the marriage. In public life, because women are not allowed to initiate legal action under customary law, they cannot claim compensative for damages done to them, even in their private lives (Ibid).

In South Africa, despite the fact that many black women are breadwinners and heads of households as a result of apartheid and the migrant labour system, they are usually not regarded as such by institutions of the state and religion (Flood et al. 1997: 29).

There are socially instituted sexual stereotypes in which childrearing and housework are typical responsibilities for women (Ibid: 31). Whereas equality between men and women, to a certain extent, is developed in the Constitution and Bill of Rights, *lobola* is still commonly practised, and women’s decision making power in both private and public life is still limited by ‘traditional culture’ in South Africa (Ibid).¹¹

As is in the above mentioned countries, in Zimbabwe, there are two types of marriages, civil marriage and customary marriage: the former takes a monogamous form open to anyone, while the latter is polygamous and is only for Africans (Tichagwa 1998: 45; Siame et al. 1998: 40-41; Datta et al. 1998: 53-58; Flood et al. 1997:30). In customary marriage, a husband is given control of all property by

¹¹ *lobola* is the paying of a brideprice that is widely practised in Southern Africa. Through the exchange of money, cattle etc, a husband and his kin gain control over the women’s productive and reproductive abilities, because women become a part of the husbands’ property (Flood et al. 1997:31; Tichagwa 1998: 43). There is a similar practise called as *bogadi* in Botswana (Datta et al. 1998: 55).

customary law. However, in either marriage, the most important contribution required of women is reproduction and maintenance of kinship lines (primarily patrilineal) (Tichagwa 1998: 43). Thus, data from southern Africa indicate that women's social status is lower than men, and that there are unbalanced gender relations between men and women which is used to justify men's control over women's sexuality.

■ Recent trend in research on adolescents

Adolescents' premarital sexual practices and behaviours have been explored mainly by descriptive methods. For example, some studies revealed that in many traditional African societies people had been allowed to engage in premarital sexual relations, although they were not supposed to have reproductive sexual intercourse until marriage (Gay 1990: 41; McFadden 1992: 170; NRC 1993a: 70). In addition to the descriptive method, a growing number of researchers have recently begun to utilise quantitative research methods. This methodological change has occurred not only due to a development of computer technology but also because of social and health problems such as high fertility, adolescent pregnancy, increase in STD infection rates and the HIV/AIDS epidemic (McLean 1995: 401; NRC 1993a: 83; Dowsett and Aggleton 1999: 14-16). It is estimated that at least 16 000 people are infected with HIV each day, half of whom are among young people aged from 10 to 24 years old (Mustafa 2000: 120-121). Patterns of sexual behaviour are deemed to be the primary determinant of the HIV epidemic because most HIV transmission in developing countries, where 90% of people with HIV/AIDS live, is through heterosexual

intercourse (Carael 1995: 75; NRC 1996: 6; Mustafa 2000: 120-121). Also, at least one in four people aged from 15 to 49 years are infected with a STD annually in Sub-Saharan Africa (Mustafa 2000: 120-121). In most African countries children and adolescents constitute over 50% of the population, and thus, there has emerged a concern for African adolescents' sexual behaviour, attitudes and related complications (McLean 1995: 401).

Several surveys of adolescents have been carried out in many countries in Africa such as Nigeria, Kenya, Tanzania, Zimbabwe and Zaire to examine their KAPs in relation to sexual health risks (Dowsett and Aggleton 1999: 11; McLean 1995: 401). The major purpose of these studies is generally to determine the disparity between levels of knowledge about the topic and corresponding changes in risk-taking practices. For example, a national survey conducted in South Africa, where many people become sexually active as young as 12 years of age, shows that only 15% of respondents are prepared to change their sexual behaviour to avoid contracting HIV, while 90% of respondents are aware of HIV/AIDS (Maart 2000). Data from another survey also carried out in South Africa indicate that 24 % of respondents in Grade 6 and 7 have already experienced sexual intercourse, but only 25 % of them take any precautions against HIV infection (Visser and Moleko 1999). One criticism of survey research, however, is the lack of adolescents' own ideas, experiences and concerns about sexuality which are mostly neglected by society due to the social perception of the sexual immaturity of this age group (Dowsett and Aggleton 1999: 11).

Other studies have primarily concentrated on sociocultural and socioeconomic

factors that affect young people's sexual conduct. River and Aggleton determine gender, socioeconomic status, sexuality and age as particularly significant factors in contributing the vulnerability to HIV infection (1998). They also specify some negative influences in relation to adolescents' vulnerability to the infection such as: a lack of access to health information and services; adults' beliefs and images about adolescent sexuality; gender ideologies; poverty; urbanisation and urban migration; and a changing pattern of family life (River and Aggleton 1998). A study on adolescents' perceptions of sexuality and reproductive issues in Swaziland shows insufficient knowledge as well as concerns about STDs among adolescents, stressing the need for greater communication between parents and young people (Zwane 1996). Pillai and Barton have attempted to test the relationship between modernisation and teenage pregnancy among Zambian teenagers and found the effectiveness of traditional institutions in lowering teenagers' sexual activity level (1998). There are also findings about gender relations and sexual negotiation in research in Senegal that highlight the importance of sexual communication between men and women which should be taken into account in health promotion (Aggleton et al. 1999).

Namibia

Traditionally, 'sex' is regarded as a private matter in most Namibian cultural moral codes. The fact that no neutral word for 'sex' exists in most Namibian languages indicates that 'sex' is an inappropriate subject for discussion. Indeed, in most Namibian cultures talking about customs and practices related to sexuality is a taboo

(MYS 1993: 61; DWA 1995:41). It is therefore not easy to investigate sexuality issues due to the sensitivity of their nature, and thus few concrete data on sexuality-related issues are available.

■ Sexuality and gender relations in historical contexts

In many traditional Namibian societies, male members hold more power than women; although the level and form of inequality vary among these societies and between urban and rural areas. The bushmen in pre-colonial time, for example, enjoyed relative gender equal relations based on the 'bushmen' concepts of egalitarianism, and the Herero did not have clear gender distinction between men's and women's roles as they do today (UNDP 2001: 68). On the other hand, the Owambo had a male dominant social structure, which still exists in contemporary Owambo society (LeBeau 2001: 5-6; Becker 1995: 74-78). However, these variations in gender relations among different Namibian societies were altered under colonial rule. Becker argues that the notion of gender relations has been strongly affected by historical conditions through German colonisation, South African rule, migrant labour and Christianisation (1995: 28). She states:

Gender roles in production and reproduction, ideological conceptualisation of masculinity and femininity constituting gender identities, and power relations have all undergone essential reshaping caused by these three (Colonial state, migrant labour, and missionary work) deeply interlinked political, economic and sociocultural factors (Ibid).

Although she also points out the importance of further investigation into the social structures and stratification in various pre-colonised Namibian societies, it is obvious

that historical factors have influenced gender relations and sexuality. One study reveals that during the colonial administration women's social position in urban areas in Namibia was significantly undermined as a result of compulsory examination of 'unmarried' black women in urban areas for venereal diseases (Wallace 1997: 341-372). The primary purpose of the examination was to control the urban black population by virtue of fear for the sexuality of the colonised people, especially because unmarried black women were considered to be the ones spread diseases to white men and were stigmatised by the prevailing political ideology as 'immoral' (Ibid: 362). Wallace concludes that, "this history of the examinations also illustrated how gendered concepts particularly concerning black women's sexuality came to influence the state, which in turn regulated 'gender difference and subordination', "(Ibid: 371).

In regards to premarital sexuality in the past, there were institutionalised forms of sexual relationships for boys and girls, although concepts of sexuality vary from one ethnic group to another (Becker 1995: 70-72). For example, in Herero society, premarital sexual relationships were allowed for both men and women as long as there was no pregnancy as a consequence of the activity (Ibid: 70-71). Actual sexual intercourse before marriage was strictly prohibited in Owambo society where the customary arrangement of sexual relationships known as *ewilo* allowed a young boy and girl to sleep together without having sexual intercourse (*eehonda*) (Tuupainen 1970: 41; LeBeau et al 1999: 69; Becker 1995: 70-71). In Owambo communities, there were also initiation ceremonies for girls which were called *efundula*, *ohango* and *olufuko* (LeBeau et al 1999: 66; Becker 1997: 5-6). After the initiation, a girl was

permitted to have a full sexual life as well as to give birth legitimately (Ibid).

However, these customs were discouraged under the Christian influence during the colonial regime and have only begun to be reinstated since independence.

■ Sexual diversity and society's power

There is an argument that nationalism and African values play a significant role in creating the category of 'self' and 'other,' which eventually leads to the rejection of sexual diversity and women's participation in maintaining 'tradition' interlinkages each other (Wieringa 2000: 7-9). In Namibia, such nationalism and African cultural values appear to attack homosexuals who are seen as an 'other.' Namely, the view on homosexual practices in Namibian society is tied to the idea of the 'perverse west' or a 'sexual other' which affects national integrity and morality (Wieringa 2000: 8; Dunton and Palmberg 1996: 29-31).

Criticisms of homosexuality and lesbianism have often appeared in public speaking to confirm prejudices on same sex practices. President Nujoma, for example, clearly declared that, "The Republic of Namibia does not allow homosexuality, lesbianism here. Police are ordered to arrest you, and deport you and imprison you too" (*The Namibian* 30 March 2001). Homosexuality in this speech was identified as a negative foreign influence from which the Namibian youth should be protected. Similar crusades against homosexuality are often found in public speeches in which homosexuality is described as "human wrongs," "sin against society and God," "Europeans," "foreign and corrupt ideology," "psychological and biological

deviations,” “idiots,” “un-African,” and so on (*The Namibian* 9 November 1998; 21 April 1999; 27 June 2000). Such political rhetoric effectively works to incite fear of, as well as to induce stigma attached to homosexuality. Therefore, homosexuality is necessarily identified as immorality and perversion so as to strengthen the perception of the difference between ‘self’ and ‘other.’ In this way, the issue of sexual diversity, particularly of homosexuality, is not only a moral issue but is also a political agenda entwined with national self-esteem.

In many cases, however, researchers have mentioned sexuality in relation to its connection with gender and women’s issues, by focusing on heterosexuality. Female sexuality is typically described with negative expressions such as oppression, pain, and restraint, all of which define female sexuality as sexual victimisation (Becker 1995; Soiri 1996; Ipinge and LeBeau 1997; LeBeau 2001; DWA 1995). It should be noted that it is not only female sexuality that is shaped and controlled by social power, but male sexuality is also a socially conditioned phenomenon. However, male and female sexuality cannot be considered to be the same experience in terms of their different binding forces because gender as a category primarily is the most crucial division for the majority of Namibian women who, “suffer three oppressions: white men, white women and black men,” (Cleaver and Wallace 1990: 113).

■ Sexuality and fertility

As previously mentioned, the link between sexuality and fertility is very strong in Namibia as in most African countries. For many Namibian men, sexuality and

masculinity are associated with having many children. For women, 'mother' is almost a synonym for 'woman' (DWA 1995: 42; Iiping and LeBeau 1997: 47-48; Becker 1995: 37). The average number of children per woman in Namibia is 6.1, which indicates that there will be a slight increase in the total size of the Namibian population in spite of the increasing mortality rate caused by AIDS (UNDP 1999: 96-98). This phenomenon of high fertility rates exists not only due to the tradition of large families but also by the associated cultural concept of sexuality. Children are described as the proof of manhood, and at the same time they are the representation of wealth and status (Frank 1997: 47-48; *The Namibian* 12 November 1999). Thus, many men believe that they can get more respect in their communities if they have many children (MYS 1993: 20). In the same way, women who have children can show their maturity, reproductive ability and healthiness.

However, in contrast to men, women have few other life options than being a mother, because many of them have to choose continual pregnancies even if they want no more children by virtue of the fear of divorce and/or domestic violence (Frank 1997: 54). Furthermore, research on attitudes toward contraceptive use indicates that men's negative attitudes are one of the three main obstacles of sex education and information on contraceptive methods, as well as cultural barriers to the increased use of contraceptives in Namibia (Ahrenson-Pandikow 1992: 55). Usually women are supposed to accept their partner's decision on whether or not to use condoms because women are not supposed to say 'No' to men's decisions (MYS 1993: 61; DWA 1995: 4; LeBeau et al 1999: 85). In other words, there is power inequality in gender relations in which men's control over women's fertility is exercised.

■ Women, family and sexuality

Women within family structures usually lack access to resources and decision-making because their lower socio-economic status vis-a-vis men put women under the control of husbands or male members of the extended family in important aspects of their existence (DWA 1995: 40; LeBeau 2001: 9-10; LeBeau et al. 1999: 85; Susser and Stein 2000). Such women's reality is probably based on the Christian and cultural gender concept that the man is the head of the household who is in a controlling position over family members (LeBeau 2001: 4; Becker 2000). The difference in the perceived idea between male and female sexuality is one of the factors affecting sexual relations in Namibia and often appears to be coercive in nature whereby men use it as a proof of their 'masculinity' (UNDP 2001: 100; *Namibian* 28 June 2000). Also, the contract labour system administered during the colonial era still affects the economic structure of contemporary Namibia by maintaining migrant labour, and thus economic dependency of many women in rural areas on men's remittances still continues (Tapscott and Hubbard 1991: 13). Namibian women therefore have less power and status at both public and private levels than men. Male sexual dominance strengthened by cultural practices not only causes actual physical violence against women, but also reduces women's control over their bodies, sexuality and lives. (Iipinge and LeBeau 1997: 47-48; Khaxas 1999: 6-8; LeBeau 2001: 6-7; DWA 1995: 40-46).

Family is also a significant context that influences children's attitudes toward sexual issues. It is reported that many parents responding to questions about sexuality

indicate that they do talk about sexual issues with their children, however, children comment that what parents tell them is, "mainly in the form of prohibitions and warnings," (Frank 1997: 39). This gap between parents and children is probably caused by parents' negative attitudes toward discussing the issues at home (Hailonga 1993: 1-2). Namely, cultural taboos about discussing sexual matters in many Namibian communities has also negatively affected sexuality, particularly for women and adolescents who are still unable to attain optimal knowledge about health and human sexuality (MYS 1993: 7; DWA 1995).

■ Sexual health risks

In the Namibian social and cultural contexts, most existing research has focused on the dark side of sexual activities such as teenage pregnancy, the HIV/AIDS epidemic and other sexually transmitted diseases rather than investigating the relationship between sexuality and sexual satisfaction and happiness. It appears that 'sex' in public discourse is mostly addressed in connection with HIV prevention, women's issues and moral issues, and thus negative images are attached to 'sex.' In summarising the dominant tone of public comments, 'sex' is portrayed as something that brings problems to people, especially adolescents, and therefore people should abstain from sex or use condoms to protect themselves (*The Namibian* 23 September 1999, 18 February 2000, 14 March 2000, 4 December 1999). It is also found that Christian moralities such as the prohibition on premarital sexual intercourse, strong encouragement for long-term monogamous sexual partners and faithfulness are included in many public messages. In the process, AIDS as an event becomes real,

being said over and over, the consciousness of risk and the necessity of caution are established in people's minds (Sontag 1990: 164). Therefore, sex becomes a representation of a negative reality through this process. AIDS not only has the effect of reinforcing moralism about sex, but also eventually, "obliges people to think of sex as having, possibly, the direct consequences: suicide. Or murder," (Ibid: 160).

Negative consequences of sexual activity, however, have indeed become inescapable in terms of Namibia's future. Despite the strategies for protection from HIV/AIDS offered through public education messages, HIV infection rates have continued to increase. Because sexual practices are linked to social norms and values, it is therefore not easy for individuals to change their behaviour even if they receive messages about associated risks. As long as current social norms and values concerning sexual practices are effective in society, difficulties for people in questioning their sexual practices may continue.

Teenage pregnancy

As previously stated, despite the fact that teenage pregnancy for girls results in being expelled from schools, many schoolgirls become pregnant every year. On the other hand, for boys and men who impregnate these girls, there is little social or personal consequences (Hailonga 1993:2; DWA 1995: 42; Iipinge and LeBeau 1997: 48; MYS 1993: 8). In some cases, teenage pregnancy causes many girls to suffer from permanent physical damage or even death as a result of attempting illegal abortions, as well as occasionally leading to infanticide (MSY 1993: 12; Iipinge and LeBeau 1997: 74-75; van Rooi 1999: 35-36). Some girls would like to express their own love

through sex, but in fact, some boys and men demand sex with girls claiming, "If you really love me, you have sex with me," (MSY 1993: 6). One of the reasons why there are no reliable statistics on the number of teenage pregnancies is that in many cases, girls who become pregnant disappear from school before people know about their pregnancy (Iipinge and LeBeau 1997: 74). In Namibian society in which approximately 90 % of the population are Christian, premarital sex is regarded as a sin and thus teenage pregnancy represents the consequence of immoral activity which should be punished by society. Contrary to the social norm against premarital sexual practices, some mothers encourage their daughters to use their sexuality to find older men who can support them financially due to their poor economic situation (see Chapter 6).

HIV/AIDS and STDs

AIDS in particular has become a major public concern, and has been one of the primary motivations for a large body of research conducted during the past decade due to high infection rates in Namibia (c.f. MYS 1993; Webb 1997; NANASO 1995; LeBeau et al. 1999; UNAIDS 1998). Currently, Namibia is ranked as one of the most affected countries in the world in terms of HIV prevalence, with at least 20% of the sexually active adults being HIV positive. This means that at least one in five Namibians aged 15 to 49 years old is already infected by HIV and is likely to die within the next seven years.

The main determinants of HIV transmission are identified as the patterns of sexual behaviours, that is sexual debut at a young age, frequent change in sexual partners

and infrequent use of condoms, whereas adolescents today have more of an opportunity to learn about sexual issues than did the older generation (NANASO 1995: 3). For example: Subjects such as biological body function, reproductive health and sexual risks are taught in schools; Numerous pamphlets concerning sexual health issues are available; and the media also provides information on these issues. In spite of high levels of information, adolescents do not use condoms regularly, and many adolescents express negative attitudes toward condoms and condom use (Ibid: 6-10). While a high percentage of adolescents have knowledge about sexual risks including HIV transmission, they still tend to practice unprotected sexual intercourse (NANASO 1995: 6-10; UNAIDS 1998: 24; Ahrenson-Pandikow 1992: 55).

In addition, economics is another factor that contributes to individuals, mostly women and girls, participating in sexual risk-taking behaviour. Although sexual favours in exchange for money and/or gifts is not generally considered to be prostitution in Namibia, it is commonly found and is an implication of the disadvantaged socio-economic position of young girls in the country as well as their inability to ensure safe sex practices (Lewis and Rooy 1991: 5-6; Iipinge and LeBeau 1997: 35; LeBeau et al 1999: 97-99).

CONCLUSION

Sexuality has been studied from a wide range of disciplines and perspectives in diverse contexts. Nevertheless, 'normal' sexuality is much less investigated than is

problematic sexuality. The reason for such an un-balanced tendency is that sexuality in most recent research is negatively viewed as a source of problems and diseases such as teenage pregnancy, sexually transmitted diseases, sexual coercion and sexual deviance. Recently, especially in the United States and Europe, research on sexual behaviour has often been motivated by a need to identify and measure high-risk behaviours. In addition, as AIDS becomes a global problem, sexuality research internationally and particularly in the developing countries has become more of a priority, yet research has typically focused on specific risk-behaviours. It is true that sexuality is a public matter in terms of the many consequences brought about from it. However, sexuality is more complex than has been realised, and thus it is also necessary to understand culturally diverse meanings associated with sexuality.

CHAPTER 3.

PROFILE OF KATUTURA

INTRODUCTION

This chapter gives a brief history of Namibia and her people as well as describing the history, people and social living conditions of Katutura. An overview of the life of Namibian adolescents, especially those who live in Katutura, is included in this Chapter.

3.1 HISTORY OF NAMIBIA

Namibia, formally known as South West Africa, is one of the newest countries in the world: Namibia gained its independence only a decade ago, in March 1990. Until its independence, Namibia had been controlled by the German colonial administration and later South African administration.

Before the colonial era, the first Portuguese explorers reached the coast in 1484 but did not see any people (Katjavivi 1988:5). Towards the late nineteenth century, especially after the Dutch government in 1773 and the British in 1795 annexed the Cape Colony, Europeans traders, explores and missionaries as well as the Oolams began moving into southern Namibia from the Cape (Hellberg 1997: 18-19).

Missionaries such as London Missionary Society, Wesleyans, German and Finnish Lutheran started activities and established their stations in Namibia from around the middle of nineteenth century (Katjavivi 1988: 6). For many years both German and English missionaries pleaded with their respective governments to annex Namibia, but these appeals failed. In 1883-4, Adolf Luderitz, a trader, asked for German protection for the coastal areas (after that renamed Luderitz) over which he had got the rights of the land from a Nama chief, Joseph Frederick (Ibid: 7). In 1884, German colonisation in Namibia was formally announced (Vedder 1966c: 160; Katjavivi 1988: 7). The German era was short-lived, given that it began in 1884 and ended in 1915. Despite the fact that South Africa invaded Namibia at the request of the British Government during World War I, Namibia was handed to South Africa under the term of a League of Nations Mandate formulated by the Allied Powers in 1921 (Katjavivi 1988: 13). The South African regime continued and extended land exploitation as well as white settlement policies of the former German administration (Ibid).

After World War II, South Africa claimed that the League of Nations Mandate to administer Namibia was invalid with the dissolution of the organisation and that it was within South Africa's power to annex Namibia. Subsequently, South Africa imposed the apartheid system on Namibia, attempted to incorporate Namibia as South Africa's fifth province and rejected UN efforts to have Namibia placed under its trusteeship (Katjavivi 1988: 34-40; Hofmann 1996: 40). Such a contested action toward Namibia by South Africa marked the beginning of the intractable dispute over the international status and independence of Namibia. During the 1960s and

1970s, Namibian nationalists acted against the South African rule of racial discrimination and its illegal occupation regime in Namibia (Katjavivi 1988: 41-46; Hofmann 1996: 41; UN 1999: 8). In 1960, the South-West African Peoples' Organisation (SWAPO) was founded whose initial concern was only with labour-related issues, but they soon became a major nationalist organisation (Katjavivi 1988: 45; Hofmann 1996: 41). In 1966, SWAPO launched an armed struggle against South Africa to achieve Namibia's independence. The struggle was particularly expanded after 1975 (Katjavivi 1988: 59-64; Hofmann 1996: 41; UN 1999: 8). The intervention by the UN authority over Namibia was not easily succeeded, however, resolution 435 adopted by the UN Security Council formed the basis for subsequent negotiations throughout the 1980s on Namibia's right to self-determination (UN 1999: 8). Namibia's first free and fair elections were held in 1989. The elected representatives of the constituent assembly drafted Namibia's constitution. Sam Nujoma, the leader of SWAPO, was elected as the first President of the Republic of Namibia.

3.2 PRE-COLONIAL MIGRATION AND THE PEOPLE OF NAMIBIA

Namibia contains a diverse array of ethnic groups, geographic and natural conditions, and urban and rural communities. The total population of Namibia as of 1998 was 1.6 million people living in 824 269 square kilometres (UN 1999: 9). Approximately two-thirds of Namibia's population live in the northern regions where population densities in certain areas exceed 100 people per square kilometres, while fewer than

one-tenth live in the southern regions where population densities are as low as 0.5 per square kilometres (UNDP 1997: 1).

By the beginning of the ninth century, Namibia was inhabited by indigenous San, Damara and Nama (Khoikhoi) people who moved from Botswana (Sandelowsky 1996: 25). Migratory groups of Bantu-speaking people from central Africa moved into Namibia from the north by the middle of the sixteenth century (Malan 1995: 7). The Kavango and Caprivi settled in the northeast (Kavango and Caprivi), the Owambo in the north central (Ovamboland)¹² and the Herero in the northwest (Kaokoland) (Green 1962: 13; Sandelowsky 1996: 25). As those migratory groups moved in, the indigenous San and Damara people were pushed steadily southwards (Sandelowsky 1996: 25). Near the end of the eighteenth century, Oorlams and the Rehoboth Basters migrated from the Cape in South Africa (Katjavivi 1988:1; Hellberg 1997: 28-37).

Ethnic groups in Namibia mainly consist of the Owambo, Herero, Damara, Nama, Kavango, Caprivi, San, Tswana, Baster, Coloured, German and Afrikaner (DWA 1995: 2). The Owambo constitute about 51% of the total population of Namibia, while the Damara (120 000), the Herero (110 000) follow the Owambo (DWA 1995: 2; UNDP 1997: 2). Although white people such as Germans and Afrikaners (90 000) are the next largest ethnic groups after the Herero, they are hardly represented in Katutura where Owambo, Herero, Damara and Nama people constitute about 90% of

¹² Current orthography is Owambo, although it was known as Ovamboland, which comes from old Bantu stand terminology.

the total population (Tvedten and Mupotola 1995: 15).

■ Owambo

The Owambo are the largest ethnic group in Namibia, which is composed of local groups of Kwanyama, Ndonga, Kwambi, Mbalantu, Ngandjera, Kwalundhi, Eunda and Nkolonkadhi (Malan 1995: 16). Ovamboland expands from the north of the Etosha pan to the Angolan border (Hahn 1966: 1; Malan 1995: 14). Owambo society is basically matrilineal which means that children belong to their mother's lineage and mother's brothers have authority over as well as obligation to support her children, and traditionally, sons were supposed to live with their maternal uncle after marriage (Hellberg 1997: 11; Malan 1995: 18-19; Tuupainen 1970: 31). However, this residence pattern has become uncommon because there has been a new tendency to change to a more patrilineal society (Malan 1995: 19). Therefore young people prefer to establish their own households in which the father has more power over his own children as well as over economic and religious functions (Ibid).

The Owambo are grain-loving people but their economy is based on the mixture of agriculture, cattle-herding and stock farming of goats and sheep (Green 1962: 238; Hahn 1966: 33-35; Malan 1995: 24-26; Emmett 1999: 42-43). Until the late nineteenth century, there was a series of independent kingdoms controlled by Owambo kings who had the powers and functions such as, " 'ownership' and distribution of land, supreme administrative and judicial powers (under the supervision of council of commoners), the determination of the planting season, the

conservation of natural resources... [and]...the exaction of military service," (Emmett 1999:43). However, the money economy, Christianity and the contract labour system, all of which were brought with colonialism, undermined the Owambo kingdoms (Williams 1991). Most economic work is women's responsibilities. In Owambo tradition, women in a polygamous family worked very hard, cultivating and collecting agricultural products, carrying the water, collecting firewood and so on, while Owambo men spent about half a year for working and another half for drinking beer and visiting relatives or friends (Green 1962: 238-239; Hahn 1966: 24-25). This composition of hard working women and relaxing men did not mean that the Owambo women were oppressed because agricultural products and houses with fire places were regarded as women's property (Green 1962: 239; Malan 1995: 18).

Nevertheless, a European family structure with male authority introduced by Christian missionaries significantly changed Owambo family life (Malan 1995: 30). Owambo tradition and culture have radically changed because most Owambo converted to Christian after many missionaries established their stations in Ovamboland in the nineteenth century (Malan 1995: 28-29; Soiri 1996: 26). Christianity also pushed out traditional beliefs and the worship of ancestors (Malan 1995: 28-29).

■ Herero

There were once nearly eighty thousand Herero in Namibia but about 80% of the

population were killed during the war of resistance against German rule from 1904 to 1907 (Vedder 1966c: 161; Katjavivi 1988: 8-10). Most surviving Herero were in German concentration camps and others fled to South Africa or Botswana (Vedder 1966c: 162; Katjavivi 1988: 10). Based on these historical conflicts with colonists, the Herero have been described as strongly anti-white and distrusting of whites (Green 1962: 212; Malan 1980: 74).

The Herero social structure is based on a double descent system with two lineages: one is through the father's side and the other one is through the mother's side (Malan 1995: 71; Vedder 1966c: 185-186). Religious and political issues in the family are entrusted to the patrilineal group, while economic and inheritance issues are under the matrilineal group's responsibility. Women, nevertheless, have more influence on everyday affairs than men do in Herero society (Green 1962: 212; Malan 1995: 72).

The primary economy of the Herero is cattle pastoralism (Green 1962: 240; Vedder 1966c: 183; Malan 1995: 76). In Herero society, cattle are classified in three categories, which are for ceremony, for the entire group and for food of each family (Hellberg 1997: 13). However, meat was not a daily food but was mainly eaten on special occasions, and therefore crop-growing and veld food collection are additional forms of livelihood for the Herero (Vedder 1966c: 182-183; Emmett 1999: 44). Due to the above mentioned matrilineal inheritance system, ownership of cattle is claimed by matrilineal groups (Malan 1995: 77). The size of herds is an important determination in terms of one's social status, although the Herero did not have clear rules of private ownership of land or fixed ideas of boundaries (Emmett 1999: 44).

Whereas ancestor worship and traditional religious practices have been, to a large extent, replaced by Christianity, the Herero have their own indigenous church, oruвано (Malan 1980: 74). The Herero are unique in that many Herero women still wear the short bodices, tight waists Victorian style dresses which they copied from the wives of white missionaries (Green 1962: 212; Malan 1980: 66).

■ Nama

The Nama traditionally live in the area previously known as Namaland which is mainly in south west of Namibia (parts of the Hardrap and Karas regions), and other Nama people are distributed within the dry areas of the Namib desert and the north-west of Namibia (Malan 1995: 114; Vedder 1996b: 109-111). According to Malan, the Nama consists of two large groups of Nama and Oorlams with 14 sub-groups such as the Red Nation, Bondelswarts, Kulseb Witboois, Topnaars, Bethaniers, Afrikaners (Malan 1995: 115-116). To be precisely, however, 'indigenous' Nama groupings and the Oolams or emigrant Khoi are distinguished because the latter began moving into Namibia only after around 1800s (Emmett 1999: 45). It is generally accepted that there is some relationship between the Nama and the San because of their physical similarities, which include narrow eyes, yellow skin and peppercorn hair (Green 1962: 219). In fact, some San such as the Black River Bushman, Naron and Heikum understand Nama dialects (Malan 1995: 13).

The Nama have a patrilineal decent system in which each individual belongs to one of the patrilineal kinship groups (Ibid: 120). Generally, children live with their

families sharing their family hut or house until they get married and establish a new household (Ibid: 121). Marriage forms practised among the Nama were changed from exogamous polygamy to exogamous monogamy, but marriage with a parallel first cousin is still permitted (Ibid). Traditionally, women owned their own huts, and they were responsible for everything belonged to their huts (Vedder 1996b: 135). However, as these old customs became uncommon, women's status, especially married women's status, also become far lower than men's (Vedder 1996b: 135; Malan 1995: 122).

The economy of the Nama is based on pasturing goats, sheep and a few cattle with hunting and gathering (Vedder 1996b: 127; Malan 1995: 122-123; Green 1962: 219). Milk and meat are primary foods for the Nama and they eat meat not only at funeral feasts but also whenever they can afford (Green 1962: 219; Vedder 1996b: 127; Malan 1995: 123; Emmett 1999: 45). The most important natural resources for the Nama are, "water (*//gami*), pasture (*!û-ais*), hunting field (*!pib*), and veld food (*!garob ǀûn*)," (Malan 1995: 123).

Prior to colonialism, the Nama had their own traditional religious beliefs of the good god (*Tshu-//Goab*), the evil god or evil spirit (*'Gâunab*), the nature god (*Haitsi Aibeb*), and the worshipping of ancestral spirits (Ibid: 125-126). Although these traditional beliefs are known in the Nama society, Christianity is more prevalent than the traditional religion due to Christianisation by the white missionaries starting in the nineteenth century (Vedder 1996b: 129-133; Malan 1995: 125).

■ Damara

The Damara, who mainly live in the north western and central parts of Namibia, form about 8.5% of the Namibian population. The Damara language *Khoekhoegowab*, which is a dialect of the Nama language, is usually referred to as Nama/Damara. The Damara and the Nama are not considered to have the same origin due to their significant physical differences, while these two groups share various customs (Maho 1998: 104-105). A number of studies consider that the Damara lost their language and culture when they were subjugated to the Nama and the Herero (Hellberg 1997: 10-11; Green 1962: 227; Malan 1995: 131; Vedder 1996a: 39-44; Maho 1998: 104). However, this is not a widely held belief today. It is far more likely that they changed language due to trading needs.

The Damara traditionally did not have institutionalised leadership structures (Malan 1995: 128). Whereas the Damara had a bilateral descent system, traditional social organisation in the Damara society consisted of patrilocal extended family (LeBeau 1999: 89). However, this has changed to nuclear family because of migrant labour and independence from extended families caused by economical hardship. The majority of the Damara are Christian because of their long time association with white missionaries (Malan 1995: 135; Vedder 1996a: 43-44).

The traditional Damara economy of hunter-gathering changed to small stock farming of goats and sheep after the arrival of pastoral Bantu-speaking people (Malan 1995: 134). Today gardening and agriculture introduced by the missionaries have become

the main economy of the Damara who cultivate maize, wheat, vegetables and tobacco (Ibid). In addition, many Damara work on farms as labourers throughout Namibia as well as in urban areas such as Windhoek, Okahandja, Omaruru, Otavi, Tsumeb, Swakopmund and Walvis Bay (Ibid).

■ Other ethnic groups

Kavango, Caprivian, San (Bushman), Tswana, Rehoboth Baster, and Coloured are other ethnic groups living in Namibia (DWA 1995: 2; CSO 1994; Katjavivi 1988:1). The Kavango migrated from East Africa by the eighteenth century and settled in the Okavango region in the northeast part of Namibia (Malan 1995: 35-36). The Kavango have a matrilineal decent system, and agriculture is the Kavango people's main economy supplemented by pasturing, fishing and hunting (Hellberg 1997: 12; Malan 1995: 37-44). The Caprivians are comprised of two main groups, that is, Basubiya and the Mafwe, who live in the Caprivi Strip stretching from the Kavango in the west to the Zambesi River in the east (Malan 1995: 55; Maho 1998: 45). The Basubiya are a homogeneous Bantu-speaking people, while the Mafwe mostly consist of non-Bantu-speaking people whose ethnicity is varying (Maho 1998: 46). An estimated 2.5% of Namibia's population are San who live mostly in the Karahari regions (Hellberg 1997: 10-11; Malan 1995:102). In the San's economic life, hunting and gathering are the main activities and kinship as well as the family is the most important and strongest units in their social life (Malan 1995: 107-109). The Tswana originally migrated through Botswana to Namibia at the end of nineteenth century, and settled mainly in the central east part of Namibia towards the Botswana border

(Ibid: 138). It is estimated that 2.5% of Namibia's population are Rehoboth Basters, most of whom have white and Nama in their ancestry and speak Afrikaans (Ibid). The Rehoboth Basters moved from the Cape Province in South Africa in the late nineteenth century and chose Rehoboth as their settlement area (Ibid). Coloureds, who are a mix of various ethnic and racial groups, make up 4.1% of the total population of Namibia. The Coloureds are generally Christian and use Afrikaans as their home language (Ibid: 141). According to the United Nations, in addition to these groups of people, "there are also small but economically significant settler populations made up of Germans, Afrikaners and other whites of European descent," who consist of approximately 6.4% of the Namibian population (UN 1999: 9; Malan 1995: 141).

3.3 THE IMPACT OF MISSIONARIES AND CHRISTIANITY

The history of Namibia has been influenced by European colonialism in which missionaries and Christianity play crucial roles in changing the existing social, political and economic structures of local communities in Namibia. The first missionaries settled in southern Africa in the 1820s, and by the middle of the nineteenth century a number of missionaries began moving in earnest to the southern and central parts of Namibia from the Cape Colony (Sandelowsky 1996: 26; Hellberg 1997: 282; Gaitskell 1990: 252; Maho 1998:11). Although the London Mission Society and the Wesleyan Methodists Missionary Society gave up their activities in Namibia, Rhenish and Finnish Lutheran missionaries succeeded in

establishing their mission stations in Namibia during the second half of the 1900s (Maho 1998:11). The Roman Catholic and the Anglican Missions came to Namibia later than the above mentioned missions. The Roman Catholic Church started their work in Keetmanshoop in the early 1900s and established mission stations in Owambo areas in 1910 after they had failed several times to settle in the northern part of Namibia under the German colonial administration (Hellberg 1997: 137-138). The Anglican Mission, based in South Africa, began working in Windhoek as well as to other part of Namibia after World War I, and they reached the Owambo areas in 1923 (Hellberg 1997: 215). However, it is important to note that prior to the movement of missionaries, Christianity and European military structures as well as a mixed way of traditional and European life styles were brought to Namibia by the Oolams who were migrants from the Cape Colony and were influenced by the white population in the Cape (Hellberg 1997: 282-283; Sandelowsky 1996: 26).

Most pioneer missionaries in Namibia in the nineteenth century shared the view of Western civilisation, which was based on the belief of European superiority (Hellberg 1997: 39). The alleged superior Western civilisation implied a denigration of African culture, religion and tradition as inferior, and thus considered African people as an inferior race (Ibid: 43). Hellberg discusses that missionaries' work:

was therefore not limited to offering the 'heathens' a faith that would lead them to salvation but extended to bringing them up into an entirely different cultural pattern which would radically transform their way of life," (Ibid).

Therefore, Namibia was colonised by European values, morals and norms even

before the German colonial annexation of Namibia, although until the late nineteenth century people in the northern part of Namibia such as the Owambo, Kavango and Caprivi areas remained much less influenced than in the rest of the groups from the southern and central part of the country such as the Nama, Herero and Damara (Soiri 1996: 26; Hellberg 1997: 1-2; Sandelousky 1996: 26). During the German colonial era, as well as the South African regime, missionaries supported colonial authorities and thus undermined African tradition (Soiri 1996: 27; Hellberg 1997: 74-76).

After the arrival of missionaries and the introduction of Christianity and European values, people's lives in Namibia started to change. The missionaries disagreed with a number of African customs relating to family system and structure, and therefore, they started teaching people a profoundly different version of marital and sexual relationships (Cock 1990: 85; Walker 1990a: 13). For example, polygamy was regarded by the missionaries as an unacceptable practice which had to be changed because marriage in Christian family life was, "to be a monogamous partnership, based on the mutual affection of the couple within an essentially nuclear conception of the family," (Walker 1990a: 14).

The consequences of a monogamous system altered the division of labour and economic relations in the family. For example, in the Owambo areas where the density of Christians is the highest in Africa (80% of the population by 1966), men who converted to Christianity had to give up women as a labour force due to the loss of several wives, and thus they were sometimes required to work in the fields (Hishongwa 1992: 39). On the other hand, women lost their economic unit (co-wives) as well as control over the production which they had in the traditional

family system (Soiri 1996: 30; Hishongwa 1992: 38-40).

Also, important rites and ceremonies practised by indigenous people were considered to be 'evil' by the missionaries. The missionaries taught people to abandon female initiation rites and ceremonies such as *ohango*, *efundula* and marriage arrangements, causing related practices and customs to change (Soiri 1996: 27-28; Becker 1995: 101). Missionaries, therefore, had as their assumption the belief that their own image of society was the one proper form of society. The missionaries worked not to accept the existing social structure but to reconstruct Namibian communities according to ideals of Western superiority.

At the same time, the introduction of a Western market economy and formal education offered by missionary societies also reinforced sex differentiation in work and power structures between men and women. Under colonialism, women rarely had access to wage labour, and economic power was shifted to the hands of men. The missionaries started to educate local people to respect European culture and values. Women, as well as men, became involved in Western-style education and had an opportunity to receive Western formal education and to be trained for professions such as nurses. Missionaries considered women to be more important than men in transforming family values (Soiri 1996: 31). However, women's social position was reduced, and they lost their power as holders of authority within the households or the kinship system because of the Western ideology of gender roles (Ibid).

The arguments of missionaries as carriers of Western gender ideology of, "female

chastity, marital fidelity, maternal and domestic responsibility," to southern Africa provide further important points when considering the link between Christianity and sexuality in Namibia (Gaitskell 1990: 251; also c.f. Cock 1990; Meintjes 1990; Walker 1990a, 1990b). Missionaries also collaborated with European colonists, whose dominant concerns included the control over female fertility in an effort to weaken the resistance to dispossession of land by the larger African population (Walker 1990b: 183). This view of female fertility was not only used to 'civilise' indigenous people when missionaries prohibited traditional customary practices such as polygamy, but was also used for controlling female sexuality behind the disguise of Christianity. In addition, Walker argues that the distinction between sexuality and fertility was brought with Christianity by Europeans whose society strictly regulated female sexuality, while in pre-colonial southern African societies female sexuality was not clearly distinguished from fertility but was given social recognition of its productive significance (1990a: 13-14). As a result of missionary work in Namibia since the nineteenth century, Christian concepts of sexuality, marriage and family have reinforced the binomial model of a sexual division of labour as appropriate Christian families: that is, an economically dependent wife and a breadwinner husband (Gaitskell 1990: 257). As in other Christianised African communities, changes in social life and a reorganisation of gender relations caused by such Christian concepts have infiltrated Namibian communities under colonial rule (Gaitskell 1990: 251; Walker 1990a: 13).

3.4 HISTORY OF KATUTURA

Katutura is situated in the central area of Namibia, about eight kilometres northwest of Namibia's capital, Windhoek. Katutura was constructed by the Windhoek Municipality in the 1950s as a township in line with South Africa's apartheid policies (Pendleton 1997: 2; Frayne 1997: 7). Geographically, a large divided highway separates Katutura from the rest of the Windhoek area (Pendleton 1997: 2; Frayne 1997: 7). Prior to the development of Katutura, African people lived in the area known as the 'Old Location' on the western edge of Windhoek. During the 1950s, the Windhoek municipality took a decision, through discussion with the South West Africa administration and the South African government, to build a new location for the purpose of relocating all African residents in the Old Location (Pendleton 1993: 15). Many people in the Old Location refused to move. Resistance by Old Location residents against the move to Katutura resulted in a confrontation with the police who consequently shot, and killed or injured many African protesters in December 1959 (Jafta et al 1995: 2; Pendleton 1997: 2; Frayne 1997: 7; LeBeau 1999: 108). After the confrontation, many people moved to Katutura because they were intimidated by the shooting (Jafta et al. 1995: 38; Pendleton 1993: 15). As a result, people in the Windhoek Old Location were forcibly removed to Katutura in spite of their opposition (Pendleton 1993: 15-16; Frayne 1997: 7; Katjavivi 1988: 29, 47-49; LeBeau 1999: 108). The Old Location was closed in 1968 (Jafta et al 1995: 52; Pendleton 1994: 16). Currently, Katutura has expanded about five times from its original size (Pendleton 1997: 9). The older and more established areas of Katutura are the so-called Central Katutura areas such as Wanaheda, Golgotha, Soweto and

Luxury Hill, while new areas on the north and west are known as Okuryangava, Hakahana, Big Bend and Goreangab (Ibid).

After independence and the end of apartheid, people were given back their rights to travel without travel passes, own property, choose to either live with or without their families and look for employment without any limitations (Pendleton 1997: 4).

Although people are now free and some improvements to the Katutura area have taken place since independence, most of the formal sector employment is in central Windhoek, outside of Katutura (Pendleton 1997: 14).

■ Demographic Characteristics

The population of Katutura has continually increased over the last 30 years. In 1970 Katutura had only 23 000 people, the Katutura population reached 83 000 in 1991, and 110 000 in 1996 (Lewis and Rooy 1991: 2; Pendleton 1997: 4). The present population of Katutura is estimated at over 120 000 people (LeBeau 1999: 112). Therefore the rate of increase in the Katutura population has become remarkably high after Namibia's independence. The overall population growth rate for Namibia is 3.1%, while the population growth rate of Katutura is approximately 6.0% per annum (LeBeau 1999: 111; Tvedten and Mupotola 1995: 9). The major factor in the growth of the Katutura population is migration to this area (Pendleton 1997: 6; Lewis and Rooy 1991: 2). One study conducted in 1996 shows that 46% of the adult population in Katutura have been there for less than five years, and that only 26% of the total adult population of Katutura were born in the area (Pendleton 1997: 20).

The main reasons identified for the migration from other areas to Katutura are, job and money (61%), school and education (17%) and a better future (8%) (Pendleton 1997: 22). Katutura has more men (52%) than women (48%), reflecting greater male than female migration (Municipality of Windhoek 1996: 26-28; Pendleton 1997: 12; LeBeau 1999: 114). One of the recent trends in migration to Katutura is a substantial increase in urban migration by women, while a larger percentage of migrants to Katutura are still men (Pendleton 1997: 6; LeBeau 1999: 111). The high levels of in-migration of young people are also reported to show another tendency in migration to Katutura (Municipality of Windhoek 1996: 25-26).

Compared with data on the population in Katutura gathered in 1991, data collected in 1996 indicate small changes in the ethnic composition of the population: the percentage of Owambo people declined slightly from 42% to 40%; the Herero increased from 19% to 20%; the Damara stayed the same at 19%; the Nama declined from 10% to 8%; and the percentage of Afrikaans speaking people increased from 4% to 7% (Pendleton 1997: 20). However, these data are still consistent with other studies indicating that about 90% of the Katutura population are the Owambo, the Herero, the Damara and the Nama (Tvedten and Mupotola 1995: 15; LeBeau 1999: 114). Small percentages of Caprivi and Kavango people (1% of each), respectively, were found living in Katutura in 1996, although neither of these groups had been represented in the 1991 Katutura population (Pendleton 1997: 20). One of the reasons for the increasing percentage of people from the Caprivi region may be the instalment of the Trans-Caprivi Highway, which provides easier access than before to Windhoek from Caprivi (Ibid: 12). A few differences from the above mentioned data

are found in the ethnic composition of the sample population for this thesis due to the questionnaires for this thesis being administered only to students at secondary schools (Table 6). In addition, the questionnaires conducted for this research had 48% male and 52% female because the sample population for the questionnaires was determined by classroom structure (Table 2).

In general, the level of education of Katutura increased between 1991 and 1996 due to new educational policies implemented since independence by the Namibian Government (Ibid: 13). It is reported that over 90% of Katutura residents claim that they can read and write in one or more of the Namibian languages, and that the median number of years of education increased from seven to nine years between the period (Ibid). Despite these improvements, about 70% of residents in the area do not complete Grade 12 (Municipality of Windhoek 1996: 55-56).

Social Living Condition

■ Housing Situation

Based on one study conducted in all Katutura areas, nearly 79% of the sample report that their houses are concrete brick construction (Ibid: 12). As is consistent with Pendleton's findings, 79% of the respondents for this thesis indicate that they live in 'Modern house (i.e. brick)' (Table 7). The data set for this thesis was collected in only the central Katutura areas where the residents' socio-economic status is considered to be higher than squatter areas in Katutura. Therefore the data do not reflect housing

trends in the whole of Katutura. The housing situation in lower socio-economic status areas is quite different from the central Katutura areas. For example, approximately one in two households are informal shanty housing in squatter areas (Ibid). The population density in Katutura is higher than the rest of the Windhoek area, because 65% of the total Windhoek population live in the Katutura area, which occupies only 25% of the whole Windhoek land area (Frayne 1991: 8; Frayne 1998: 6). It is estimated that there is an average of seven people in each two-bedroom house in Katutura (MYS 1993: 6). The Katutura residents who live in informal settlement areas and shanty housing are estimated at between 25 000 to 30 000 (Tvedten and Mupotola 1995: 12). For example, about one-half of the residents in the northwest areas live in informal shanty housing (Pendleton 1997: 12). Although the level of services provided such as water, electricity and drainage has been improved in Katutura, some people still do not have access to these basic services (Frayne 1991:11-12): about 12% of households in the area have neither electricity nor gas for cooking; and about 1% do not have access to toilets and piped water within a five minute walk of their home (LeBeau 1999: 112).

■ Household Income

The unemployment rate in Katutura is high. According to a 1996 study, at least 26% of the adult population in Katutura are unemployed, of which 33% were migrants from the northwest areas (Pendleton 1997: 14). Those unemployed people claim that there are no jobs available for them, however, of those who are unemployed, nearly half are unskilled (Ibid). Many people come from rural areas because they think that

they will get jobs easily in Windhoek whose population is almost the same as the total size of all other Namibian urban populations combined (Ibid: 7). On the other hand, Windhoek is too small at the macro-economic level to expand the formal sector and to provide employment opportunities for all who come looking for employment (Frayne 1998: 17). Those who have skills in construction, for example, have more opportunities to find jobs, yet those who do not have any skills or education face the reality that they cannot get jobs (Frayne 1998: 17; Pendleton 1997: 7).

Between 1991 and 1996, the mean monthly household income in Katutura was increased by 20% from about N\$800 to about N\$1 000, while the cost of living went up by about 50% (Pendleton 1997:15). Furthermore, there is considerable stratification in income by area within Katutura and by household type. For example, households in the northwest shanty areas (Okuryangava, Big Bend, etc.) have the lowest household incomes of N\$321, while those in Luxury Hill had a mean of N\$2 831 per month in 1991 (Pendleton 1997 15; Lewis and Rooy 1991: 2; also c.f. Municipality of Windhoek 1996). Estimated average income of female-headed households was 30 % lower than male-headed and nuclear households (Tapscott and Hubbard 1991: 12). Thus most female-headed households have the lowest median household income of all household types (Pendleton 1997:15). The same tendency for this unevenness of household incomes was also found in 1996 (Ibid).

■ Household Types and Contract Labour System

In Katutura, the percentage of female-headed households was high (36%) under

apartheid rule (Pendleton 1994:91-92). After Namibia's independence, it is reported that about 25 % of all households in this area are female-headed, that is, without a male conjugal partner (Tapscott and Hubbard 1991: 12). However, the latest data show that the rate of female-headed households in Central Katutura area is higher (33%) than in new areas (18.5%), where many households contain only male residents (Municipality of Windhoek 1996: 37). These data indicate that the re-increase of female-headed households has occurred in Katutura because of the increasing number of women migrating to the area as previously mentioned.

Female-headed households have also been directly influenced by the contract labour system under which families were separated and men were forced into work for the whites (Hishongwa 1992: 50). The forerunner of the contract labour system was the migrant labour system, which started during the German colonial era: These systems used Namibians as labourers in the so-called 'white areas' (Katjavivi 1988: 11; LeBeau 2001: 10). Later, South Africa expanded the migrant labour system under apartheid, and they established two contract recruiting agencies in 1925 for the purpose of recruiting Namibian males from the rural areas, which were mostly the northern part of Namibia, to the white areas (Hishongwa 1992: 49; Katjavivi 1988: 15). Under apartheid law, there was no right for contract workers to settle in the towns in which they worked, but they were sent back to their homeland when their contracts were finished (Hishongwa 1992: 87). However, contract workers were not allowed to go to their workplace with their rural families or visit their rural families, and women were forced to stay in their home areas under apartheid law (Hishongwa 1992: 87; LeBeau 2001: 8-10). Many families had to change their life styles, and

especially, lack of communication became a major problem between husband and wife (Hishongwa 1992: 99). Some men decided not to return to their homeland but to have a new family in the urban areas, and some women had extramarital relationships while their husbands were absent because of emotional as well as work-related stress (Hishongwa 1992: 103-104). As a result, many couples ended up losing their relationships (LeBeau 2001: 10). This process of the long-term separation of men from their families formed the prevailing Namibian family structure of, "absent father and busy mother," (MYS 1993: 6; Hellberg 1997: 13). In urban areas such as in Katutura, even if contract workers abandoned their families in the rural areas and had a second family, they were forced to live in male-only hostels (LeBeau 2001: 10). Through these labour controls on Namibian people by the German colonial and later the South Africa's apartheid regime, the percentage of female-headed households inevitably increased in Katutura.

3.5 ADOLESCENTS IN KATUTURA

The percentage of young people under 19 years old in the Katutura population is lower (43%) than the national average (approximately 53%) (Pendleton 1997: 25). The percentage of Katutura young people is, nonetheless, still considered to be high. Although the family types of nuclear, extended, female-headed and male-headed households are common in Namibia, only half of the population grow up in a family where mother and father live together (Iipinge and LeBeau, 1997: 52; MYS 1993: 6). As previously noted, the percentage of female-headed households in Katutura is high.

According to data about household type collected through the questionnaires for this thesis, 43% of respondents' household types are nuclear; 30% are female-headed; 19% are extended families; and only 7% are male-headed households (Table 12). These data indicate that more than half of the respondents do not live with both their parents, and they tend to belong to low-income households.

Level of household income is one of the most significant factors influencing the level of education that children can obtain. It is reported that in Namibia about 100 000 children do not attend school; at least three out of five learners leave school between Grade 10 and Grade 11 (MYS 1993: 2). Many families in Namibia, especially those in rural areas, suffer from poverty (Ibid: 6). Thus, many Namibian children grow up in poverty, and children from families with low socio-economic status often have to leave school early to assist their mothers, as well as to work, in order to economically contribute to the family (MYS 1993: 6; Iipinge and LeBeau 1997: 60). However, it is estimated that 60% of young Namibians aged from 15 to 19 years old and one-half of the population aged from 20 to 29 years old are unemployed (MYS 1993: 2).

The Ministry of Basic Education and Culture (MBEC)¹³ found a few positive trends in repetition and dropout rates in the primary phase of education. According to the MBEC, repetition rates in Grade 1 in 1991 were 36.4%, while in 1997 they were 14.6%. In Grade 7, repetition in 1991 was 19.5%, while in 1997 it was 10.9%. The dropout rate in Grade 1 decreased from 12.5% in 1991 to 3.9% in 1997, but in Grade

¹³ The Ministry of Basic Education and Culture has changed its name to The Ministry of Basic Education, Sport and Culture.

7, the drop out rate slightly increased from 7.9% in 1994 to 8.3% in 1997 (from web site). However, there are educationally marginalised children in Namibia namely;

San children, Ovahimba children, street children, children of farm workers and children in mother-led households (LeBeau 1993: 22). According to the MBEC, 37% of children from marginalised groups attended primary school only, while 44% never went to school at all because of poverty and/or discriminative attitudes of non-marginalised groups (from web site).

Respondents of the sample population for this thesis are those in Grade 8, 10 and 12 at secondary schools; the median age of respondents is about 17 years old with a minimum age of 12 and maximum age of 27 years old (Table 9). Most respondents in Grade 8 are 13 to 15 years of age but in a few cases, they are 16 or 17 years of age. The age of respondents in Grade 10 is mostly 15 or 16 years old but is occasionally from 18 to 20 years of age. Grade 12 respondents' ages are to some extent scattered from 17 to 20 years old, and the ages of 21, 22 up to 27 are also reported.

Table 9. Age of Respondents (for all Grades)

	Number	Minimum	Maximum	Mean	Median	Mode
Age	343	12	27	16.9	17	16

The lifestyle of Katutura's adolescents is said to be highly Westernised. Today's adolescents in the area are more exposed to Western values than during apartheid, particularly through the media such as television, videos and magazines which

largely reflect American and European cultures. Recently, about one out of two households in Katutura reported having televisions (Pendleton 1993: 84). In fact, most participants of focus group discussions for this thesis indicate that they like watching television and American movie videos. On the other hand, traditional ideas, values and beliefs about everyday life are transmitted as well as internalised among people in Katutura, because they have strong social links with their rural areas, mainly in the north (Tvedten and Mupotola 1995: 12; Frayne 1998: 6). Traditional values are also to some extent influenced by Western culture but adolescents know what is socially and culturally appropriate behaviour for adolescents, for a male or a female, and what is 'normal' or 'abnormal' in their society. There is also a gap between 'ideal self' and 'real behaviour.' For example, adolescent respondents for this thesis say that they want their parents' advice on sexual issues and do not consider 'sex' to be a taboo topic to discuss, whereas they are not sure whether they would talk to their future children about sexual issues openly. Therefore, it can be said that adolescents' lives are highly westernised but, at the same time, have much knowledge about traditional values and norms in their own culture.

CONCLUSION

The impact of the German colonial and South African apartheid systems has had enormous effects on social institutions such as family, education, religion, individual's life style and gender relations in Namibian society. However, new values and systems of social life brought by Europeans, especially missionaries, have

influenced the life of each group in Namibians. Hence, tradition and culture in Namibian local communities, to some extent, had begun changing even before Namibia was colonised by Germany. Namibian adolescents' lives are influenced not only by western values and norms as a result of the previous colonisation but also by the rapid flow of information from western countries after independence. Although much traditional ideas about sexuality are maintained through active ethnic networks in Katutura, western and traditional values and norms are intermingled in today's adolescents in the area, causing confusions and contradictions between the 'ideal self' and the 'real behaviour.'

CHAPTER 4.

RESEARCH RESULTS AND ANALYSIS I: SOCIAL INFLUENCE ON ADOLESCENT SEXUALITY

INTRODUCTION

This chapter analyses social influences on adolescent sexuality in Katutura. Statistical data were collected through survey questionnaires administered to secondary school students in the study area (Appendix II: Quantitative Data). Supporting data were obtained through focus group discussions with students and key informant interviews with teachers, pastors, a nurse, a social worker and a HIV counsellor.

Many scholars agree that social factors greatly influence the socialisation process by which adolescents develop their beliefs and attitudes about sexuality, and ultimately their patterns of sexual behaviour (Moore and Rosenthal 1993: 62-80; Coleman and Hendry 1999:102; Irvine 1995: 20-21; Furnham and Stacey 1991: 87-110). It is also argued that children's attitudes toward sexuality are initially formed at home, therefore parental models and teachings are important for sexual socialisation (Moore and Rosenthal 1993: 62; Maccoby 1998: 118). However, as children get older, their sexual attitudes and behaviours are influenced more by other socio-cultural factors (such as race, gender, religion, school, peer groups and the media) rather than by parental modelling.

In a socio-cultural context, adolescents learn cultural standards for sexuality and sexual behaviour through cultural scenarios that provide a series of instructions for culturally appropriate sexual expression, including time, place, way and reason (Simon and Gagnon 1987: 363-383). In this chapter, influences from parents, family, schools, religion, peer groups and mass media are considered to be particularly significant factors for shaping adolescents' attitudes toward sexuality and sexual behaviour because these are major social institutions, which provide cultural rules about sexuality as well as in which cultural scenarios about sexuality are embedded.

4.1 PARENTS AND FAMILY

Family is one of the main social institutions impacting adolescents' behaviours and choices. For many children, parents are the primary socialisers who import a variety of beliefs and knowledge on their children's behaviours (Moore and Rosenthal 1993: 62; Mccobby 1998: 118-119; Furnham and Stacey 1991; 98-100). Attitudes of parents and the older generation are also crucial in promoting relationships between the sexes (UNFPA 1998a: 22-23). Therefore, in this chapter, parental influences on adolescent sexuality are firstly considered.

Generation Gap between Parents and Adolescents

While the opinions of family members can be similar and many attitudes may overlap, parents as the older generation and adolescents as the younger generation

may have views which are at odds with each other. Differences in views or conflicts between these two generations are often attributed to a so-called 'generation gap' (Coleman and Hendry 1999: 78). Differences in attitudes are also seen to be at the centre of many conflicts between parents and adolescents, as well as adolescents and other figures of authority in society. Although some studies have found more positive parent-adolescent relationships than was expected, particular topics such as sexuality and drugs are generally believed to bring conflict between parents and adolescents (Douvan and Adelson 1966; Fogelman 1976 in Coleman and Hendry 1999: 74-75; Noller and Callan 1991: 46).

With regard to appropriate age to have a partner, parents generally set older age expectations than do adolescent children. To find out whether there is a gap between parents and adolescents on this topic, respondents are asked what they think is an appropriate age to have a boyfriend/girlfriend and sexual intercourse, as well as about the age at which they assume their parents think is appropriate for such activities. Most respondents (83%) indicate that it is appropriate to have a boyfriend/girlfriend before the age of 20, while more than half (53%) of the respondents suppose that their parents' view on the topic is over 20 years of age (Table 10). Concerning sexual intercourse, respondents' guess at parents' view on appropriate age is notably more likely to be older than the respondents' own view. Therefore, 83% of respondents say their parents view that sexual intercourse while they are teen is not appropriate, compared to 64% of the respondents' own view (Table 10).

Table 11 shows how the respondents' views on the appropriate age to have a boyfriend/girlfriend and sexual intercourse differ by gender and education level. There is no significant gender difference in the rate of both respondents' own view and respondents' guess at parents' view on appropriate age to have a partner. Both male and female respondents indicate that their parents have much more strict views on this topic than do themselves. Nevertheless, 79.6% of female respondents, compare to 58.5% of male respondents, indicate that they think it is not appropriate to have sexual intercourse before the age of 20 (Table 11). Similarly, 85.9% of female respondents and only 68.4% of male respondents guess that their parents will say over 20 for an appropriate age to have a sexual intercourse (Table 11). Thus, more female respondents than male respondents consider under the age of 20 is not appropriate to have sexual intercourse in their views as well as in their guess at parents' views.

Some differences in the rate among education levels are found, though the vast majority of respondents in all Grades indicate that it is appropriate to have a boyfriend/girlfriend while they are teens, and more than half of the respondents report that they think it is okay for adolescents under 20 to have sexual intercourse. The rate of respondents' guess at parents' view on these topics, however, shows significant disparity among education levels. Only 40.4% of Grade 8 respondents indicate that their parents think over 20 years old is appropriate to have a partner, compared to the rate for Grade 10 (58.2%) and Grade 12 (63.4%) respondents ($p = .0061$)(Table 11). A smaller portion of Grade 8 respondents (73.1%) report over 20 year-old is appropriate in their parents' view on sexual intercourse than do those

in Grade 10 (87.9%) and Grade 12 (89.2%) ($p = .0045$) (Table 11). In other words, the gaps between respondents' own view and their guess at parents' view on these topics are smaller in early adolescents than in late adolescents. These data indicate that respondents perceive their parents' views on adolescent sexual activity to be very strict, although the majority of respondents also consider adolescent sexual activity to be inappropriate. Respondents' views on appropriate age to have sexual intercourse reflect social norms on adolescent sexuality, due to the fact that these data are not consistent with respondents' actual sexual experiences (see Chapter 5). Adolescents are, therefore, likely to show the objection against adolescent sexual activity in ideal, but they tend to start sexual activity while they are teen in reality.

Respondents are also asked about their parents' attitudes towards sexual issues. The majority of respondents (60%) indicate that they agree with their parents' attitudes toward sexual issues (Table 19). The most notable trend is that respondents tend to agree with parents who give their advice on sexual issues. About 20% of respondents agree with their parents who say not to have sexual intercourse, while only 5% of respondents disagree with their parents' attitudes about not to have sexual intercourse (Table 13). Approximately one in ten (11%) respondents disagree with parents who do not tell them about sexual practices and sexual issues, while another 10% of respondents agree to their parents who tell them about sexual practices and sexual issues (Table 13). Some respondents also agree with parents telling them about risks caused by sexual activity (5%) and pregnancy (3%) (Table 13). In addition, an overwhelming majority (80%) indicate their wishes for parents' advice on sexual issues (Table 14). A small but significant minority of respondents who show defiant

attitudes toward their parents as an authority tend to refuse communication from their parents, saying it as an interference with their lives (Table 13). Most of these reactions imply that respondents want their parents to tell them about the topics relating to sexual issues. However, these data also imply that there is generation gap in attitudes toward sexual issues as well as the way in which parents and adolescents deal with the issues. As a result of the generation gap in attitudes toward sexual issues, adolescents' wishes to have parental advice on the issues are unlikely to be fulfilled.

Contrary to adolescents, it is often extremely difficult for many parents to admit the importance of discussions about sexuality with their adolescent children. Many parents are not sure how to translate their own ideas about sexuality into messages that they give to their children due to feeling of lacking knowledge, embarrassment by the topic, and misperceptions about their adolescent's behaviour (Moore and Rosenthal 1993: 63; Noller and Callan 1991: 46). In Namibia, parents do not usually discuss sexual issues with their children, let alone give them advice on the topic (MYS 1993: 7; DWA 1995: 41; Iiping and LeBeau 1997: 74). Key informants who were asked about parents' attitudes toward sex education confirm that talking about 'sex' is regarded as culturally and socially unacceptable behaviour. Cultural restraints on the discussion of sexual issues with children also weakens parents' motivation for communicating with their children on such matters. Therefore it is usually believed that to avoid the discussion about sexual issues with children is the correct attitude for parents. What is clear is that these parents' attitudes and behaviours are based on sexual scripts, which guide parents to follow culturally and socially appropriate

relationship with adolescent children as parents.

In addition, there is a fear among some parents that the discussion of sexual issues with adolescents might encourage them to engage in sexual activities. According to one key informant, "*they [parents] said if you talked to people about sex, you are encouraging that you have sex,*" (Teacher 1). Parents' negative attitudes toward discussing sexual issues with their adolescent children is also indicated by some of the adolescents in this research, who support what the teacher said by indicating that parents do not like to talk about sexual issues with their children. Participants of focus group discussions say that their parents do not talk with them about sexuality because, "*... some parents... [are]... scared that maybe we can go and try to make it [sexual intercourse],*" (Grade 8 Girls).

However, the possible effects of parental discussions about sexuality on adolescent sexual activity appears to be in two opposite forms. It can be both an encouragement for adolescents to become sexually active and discouragement for them to do so. Firstly, according to some female participants of focus group discussions, they might be encouraged to participate in sexual activity if their parents tell them about the "*advantages of sex.*" Female participants in Grade 8 say, "*I think if our parents tell us about the advantage of sex, we can go and try about it. We will go and do it ... I think for us from 14 to like 18, we don't need to know the advantage of sex, because if we know the advantage of sex, we can take the advantage of it,*" (Grade 8 Girls). Therefore, these participants do not oppose to their parents' attitude toward avoiding the discussion of sexuality especially when it concerns the advantages of sexual

intercourse.

Some female participants of focus group discussions indicate that they would not have sex, if their parents had told them about sexuality (Grade 12 Girls). On the other hand, male participants, in early adolescence in particular, show interest in sexual experiences (Grade 8 Boys). When adolescents' desires for uncovering the mysteries of sexual activity are ignored by parents, they might try to find out about it by themselves, thinking that, "... our parents don't talk with us about sex things... Then we go and experience," (Grade 8 Boys). Sex education at home also helps adolescents become aware of safe sex. One boy in Grade 8, who was told about sexual health issues by his mother says:

My mother told me that if you are having sex, you have to use a condom or otherwise you will get HIV/AIDS or you will make a lady pregnant. Then it will be up to me, so I have to use a condom (Grade 8 Boys).

In summary, these data indicate that parents in the study area do not take an active part in educating their children about sexual issues, while adolescents tend to be open to the discussion of sexual issues. In fact, the gap in attitudes toward sexual issues between adolescents and parents is characterised by both adolescents and adult informants as the 'generation gap.' It is easy to categorise differences between parents and adolescent children into the idea of a 'generation gap' However, there can be no solution to this miscommunication between adolescents and parents if the problems between two generations are always reduced to 'generation gap,' because such an idea of a generation gap closes possibilities to understand each other by implying that this is a natural state of affairs which cannot be changed (Noller and

Callan 1991: 26-28). Therefore, it seems to be more practical that both parents and adolescent children try to accept differences in the opinions, attitudes and behaviours each other.

Parents-Adolescents Communication

Communication is an important aspect for developing and maintaining a strong relationship between parents and adolescents, as well as helping with the positive development in identities among adolescents (Ibid: 41). Of course the way of communicating with family members as well as closeness in relationship between parents and adolescents varies from one family to another. However, even for parents and adolescents who have close relationships, communication levels tend to be low for sexually related topics.

In the United States, for example, only fewer than one in three girls and one in six boys have had the discussion about sexual issues with either parent (UNFPA 1999b: 16). As mentioned earlier, many parents in Namibia think that children should not be involved in the topics related to sexuality, and thus it is difficult to deepen mutual understanding between parents and children. Similar results as the case in the United States are reported in one study in Namibia. The study was conducted in Oshana region, which is near Oshakati in the northern part of Namibia, and found that only 35.3% of secondary school students have had discussions about sexual issues with their parents (Webb 1997: 122). In the research for this thesis, slightly higher percentage of respondents report that they have ever discussed sexual issues with

parents. Table 15 shows the percentage of respondents who have experience in communicating with their parents about sexual issues. The results indicate that 44% of respondents have ever discussed sexual issues with their parents, while only 34% have ever asked advice about sexual issues from their parents.

Respondents' attitudes toward their parents in relation to sexual issues are also shown in Table 15. Over half (59%) of the respondents think that their parents can give them better advice on sexual matters than other people, and 68% of respondents indicate that their parents have enough knowledge about sexual issues. In addition, 70% of respondents report that they think their parents are good examples of correct sexual behaviour. These data indicate that the attitudes of adolescents toward their parents are, if anything, positive. Although there are differences in adolescents' perceptions of parents' attitudes toward sexual issues, adolescents generally do not think that to discuss sexual issues between parents and children is as inappropriate as parents think. Male focus group participants in Grade 8 are sceptical about their parents' attitudes that sexual issues are not supposed to be included in conversations with children given the inclusion of issues such as alcohol abuse in parent-adolescent conversation.

According to one female participant of focus group discussions, her parents leave sex education to the media, particularly television, in which information about safe sex is given. However, she concludes, "*[even] if I saw advertisement [about safe sex] on television, it doesn't mean I'm very very clever about it,*" and therefore she blames her parents' attitudes that they avoid teaching sexual issues to children as well as

parents' low motivation for learning about the issues on sexuality to teach their children (Grade 12 Girls). The preference for parents' openness about sexual issues is also expressed by many participants of focus group discussions. Participants say that even if their parents talk about sexual issues, the way parents talk is indirect, which also make adolescents unhappy. In many cases, parents do not give their adolescents clear reasons for abstaining from sexual activity. Nevertheless, some participants show their understanding for the difficulties that parents have in terms of being open to the discussion of sexual issues. To support parents' attitudes, the importance of culture is mentioned by one boy who says, "*Sometimes culture is the really important thing in a group... So, don't blame your parents that ... they don't tell you about sex. Sometimes they go with culture,*" (Grade 8 Boys). Similarly, one girl indicates a lack of parental experience in the discussion of sexual issues, stemming from their culture or tradition. At the same time, she also recognises some parents' efforts to break the silence, saying:

... they are not very open but they break the eggs. They start talking a little bit, you know, indirectly. I'm gonna do it a little bit more, and my child is gonna do it much better than I do. I think we should take it step by step, just can't start talking about sex like that (Grade 12 Girls).

Another male participant also supports his parents because he says that his parents' generation did not have opportunities to discuss sexual issues when they were young or to acquire knowledge about the issues (Grade 12 Boys). However, one girl expresses her honest feeling that she does not regret having experienced sexual intercourse but she would not have done it if she had known more about it. Thus, she wishes that her parents could have given their opinion and advice on sexual issues

earlier in life because, she says, "*I know everything already,*" (Grade 12 Girls). She also indicates that, "*I would want her [mother] to give their advice to my younger sister and to my younger brother,*" (Grade 12 Girls).

A lack of communication between parents and adolescents means, to a large extent, a lack of sharing information and feelings between them. Although it is common for adolescents to be unwilling to share their true feelings with their parents, adolescents also feel that they want to be understood by their parents (Noller and Callan 1991: 41-42). On the other hand, adolescents' attitudes and needs are not always understood or accepted by their parents. As a result of such miscommunications with parents, adolescents may develop distrust feeling against their parents, which is likely to lead adolescents' concealment of information.

Table 16 shows the percentage of respondents who have a boyfriend or a girlfriend. It appears that 70% of respondents currently have a girlfriend or boyfriend, however, 39% of those who have a boyfriend or girlfriend report that their parents do not know about it (Table 17). Whereas some of these parents may know about the relationship, respondents believe that their parents do not know that they are dating. This concealment of information is caused by distrustful attitudes of parents toward adolescents. Firstly, more than 60% of respondents indicate that they are told by parents to stay away from the opposite sex (Table 15). It can be assumed that these parents do not want their adolescent children to have a partner or to be exposed to the possibility of having sexual intercourse, and therefore adolescents feel that information about partners should not be disclosed to avoid conflict with parents.

Secondly, some respondents indicate their disagreement with their parents' idea that having a boyfriend or girlfriend means having sexual intercourse (Table 13). Again, under such circumstances, the disclosure of information about a boyfriend or girlfriend and about activities outside of the house does not occur between parents and adolescents. The issue of parental distrust mentioned by one key informant is that many learners complain about their parents who, "*are not trusting them [children] when they go out... [but]... believe they will just go and have sex now*" (Teacher 1)

It is not clear if all respondents who have a boyfriend or girlfriend are sexually active, but parents' attitudes can discourage adolescents from being honest if adolescents feel that their parents do not have faith in them. Although parental understanding does not guarantee that children are always truthful with their parents, previous research indicates that children spontaneously disclose daily activities when they find parental trust (Kerr et al 1999). Because sexually related topics are considered by parents to be inappropriate for discussion with adolescent children, adolescents are likely to consider that their sexually related activities should be practiced in secret. For example, one participant of focus group discussions indicates that he watches movies, which are rated 18 only, when his parents are not present (Grade 12 Boys). Similarly, another male participant says:

We mostly like to watch films about naked women, but if my parents are there I won't do so. So, usually my parents go out or they go to sleep, I go to the video machine and put it on. And when they come back, I take it off (Grade 8 Boys).

Miscommunication between parents and adolescent children results not only in

adolescents' concealment of sexually related activities but can also bring other miscommunication between them. For example, some negative attitudes toward parents are reported such as: Parents should not control me/my life (5%, n=19); Parents do not understand me (3%, n=11); and Parents are conservative/old fashion (1%, n=6) (Table 13). In addition, about one-half of the respondents (52%) who indicate their perception that their parents pay attention to their sexual behaviour perhaps feel as if they are under surveillance (Table 23).

Another significant factor that affects parents-adolescent communication is the prevailing Namibian family structure of "absent father and busy mother," which tends to create a situation for adolescents whereby they have no one to rely on (MYS, 1993: 6). In fact, about one-third of respondents indicate the absence of their father compared with only 7% who indicate that their households lack a mother (Table 8). As a result of such family structures, 'father' is considered as less important than 'mother.' Table 19 shows the level of importance toward the approval for a boyfriend or girlfriend. Only 51% of respondents indicate that their father's approval is important, compared to 75% for mother's approval. Similarly, only 58% of respondents consider their father an important source of information about sexual issues, while 78% of respondents indicate that mother is important (Table 20).

Sex as a Game

While growing up, children can learn about sexual relations directly by observing their family members, neighbours and animals' sexual activity. According to some

focus group participants, it is common in their communities that children view sexual activity as a game. In the game, a boy plays the father (or husband) and a girl plays the mother (or wife). Because a father and a mother, "have to make sex," the boy and the girl, "try to make these things... at house," (Grade 8 Girls). Experiences of one participant of focus group discussions also confirm this story:

Well, actually I had sex many times because when I was smaller I used to. I did not know. I just thought it was a game or something... So, we usually had to play this sex at the back of our house or so... (Grade 8 Boys).

There was also one male participant who did not have a clear memory about the game but says, "Like me, maybe when I was smaller, I cannot remember, maybe I had sex," (Grade 8 Boys). Another boy who remembers his experience in his childhood says, "When I was young I had sex first time, but now when I was 11, I stopped it," (Grade 8 Boys). It would be hard for parents to imagine that their child stopped having sex when he or she was only 11 years old. Information about this game is also mentioned by one key informant who has heard about it from her students (Teacher 1). Moreover, this game is played not only among friends but also among siblings. One girl explains how the siblings 'set up house':

... we are three sisters with a brother. And now one sister is going to be a mother, and a brother will be a father, and those two sisters will be the kids. And then a brother and a sister end up making sex (Grade 8 Girls).

The fact that there was neither shocked reaction nor objections to this story from other participants of the focus group discussion indicates that this type of play was not unusual for them. It is not surprising that the game is popular among siblings, because the original concept of the game comes from their parents' sexual activities,

which take place at home. Although it is not clear whether parents notice that their sexual activities are being watched by their children, children do not miss chances to see it. One female participant reveals a secret behind children's sound sleep:

They [children] are sleeping but they are not sleeping actually, they are looking with their eyes like they open their eyes, and they are just looking what mommy and daddy, they are doing. Then in the morning, they say, 'Let's also play what mommy and daddy did,' (Grade 8 Girls).

Participants say that some children start playing the game from as young as they are three years old without knowing the meaning of the activity. In addition, any sexual intercourse that occurs in the game is unprotected. For children, it is no more than game in which they are re-enacting what adults do. Later on, children learn about sexual issues in schools, and some of them think, "*Where did we learn it? We learned it from our parents,*" (Grade 8 Girls). In this way, some adolescents in the study area are involved in unprotected sexual intercourse, which possibly later results in becoming pregnant or being infected with STDs.

Furthermore, this game play has a significant implication for children who internalise gender-role attitudes for their families. Usually boys are supposed to play male roles such as the father and brother, and girls are supposed to play the mother or sister (Grade 8 Girls). Nevertheless, according to information one key informant gained from the adolescents, everyone wants to be the father because he is the one who has power to control the game (Teacher 1). It is clear that children learn gender-roles as well as differences in male and female sexuality through this game.

4.2 SCHOOLS

Sex Education in Schools

One myth, which still persists in Namibia, is that sex education leads to promiscuity. Contrary to the argument of the opposition to the implementation of sexual health education in school curriculum, it is reported that sexual health education does not increase sexual activity but promotes safe sex practices among adolescents (UNFPA 1999a: 16). It is also found that sexual health education, started before the onset of sexual activity, is the most effective method of delaying sexual debut and reducing the number of sexual partners, unwanted pregnancies and STDs including HIV (Ibid: 16-17).

Despite the fact that sex education has been included as a part of school curriculum in many countries, some particular topics such as contraceptive methods are frequently avoided or even forbidden due to, "teachers' discomfort with these subjects, opposition from some traditionalists and religious groups, fear of parents' criticism, and difficulty in setting priorities," (Ibid: 16). These difficulties in installing sex education into school curriculum are also found in Namibia. One key informant recalls some parents' reactions to a Ministry's decision to offer sex education and says:

I remember there was a time when the Ministry decided to introduce a course called family planning or something...sexual education into schools. ...many parents...felt that they shouldn't be done (Teacher 3).

It is clear that such reactions from parents are based on a cultural norm that proscribes the discussion about sexual issues with children. For the parents' generation, sexual issues are probably still subjects which are not supposed to be taught in schools. According to one informant, "*When I was at school, this topic [sexual issues] was never touched, it was not spoken about in schools, not in classrooms...*" (Teacher 2). This key informant, however, continues to say that learners nowadays cannot say that they are ignorant as in the past because sexual issues are taught in certain classes as part of specific subjects (Teacher 2). Indeed, certain sexually related topics such as human reproduction, HIV/AIDS, STDs and condom use are taught in life-science and life-skills classes at all schools where the research for this thesis was conducted. Sexual issues are, however, only one part of these classes, and the way in which these topics are handled depends on the attitude of the teachers who teach these classes. For example, a study conducted in northeast Namibia reports that chapters in books that contain sexual issues are often skipped by teachers (Voeten 1995: 27). One study in the United States also points out that teacher's uneasiness about teaching sexual issues can largely affect the adequacy for sex education (Moore and Rosenthal 1993: 73). Therefore the information given to learners can vary both in quality and quantity from class to class, as well as propagating certain ideas that are based on each teacher's principles.

Key informants frequently expressed their ideas of being against premarital sexual activity. Statements such as, "*sex before marriage is wrong*," "*sex before marriage is out*," "*they must wait*," and, "*it shouldn't happen*," are judgemental. Some teachers' attitudes toward condoms are also disapproving such as, "*it's against [my*

principle],” “*it’s promoting free sex.*” In addition, the paradox of messages about sexual activity in cultural scenarios is repeatedly pointed out by sexuality educators in several studies (Irvine 1995: 40). Cultural scenarios, on one hand, set a prescription of “sex is dirty,” but on the other hand, give the message of ‘save it for someone you love,’ (Ibid). In the data for this thesis, similar contradictions are found such as, ‘*stay clean until you marry,*’ ‘*we should reserve ourselves with our marriage partner,*’ ‘*take away all the guilt,*’ and ‘*take away all the remorse*’ (Teachers). The majority of teachers are Christian, implying that these ideas are based on a preconceived notion of premarital sexuality, which originally comes from Christianity. Therefore, the discourse, which is heavily influenced by Christian notions of sexuality, are possibly interesting for religious adolescents, but those who possess a low sense of religious belonging might identify the paradox and find other cultural scenarios about premarital sex more suitable to them.

Sexual Issues Taught in Schools

Respondents are asked whether or not they are taught some sexual health related topics in school. Most respondents say that they have learned about HIV/AIDS (92%), STDs (94%), use of condoms (87%) and pregnancy (88%), a relatively large proportion of respondents indicate that the use of contraceptives (65%) and man/woman relationships (67%) are taught, and about one-half of respondents (53%) report that biological matters (physical structure of human body) are taught in school (Table 21). Overall, female respondents tend to be more likely to say that they have learned these subjects in school than male respondents (Table 22). Some disparities

among grades are found, especially when asking about biological matters that they have been taught (27.6% in Grade 8; 55.7% in Grade 10; and 76.0% in Grade 12) and the use of contraceptives (37.6% in Grade 8; 85.0% in Grade 10; and 72.3% in Grade 12). As expected, these data indicate that as adolescents mature, they are taught more about these issues. However, there are small differences among grades for other topics learned at school (Table 22).

Respondents are also asked about sexual health issues that they may want to learn about in school. The top five topics mentioned by respondents are the same as those previously indicated as most often taught in school, that is HIV/AIDS (21%), condoms (12%), STDs (12%), pregnancy (8%) and men/women relationships (10%) (Table 23). Other topics suggested by respondents for inclusion in school curriculum contain practical sexual information such as 'How to do it?' or 'How do I feel?', contraceptives, the relationship between sex and health, body function, abstinence, the way to care for oneself, and variations in sexual activity (Table 23). These results indicate that respondents prefer health related topics rather than practical sexual topics be taught in school. The level of respondents' interest in information about STDs and AIDS, pregnancy and contraceptive methods tends to be higher for older adolescence than younger adolescents probably reflecting their level of sexual experience (Table 24).

Effects of Sex Education in Schools

In contrast to teacher's anxiety about sex education previously mentioned,

respondents show positive attitudes toward sex education in schools. Table 25 shows respondents' comfortableness with learning about sexual health issues in schools. The majority of respondents (77%) indicate that they do not feel uncomfortable learning about sexual health issues at schools. For male respondents, uncomfortableness with learning the issues in schools is significantly higher than for female respondents (29.2% and 17.4%, respectively; $P = .0168$) (Table 26). These data indicate that adolescents in the study area have a willingness to learn about sexual health issues in school. Teachers experience of similarities in adolescent learners' first reaction to sex education are:

...you can see the embarrass because no one has ever talked about those things to them. But then they start asking questions... and they could talk about these things (Teacher 1).

...when it [sexual issue] is brought into the open in a class at school, then it's something to shy away from. Some react that way and some, as I said, they find it amusing. Others feel they will not talk about it. They fall in silence (Teacher 2).

...when we did the AIDS, I came in and spoke about condoms... there was a lot of snickering, and people were uncomfortable. But half way through the lesson, it stopped...If you have the teacher doctor [present the material on professional medical basis], certain kind of attitude, the children also regarded it as the biology class (Teacher 3).

As key informants indicate, generally adolescents are reluctant to talk about sexual issues with teachers because, *"This is based on how they are brought up traditionally... so sort of culture is still in our society, in our children,"* (Teacher 5). Feelings of embarrassment or uncomfortableness and reactions of snickering, laughing or falling into silence emerge from adolescents when they are taught about sexually related issues. Nevertheless, these reactions do not necessarily mean that

they do not want to learn the issues. Some participants find that sexual health issues taught in schools are very useful. They say:

... sometimes a teacher bring this programme 'my future is my choice' at school, and I learn a lot about HIV/AIDS and how to save yourself, about getting women pregnant, and how to use contraceptives (Grade 8 Boys).

For adolescents, the information they get from schools is regarded as important. Table 20 shows the level of importance for information about sexual issues. Only 19% of the respondents indicate that information about sexual issues given by teachers is 'not important.' Although male respondents are more likely to regard teachers as unimportant, compare to female respondents, the rate is still low (25.2% versus 12.8%, respectively). Thus, even though adolescents' participation in a class might be apparently inactive, information about sexual health issues is transmitted to them. Information provided by teachers also gives adolescents an opportunity to develop their own ideas about sexual issues. Participants of focus group discussions say that they talk about sexual health issues that they have learned in school with friends:

I was just talking to my friend [about sexual issues], and then my mother come in [the] house, and then after that she start telling me about it... because at school we have 'my future is my choice' and we talk about those things (Grade 8 Boys).

These data indicate a growing trend toward parental involvement in sex education. In this way, some parents and children might seize the opportunity to talk about sexual health issues.

Probably, adolescents are not as shy with being taught about sexually related issues, if the lessons are given under certain conditions. Schools can therefore play a vital role in effective sex education, because parents are uncomfortable discussing the issue with their children in Namibia. At the same time, nonetheless, schools can open the way for parents to bridge this sensitive topic. However, teachers' attitudes seem to be a key factor that can enhance or be detrimental to the effectiveness of sex education in schools.

4.3 RELIGION

Namibia is a homogeneous country in terms of religious affiliation. It is estimated that 90 % of Namibians are Christians (Ipinge and LeBeau 1997: 51). The three largest churches in Katutura are the Lutheran, Roman Catholic and Anglican (Pendleton 1993: 47; LeBeau 1999:115). As consistent with other research findings, data for this thesis indicate that approximately one-third of respondents' religious affiliation is Lutheran, 13% are Roman Catholic and 13% Anglican (Table 27). Therefore, Christian ideals may have a significant influence on people's attitudes and beliefs in everyday life.

Adolescents' Attitudes toward Religious Teaching on Sex

According to McGuire, many cultures symbolise marriage as an important ritual of passage in which religious ideal and norms are often directly promoted (1992: 63).

The impact of religion on marriage often appears to be as, "endogamy (i.e., marrying within one's ethnoreligious group), sexual norms (e.g., restrictions of premarital, extramarital, homosexual, or 'deviant' sexual activities), divorce, and reproduction," (McGuire 1992: 63-64). Birth control and abortion are also taught to be wrong as a general rule, especially in Christianity.

Considering the situation in Namibia, where most people are Christian, respondents are asked about Christian notions of sexual relations. Table-28 shows that just over one-half (56%) of respondents indicate that a marriage partner is the right person to have sexual intercourse. Nevertheless, only 19% agree that the primary purpose for sexual intercourse is to have children, and less than one-half (43%) of respondents show a negative attitude toward abortion. There is a significant disparity in attitudes toward abortion between Grade 8 respondents versus Grade 10 and Grade 12 respondents ($P = .0325$): The rate of positive attitudes toward abortion is much lower for the youngest age group (18.4%) than for the older groups (36.1% for Grade 10 and 32.3% for Grade 12) (Table 29). These data indicate that adolescents in the sample population tend not to recognise sex, marriage and procreation of children as one concept, but they see these events as having different purposes.

Respondents are also asked in two different questions at two different points in the questionnaire about religious doctrine on sexual activity and marriage, both of which ask whether respondents agree or disagree with the idea of not having sexual intercourse outside marriage: one question asks the idea as a religious teaching on sexual activity, while the other asks it as a general idea and does not contain words

such as 'religion' and 'religious teaching.'¹⁴ Table 30 shows that 72% of respondents agree to a religious teaching of prohibition against premarital sexual activity. On the other hand, only 57% of respondents agree with the statement that people should have sex only within marriage (Table 28). The discrepancy in these data is influenced by the word 'religion' or 'religious teaching' and reflects respondents' perceived identity as 'Christian.' It is assumed that respondents try to give an answer that fits religious doctrine or supports religious teachings. In addition, the fact that Christian idea of adolescent sexuality and dominant cultural scenarios about adolescent sexuality correspond each other likely to influence adolescents' attitudes toward following social desirability criteria of adolescent sexuality so as not to be stigmatised in public.

Another interesting finding is a high percentage of agreement to the religious teaching of not having sexual intercourse before marriage, but that many respondents agree with the religious idea not because of blind faith in Christian doctrine but because of personal interpretation of the activity (Table 31). For example, reasons for agreeing with the religious teaching includes, '*To avoid risks and diseases,*' '*Sex before marriage is not necessary,*' or '*Some men want only sex,*' are not directly based on Christian idea of sex before marriage as a sin, but are rather social or health related (Table 31). Some respondents, in this way, agree to a religious teaching of not having sexual intercourse before marriage because the teaching happens to coincide with respondents' personal opinions about the topic. However, it should be

¹⁴ This methodology was used to test whether or not these concepts were related to religion.

mentioned that these apparently personal opinions are likely to be the result of following new cultural scripts about sexuality that have been produced in the age of AIDS.

Identity and a Sense of Religious Belonging

When asked about religious affiliation, most participants of focus group discussions called themselves 'Christian.' People who make the self-definition of themselves as Christian see it as a source of meaning because the term 'Christian' refers to an identity rather than a belief system (Wuthnow 1993: 520). The difference between identity and social role is clear in that the former creates the meaning, while the latter creates the functions (Castells 1997: 6-7). However, because an individual's identity and social role are closely entwined, identity can be created by social institutions and organisations (McGuire 1992: 55-56). Thus religious belonging is an important social location of one's identity. In some societies, religion can be the most important source of identification, whereas in other societies, religious belonging tends to be intertwined with other important sources of identity such as family, ethnic group, friendship group and nationality (Ibid). The two trends for religious belonging found in this research are the tendency to support religious teaching by male Grade 12 participants of focus group discussions, and a strong feeling of belonging to their own churches by female Grade 8 focus group participants. In spite of a clear self-definition as Christian from most of questionnaire respondents and focus group participants, only 39% of respondents indicate that pastors are important sources of information about sexual issues (Table 20). Some possible explanations for the low

percentage are that adolescents do not expect pastors to give them information about sexual issues, or they do not consider information about sexual issues from pastors as important.

A decline in observance of religious teachings is also found in the transition to adulthood. Respondents in Grade 8 are more likely than those who are in Grade 10 and Grade 12 to have attitudes that fit in to religious doctrine on sexual activity. Table 29 shows overall percentages of respondents by education level. Agreement with the idea of having sexual intercourse only within marriage is slightly higher for those in Grade 8 (63.2%) than those in Grade 10 (49.1%) and Grade 12 (58.8%), while a lower proportion in Grade 8 (48.7%) oppose the idea that the primary purpose for sexual intercourse is to have children, compared with 66.7% in Grade 10 and 60.0% in Grade 12. In considering a marriage partner to be the right one to have sexual intercourse is much higher for Grade 8 (66.4%) compare to Grades 10 (50.5%) and 12 (50%).

Many participants in focus group discussions also express their low conformity to religion. Although the majority of adolescents say that they are Christians and that religion is personally important in their lives, religious affiliation does not seem to be a more important social location of identity than other sources of belonging for most participants for this research. This tendency is found particularly in the discussions with girls in Grade 12 and boys in Grade 8. One female participant says that in Africa, "*[the] Catholic Church is not such a big thing,*" and that adolescents, "*don't believe in what they [church] believe in,*" whereas they belong to a specific church

(Grade 12 Girls). Another girl says that it is possible to follow Christian ideals of abstinence only if a person is, “*a true Christian,*” and she also says, “*for us, people who go once a year to church, it’s okay [even if they do not follow the ideals],*” implying that she is not a ‘true Christian.’ (Grade 12 Girls).

Some male participants of focus group discussions even express rebellious opinions about religion, and say:

Yeah, religion is important in our life, but sometimes... we don’t listen to the pastor or preacher or the reverent, what they are saying. But we do what we want to do about sex, drugs, alcohol and stuff like that... [and]... I am a Christian but nobody is perfect, so I commit many sins. So, when the pastor or preacher speaks [to] me, I don’t listen. I do my own thing... I was just in church (Grade 8 Boys).

Adolescence is the time of transition from childhood to adulthood, and so adolescents often attempt to claim their identity in the form of rebellion against authority including religion (McGuire 1992: 62). Such rebellious attitudes against religion are more clearly expressed by one focus group participant who says:

I like homosexual people, I don’t see anything wrong with the homosexual people. So I don’t agree with the Catholic church, I don’t agree about you not supposed to get divorce, I don’t believe all those things. I’m just in the church but I don’t really believe in... they don’t have any right to judge you because everybody is a human being (Grade 12 Girls).

Almost all girls in Grade 12 agree with the above opinion, and state that teenagers still have sexual intercourse even though the Bible and priests tell them not to have sexual intercourse before marriage (Grade 12 Girls). One girl expresses her opinion that the church’s approach to sexual issues is wrong, giving an example of the rebellious attitudes of children, “*When you tell your child, ‘Don’t touch that!’ but*

they still touch it," (Grade 12 Girls). Because the church is seen as an authority, adolescents' attitudes toward churches are similar to their attitudes toward parents. In the respondents' words, both church and parents are described as old fashioned:

I'm not gonna go to the other churches but I just think that they live in prehistoric time. They just believe in too many things. It's just too old fashioned. (Grade 12 Girls).

I think the pastor should tell us about sex. But since they are in church, I think they are afraid. Because in the church, the elders, grandmother and grandfather, so the pastor is afraid to tell us about sex... (Grade 8 Boys).

However, one female participant, who acknowledges herself as a Christian, expresses the contradiction in herself by stating that she sometimes prays to God after having sexual intercourse and asks forgiveness because she knows it is a sin but, "*Sometimes you forget that it's a sin...*" (Grade 12 Girls).

It would appear that religious belonging is not internalised by adolescents as the most important source of identity, despite the fact that many respondents call themselves Christians. This is because Christianity in Namibia is a highly valued, and therefore the social identity of a Christian gives people a certain social status as well as positive self esteem. However, this thesis reveals that a Christian identity is often used to describe the ideal self, which is based on the ideas about who one is supposed to be, rather than who he or she really is. Hence, the 'ideal Christian self' and the reality of adolescents' lives appear to be contradictory. Although adolescents, as well as most individuals, are socialised to be the ideal person of their society by following ideal cultural scenarios, they do not recognise religion as an only source of meaning and experience but also seek other sources for their bases of identity.

4.4 PEERS AND YOUTH CULTURE

Parents versus Friends

Because people spend a lot of time with their friends during adolescence, some researchers argued that peer groups become more influential than the family to adolescents (Noller and Callan 1991: 51; Coleman and Hendry 1999: 155). However, other studies show that beliefs about peer pressure on sexual behaviour are much stronger than the previous research evidence suggests (Noller and Callan 1991: 51). The dominant view expressed by key informants in the research for this thesis is that peer pressure is the greatest influence in terms of sexual behaviour among adolescents, although such a view is based on the key informants' impressions.

Many participants of focus group discussions explain that the reason they ask questions about sexual health issues of friends and get information from them is that their parents do not give them the required information. Some focus group participants explain:

Because my parents don't like talking about boyfriend and sex stuff, and every time you ask question, they won't open answer you. So, I have to go ask my friend what this mean... [and]...I was afraid to talk about sex with them [parents], so my friends are the best way I can get information about sex (Grade 8 Boys).

It is also reported that young people are usually more comfortable discussing matters related to sexual behaviour with their peers than with adults (UNFPA 1998).

However, it does not necessarily mean that adolescents consider information about

sexual health issues given by their friends more important than information from parents. Table 20 shows the level of importance of information about sexual issues that they get from various sources. Only 36% of the respondents consider the information about sexual issues from friends as important, compare with 79% of those who consider information from their mothers important. Due to the family structure in the study area, whereby the father is not as close as the mother to children or the father is absent, the level of importance for information from their fathers appears less important in light of the fact that only 58% value this source of information (Table 20). Nevertheless, fathers are still ranked higher than friends. This could also mean that adolescents are more likely to trust the information from their parents.

On the other hand, some focus group participants say that they do not ask their parents about sexual issues because parents are old fashion, and many other participants indicate that they do not go to their parents as an ideal source of information but go to their friends. Besides, even if parents are liberal, it is questionable whether or not they give children a clear answer to a question such as, *"Daddy, mom, how does a girl's thing look like?"* (Grade 8 Boys). At the same time, many adolescents hesitate to ask such a question of their parents, and think that, *"you can't just come and ask your parents [such a question]. But you can ask them [friends] how, what do you do when you are having sex and things like that,"* (Grade 8 Boys). Some adolescents turn to their friends for advice on sexual issues as these are, *"thing that our parents don't teach us,"* (Grade 8 Boys), but other respondents do not expect parents to answer their question because:

...you don't have your parents to rely on to talk with them, because you will think they will beat you or ignore you. Now you have to do it [talk] with your friends (Grade 8 Boys).

While parents are the first source of information about sexual issues for adolescents, they are often not the most influential source of information. Coleman and Hendry argue that it is perhaps true that parents and peers are not necessarily comparable to each other but are rather two different groups which influence adolescent sexual life at different levels (1999: 155). In addition, adolescents seem to believe that they should not ask their parents about sexual issues, whether or not such a social norm exist.

Conversation with Friends

Participants of focus group discussions are asked to talk about their daily conversations with friends. Sexually related topics, including sexual relations with the opposite sex and sexual experiences and practices, are very common among almost all participants. For example, boys in Grade 8 are most likely to mention sexually related topics as their daily conversation with their friends, saying, "*We talk about sex every time we meet each other, so now it's getting common to us,*" (Grade 8 Boys). The most frequently mentioned topic among male participants is friends' sexual experiences. However, this information is not consistent with data collected from questionnaires, which show only 21% of the respondents indicating that they are interested in their friends' sexual activities and 27% want to know how their friends think about their sexual experiences (Table 32). One possible explanation is

that the topic of sexual experience is not something specifically mentioned but is rather something that simply appears in the conversation among adolescents, and therefore it is not a conscious consideration among questionnaire respondents. Focus group participants also mention that they talk in more detail about sexual experiences with their friends:

... sometimes we talk about how many times you had sex and stuff like that. Then we ask each other... 'How does a girl say on the bed?' stuff like that ... we talk about who did it and... how it was, how you felt, was it nice, did you enjoy it, did you not enjoy it (Grade 8 Boys).

With a critical view, these participants maybe just lying to sound 'big' with other boys, as boys tend to compete with each other regarding sexual experiences. In spite of this, these data indicate that participants prefer to share their sexual experiences with friends, and that they are already sexually active. Conversation is not only about present sexual life but also includes possible future life such as, "*We talk about sex like who is going to be your wife, black, white or, you know, like that,*" (Grade 8 Boys). The content of conversations among male participants in Grade 12 is similar to that for boys in Grade 8, with some notable exceptions. In addition to sexually related topics, it is mentioned that Grade 12 boys often talk about their future and problems in their daily lives. This shows the difference in maturity between Grade 8 boys and Grade 12 boys in that those at later adolescence are no longer total engrossed in aspects of sexuality.

Unlike boys, female participants in Grade 8 mention a broad range of discussion topics such as shopping, weekend activities and their bodies. For example, they talk about, "*going to town, what we did the day ... about things that happened in the*

weekend... the movies we have been watching in the weekend... how we do some shopping... school... TV, like how the film play... where we are for holidays... menstruation, [and] month to month talking," (Grade 8 Girls). One female participant identifies sexually related topics as 'boys' stuff' and topics such as shopping or weekend activities as 'girls' stuff.' During the discussion, female participants in Grade 8 also say that they talk about sexually related topics in their conversations such as, *"what kind of guys we have met, how good they were, and all those kinds of stuff... me and my friends, we talk a lot about guys... I think me and my friend, we talk about boys... I mostly like to talk about boys* (Grade 8 Girls). Female participants in Grade 12 say that they talk about a range of topics with their friends including sexually related topics. As with boys, girls who have a boyfriend are interested in sharing their sexual experiences. One participant explains, *"I have a boyfriend. I'm gonna obviously got to tell them [friends] about how the sex was,"* (Grade 12 Girls).

Overall, sexually related topics are commonly discussed among adolescents. Both male and female focus group participants describe conversations about sexually related topics with friends as important parts of their daily lives, and information regarding these topics is exchanged among them. Therefore, it seems that giving information is more important than getting information from friends for establishing relations within their groups, especially for boys. The reason for the importance of giving information for boys is that men's friendships, "are based on doing things together rather than on talking or sharing emotions (as women's friendships are)," (Martin 1996: 67). Indeed, male participants describe sexual relationships and

experiences extracting only those events as a part of their lives. It is as if sexual experience are just activities they did, and when it is over little emotion is attached to the event itself. Female participants, on the other hand, show a tendency to describe sexual relationships and experiences as events that are included in a more comprehensive context in which many other events are connected. Sexual relationships and experiences for female participants seem to influence many aspects of their daily lives, and thus more emotional involvement in these events is likely to occur.

Friendships and Peer Pressure

Many scholars argue that adolescents have a tendency to overestimate sexual activities of their peers, which encourages them to embark on sexual activities, because they are likely to believe that everyone else is having sexual experiences. In addition, boys are more likely than girls to be influenced by peer pressure (Maccoby 1998: 207-208). Most respondents in this research say that they are not motivated by their friends' sexual behaviour into having sexual intercourse. Only 7 % of respondents agree with the statement, 'I want to have sex because my friends do,' (Table 33) However, gender as well as grade differences are statistically significant in that more male respondents (10.5%) than female respondents (2.9%), and more younger respondents (14.8% for Grade 8) than older respondents (2.7% for Grade 10 and 1.0% for Grade 12) report that they are motivated by their friends to have sexual intercourse (Table 34). Therefore, data collected in this research coincide with existing studies in terms of revealing boys' tendency to more likely to be influenced

by friends than girls. Also, one in five sexually inactive respondents indicate that they feel isolated from their peer group because they have not experienced sexual intercourse (Table 35).

Although the perception of peer pressure among the sample population is low, many participants in focus group discussions say that they have learned a lot about sexuality from their friends. Male participants in Grade 12 emphasize the way adolescents learn about sexuality outside their homes:

... in the world we are living now, many things you don't learn from your parents... There is no need for them [parents] to learn to teach you that thing because you will learn it with your friends (Grade12 Boys).

Another participant has the same opinion as mentioned above and says, "Yes, I agree. Most of the sexual things are learned at the street [meaning their friends]," (Grade12 Boys). Considering the grade and age of these participants, these remarks are likely to be based on personal experiences because they are likely to have already experienced sexual intercourse. The data indicate that close friendships are vital for adolescent participants. Friends are considered people whom one can talk to about anything as well as someone with whom to share their feelings, thoughts and secrets. All of these elements of mutual exchange tend to make adolescents trust their friends, causing them to depend on friends' advice about daily issues (Grade 8 Boys). On the other hand, many adolescent do not think friends are always right, but that friends can give them incorrect information and misguide them. For example, some informants say:

But sometimes your friends are wrong... And they will encourage you to have sex, and it might be bad... It all depends on what kind of friends you have got. Maybe you hang out with big guys like in Grade 12, and they mislead you, tell you how good sex is, 'just try it' (Grade 8 Boys).

However, this does not necessarily imply that the influence of peers on adolescents' sexual behaviour is minor. Adolescents are involved in various groups, each of which may possibly possess different norms and values about sexual issues and sexuality (Coleman and Hendry 1999: 141-143). Sometimes adolescents identify themselves with a reference group to which they might not belong but this group is generally distinguished from a close friendship group (Ibid: 143). Therefore values and norms that are dominant in non-close friendship groups are not as important as those shared in close relationship because of the level of the sense of belonging to each group. Although values and norms from different group are possibly transmitted to another, adolescents seem to regard a close friendship group as most valuable in obtaining sexual information. As Simon and Gagnon point out, sexuality is structured through interactions with the individual, significant others and generalised others, in which appropriate sexual scripts for a certain situation and relationship are acquired (1998). Hence, adolescent sexual behaviour is certainly influenced by the shared sexual scripts among members of a close friendship group, who are significant others.

4.5 MASS MEDIA

While there are many other more dominant influences on adolescent sexual development, sexual messages from the media are one of the most important

contributors to sexual socialisation. Audiovisual media such as television and movies are believed to be particularly influential factors on adolescent sexual socialisation because television reaches a broad audience and effects more than one sense at the same time. Messages about sexuality that adolescents receive from the media are assumed to play a significant role in helping not only to inform but also to shape adolescents' ideas of what other people are doing, saying and thinking.

Since Namibia's independence, the number of television receivers has been continuously growing (Fox 2000: 2). Although there are differences in accessibility to television between rural and urban areas, the percentage of households that have no access to television declined from 77% in 1993 to 70% in 1996 (UNDP 1999: 91). Currently, there are two analogue and one digital broadcasting networks available in Namibia, the Namibian Broadcasting Corporation (NBC), analogue TV stations (MNET, Discovery, Movie Magic, etc.) and the Digital Satellite Television (DSTV): the first was established in 1991 that is a State Broadcaster consisting of nine radio stations and one television channel; the rest is a satellite television broadcaster provided by Multi Choice Namibia (Fox 2000: 3; Lush and Kaitira 1998: 48). The majority of Namibians only have access to the NBC. It is estimated that only 10% of households in the country receive DSTV (Fox 2000: 3). Compared to the national average, the percentage of owning television per household is high in the study area due to its urban environment. It is reported that more than one-half of households in Katutura had television as of 1992, and availability of television has been growing in this area since independence (Pendleton, 1993: 84; 114). Thus, among adolescents in the study area, television is one of the most popular forms of entertainment.

Portrayals of Sexual Behaviour in the Media

Many popular modern movies have strong sexual themes. Adolescents can watch, hear and read about sexuality through various forms of media from a very early age (Moore and Rothental 1993: 72). As a result, sexual issues for adolescents are becoming less of a mystery than in the past.

Table 36 shows that adolescents represented in this research watch television an average of 11.5 hours per week, with the maximum of 80 hours. Although these data are not consistent with those collected from focus group discussions in which many participants indicate that they watch television more than five hours per day, Western cultural influences on Namibian society also come from other mass media such as videos, films and magazines that largely reflect American and European cultures. In 1995, only 19% of all programmes on the NBC television and radio were produced locally, and a large number of programmes, which are reported as viewer's favorites, originally come from the United States and Europe (Lush and Kaitira 1998: 66; Fox 2000: 2-3). Therefore, it can be said that today's adolescents in Katutura are much more exposed to Western values and norms than in the past.

However, the media portrayals do not usually contain scenarios about the negative side of sexual conduct, or provide instructions as to how, when and why adolescents should protect themselves from consequences of sexual activities. Some participants of group discussions point out that the media rarely portrays the consequences of sexual intercourse such as pregnancy and STDs including HIV infection. Participants

are generally well aware of the relationship between condoms and protection from the consequences of sexual intercourse, and many participants mention non-condom use in American movies. Such media portrayals of non-protective sexual intercourse, however, confuse some adolescents about condom use because, "...many movies, the American movies, they are not using condoms. They do it but... they do not get pregnant," (Grade 8 Boys). Confusion about the efficacy of condoms and birth control pills as well as about the consequences of unprotected sexual intercourse are expressed by another boy who says:

They [Americans] really have sex, but they do not use condoms. But actually they have something, pills, when they have sex... But us, Africans, we don't use them... So, when we do it [sexual intercourse], it's like we have to use condoms, or the camera does not show at those parts, or like the person might get HIV or pregnant (Grade 8 Boys).

In the United States, one study on sexual contents in the media with more than 1 000 sample television programmes shows that only about 10% of the sample that include sexual content also contain any references to the risks or responsibilities of sexual activity (Kunkel et al. 2001: 50). Only 1% of programmes that include sexual content involving adults address sexual risks or responsibility issues, while programmes with teens involved in sexual intercourse are more likely (17%) than other shows to include safe sex themes (Ibid: 51). Again, the media is not the only nor the most influential factor on adolescent sexual behaviour. However, despite the knowledge about sexual health risks that adolescents learned in schools, the above mentioned confusions about contraceptive use and the consequences of unprotected sexual intercourse lead some adolescents to feel, "*Why don't I do the same thing? Nothing will happen to me, that person didn't die,*" (Grade 12 Boys). These data suggest that

sexual scripts in the media influence adolescent sexuality in a particular way, by creating a vague boundary line between reality and unreal dramas.

Perceptions of Sexual Messages on the Audiovisual Media

The media plays an important role in sexual socialisation, in particular for adolescents. Sexual socialisation consists of learning the socially appropriate responses to such issues as who to have sex with, when and what to do, and how to do it. Audiovisual media such as television and video can be the most significant suppliers of information in terms of its power to appeal to both the sense of sight and hearing. Nowadays, adolescents often learn the scripts of perceived normative sexual behaviour through audiovisual media.

Most participants of focus group discussions report that they like watching television. Some participants indicate that they watch television more than eight hours a day until they go to bed. Also, more than one-half of respondents report that various types of mass media are important sources of information about sexual issues, given that the level of importance of television (53%), radio (54%), and books and magazines (56%) are identified with almost equal percentages (Table 20). Because information about sexual issues that adolescents get from other sources such as parents and schools tend only to be concerned with problem areas of sexuality, this information does not fulfil the needs or interests of adolescents. In focus group discussions, the topics of the negative and positive sides of sexual activities were discussed. Participants generally expect the media to provide them with information

about the positive side of sexuality. One female participant in Grade 8 explains the difference between information from television and information from her parents. She says, "*I think that sometimes the information from the television is good because your parent doesn't tell you all the advantages,*" (Grade 8 Girls). A similar answer is also given by another female participant who says:

I also think it's good watching the television because there are some movies that tell you like the one talking about sex stuff, the advantages of sex or whatever... And I really think that movie... is produced very good for us as youth to know, learn what are the advantages (Grade 8 Girls).

In a previous section of this chapter about parents and family, it was reported that focus group participants say that information about the 'advantages of sex' is not necessary for them. This contradiction concerning information about the 'advantages of sex' probably indicates that both negative and positive feelings such as curiosity, fascination, anxiety and fear are intermingling within adolescents. Because adolescents hardly get positive information about sexuality from sources such as parents or schools, they expect mass media to be a source that can give different types of information from what they get from parents and schools. Although the mass media is not the most important source for adolescents to get information about sexuality, mass media is thus recognised as a readily available alternative that can fill the gap left by other information sources.

As previously mentioned, participants in focus group discussions say that movies are the favourite media for adolescents, and movies seem to have a great influence on their sexual behaviour. Some participants indicate 'soap opera' or 'comedy' as their favourite programme, however, boys generally show a greater interest in movies

which include sexual content, the so-called '18 movies' or 'blue movies'. They say:

... especially we like watching 18 movies. Teenagers usually do that. They like watching television plus listening to radio, but television, they really don't miss any 18 movies on TV (Grade 12 Boys)

They [TV] usually show movie about sex. And we start talking about it. It's like a Sharon Stone movie, when she fucks with Sylvester Stalone, stuff like that... [and]... If it's an action movie you come and tell about it, but most of the time it's about sex. Sometimes we learn about the movies, they call it 'blue movies,' and we come and tell each other how it was, how many hours the video was, yeah... (Grade 8 Boys)

These data also imply that '18 movies' and 'blue movies' are common interests that often come up in conversations among peer groups, and that adolescents may feel isolation if they do not watch these movies and cannot participate in the conversation with peers.

In addition, stories and messages provided by the media contribute to adolescent's decisions on sexual behaviour both at the group and the individual level. One boy in Grade 12 indicates the effect '18 movies' have on adolescents' decision making toward sexual activities when they feel, "*I wanna experiment on it*" (Grade 12 Boys). Not only boys feel such an impulse toward sexual experimentation but also girls have a similar sense of sexual desire led by the content on television. It is mentioned that after watching what people do on television, girls sometimes decide, "*So we go out and try [it] out to know like... [or]... I've seen on TV like this, let me try, maybe we see how it's like*" (Grade 12 Girls). Furthermore, for some adolescents, a particular person who appears in the media can have charismatic power over their worldview. This is often the case with sexual issues. In focus group discussions, one boy says:

We see it [sex] on television. We listen like, Sherim Shade [?] is our role model, and he tells us about sex, rape, and he is our role model. If he says what, then we come and discuss it, how the songs are. It's nice, and sex is the main issue (Grade 8 Boys).

CONCLUSION

Adolescent sexuality and sexual behaviour are significantly influenced by a complex of various social factors such as family, schools, religion, peer groups and mass media that are examined in this chapter. While biological changes in sexual development of the adolescent body also clearly influence adolescent sexuality, these changes occur within a socio-cultural context in which social meanings are given to the biological changes. This context sets norms and rules for sexuality, as well as providing specific instructions appropriate for specific behaviour. Therefore, sexuality does not stem from biological term, but rather it is a social phenomena. Apparently, adolescents in this thesis do not always follow cultural norms and rules for sexuality prescribed in cultural scenarios. However, norms and rules that adolescents internalise as living in social interaction in fact work to reproduce or rather maintain the mechanism for shaping adolescent sexuality.

CHAPTER 5.
RESEARCH RESULTS AND ANALYSIS III:
SEXUAL HEALTH RISKS

INTRODUCTION

Adolescents have become an important target for public health interventions because of their particular vulnerabilities to sexual health risks. Indeed, their choices and decisions concerning sexual behaviour can negatively or positively affect the future of Namibian society. Many people in Namibia become sexually active at an early age. It is reported that 45.4% of women have begun childbearing by the age of 19 (MoHSS 1992: 27). This means that at least one in two Namibian women experience sexual intercourse in their teens without any protective methods. Another serious sexual health risk is HIV/AIDS. It is estimated that the actual number of Namibians who are infected with HIV is between 150 000 and 180 000, about 20% of whom are aged 15 to 24 (UNDP 1999: 47). In addition, the majority of new HIV infections are found among those in the 15 to 24 years old age group (Mustafa 2000: 120-121).

Thus, there is a strong need for developing individual responsibility, not only to sexual activity but also in relation to sexuality. In this chapter, adolescent sexual behaviour is firstly examined. Subsequently, teenage pregnancy, STDs and HIV infection are analysed because they are the most serious sexual health risks for adolescents in Namibia.

5.1 ADOLESCENTS' SEXUAL BEHAVIOUR

Despite the strong disagreement against adolescent and premarital sexual intercourse in most societies, especially for girls, it is reported that sexual activity among adolescents is on the rise all over the world (UNFPA 1999b: 15). In Namibia, many facts also indicate that the majority of people engage in sexual activity while they are teens and before marriage, although such activity is ideally undesirable. Recently, adolescent sexual behaviour has become one of the serious public concerns not only because such behaviour is culturally prohibited but also because of teenage pregnancy and the high rate of HIV infection among Namibians.

Sexual Debut and Experience

A study conducted in the United States shows that the overwhelming majority (80%) of respondents indicate that they think teenage sexual intercourse is wrong in spite of an early onset of their own actual sexual activity (Laumann et al 1994: 322). Such an inconsistency with adolescents' views on adolescent sexual intercourse and their actual patterns of sexual behaviour is also found in the research for this thesis. As previously discussed, 64% of respondents indicate that having sexual intercourse before the age of 20 is not appropriate (Table 10). However, over half of the respondents (59%) report that they have had sexual intercourse (Table 37). As shown in table 38, about 67% of male respondents and about 51% of female respondents have already experienced sexual intercourse. For those in Grade 12, the rate of having had sexual intercourse is as high as 73.1%, but even for Grade 8 respondents,

the rate of sexual experience is nearly 50% (Table 38). These data show how ideal cultural scenarios (strict attitudes about adolescent sexual intercourse) are in contradiction to respondents' personal desires and actual behaviours. The majority of respondents support such cultural scenarios, but intrapsychic scripts are at odds with the scenarios. Therefore, respondents' actual sexual behaviour is inconsistent with ideal cultural norms about adolescent sexuality.

Respondents are also asked about their relationship to their first sexual partner. Of the respondents who report ever having had sexual intercourse, a majority (100 out of 171 respondents) indicate that the person whom they had first sexual intercourse with was a steady partner (boyfriend or girlfriend); the second largest category reported that their first sexual partner was an acquaintance whom the respondents knew but were not dating ($n=50$), and the third category was a stranger ($n=12$) (Table 39). These data show that about 40% of the respondents had sexual intercourse for the first time with someone who was not a steady partner. There are some significant gender differences in first sexual partner. Male respondents report that they had sexual intercourse with an acquaintance (24%) or a stranger (7.1%) for the first time, compared to female respondents where only a small percentage have had first sexual intercourse with an acquaintance (7.6%) or a strange (0.6%) (Table 40). Thus, male respondents are either more likely than female respondents to have sexual relationship with unsteady partners for the first time, or are less likely than female respondents to recognise their partner as someone who is in a steady relationship with them.

The results show that many adolescents in the study area start having sexual intercourse at early adolescence, and that the vast majority of adolescents experience sexual intercourse by the time they graduate from secondary school. In addition, for some adolescents, sexual partners are not necessarily someone in a steady relationship. Therefore the reality is not consistent with rules in cultural scenarios in Namibian society.

Ideas and Practices about Premarital Sex

Cultural scenarios are sexual rules. They are the commonsense of sexuality. It is individuals who create social life, and thus they know the rules valid in a particular society but they also act according to their own individual needs. Through this research, it is revealed that adolescents' sexual behaviour often does not follow cultural scenarios about premarital sexuality. Although dominant cultural norms about sexuality do not allow adolescents to have sexual intercourse before marriage, the interpretation of the norm appears to be different:

... some guys take ladies for granted, and some are really serious. But it's still not good for kids or adolescents to have sex this time. They have to wait until they grow up so that they can have sex (Grade 8 Boys)

This boy, who is 13 years old, thinks that it is not appropriate to have sexual intercourse at an early age, but it is acceptable when he gets older. There is no marriage mentioned and therefore implies that marriage is not necessary to start sexual activity for him. Similarly, one girl participant indicates that 19 years old is an appropriate age to start sexual activity because the first priority for her is to complete

secondary school studies (Grade 8 Girls). Completion of secondary education is also mentioned by other participants in focus group discussions and is a guideline among adolescents when they think of an appropriate age to start sexual activity. In other words, educational attainment is considered to be one of the important elements for adolescents' lives.¹⁵ There are other reasons given by one female participant against early debut of sexual activity who says:

I think that you have to start there [19] because if you start at the young age, you will use it and you can even become a prostitute or get infected with the diseases. So I think if you are finish with school, you have to search for one guy, and only one guy (Grade 8 Girls).

Several cultural messages are included here: the first is premarital sexuality for girls as a representation of an immoral woman; the second is the image of danger associated with premarital sexual activity; the third is the importance of educational attainment; and the last message is faithfulness in a monogamous relationship. Therefore, cultural scenarios as rules influence adolescents' ways of thinking about premarital sexuality, even though the scenarios are not exactly followed in their original meanings.

Table 33 shows adolescents' attitudes toward the idea of frequently changing sexual partners. Over half (60%) of the respondents are against the idea of having many sexual partners, even for unmarried people. On the other hand, there is inconsistency in actual sexual practices in terms of the number of sexual partners in the study

¹⁵ This may be due to an intensive information campaign in the schools that teaches students to get their education before a family, etc.

population versus the ideals represented in the above statement. Table 41 shows the number of partners with whom respondents have had sexual intercourse. The average number of sexual partners is almost six, which means that adolescents change sexual partners quite frequently. This pattern of sexual behaviour among adolescents in the study area is confirmed by one key informant who describes adolescent sexual behaviour as “*explosive*.” This key informant explains:

I have come across, in terms of the way they talk information, extracting, getting from them that maybe a girl will be able to date two boys and the boys will be able to date three (Teacher 5).

Another key informant also found that adolescents, mostly boys, prefer to have more than one girlfriend for in case they lose one of their partners (Counsellor). It is indicated that some of the adolescents do not stay in one relationship for a long period of time, and that they keep more than one partner due to the anticipated end of relationships.

Respondents are asked about premarital sexual behaviour. Although a slightly smaller proportion of the respondent indicate that premarital sexual activity does not result in lowering their reputation (44%), the majority of respondents (65%) oppose premarital sex for girls (Table 42). In other words, respondents’ perceptions of premarital sexual activity, which probably reflects social norms for premarital sexuality, is stricter for female than for male premarital sexual activity. However, many female participants indicate that the idea of sexual activity only within marriage is nonsense, because there is the possibility that they may not get married (Grade 12 Girls). They say, “*I can’t wait forever... [and]... What if I don’t get*

married? I'll die a virgin. So I think it's funny... [and also]... There's no rule anymore. Nobody's gonna wait for marriage, and it's [sex] just fun," (Grade 12 Girls). Unlike the past, the average age for marriage has increasingly become older, and therefore, marriage no longer means the beginning of sexual activity for many adolescents.

Myths and Rumours about Sexuality

There are various myths and rumours about sexuality. For example, several myths about the delay of sexual conduct by certain ages and its negative consequences are spread among adolescents. Key informants explain:

They are telling me, 'If I don't have sex until I'm 24, then I will not know how to have sex, I will be infertile or I will not produce sperm anymore' (Teacher 1)

By the age of 20... if the boy has not yet been indulging in sex, people will say, 'You will get mad.' So, every boy will try to avoid that (Teacher 4).

The actual influence of these myths on adolescent sexual behaviour is not clear. However, in the same way that 'infertile' has an implication of 'abnormality,' one key informant says, "*No sex means a mental disease, and our society yet cannot cope with mental diseases... so, to abstain from sex means to most people, you are mad, abnormal,*" (Teacher 4). The idea that 'no sex means abnormal' hardly appears in general discourse of sexuality in Namibia probably due to the dominant notion of sexual intercourse as a 'shame' and 'private matter.' Since few people in the study area marry before the age of 20 years old, there are also few adolescents whose sexual activity fit the cultural norm, which prohibits premarital sexuality. In other

words, these different ideas about sexuality give adolescents a double bind in that they are morally wrong if they have sexual intercourse in their teens but are abnormal if they do not have sexual intercourse at an early age. Based on data collected for this research, it can be determined that many adolescents choose not to be seen as abnormal, although it is immoral. This choice is most likely linked to the level of religious observance because many of these cultural norms of sexuality are originally based on Christian ideas of sexuality. Religion is, however, not regarded as the one and most important factor that influences adolescents' way of thinking about sexuality (see Chapter 4). Therefore, even when faced with such a double bind, adolescents do not need to adhere to religiously based ideas of sexuality. Furthermore, as one key informant indicates, "*... in Namibia where the churches and everybody pretends that sex is so bad... [and]... it must be hidden under the blanket... yet everybody is having babies,*" (Teacher 3). If adolescents internalise the fact that principles and practices often differ, it is not hard for them to follow what people in their communities actually do, rather than to obey ideal norms in dominant culture. Thus, adolescents' sexual behaviour, to a large extent, does not necessarily reflect dominant cultural norms of premarital sexuality, while dominant cultural norms are not easily disregarded.

Condom Use and Attitudes toward Condoms

Respondents are asked about their frequency of condom use. Among respondents who have had sex, about two in three adolescents (59%) report that they always use condoms when they have sex, while the rest of the respondents indicate that they use

condoms only sometimes or never (Table 37). There are significant difference in gender and grade ($P = .0111$ and $P = .0026$, respectively) (Table 38). The majority of respondents (86%) indicate positive attitudes toward constant condom use for their age group (Table 43). The request for condom use from partners (88%) as well as women's involvement in decision-making for condom use (83%) is also approved of by most respondents (Table 43). In addition, some images attached to condoms, which might prevent the promotion of condom use, are not taken seriously by respondents. For example, only 10% of respondents support the idea that non-condom use represents 'Real man,' and 18% report that carrying condoms represents prostitutes (Table 43).

As for gender and grade, although not always significantly differ, it appears that generally younger or male respondents, compare to older or female respondents, tend to show negative attitudes toward condoms (Table 44). For example, more female (93.3%) than male (81.9%) respondents say that they feel happy to be asked for condom use by their partner. Similarly, male respondents are significantly more likely than females to agree that women should not ask for condom use. As for grade differences, only 5.4% of Grade 12 respondents believe in the relationship between condoms and prostitutes, while 28.9% of Grade 8 respondents believe in the condom/prostitution myth (Table 44). These data indicate that male and younger adolescents have a tendency to think of condoms as a man's concern as well as having negative attitudes toward condoms. In addition, more male and younger respondents express a feeling of embarrassment about the discussion on condoms with their partner (Table 43). Therefore, the implementation in condom awareness

campaigns among male and younger adolescents is one of the crucial elements in promoting effective condom use in the study population.

Participants of focus group discussions generally regard condoms as an effective protector from sexual health risks such as STDs and HIV infection. Even participants in Grade 8 understand the effectiveness of condoms (Grade 8 Boys). However, positive attitudes toward and keen perceptions of condom use do not always correlate to actual use of condoms among adolescents. According to one key informant who is working at a Youth Centre in the study area, there are often adolescent girls who come to the centre for pregnancy tests (Social Worker). This key informant explains that the majority of adolescents in the study area have a good knowledge about condoms but, *"If one person comes here like three [times]...for a pregnancy test, then you should know that they are not having protected sex. or if they are using condoms, it's not always"* (Social Worker).

In terms of condoms use, it appears that there is a gap between the ideal image of sexual conduct which fits the new cultural scenario in the age of HIV/AIDS, and actual sexual activity, which reflects internal desires of sexual conduct. Male focus group participants in Grade 12 agree that many of their friends agree to the idea of using condoms when having sexual intercourse due to information about sexual health risks that they get from various sources, especially from the media. However, these focus group participants also say:

[if]... the women say 'Yes, ' then they [men] normally say they prefer not to use a condom because they won't feel anything (Grade 12 Boys).

One male participant in Grade 8 uses a metaphorical way of expressing some men's feelings about condom use:

... they [men] cannot eat a chocolate with a rubber... Condoms are just a kind of plastic thing. It is like I am eating sweets with the paper on... (Grade 8 Boys).

Similar beliefs that condoms lessen sexual pleasure are also expressed in one study conducted in northern Namibia (LeBeau 1999: 144-146). Although most adolescents' attitudes toward and perceptions of condoms are positive, such attitudes and perceptions do not always correspond to scripts at intrapsychic level. Hence, male adolescents in the sample population understand the necessity of using condoms but simultaneously realise their internal desire for not using condoms to get more sexual pleasure.

Contrary to positive attitudes toward condom use among adolescents, many key informants express negative attitudes toward condoms, although all informants accept the fact that condoms are the best preventative measure against HIV/AIDS. One key informant says that condom use is not supposed to be promoted in public because it is a private matter (Pastor 1). Negative images of condoms among the adult population in the study area can also relate to racial stereotypes. One key informant says, "*... condoms among black people are very stranger [new] because we didn't have condoms before,*" (Pastor 3). Although some key informants prefer to find a link between condoms and white people in this way, at the same time they start using condoms because of realising the danger of HIV/AIDS (Pastor 3). Another possible explanation for this negative attitude toward condoms could be that the

older generation may need time to accept condoms as a new technology, which did not exist in the past.

Myths about the morality of premarital sexual intercourse and safe sex campaigns, which are said to encourage adolescents' sexual activity, often cause opposition to the promotion of sexuality education, including the distribution of contraceptives among adolescents (Laumann et al. 1994: 322). The research for this thesis also found negative attitudes toward condoms expressed by the adult population who have a strong belief that condoms promote sexual activity among adolescents. One key informant explains a personal view on the problem associated with the promotion of condom use:

[If you say your children], 'Don't have sex but if you are going to have sex, here is a condom,' and you might get them confused ... That's why I don't think it's right to say, 'Here are condoms, if you want to go and act.' Then we are telling the kids it's right to have sex... (Teacher 1).

However, there is no evidence that adolescents become sexually active because of being told about condoms. Indeed, in spite of emphasizing the negative influence of condoms on adolescent sexuality, no key informant gives an example of adolescents who are actually motivated to have sexual intercourse by telling them about condoms. This myth primarily comes from the belief that, "*it's wrong to have sex before marriage,*" which is based on Christian doctrine (Teacher 2). Some key informants express the idea that there is basically no need to tell adolescents about condom use or for them to have access to condoms because they are not supposed to have sexual intercourse (Teacher 2). Again, the ideal image of premarital abstinence from sexual

activity does not seem to be of use in the face of the reality that the majority of adolescents are sexually active in their teens.

Myths and Rumours about Condoms

Myths and rumours about condoms are widespread among adolescents in the study area. One key informant found confusion by adolescents who came for counselling as to the efficacy of condom use (Social Worker). Although many participants of focus group discussions mention that condoms are the best prevention especially for HIV infection, many of them also say that a condom, "*is not 100% safe,*" (Grade 8 Boys, Grade 8 Girls). The word 'safe' used for condoms by focus group participants means 'can protect people from HIV infection.' Myths about the effectiveness of condom use are caused by various rumours among the adolescent population. For example, one participant of a focus group discussion says that condoms are not 100% effect but, "*I can say 60% or 50% because the condom can have a hole in it...*," (Grade 8 Boys). This rumour is also recalled by one key informant who has heard adolescents talking about holes in condoms, which they believe occurred when the condoms were manufactured (Nurse). Another key informant mentions a different view on the idea of holes in condoms that some HIV positive people make holes in condoms on purpose to spread the virus (Pastor 3). Nevertheless, it is not confirmed whether or not this rumour is based on an actual occurrence. It is also not clear where the figures of 50% and 60% come from, but similar information is found in interviews with key informants who say, "*condom is not 100% safe, it's only 80% safe. I give this information to them [children]... [and]*

... *That [a condom] is the only way although I think it is only 65% [effective],*" (Teacher 1 and Pastor 3). Such inconsistent information about condoms given by adults is partly to blame for the confusion about condoms among adolescents. However, there is also confusion about the efficacy of condoms in preventing pregnancy. Three-fourths of the respondents indicate that women do not become pregnant when having sexual intercourse with condoms (Table 45). The vast majority of respondents believe that condoms are a perfect method of avoiding pregnancy in spite of the fact that there is a possibility for women to become pregnant even if they use condoms.

Another frequently expressed rumour is related to the quality of condoms. Although condoms, as well as most other contraceptives, are distributed to Namibians at health facilities and hospitals free of charge, the quality of free condoms are believed to be inferior to commercially produced condoms. Despite a high demand for condoms, complaints about the quality of free condoms are also reported in northern Namibia (LeBeau et al. 1999: 152-154). In the research for this thesis, one focus group participant says:

I think they [people] should buy condom from the shop when they have money, not take this condoms from the hospital because they are made out of poor quality (Grade 8 Boys).

However, it seems to be economically unrealistic for adolescents to purchase condoms at shops. In other words, those who do not obtain condoms from public health facilities are unlikely to have condoms when they have sexual intercourse. In addition, interesting information pertaining to the issue of the quality of condoms is

collected during focus group discussions. Some male participants mention that they were informed about the issue from their school teachers. They say:

... our English teacher told us that this people from America... they don't send well enough condoms to Africa. They send the poor quality condoms, not good enough. That's why they get women pregnant... [and]... Like what he said... condoms from America, but one teacher, Mr. X told us that they [Americans] are telling us that it's a gift, but it's just old condoms (Grade 8 Boys).

One possible source of these rumours about the poor quality of condoms distributed at hospitals is found in a newspaper report of 1999. This newspaper reported that expired condoms had been distributed at the Katutura Hospital, and that the condoms had to be discarded (*The Namibian* 5 March 1999). According to the newspaper article, the origin of the expired condoms could not be traced, and thus some people believe that such condoms originally come from the United States.

5.2 TEENAGE PREGNANCY

Teenage Pregnancy in Social Context

Pregnancy is a consequence of sexual intercourse, or more precisely, it is a consequence of unprotected sexual intercourse. According to the NDHS, only 17% of women from 15 to 29 years old were using any contraceptive measures, although more than one-half of the women in that age group knew about modern contraceptives (MoHSS 1992: 30-33). Many girls take risks, despite the fact that

teenage pregnancy is socially unacceptable and also reduces the quality of the girl's life. Unprotected sexual activity also causes many disadvantages for girls such as a bad reputation and low educational attainment as well as financial, emotional and physical problems (Hailonga 1993:2; Voeten 1995: 9-13; Mogotsi 1998: 1; Iipinge and LeBeau 1997: 48; MYS 1993: 8). In the research for this thesis, all teachers interviewed admit that there are girls who become pregnant every year in their schools. The number of girls who become pregnant each year, according to key informants, ranges from five to ten stretching from Grade 8 to Grade 12 (Teacher 1-5). Teenage pregnancy is not a unusual phenomenon in Namibian society, although it is still considered a social problem.

Most key informants emphasize the problem of pregnancy in the context of adolescent's sexual behaviour. The reason for the high concern for pregnancy among adult informants is because pregnancy is a consequence of sexual intercourse, which in turn means proof of the activity (Teacher 2, Teacher 3 and Nurse). Pregnancy also implies unprotected sex, but by the same token, use of contraceptives is also proof of being sexually active. In Namibia where almost all people are Christian, premarital sexual intercourse is regarded as a sin, and thus teenage pregnancy represents the consequence of an immoral activity that should be punished by society. The idea of premarital pregnancy as an evil, which has to be punished, filtered down even into a 13 year-old male participant when he says, "*... if she [a girl] is pregnant, she has to be burned. She did a wrong mistake* (Grade 8 Boys). There are two points to be mentioned; Firstly, in the boy's mind, a punishment for pregnancy before marriage is appropriate; but secondly, the person who impregnated the woman is not under

consideration. Namely, premarital pregnancy is regarded as a result of the female's carelessness or immoral behaviour but not the male's, and thus it is the female who has to compensate for the damage that she has done to society. The following remark seems to be a significant point in terms of making adolescents understand the issue of teenage pregnancy. One key informant says:

Usually we tell them first about the disadvantage of teenage pregnancy because, not all the pregnancy are unwanted but especially teenage pregnancy is usually unwanted. In this way we have to tell them why we do not want teenagers to become pregnant (Nurse).

It is important to give correct information about reproductive health issues to adolescents to prevent teenage pregnancy, and it seems to be equally important not to instil in them only fear of punish, but to make them aware of why they should avoid becoming pregnant so that they can have more life options for the future.

Causes and Consequences of Teenage Pregnancy

■ Educational issues

Respondents are asked about some myths regarding pregnancy. Approximately one in four respondents (23%) believe that girls do not become pregnant if it is the first time for them to have sexual intercourse (Table 46). Although most respondents in Grade 12 (91.4%) indicate that this is not true, more than one-third (36.8%) of respondents in Grade 8 and about 21% of those in Grade 10 believe this myth (Table 47). A slightly small proportion of respondents (41%) also believe that girls cannot

become pregnant after menstruation (Table 46). It is found that slightly more female respondents (45.3%) than their male counterparts (37.1%) believe this myth (Table 47). Regardless of the grade level, the myth about menstruation and pregnancy is believed by more than 30% of respondents; however, significantly ($P = .0016$) more than one-half of respondents (54.8%) in Grade 10, a higher percentage than those in Grade 8 (36.9%), believe that pregnancy does not happen if they have sexual intercourse after menstruation (Table 47). Similar myth about pregnancy are mentioned by one key informant who says, "*they [adolescents] say, you cannot become pregnant if you just sleep once with a man,*" (Nurse).

Voeten points out that most adolescents in her study in the north of Namibia believe that boys under the age of 17 as well as girls before 15 years old do not have the ability for reproduction (1995: 28). Respondents in the research for this thesis are more aware of the connection between age and reproductive ability than adolescents in the north for mainly three reasons: Firstly, adolescents for this research are all secondary school students; Secondly, as previously mentioned, sexual issues such as pregnancy, STDs, HIV/AIDS and condom use are taught in the schools where the sample was drawn; and lastly, adolescents for this research live in an urban area in which adolescents are always more informed about such issues than those in rural areas where information is limited. Although topics related to sexual issues are supposed to be taught in schools in the north as well, these topics are likely to be skipped in rural areas, where the environment is more conservative than in urban areas (Ibid: 27). However, some respondents in the research for this thesis believe the myth about reproductive age as well. One focus group participant expressing a view

on parents' attitudes toward sex education at home says:

I think early age when you are like 10, you cannot make a girl pregnant but when you are like 20, you can," (Grade 8 Boys).

This statement from this boy, whose age is 14, implies that he thinks that boys who are 14 years old are also not able to make girls pregnant. This could also imply that he does not necessarily worry about pregnancy. Another participant explains:

I have a friend. She is married. She is about thirty something...I thought it's so amazing because...we were talking about sex issues and contraceptives, and she told me that..., her eldest child is 18, she only got to know what contraceptive was like after few years her first child was born. Just think about it... So, most of them regret because in that day, if you don't wanna have kids, then you abstain from sex. There was no such thing as having sex somebody not getting pregnant, because there was no contraceptives, no condoms (Grade 12 Girls).

This woman's story must not have been uncommon in the past when there was little or no information about reproductive health available to most young people. In fact, this girl was surprised that the woman had no knowledge of contraceptives. In other words, this story indicates that the girl and maybe her friends have knowledge about sexual issues and see having this knowledge as normal. Unlike in the past, adolescents today, especially those in Grade 10 onwards, are supposed to have knowledge about reproductive health, because the subject is taught in schools. Nevertheless, even if girls have correct knowledge about pregnancy, they might believe incorrect information and myths given to them by friends and boyfriends. One key informant found this tendency in some girls who came for counselling because they had no idea why they had become pregnant (Counsellor). It can be said that some adolescents girls cannot judge whether or not the information about

reproductive health from their boyfriend is incorrect. Another key informant says that many girls do not have adequate knowledge about contraceptives, and therefore sometimes they use the contraceptives incorrectly. This informant says that lack of knowledge is partly caused by the family environment in some Namibian culture where a maternal uncle is supposed to be responsible for taking care of children in their family:

The maternal uncle is limited. He can't talk openly to girl child about matters pertaining to sex. She grows up but by the time that she reaches puberty, next thing is to get a boyfriend. Nobody talk about that, and the next thing, the parents find themselves that the girl is pregnant... There is nobody to sit with them and to talk to them. Simply dash out the contraceptive to do that without being any discussion... (Teacher 4).

Hence, there is a strong need for giving adolescents more detailed information about sexual health issues, and schools can be the best place for adolescents to acquire correct information about the issues. However, as soon as a girl is found to be pregnant, she is expelled from most schools. This not only means the lost of the opportunity to improve her knowledge, but also lowers educational attainment of girls, thereby substantially influencing future occupational opportunities (Moore and Rothenthal 1993: 158).

Currently public schools generally hold the principle that does not allow pregnant girls to attend schools, although one key informant claims, "each school is taking its own decision on how to handle its individual case," (Teacher 1). These data are supported by other research conducted in Namibia (Mogotsi 1998: 49; Iipinge and LeBeau 1997: 74). In some schools, girls can come back to the same school after

giving birth if they can provide a proof that they have someone who is looking after the baby and their age is considered appropriate for the status of a student (Teacher 1). However, in other schools, girls are either transferred to another school or unable to find a place in any school, even if they fulfil the above mentioned criteria (Teacher 1-5). One key informant explains the reasons why some schools refuse to re-admitt girls who have become pregnant is:

I think we are afraid that if the pregnant girl is at school, the others would say, 'Ah, if she can be allowed back to the school in that condition, then all of us can,' you know (Teacher 2).

While the term 'punish' is avoided by this key informant, in a society such as Namibia, in which premarital sexual intercourse is seen as a sin, teenage pregnancy means committing a sin so that it naturally evokes the concept of punishment. It is, however, important to note that pregnancy is not only a result of consensual sexual intercourse but also, in some cases, is caused by forced sexual intercourse and sexual assault.

■ Financial and responsibility issues

The majority of respondents (73%) feel that both men and women are responsible for pregnancy (Table 48). Respondents are asked to give reasons why they would or would not marry their partner if pregnancy occurred. Many respondents mention the responsibility for pregnancy, which is typically categorised in the following four answers: They would marry because; 1) it is both of our baby; 2) a partner should take responsibility; 3) I should take responsibility; and 4) both of us should take

responsibility (Table 49). Interestingly, female respondents tend to indicate a partner's responsibility (category 2), while no male respondents insist on a partner's responsibility but they mentioned their own responsibility (category 3). Such gender differences in responses that relate to taking responsibility for children represents an assumption in social and cultural norms for gender roles that women are supposed to take responsibility for their children, whereas men do not have to. In Namibia, men taking responsibility for their children has recently been emphasized, representing the development of social awareness, although the notion of gender roles and gender division of labour still strongly shape people's lives. It is assumed that the responsibility of both sexes for pregnancy and children is an increasing concern for the younger generation contrary to their parents' generation, many of whom leave their children only in women's hands. However, this new cultural scenario of responsibility for pregnancy does not always mean that men will accept responsibility voluntarily. Many male participants say:

... if you impregnate a girl, then you have to be the father of the child, and you have to be the husband of the woman... Let me say, you are in relationship and you make her pregnant, then automatically you have to marry her or something (Grade 8 Boys).

These statements indicate that focus group participants are aware of their responsibility for pregnancy. This ideal is because of a prescription from a dominant culture, not necessarily because of their real willingness to do so. Furthermore, some adolescents seem to be confused about marriage and responsibility, while responsibility includes additional issues such as financial and emotional support for each other. Although the majority of respondents (74% of all respondents, though not

statistically significant, 69.5% for male respondents and 77.8% for female respondents) report that they would marry if themselves or their partners become pregnant, respondents may not realise that marriage does not guarantee fulfil of responsibility issues, or that to marry does not necessarily mean it can satisfy all responsibilities (Table 50, Table 51)

Key informants say that financial problems also occur. It is indicated that there is no financial support from the father of the baby, and financial support cannot be expected. There seems to be a conventional tendency to regard pregnancy as solely a woman's problem, but there also seems to be the tendency among women to accept the fact that they may receive no support from their partners. Girls are worried about financial conditions after giving birth and say, "*Where could I get everything to buy for nappies or whatever,*" (Counsellor). There seems to be no expectation in their minds that they will receive financial support from their partners. It is indeed difficult for girls to have support if their partners are also learners who have no income. One key informant recalls the story of a girl who became pregnant at the age of 15 (Counsellor). The girl did not receive any support from her partner, because he was also a learner and was unable to support the baby financially due to his own dependent status. However, it is also true that the boy has had sexual intercourse with the girl. In short, girls have to take their responsibility regardless of their social status as a learner or their financial status, while boys are allowed to use their status as a means of escaping from responsibility. The idea of 'no father' or 'no support from men' seems to be socially engrained and is based on reality for many Namibian people. According to one key informant, it is very common in the study area that

grand- parents (usually the grand mother) takes care of their grand-children because, "There is no father to support the child or it's a fight that has to be put up to get the father to support the child," (Teacher 2). Nevertheless, such a conventional way of bringing up children is changing as a result of urbanisation, and a changing family structure. Another key informant explains:

Like in the past, we had extended families. There were always someone [at home to take care of kids]... [but]... Nowadays it's not easy anymore. Everyone at home is working, there is no one looking after the kid. So I'm telling them, 'you cannot just say but I'll fall pregnant and my grand ma or mother or whoever will look after the kid,' (Teacher 1).

As seen in the previous section, there are certain criteria for continuing education for pregnant girls that there must be someone who can look after their babies. In cases where there is nobody, those girls are less likely to receive support and education, which limits their life options and could eventually result in further poverty (Mogotsi 1998: 40).

Poor economic situation is one of the factors that causes a paradox between the social norm for premarital sexual practices and reality. One key informant explains:

...some mothers who tell the daughters, 'you have the same gold mine that I have. Use it in order to get your school fees.' It happens more often than I would like to know. Parents feel they can't pay, so the girl must, (Teacher 3).

For girls in a relationship in which they trade economic favours for sexual favours, it is more difficult than those with other relationships to ask for condom use because to their partners, so there is a higher possibility of pregnancy.

■ Psychological Issues

It is argued that psychological consequences of teenage pregnancy is lower than expected, while there are some negative effects such as lower levels of self-esteem and higher depression among pregnant teenagers than among non-pregnant teenagers (Moore and Rothenthal 1993: 157). However, many studies have been conducted in societies where adolescent sexual activity is not considered as unacceptable and shameful as it is in Namibian society. One study conducted in Namibia found that adolescent girls who have become pregnant had many negative feelings about being pregnant such as shame, guilty, fear and loneliness are mentioned in the study (Voeten 1995: 18).

There are contradictions to this finding in that some people have a recognition that “many,” girls become pregnant, and thus in this sense, “*this [girls who became pregnant] is quite normal,*” but their perceptions of teenage pregnancy are that it, “*is very bad... is stupid... creates a host of social problem... [and]... is embarrassment and humiliation.*” These remarks indicate that teenage pregnancy is not an unusual event but is not a normal event either, and therefore adolescent girls who become pregnant are categorised into ‘not normal.’ Girls who become pregnant are described as, “*no longer children... [and they]... cannot be a normal kid anymore, you are something else,*” (Teacher 1 and Teacher 2). These attributes given to pregnant girls stigmatise them, because the ‘normal’ attributes of children and ‘a normal kid’ confirm the unusualness of another, which is pregnant girls. The term ‘stigma’ originally referred to, “bodily signs designed to expose something unusual and bad about the moral

status of the signifier," (Goffman 1963: 1). Since premarital sexuality, especially female premarital sexual activity, is morally unacceptable in Namibian society, teenage pregnancy is a reason to stigmatise these girls. Christian notions of 'shame and sin' attached to premarital sexuality also makes girls feel shame (Becker 1995: 103-104). Furthermore, the feeling of shame raises the girls' perceptions that they are defile and that they are not accepted (Goffman 1963: 7). In such a context, it is seen that girls have nobody with whom they can trust, talk and share their feelings (Voeten 1995: 18)

Girls who become pregnant disappear from school before people know about their pregnancy in many cases (Iipinga and LeBeau 1997: 74). Girls might decide to disappear because of feelings of ashamed, as one informant says:

She was attending school until the beginning of this term, and she suddenly disappeared... Our policy is not chase learners away but, I don't know what happened, she suddenly disappeared. Maybe she's too shy, maybe she's ashamed to come back to the classroom (Teacher 4).

One female focus group participant expressed a strong intention to deliver a baby if she should become pregnant, yet she also anticipates opposed reaction of her parents to her pregnancy (Grade 8 Girls). Data from questionnaires show that nearly one-half of respondents who are asked about expected parents' reaction to unplanned pregnancy indicate positive reactions from their parents: For example, one in five adolescents in the sample indicate that their parents would take care of a baby for them; another 19% of respondents expect their parents would understand, and 9% say that their parents would love them anyhow. On the other hand, negative

responses that respondents gave include: Parents would throw them out of house (18%); they would make the girl have an abortion (4%) or stop school (3%); and they would hit the child (3%) (Table 52). Therefore, it is possible that some pregnant adolescents have little emotional support from their parents, because many parents of pregnant girls would also feel ashamed. One key informant says that girls, "*are afraid of losing their family... [because] ... Once you are pregnant, so that the person is chased at the village level whereby there is no clinic nearby,*" (Counsellor).

It is clear that in Namibia there is still a strong cultural scenario of teenage pregnancy as a shameful event. The reason for a girl's disappearance from school, which is a feeling of shame, given by the above mentioned informants, indicates that teenage pregnancy is socially unacceptable and at the same time perceived of as shameful at the interpersonal level. In the same way, pregnant girls' interpersonal perceptions of their own status as being pregnant also causes shame. Teenage pregnancy is not a shameful event in itself but it becomes shameful through the social settings in which certain negative meanings are given to teenage pregnancy.

In addition, because pregnant girls may not have any contact with their partner in most cases, they do not receive emotional support from the father of their child (Voeten 1995: 18). Many of the girls do not even know where their partners are. One key informant tells the following story:

... this out of wedlock, the father sometimes comes from Tsumeb, and they met somehow at a function, and they have intercourse. The girl stays in Windhoek or Okahandja, and the boy goes back to Tsumeb. They never meet again and this child come out, born, and father did not know ... She

doesn't know where he is... It happens (Pastor 1).

Hence, the father is completely absent, and these girls receive neither emotional nor financial support from their partners. Financial support is necessary for teenage mothers because they usually do not have their own financial resources, and also what is clear is that teenage mothers need someone who supports them emotionally because, *"by the time they got their child, they are still young, and they are growing up together with their child,"* (Teacher 4).

■ Physical Damages and Abortion

There are 15 million women aged between 15 and 19 worldwide who give birth every year, however, many of these pregnancies are unplanned or unwanted, which may result in an abortion (UNFPA 1999a: 4). Moreover, it is reported that birth by women before the age of 18 can be dangerous for both the mother and the baby. It is reported that the risk of death during pregnancy or childbirth due to the immaturity of a mother's body is five times higher among girls aged 10 to 14 than among women aged 20 to 24 (Ibid: 6).

Unplanned pregnancy among adolescent women is common in most Sub-Saharan African countries but also in the developed countries, especially in the United States, where the rate of unplanned pregnancy among women aged from 15 to 19 is higher than 70% (UNFPA 1998b: 28). Faced with an unplanned pregnancy, it appears that some adolescents choose abortion, whether or not it is legal. In Namibia, abortion is

not a legal option for pregnancy. Thus there is no other ways than to attempt an unsafe abortion for those who want to terminate the pregnancy. Unsafe abortion is defined as, "the deliberate termination of a pregnancy carried out by someone without the skills or training to perform the procedure safely, or in a place that does not meet minimal medical standards, or both," (Mustafa 2000: 117). An abortion performed under such unsafe conditions can lead girls to suffer from various complications such as infection, infertility and even death (Mustafa 2000: 118-119; Ipinge and LeBeau 1997: 74-75). It is reported that five million women aged 15 to 19 in the world have abortions each year, at least 40% of which are unsafe abortions (UNFPA 1999a: 6). Unplanned pregnancy also occasionally leads to infanticide (MSY 1993: 12; Ipinge and LeBeau 1997: 74-75). One research conducted in Namibia shows a strong possibility of infanticide caused by several reasons often associated with unwanted pregnancy, such as financial difficulties and cultural rejection (van Rooi 1999: 35-36). However, teenage pregnancy is a complicated phenomenon that often appears to be a paradoxical feeling in girls. One girl participant expresses her feelings about teenage pregnancy by saying:

Who knows that [the baby] is the only [one] God give me. I can get the opportunity to have my child back. So now they [parents] say, "make abortion." I'll never do that. It's dangerous. It's my last baby maybe. If you want, you can only kill me and my baby (Grade 8 Girls).

She says she will keep a baby even if the pregnancy is unplanned, because she perceives that abortion is not only 'dangerous' but also means 'murder,' although at the same time she realises that teenage pregnancy is not socially acceptable. Both of these scripts of abortion as a murder and teenage pregnancy as a social problem are

cultural scenarios, and her intrapsychic script regards the former as more important due to her internal desire for having a baby in the future. There is also another cultural script intertwined, which makes her opinion contradictory in that she mentions a baby as a gift from God but ignores premarital sexual intercourse as a sin. If she becomes pregnant now, it means that she has had sexual intercourse. But she is not supposed to have sexual intercourse because she calls herself a Christian. Therefore, what she says is that she would receive a gift from God because she committed a sin. Logically, this does not make sense. While talking, she completely ignores the premise that premarital sexual activity is prohibited according to her religious belief. Despite the logical weakness, this girl in this way justifies and persuades herself at intrapsychic level, as well as maintains her identity as a Christian by describing a baby as a gift from God. In reality, however, unplanned pregnancy for many girls causes dilemmas, stress and ambivalence, which bring difficulties in making decisions about choice, even if abortion is a legal option.

5.3 HIV/AIDS and STDs

Facts and Figures

STDs are not new and are one of the most common illnesses in the world (Mustafa 2000: 120-121). Of the more than one million people who are infected with a STD each day worldwide, those 15 to 24 years old are especially vulnerable to STD transmission due to their lack of knowledge about STDs (UNFPA 1998b: 27). It is

estimated that one in 20 teenagers in the world are infected with a STD every year (UNFPA 1998a: 3). STDs are categorised into two types, bacterial and viral STDs. Bacterial STDs such as gonorrhoea, chlamydia and syphilis are distinguished from viral STDs such as HIV, genital herpes or human papillomavirus (HPV) in terms of their curability through antibiotic treatment (Moore et al. 1996: 3). Currently, an effective vaccine is available only for the hepatitis B virus (Ibid). The problem regarding STDs is that in many cases people who have a STD show no signs or symptoms. Therefore many patients with STDs do not realise the need for treatment, whereas STDs can cause long-term negative consequences if left untreated (Mustafa 2000: 120). In Namibia, 84 000 cases of STDs were reported in 1995, and currently there are no updated data on STD cases (Ibid:128).

STDs are often discussed in the context of the HIV pandemic because it is a crucial aspect of preventing HIV infection. It is reported that STDs increase the risk of contracting HIV by at least three or four times and up to five times more often (Mustafa 2000: 120-121; Webb 1997: 137). HIV is spread through sexual contact, through the exchange of body fluids such as blood, semen, and vaginal fluid, as well as transmitted from mother to infants during pregnancy, delivery or breast-feeding.

In Namibia, AIDS continues to be the leading cause of death, causing more deaths (26%) than pneumonia (11%) and tuberculosis (10%) combined, and the number of deaths caused by AIDS has increased by over 40% since 1998 (UN 1999: 47; Mustafa 2000: 122). The 1998 total number of reported cases of HIV infection in Namibia was 53 000, of which 12 701 were new cases including 1 400 children

under five years of age (UN 1999: 47; Mustafa 2000: 120-121). However, estimates of the actual number of Namibians living with HIV in 1998 are between 150 000 and 180 000 (UN 1999: 47). HIV prevalence rates among pregnant women, who attend antenatal clinics, also show the reality of HIV pandemic with the highest rate in Oshakati (34%) for 1998 (MoHSS 1999). Furthermore, according to the Sentinel Surveillance data from the Northeast Health Directorate 1997, 16% of 15 to 19 year old pregnant teenagers who attended antenatal clinics were HIV positive (in Mustafa 2000).

In such a serious situation, AIDS has become a powerful motivation in terms of sexuality in Namibia, especially given that at least one in five Namibians aged 15 to 24 are estimated to be infected with HIV and over 60% of new HIV infections are among the same age group (Mustafa 2000: 120-121). Therefore, STDs including HIV infection, along with teenage pregnancy, are regarded as a focal point within sexual health education for adolescents. Simultaneously, as AIDS become a public concerns, changes in scripts for sexuality and sexual behaviour have occurred. One key informant explains:

... in the past, it is only girls that had to be afraid to fall pregnant but now for boys, it's the same STDs, the same AIDS and things like that (Teacher 1).

For example, new scripts for sexual behaviour such as condom use as an appropriate behaviour have been transforming Namibian society, although these new scripts are not yet fully adopted by all individuals because of the conflict between dominant cultural scenarios and individual needs.

Knowledge of HIV/AIDS and STDs

Knowledge can be a particularly powerful tool in preventing HIV infection. One study shows that the level of knowledge about sexual health is closely linked to teenage pregnancy rate (Webb 1997: 123). Because teenage pregnancy and HIV infection are both the result of unprotected sexual intercourse, high levels of knowledge are also effective in avoiding HIV infection. It is also reported that knowledge enhances an individual's effective participation in the decision-making process relating to health issues (UNFPA 1998a: 16).

The levels of knowledge and levels of worrying about sexual health risks for the adolescents in the sample are relatively high, compared to the adult population in the area as well as other regions of Namibia. Due to the urban and central environments of the sample population, they have more opportunities as well as higher accessibility to sexual health information than do other populations. Respondents in this research are in general well aware of HIV/AIDS. In the questionnaire for this thesis, only 15% of respondents believe mosquitoes to be a vector of HIV transmission (Table 46). Table 46 also shows respondents' knowledge about a connection between the number of sexual partners and STDs including HIV infection. In spite of the maximum of 100, one is the most frequently reported number of partners necessary for HIV infection. The level of knowledge about STDs is, however, relatively low compared with the knowledge about AIDS. For example, about two-thirds of respondents believe that they are at no risk of being infected with STDs if they use condoms (Table 46).

Adolescents in the sample generally evaluate the level of their knowledge about HIV/AIDS as high, because they explain that they learn about the issue from various sources such as schools and the media (Grade 12 Boys). Focus group participants who are asked of the information about HIV/AIDS provided from the media say that it is enough for adolescent learners, but it is not enough for the majority of people, especially older people who, "ignore it," (Grade 12 Boys). In fact, no focus group participants indicate myths that "AIDS does not exist," and "AIDS is a disease of the North," which are mentioned by key informants as rumours among people in the study area. A previous study shows that the idea of the non-existence of AIDS is no longer the case in Namibia (LeBeau et al. 1999: 100). Nonetheless this myth is still expressed in the research for this thesis. Several myths mentioned by informants are:

What I have heard... [is]... if people sleep with virgins, then they believe that they can be cured from AIDS... [and]... When HIV/AIDS came, they were saying, "Ah, AIDS doesn't exist," because sometimes you don't see it, right? People only die. We don't even see when you get it, you don't see that now I'm getting AIDS (Pastor 2).

The majority of the people [in Katutura] somehow still believe that AIDS is a disease of the Northern areas, which are Ovambo, Kavango, Kaprivi. Herero certainly believe that they are people who know AIDS but they don't get AIDS (Teacher 4).

One informant explains the reason why AIDS and the northern area are thought to be connected is because the majority of people in the study area originally come from the north part of Namibia, and thus, "after they are very ill they are taken back to the North instead of dying here. So, you find more people dying there than probably other areas," (Pastor 2).

Most participants know that AIDS is a life-threatening disease and is transmitted through sexual contact, but some participants are confused by the difference between HIV and AIDS. For example, some focus group participants seem to be confused with HIV and AIDS, saying that people who are careless become HIV, or that if AIDS becomes active in one's body, that person is HIV (Grade 8 Girls). Similar confusion between HIV and AIDS is found in a study conducted in the northern parts of Namibia (Ibid: 103). The level of accuracy of knowledge about HIV/AIDS is still in question among adolescents.

Attitudes toward HIV/AIDS and STDs

There is a common myth among people in Namibia that AIDS is a punishment from God (Ibid: 105). Contrasted with this idea, one participant believes that AIDS is an act of the devil:

I believe we are living in the world where the devil is trying to destroy everything... Then, those things of teenagers having sex before marriage will also stop. The only thing that will stop us from having sex is to repeat to be born again. So, all the faults I can say is the devil trying to destroy us (Grade 8 Girls).

Whether it is God or the devil, the underlying concept seems that AIDS and sin (premarital sexual intercourse in the above case) are connected. Therefore, the idea that AIDS happens to people who do or did something 'bad' may eventually bring shame on AIDS patients. Another myth expressed in focus group discussions is linked to the ideology that is based on antagonism between 'black people' and 'white people.' One focus group participant says, "... they [American people] say it's dark

Africa, we are still danger, then they try to blame us about HIV things, and they say we cause HIV," (Grade 8 Boys). This idea of attacking American people or 'white people' comes from the adult population who also blame white people for problems with condoms.

A study conducted in five countries (Dominican Republic, India, Mexico, Thailand and Tanzania) reports that there is a stigma attached to AIDS and discrimination against AIDS patients in all of the above mentioned countries (Aggleton and Warwick 1999: 93). In Namibia, too, research shows evidence of a stigma associated with AIDS and discrimination against AIDS patients (LeBeau et al. 1999: 130-133). There are similar findings about stigma and discrimination pertaining to AIDS patients in the research for this thesis. One key informant says that people do not come out about their HIV status because they are afraid of losing their families and social status (Counsellor). According to the experiences of this key informant, some parents do not accept their children's status of HIV positive even after they were explained about the possibility of living with HIV (Counsellor). It is probably because HIV/AIDS is regarded as 'the shameful disease,' that individuals' status of HIV positive becomes a family shame (Ibid: 130). In this way, adolescents are afraid of not only being discriminated against individually but also their families facing discrimination should their HIV positive status be known.

With increasing awareness and level of worrying about HIV/AIDS, information about HIV testing is well known among adolescents in this research. Some of the participants show positive attitudes toward HIV testing as a method to protect

themselves from HIV infection:

Like X said about your girlfriend, having sex, and then you are like married to her. I will first go for blood test with my girlfriend to make sure both we do not have HIV/AIDS... You might get AIDS or partner may cheat on you... [and]... so, me and my wife, we will go for blood test, you know... (Grade 8 Boys).

While the difference between HIV and AIDS does not seem to be clear to them, HIV testing is correctly understood by these participants as a way of finding out whether or not individuals have the disease. However, the need for HIV testing is mentioned as being necessary only under specific circumstances such as where participants plan to get married. The study on the northern part of Namibia also shows that the circumstances under which a person think they should go for HIV testing is related to marriage (LeBeau et al. 1999: 116-119). People say it is encouraged to go for the test anytime in one's life, yet it does not mean that the person is not in risk of contracting HIV if checking his or her HIV status only before marriage. The point, which is frequently emphasised in focus group discussions, is that people should be faithful to their marriage partner due to the risk of HIV/AIDS (Grade 8 Boys). This also implies that people are not always faithful or stick with one partner before marriage. Other points concerning HIV test, in spite of its necessity, is that: first, discrimination and stigma are likely if one's result of the test is positive, and so it inevitably involves the issue of confidentiality as well; second an, "attitude of carelessness or even an increase in risk behaviour," may result from a negative test results (Loustaunan and Sobo 1997: 169). Individual's experiences through these points might create new myths about HIV/AIDS that will probably affect people's attitudes toward the issue.

Perception of Risks

Most participants of focus group discussions perceive AIDS as a serious risk from which they must protect themselves. Because of its incurability and life-threatening consequences, HIV/AIDS is regarded as a more serious health risk than other STDs. For female focus group participants, AIDS is a comparable risk to pregnancy. They typically indicate that AIDS is more dangerous than pregnancy because of the direct link between AIDS and death. This is clearly mentioned in participants' remarks:

AIDS is more serious [than pregnancy] because as soon as it get into you, sorry, your life is over because you're just gonna die... Pregnancy is just, you just get the child, and you can go to school again... pregnancy is better [than AIDS] because where there is life, there is hope (Grade 8 Girls).

Hence, focus group participants' perceptions of AIDS are that it is worse than pregnancy, and is something that ends people's lives. However, their perceived level of personal vulnerability to infection seems to be low, because no participant used the first person 'I' in the discussion about HIV and AIDS, while they sometimes assume that pregnancy is possible in their own case. It seems that female focus group participants regard HIV infection and AIDS as something that has nothing to do with them. To support this view, one key informant who sees AIDS as the most serious problem regarding sexual health among adolescents, expresses anxiety for adolescents' perceptions of HIV infection, saying, "*I repeat that many times... because they don't seem to be afraid of this disease [AIDS],*" (Social Worker). Another informant also expresses a sense of crisis that adolescents do not perceive HIV to be a serious disease with which adolescents themselves may be infected:

There were two sisters in my class, that was 1998. The one first fell in the disease, so when visited hospital together with the rest of class and told [about AIDS but]... They wouldn't believe me. Beginning of the last year, that girl died. The second sister was also in the same class in Grade 12. Only two weeks ago, I also informed that the second sister died. But still the people would say, 'No, the disease is somebody else's,' (Teacher 4).

These data indicate that it is difficult for adolescents or anyone to realise AIDS as a matter of fact because it has never happened to them. As a result, this key informant says that many people still do not understand about AIDS properly (Teacher 4).

Another key informant tells of the reaction from learners in a class where they were using a story of a man and a pregnant woman, and were told to think about what would happen to the couple:

I have to force them to write about this... [learners say]... 'we don't know. How can we write about something that didn't happen?' It's very difficult for them to use the imagination on these stories... they hate it because they don't want to think. They find it very difficult to think (Teacher 1).

If this example is applicable for HIV infection and STDs, it must be difficult for adolescents to even anticipate that these risks could possibly happen to them.

Adolescents' understandings of STDs as a risk is poor compared to their understandings of pregnancy and HIV/AIDS. Regardless of gender and education level, few participants in focus group discussions mentioned STDs while discussing health risks and safe sex. This indicates that STDs are a topic that rarely comes up in conversations among adolescents in relation to risks and safe sex. Although adolescents do not regard STDs as of serious a risk as pregnancy and HIV/AIDS, they perceive it as a serious problem that needs treatment. STDs are mentioned by female focus group participants in that they firstly prefer to ask their friends when

they notice a problem with their bodies, but they might not tell their friends if they are sure that it is a serious problem such as STDs because:

For example, you get sexually transmitted diseases from your boyfriend... [if so]... you are shy to tell your friends that you've got a sexually transmitted disease, because they're obviously gonna think you sleep around or your boyfriend sleeps around (Grade 12 Girls).

However, participants of focus group discussions say that they, “*first have to get a courage... [or]... don't have the courage,*” to go see a doctor. The reasons for such hesitation is because, “*I always think it's gonna be something big... [and]... I'm asking what they will find out that I am what, what... [and]... What if I am like this?*” (Grade 12 Girls). While they eventually decide to consult with a doctor, it takes time until they actually to do so. The difficulty among adolescents to see a doctor is confirmed by one key informant who says that STDs are one of the serious health problems with which adolescents face (Counsellor). According to this informant, adolescents, mostly girls, who are infected with a STD usually do not want to go to a clinic because they are afraid of nurses and doctors (Counsellor). The story of one adolescent girl's experience at a health facility gives a clue as to why adolescent girls are afraid of medical professionals, not only in the cases where they seek treatment for STDs but also in any cases connected to sexual matters:

It is a typical example of young Namibian women growing up in teens when they go visit clinics to get information about contraceptives or anything to do with sex education and things like that... a friend of mine... her mother used to work for the clinic... [so]... she felt easier to go to another branch where her mother didn't work to get the information, to get an assistance or things like that... [and]... she went to see a nurse, and she was talking to the nurse about all these things. And the nurse asked her name and surname, and the nurse realised that, 'This is a friend of mine's child.' And she couldn't believe that her friend of her

child, going to school, young, could be interested in such things, because she thought, 'She must be doing such things.' And she was not comfortable with and so she chased away and said she must go back to school and study, she must not be coming to clinics and asking such information about contraceptives... So, what happened, she was going back and she fell pregnant (Female, 26).

According to this informant, the adolescent girl in the story was scared of consulting anybody else after she had been chased away by the nurse, because her visit to the clinic was known to her mother who afterwards told her not to visit clinics anymore. Data come from other studies also show that many adolescents are reluctant to seek treatment because they do not want families and communities to know that they have a STD, and that they often encounter social, cultural and economic barriers that make the use of health facilities unavailable or inaccessible (UNFPA 1998b: 29). This is the case in Namibia as well because sometimes it is difficult for adolescents, *to walk long distance to go to ask for these things... [and]... there are lot of family members [at clinics] and they will be embarrassed' "* (Female, 26). Therefore, even when adolescents realise the need for getting sexual health information or help, the people and the environment at health facilities and clinics may discourage adolescents.

Ideal cultural scenarios about premarital sexuality are so pervasive and are deeply internalised by each individual in society. Without accepting the reality, however, there will be little positive change occurring to reduce risk-taking behaviour among adolescent Namibians.

CONCLUSION

Data collected in the research for this thesis clearly show the danger of actual risk-taking among adolescents in the study area, even in the context of significant awareness by adolescents of protection from risks. However, sexual health risks themselves are not the most influential factor that motivates adolescents not to engage in sexual activity. In addition, knowledge does not necessarily lead to behavioural change in adolescents, because adolescents' risk-taking behaviour does not solely stem from a lack of knowledge. Sexual conduct occurs in a cultural context, and is also influenced by internalised concepts of adolescent sexuality, which are likely to interfere with the knowledge of safe sex. Thus, in the Namibian context where many adolescents are already sexually active, it seems to be more practical to give adolescents straight forward explanations and information about sexual issues as well as accurate preventative measures against sexual health risks, while sexual abstinence should be equally encouraged.

CHAPTER 7.

RESEARCH RESULTS AND ANALYSIS II:

MODERNISATION, GENDER AND ADOLESCENT SEXUALITY

INTRODUCTION

The primary premise of this thesis is that sexuality is a social phenomenon. This means that values and norms attached to such a social construct can be adapted to new social conditions as change occurs in a society. In this sense, parts of traditional ideas of sexuality in Namibian society are being changed as a result of the general influence of modernisation and urbanisation. Social and economic conditions in the Katutura study area, in particular, have been rapidly changing because of its urban environment as a suburb of Windhoek. In this chapter, influences on and changes in adolescent sexuality stemming from modernisation, as well as gender differences in sexuality and sexual expressions are discussed.

THE IMPACT OF MODERNISATION

Modernisation is associated with urbanisation, social and economic development as well as change, bringing with it new values and ideas of social life (Mufune 2000: 237). According to Mufune, "family structure, educational expectations and authority systems," are the three social institutions particularly affected within the dynamics of

modernisation (Ibid). In addition to the changes in social life, modernisation also affects personal and interpersonal life, influenced by introducing new values, ideas and understandings of sexuality (Dowsett and Aggleton 1999: 39).

Urbanisation along with modernisation has significantly impacted the Katutura study area (Frayne 1992: 161). In terms of family structure, the trend towards nuclear families is found in the study area as a result of migration from rural areas. Because of the urban environment, there are some differences in the life styles among the Katutura residents from traditional life. One key informant explains the difference in the ways that girls learn about their bodies between rural and urban areas:

In rural areas, once girls start getting first menstruation period, she is removed from society, say for a week or two. She is [in the] cared of elder person. The person explained to her, 'This is what happened to your body. Your body went to change. Now you are a woman, etc,' ... [however]... here in Windhoek and most of the urban towns... the only thing that people do is, you buy the sanitary packs to stop it. And from there the girl is left on her own to explore her own body and discover things for herself. There is no leading hand... (Teacher 4).

A lack of family support for girls in urban areas to learn about their bodily functions is also implied by this remark.

Traditional ties with extended families are weakened among adolescents, and it, to some extent, affects adolescents' life in that traditional cultural practices pertaining to sexual issues are reduced. On the other hand, some of the adolescents find themselves in new circumstances where traditional rules and parental discipline are not valued as much as in the past (Mufune 2000: 239). One key informant indicates

changes in adolescents' attitudes toward open public sexual relationships because the majority of adolescents are no longer afraid of it being discovered that they have a boyfriend or girlfriend (Pastor 3). This informant considers these changes in sexual expression among adolescents as caused by modernisation, which is, "*a white's tradition, Western tradition... [and so]... It's not good for the eyes for other people,*" (Pastor 3). Such a difference in sexual expression between the older generation and adolescents may reflect the tendency that adolescents recognise love relationships at the individual level rather than at the collective level. Individualism is a part of modernisation, which has also brought conflict between traditional ideas and new ideas concerning marriage. In the traditional idea, "*... when you finish [school], your parents go and look for your wife... [but]... today young people say, 'No, I look for by myself.' So sometimes they go because they say they are free, they have their own rights to do what they can do,*" (Pastor 3).

Another significant change in people's lives is caused by the introduction of the wage labour system, which is also part of economic modernisation (Mufune 2000: 239). In Namibia, however, unemployment among Africans was a policy during apartheid (Ibid). Due to the fact that Katutura was originally created as a township of Windhoek for workers, most people came to the area under the contract labour system. However, it is reported that nearly 40% of the adult population in Katutura was unemployed in 1992 (Frayne 1992: 155). This is also the case at present, and the economic status of residents is generally low. One key informant sees the most serious problem that people in Katutura are faced with as unemployment, and says, "*People come to Katutura, to Windhoek, thinking that they can get jobs, and they*

don't get it. That involves also young people," (Pastor 2). With such economic hardship and dependency on money, this informant also says that it is no longer advantageous to have as many children as people did in the past, "*when people used to depend on agriculture, when you needed more people to work in your field in order to produce more mahango,"* (Pastor 2). In the Katutura urban environment:

People are realising that the more children you have, the more difficulties you have. I have seen people who feel that they have too many children. Of course they are doing their best but they are regretting a little bit saying, 'I wish I knew.' ...[and]...they didn't know what is going to happen, say in the next 10 years when they [the children] go to university, when they go to school. (Pastor 2).

In Namibian society as a whole, which is experiencing an economic transition from "rural subsistence-economy" to "urban market-oriented consumer-economy," increasing attention to the importance of educational attainment is being paid (Voeten 1995: 10). Many people have become aware of the necessity for higher educational attainment so as to have an opportunity for a better life, and thus the traditional value for a large family has gradually diminished.

GENDER DIFFERENCES IN SEXUAL SCRIPTS

Cultural meaning about sexuality is given to people as sexual scripts that contain different contents for men and women, and that also include different prescriptions for adolescent boys and girls. Adolescents get messages of what the gender appropriate sexual scripts are through public talk, cultural discourses as well as

through social interactions such as with parents, friends and social institutions. In this way, adolescents learn cultural meanings about sexuality for each gender to which every individual is supposed to belong and are socialised according to gender specific sexual scripts (Gagnon and Simon 1973).

Fertility and Reproduction in Sexual Scripts

In Namibia, sexuality and fertility are closely linked. The idea that the purpose of sexual intercourse is to have children is commonly expressed in this country and is often the answer that children can get from their parents (Counsellor). One key informant, who mentions that the Herero, among other ethnic groups, are encouraged to have children, says:

There was genocide, so everybody is so much interested in more numbers in their family... [and]... As long as the family is large, they are happy, because that's regarded as the place from God, they are suffering or not. So people have got this mentality that if we don't have children, our clan will die out... (Teacher 4).

According to this statement, Herero people have a particular reason for giving value to a large family because of their history, where a large number of Herero lost their lives through war. Their tendency to attach great worth to fertility seems to be reasonable when viewed in maintaining one's own group, while it pressures women to have children so that they are not seen as deviant. Another key informant says:

... when you go to [a place of] the Herero, if a woman who is 27, she hasn't had a baby, people think that she has a womb that is made of cement, and she is cheated, she is stalled (Teacher 3).

This statement implied that in Herero society women who reach a certain age are supposed to have children. Such cultural rules are not only applied to the Herero society but also to other Namibian societies where, "*When your daughter is 20 years old... [but]... there is no baby, people are worried,*" (Teacher 4). One key informant who was born in Katutura explains that when someone in the area considers marrying a woman, the people are most interested in reproductive capacity of the woman, because, "*The cow must have a calf so the girl before marriage must prove her fertility,*" (Teacher 4). This idea that women have to prove their fertility before marriage is not traditionally accepted in many Namibian society. In Owambo society, for example, customary arrangement (*ewilo*) allowed an adolescent boy and girl to sleep together but premarital sexual intercourse was strictly prohibited (LeBeau et al 1999: 69; Becker 1995: 70-71). Similarly, premarital pregnancy was not permitted in Herero society, although attitudes toward premarital sexual relationships were less strict among the Herero than the Owambo (Becker 1995: 70-71). Therefore, the idea of the necessity for proving fertility as a condition for women is not traditional, but it is often used by boys and men to get girls to have sexual intercourse with them. In reality, however, those men and boys are not likely to marry such girls who have had sexual intercourse before marriage.

There is an opposite, more common, view about reproduction that girls' pregnancy is socially unacceptable or unnatural. Premarital pregnancy is also regarded as, "*the issue of the shame on the family,*" (Teacher 2). The view that considers girl's pregnancy as shameful is a general attitude in Namibia, which is based on both Christian ideology and traditional ideas of premarital sexuality. According to these

ideas, adolescent girls should not become pregnant because they are not supposed to be having sexual intercourse. Even though the purpose of sexual intercourse is regarded as having children, it is supposed to happen only within marriage. In other words, cultural scenarios strictly restrict adolescent female sexuality, while male adolescent sexuality is not as strictly limited as female's due to the lack of evidence of having had sexual intercourse, meaning that men do not get pregnant.

In Namibia, there are contrary scenarios pertaining to sexuality and fertility, and the dominant cultural scenario does not always coincide with those of sub-cultures: one is the official script in dominant culture that identifies individuals who have children before marriage as deviant; the other is the informal cultural script in individual's own culture that regards individuals who have no children by a certain age as deviant, regardless of their marital status and gender. Nevertheless, scenarios in individuals' own culture can be perceived as more valuable at the interpersonal and intracultural level. For example, one key informant indicates:

... the kids laughed at me when I was in class. 'So how many kids you have?' I said, 'One child,' 'How old is your child?' 'Two years old,' and the kids laughed at me. Some of the learners that I'm teaching have got children, older than mine or even more... (Teacher 4).

As mentioned earlier, having a certain number of children by a certain age is an important element needed to be regarded as normal women. This norm is also applied to men. People's contempt may be provoked if the age of the person and the age of his or her child do not meet the standard in the informal script. One key informant explains, "*After sleeping with girls for certain number of times .. He must*

see a pregnancy... [and]... Unlike Western society or eastern society where people value virginity, here people want to see the result, concrete result, they want a child," (Teacher 4). Thus, both men and women are socialised to follow the sub-cultural script as well as the dominant culture's, although these two scripts bring conflict in the person because the scripts contradict each other. In the case that the former is more valued than the latter, men may become eager to have children to prove their manhood, and women may be pressured to prove their fertility to their partners. However, one informant says, *"In Namibia... Children are... responsibility of mothers, so it's easy to make children all over and disappear,"* (Teacher 3). It should be noted that cultural scenarios about reproduction go more against women than men in that in many cases women solely have to take responsibility for children, and also in that men are not punished for pregnancy while women are.

Gender Differences in Attitudes toward Sexual Relationships

Table 48 shows respondents' attitudes toward decision making on sexual intercourse with partners. The majority of respondents (72%) disagree with the statement that their partner should have sexual intercourse whenever they want. Between genders, the rate of disagreement against the statement is lower for male respondents (63.4%) than for female respondents (80.8%) (Table 54). In addition, the majority of respondents (70%) agree that both men and women can decide whether or not to have sexual intercourse (Table 48).

However, 12% (n= 40) of respondents agree that sometimes they need to force their

partners to have sexual intercourse (Table 48). Also, about one-third of male respondents report either agree (17.1%) or neutral (15.9%) to coercive sexual intercourse, while only 13.9% of female respondents indicate either agree (6.9%) or neutral (6.9%) to such sexual behaviour (Table 54). The rate of supporting coercive sexual intercourse is highest for the youngest respondents (17.7% in Grade 8) and decreases in inverse proportion to age, 11.6% in Grade 10 and only 4.9% in Grade 12 (Table 54). Overall, female respondents indicate a greater tendency towards equal and unforced sexual relationship with their partners compared to male respondents. Data in Table 55 reflect this tendency. Respondents are asked whether they have been forced to have sexual intercourse when they did not want to, and 30% of respondents indicate that they have such experiences (Table 55). Although not statistically significant ($P = .0930$), more than one-third (36%) of female respondents report that they have been forced to have sexual intercourse, while less than one-fourth (23.8%) of male respondents indicate such experiences (Table 56). In addition, 39% of respondents say that they felt pressure from a partner the first time they had sexual intercourse (Table 57). Again although it is not statistically significant ($P = .1731$), more female respondents (44.2%) than male respondents (33.3%) report this experience (Table 58).

Data about attitudes toward one of the widely held myths among adolescents which is 'when a woman says No she really means Yes,' can show how the gender differences in interpreting the myth affect sexual relationships. Nearly 30% of respondents believe that women who say 'No' in fact means 'Yes,' (Table 42). However, Table 59 shows significant differences in gender and grade for this

question. The percentage of respondents who believe 'No' really means 'Yes' is higher for male (39.0%) than for female respondents (19.1%), as well as higher in Grade 8 (39.0%) than in Grade 10 (26.8%) and Grade 12 (18.3%) (Table 59). These data indicate that men and younger adolescents are more likely to believe this myth, while the majority of girls and older adolescents understand that 'No' means 'No.' The fact that 39% of male respondents believe this myth also means the possibility for them to perpetuate 'date rape,' which may cause other problems such as pregnancy and STD infections.¹⁶ Thus the importance of distinguishing the truth from the fiction of this myth should be emphasized.

Motivation for Sexual Experiences

About half (49.4%) of the male respondents indicate that premarital sexual intercourse does not affect their reputation, while 39.7% of female respondents say that it does not (Table 59). On the other hand, only 40.2% of male respondents and 30.1% of female respondents report that premarital sexual intercourse for girls is okay (Table 59). These data reveal that both male and female respondents consider premarital sexual activities for females to be more unacceptable than for males. Besides, the data indicate that female respondents have stricter views on their own sexuality than male respondents.

¹⁶ 'Date rape' is raping a dating partner in a belief that the partner really means 'yes'. Date rape also happens because some people who rape their partners think that they have 'rights' to do so.

However, the divergence between respondents' view on premarital sexual activity and their actual sexual activity is found. Despite the fact that more than one-half of the respondents recognise that premarital sexual activity affects their reputation as shown above, approximately 60% of respondents report that they have experienced sexual intercourse (Table 37). For male respondents in particular, the rate of sexual experience is higher (67.4%) than that of female respondents (52.2%) (Table 38). Therefore, it is important to examine gender specific motivations of adolescents for starting sexual activity.

Firstly, there is a commonly held beliefs about the nature of male versus female sexuality, such as female sexual urges are controllable but male sexual urges are uncontrollable. In the research for this thesis, 65% of respondents believe the statement that women can control sexual urges but men cannot (Table 42). Differences between gender and among education levels are shown in Table 59. Interestingly, only 53.7% of male respondents, compared to 75.7% of female respondents, support the statement above. Among education levels, the rate of agreement increases according to grade: that is 59.7% in Grade 8, 65.5% in Grade 10, and 71.6% in Grade 12 agree with the statement (Table 59). In analysing these data, it is clear that the majority of female respondents believe that their own sexual urges are controllable, as well as that male's sexual urges are uncontrollable. All female participants of focus group discussions, for example, also believe such myths about male and female sexuality. They say, "*No! Women can control, men, no... [and]... I think it's mostly men [who] cannot control their hormones... [and]... I think women can control their hormones but men, they cannot,*" (Grade 12, Girls). According to

these participants, it is biologically natural that men cannot control their sexual urges and, "*sex is a very big part of a guy's life,*" (Grade 12, Girls).

Another participant explains the difference between male and female sexuality, and says, "*Like if I see a naked guy now there, I won't buy. But if guys see a naked girl, they will think twice to walk. He will first go to the girl and ask,*" (Grade 12, Girls).

These images of men's attitudes toward sex are probably based on stereotypes, but they also come from participants' daily experiences. One participant, who believes the idea that men have to have sexual intercourse because of biological urges, says:

Like ex-boyfriend of mine told me..., 'What do you think? I'm not a woman. Men don't stay celibate.' So, it's just an example that women can stay celibate but men can never stay celibate (Grade 12, Girls).

Because it is true that men and women have biologically different sexual organs, each of which has different functions, women may believe what their partners tell them about male sexuality. Men who feel that they should take advantage of every opportunity to have sexual intercourse can use this belief to manipulate women. As long as women believe that men have to have sexual intercourse once their penis becomes stiff, women are likely to be put under pressure to have sexual intercourse, whether or not they want to. For example, one participant of focus group discussions indicates:

...like I've got a boyfriend and he asks me...like making out touching things... [and]... by accident, [he] touches your spot [vagina]. His penis gets hard, erect, and by that time, I'm sure that if you don't give him what he wants... he obviously goes to another lady, because you won't sleep. You won't be able to sleep without having sex (Grade 12, Girls).

Clearly, this participant suggests that she is probably going to have sexual intercourse in this situation due to the fear of breaking up with her partner. These data inconsistent with the data shown in Table 54 where the majority of female respondents (71.3%) do not associate refusal to have sexual intercourse with the ending of a relationship. However, it can be said that these data represent the ideal reaction that female respondents expect of their partners, because respondents are asked to answer a statement but not to describe their own experiences. In this sense, data coming from focus group discussions suggest the possibility that female adolescents become uneasy about relationships with their partners in an actual situation. Hence, if the belief about 'natural' male and female sexuality is prevalent, women can be provoked into having unwanted sexual experiences so as not to end the relationship with their partners.

With regard to men's motivation for sexual experience, one of the most important factors that make men want to have sexual intercourse is associated with the ideology of masculinity. Typical idealised characteristics for masculinity include aggressiveness and dominance, which are opposite to femininity traits said to be peacefulness and submissiveness (Johnson 1995: 252). In connection with aggressiveness, respondents are asked about boys' tendencies toward competing with other boys in sexual experiences. The vast majority of respondents (87%) support the statement that boys like competing with other boys in experiencing sexual intercourse as early as possible (Table 42). Although a slightly larger proportion of female respondents (90.3%), compared to male respondents (82.4%), indicate boys' competitiveness, the difference between the genders is not significant (Table 59).

One key informant explains that boys' desire to experience sexual intercourse earlier than friends is partly motivated by concepts of masculinity, and says:

We are still in a period of our life here in Namibia, men have authority, and they try to show that by sexual behaviour. That's a very important thing. So boys will feel more men (Teacher 1).

Therefore, sexual intercourse that is done to prove masculinity represents men's power over women and women's bodies. It represents not only gender inequality in a society but also means continuous reinforcement of male dominance. One key informant indicates that many adolescent girls have a difficulty to say 'No' to men, and that they are eventually involved in sexual relationships (Teacher 4). Nonetheless, such girls' attitudes toward men perhaps relates to feminine stereotyped characteristics of peacefulness and submissiveness, because the answer 'No' likely means deviation from submissiveness. Moreover, ideology of masculinity and femininity is also linked to gender roles that represent men as breadwinners and women as economically dependent, and thus the influence of the ideology is found in relation to economic issues and sexuality.

Economic Influence on Adolescent Sexual Behaviour

One report shows that poverty leads vulnerable girls to exchange economic favours for sexual relations all over the world (UNFPA 1998b: 27). In the questionnaire for this research, most adolescent respondents oppose relationships between schoolgirls and older men. Table 33 shows that only 10% of respondents approve of a relationship between a schoolgirl and an adult man, even if the man looks after the

girl financially. However, several key informants indicate that the low economic status of most families in the study area influences adolescent sexual behaviour, and indeed some adolescent girls engage in a relationship with older men, so-called 'sugar daddies,' who offer sweets, dinner and clothes in exchange for sexual favours (Counsellor). Another key informant also supports this counsellor's contention by stating:

Because we are in a bad economic situation...parents don't give the kids pocket money or something like that. So many of young kids are having relationships with men who already left school... These men are buying them a wonderful things, so how do they re-pay them is by having sex (Teacher 1).

According to key informants, some adolescent girls like to be taken out by older men even if there is sexual relations involved, but other key informants say that some girls are forced to enter into such relationships due to the necessity for money (Counsellor, Teacher 3 and Teacher 4). One key informant says that this phenomenon is mainly caused by men who have too many children whom the men cannot support financially, and therefore some mothers tell their daughters to look for somebody who can support them (Teacher 4). However, it is obvious that, "when a girl is in that kind of relationships, it is very hard for her to say, 'No,' to sex," (Teacher 4). In addition to economic pressure from families, peer influences are also mentioned. One key informant has heard that adolescent girls talking about this issue such as, "Let's go ahead, sex is good, Let's go ahead, get a boyfriend... Your boyfriend is going to provide you for money..Sometimes boyfriend can get you a job .. He can buy you clothes or whatever in the shops," (Counsellor).

Another key informant explains, "*This is why you find that boys often complain that school girls don't want to have affair for them, because they [girls] really go for married men with jobs and money,*" (Teacher 3). In fact, most male participants express negative attitudes toward schoolgirls who are dating older men (Grade 8 and 12, Boys). On the other hand, some female participants of focus group discussions are optimistic about such sexual relationships, and they rather seem to enjoy being involved with older men. One girl, who accidentally saw a colleague schoolgirl, who participated in this research, in a restaurant, says:

Like Saturday...I saw X [one of the female participants] at a restaurant. I don't know whether the guy was 35. She was with a group, with big men, really, and she is 17...the guy was paying but I'm sure she has money, but...you know (Grade 12 Girls).

Female focus group participants agree that they usually do not pay for dinner at a restaurant even when they have money if they are with older men. They explain:

So you wouldn't be embarrassed...you wouldn't wanna like...your friend to see you talking about money and paying for the meal while eating with the guy. You know, it's like you feel embarrassed (Grade 12 Girls).

They also say, "*Nobody wants to go out with the person who can't afford like a drink for you. Yeah! [other girls concurred]. Obviously you go for a guy who will be able to take out the check, write down and say, 'here you go,'*" (Grade 12 Girls). These focus group participants are asked about whether or not the men whom they usually date are older than they are. They say that the men are usually older, and sometimes the difference in age between the men and themselves can easily be 10 years. These data indicate that clearly female participants prefer to date older men who have a

good financial status. They say that their partners are not necessarily rich but should be, *"someone that can afford your daily life. Not everyday taking you out, not everyday doing what, what, what, buying you things... [but]... just someone you are attracted to help you financially. Yeah! [other girls concurred],"* (Grade 12 Girls). One girl tells about her experience with a man who, *"was driving a Cadellac. Even though it was his father's car, I used to cruise around,"* (Grade 12 Girls). She says:

I'm not gonna take somebody that is poor. That's just, it's like a society. You can't go take a bomb on the street. Obviously you have to take somebody that ups your standards. Every woman wants, she wants security in her life... [and]... I think it's just the way life is. Usually, the man is supposed to provide for the woman (Grade 12 Girls).

These data, therefore, show a paradox: contrary to society discouraging female adolescents from having sexual relationships with older men, female adolescents may be willing to have a relationship with an older man because of a cultural norm which gives the script of an economically dependent for a woman. Moreover, sexual relationships between men and women in exchange for economic favours are not the sole domain of schoolgirls but are also practised by adult women (Iiping and LeBeau 1997: 35). According to one key informant, it sometimes happens that a mother and a daughter accidentally have the same boyfriend, but this type of men are likely to have a wife or other girlfriends as well (Teacher 4).

Social and economic development brought with modernisation has incited personal desire for materialism among adolescents. Nevertheless, the image of a better life that adolescent girls express is not essentially different from the traditional concept of the relations between men and women. Between tradition and modernisation,

adolescent girls seem to be searching for the best way to satisfy their practices as well as have their desires fulfilled, but such practices in everyday life mean help to maintain different social positions between men and women.

RELATIONSHIP, SEX AND LOVE

Throughout this thesis, adolescents' sexual knowledge, attitudes and practices, primarily focusing on their relation to social and external factors that influence adolescent sexuality are analysed. This last section of the thesis, thus, tries to examine the relationship between adolescents' internal agency and sexuality, paying close attention to gender differences in psychodynamic paths for the idea of love and romance. This section also discusses whether or not adolescents find positive meanings of sexuality from which a positive sense of self emerges.

Adolescents and Sexual Relationships

In the questionnaire for this thesis, respondents are asked about their attitudes toward sexual relationships. In Table 54, respondents' attitudes toward sexual relationships between partners are shown. About one-fourth of both male and female respondents, who are asked about a way to end a relationship, agree with the idea that they can just ignore their partners to end the relationship. As Table 54 shows (although not statistically significant), 59.1% of female respondents agree to the statement that they want their partner always be with them, while 48.1% of male respondents agree to

the statement. With regard to the effect of sexual intercourse on relationships with partners, only 29.3% of female respondents indicate that sex makes them and their partners emotionally closer, while 48.1% of male respondents report the positive effect of sexual intercourse on emotional closeness with partners ($P = .0007$) (Table 54). Respondents in early adolescence are significantly ($P = .0444$) more likely to agree with the positive effects of sexual intercourse (40.0% in Grade 8 and 46.9% in Grade 10) than those in late adolescence (26.5% in Grade 12). These data indicate that female respondents are more likely than male respondents to commit to the relationship with a partner but have less positive expectations of sexual intercourse causing emotional development within the relationship. In addition, the fact that a low percentage of respondents in later adolescence show positive attitudes toward the effects of sexual intercourse on emotional development is perhaps based on their actual experiences. By the same token, a high percentage of younger respondents' attitudes toward the positive effects of sexual intercourse may reflect their tendencies to idealise sexual experiences.

Table 32 shows respondent's interest in several matters about sexual relationships. Respondents are asked whether or not they are interested in their partners' sexual activities with other people than themselves. Little difference in interest in partner's sexual activity for male respondents (38.0%) and for female respondents (43.8%) was found, and interest by Grade 8 respondents is slightly lower (34.6%) than the rate for Grade 10 (41.7%) and Grade 12 (46.7%) (Table 24). Overall, less than one-half of respondents are interested in their partners' sexual affairs with other people than themselves; but a vast majority of respondents (80%) indicate that they

are interested in information about how to keep a relationship with their partners (Table 32). Statistically, there are no gender differences in interest in the way to keep relationship (79.5% for male respondents and 80.0% for female respondents) but the differences among education levels are significant in that respondents in Grade 12 (87.1%) report much higher interest than those in Grade 8 (69.6%) (Table 24). It is clear that the level of respondents' interest in long-term relationships is particularly high, compared to other matters asked in the same question category in the questionnaire, regardless of gender and education level (Table 32). To support these data, one key informant indicates that the most common questions that the informant is asked by adolescents are about relationships with partners such as, " *'[my boyfriend is] having another affair,' ... 'What they do is cheating me,' 'what can I do, I love her,' or, 'I love him too much,'* (Counsellor). According to this key informant, affairs that happen in the relationship with boyfriend or girlfriend seem to be one of the most important concerns among adolescents who are involved in such relationships. However, when adolescents say that they love someone, it is not clear what they mean by 'loving someone.' Therefore, the following sections discuss the mechanisms of adolescents' internal agency about relationships, as well as how the idea of love and romance impact adolescents sexual relationships.

The Idea of Love, Romance and Intimacy

Adolescent girls are likely to believe that having sexual intercourse means love and they are likely to express their own love through having sex. Indeed, some boys and men take advantage of such a myth and demand sexual relations with girls claiming,

"If you really love me, you have sex with me" (MSY 1993: 6). One key informant who indicates a similar discourse commonly spread among Namibian adolescents says, "... when they start dating, girls are pressured, life start with the boys with story, 'If you love me, sleep with me, ' and so on," (Social Worker). If adolescent girls believe that love and sexual intercourse go together, they will expect that their boyfriends will love them more after having had sexual intercourse. However, this is often not the case, because love does not necessarily follow from having sexual intercourse, and there are people who fall in and out of love (Hyde and DeLamater 2000: 139). Also, for some people, sexual intercourse means a special relationship, but for others it is just an activity with no special meaning or expectations for further relations.

Grade 12 female participants in focus group discussions are asked what they usually talk about 'love or romance' with their friends. Most of these participants are doubtful about the existence of love. One participant says that there may be love between her grand parents who keep a long-term relationship such as for over 20 years, but that love may not exist even between such people (Grade 12, Girls).

Objecting against this, another participant explains:

I think there's old people [who] want to be together. It's not love... [because]... my grand mother, husband dies, and she has another man. I mean where was the love? (Grade 12 Girls).

Similar opinions are described as to, "OK, we go, 'I love you, ' ' love you, ' but tomorrow, then another girl is like, 'I don't love him anymore, ' " (Grade 12, Girls). Because of the uncertainty of the meaning of love, participants claim that love is a

myth, and they seem to easily be influenced by others' opinions about love:

I read this thing [an essay about love] on the Internet once. They explain 'Love' is a fiction. You get it from your parents, and you often mistake it when you get it some from opposite sex when you grow older, but it's not there... [and]... My friend usually says there's no such thing as love, only good sex, lust and infatuation. That's all it is. And when you have all those three things, you think that it's love, but it doesn't really exist (Grade 12 Girls).

Other participants admit that there is something called 'love.' However, they also say that they do not believe in love due to a past experience of breaking up with an ex-boyfriend, who loved somebody else, which led to feelings of disappointment and distrust (Grade 12 Girls). One girl explains about 'true love,'

I think he's an American or something. The man sent his photo and a woman also sent... They met each other and have been married for 20 years. That is true love. But you get it in a very small percentage. True love there is but for very few (Grade 12 Girls).

This story indicates an ideal image of love that contains a romantic start and long-term relationship. The difference between 'love' and 'true love' for this participant can be explained in that love is described as a sad experience, while true love is a hope that may happen in the future. Another important reason why adolescent girls tend to want romance but not to believe in love is because of the reality in which they have had sexual relationships with older men. Female focus group participants say:

... the reason why we don't find love is because we gain material we go for the guys with... They [men] are not in for love, only touch and go, and they are all married. So basically, we don't go for love, only go for material things (Grade 12 Girls).

These girls indicate that they do not get love from relationships with older men. Perhaps, therefore, they tend not to believe in love but create the image of ideal love. Concerning the relationship between girls and older men, male participants of focus group discussions critically say that there is no love involved in the relationships between school girls and older men because those girls who date older men are only attracted to the men's financial status (Grade 12 Boys). Male participants in Grade 8 also express their opinion that, "*You cannot buy love because you should love the person with heart, not because he has money or he is rich or his parents are rich or something like that. You should just love him with your heart even if he is poor... [and]... Like he said, money cannot buy love. If you want the girl, you should give her love, not money,*" (Grade 8, Boys). It can be said that this is also a form of ideal love expressed by male participants.

Male participants of focus group discussions indicate that they do not usually talk with their friends about idealistic topics such as love and romance, although they do talk about more realistic topics such as female body parts that appeal to them visually (Grade 12 Boys). However, these participants tend to believe that women want romance and romantic relationships. For example:

When I buy things for a woman, I don't buy things that she can eat, things that are finished, but I buy things that can last, things that she can look and remember you. I know women like this treat (Grade 12 Boys).

On the other hand, male participants complain about short-term relationships with girlfriends caused by women's tendency to prefer romance (Grade 12 Boys). It is not clear what they mean by romance. Nonetheless, data from questionnaires show that

female participants (64.7%) are significantly more likely than male participants (45.3%) to indicate 'romantic' as an important attribute for boyfriends or girlfriends (Table 60). At the same time, male participants tend to stress physical attractiveness such as 'nice looking' (45.4% for male respondents and 34.7% for female respondents) and 'sexy' (43.9% for male respondents and 30.1% for female respondents) as important attributes for partners (Table 60). Although 'responsible' (89%), 'honest' (87%), and 'supportive' (76%) are indicated as three most important attributes for boyfriend or girlfriend by both male and female respondents, gender differences in responses are significantly different in that the importance for these three attributes are mentioned more by female respondents than by male respondents (Table 60, Table 61). Such gender differences in important attributes for partners are probably based on the idea of gender roles or stereotypes, and possibly the differences also reflect female participants' preference for romance. Even so, men's attitudes toward certain stereotypes that women are romantic may sustain the stereotype whether women really want such romance (Giddens 1992: 42).

Both male and female adolescents seem to have images of ideal love. In order to find out the necessary ingredients for an ideal relationship, participants of focus group discussions are asked to describe what they think of a relationship with a boyfriend or girlfriend. There are some common elements that all group discussions consider to be inevitably included in a relationship. Grade 8 male participants indicate commitment, sharing of feelings, mutual self-disclosure, mutual affection, communication and responsibility are what constitute a relationship with a girlfriend. Trust and love are also mentioned, but most of Grade 8 male participants

say that these two should go together. Similarly, commitment, self-disclosure, communication, comfort, mutual affection, sharing of feelings and empathy are given by Grade 8 female participants. For Grade 12 male participants, sharing of feelings, trust, mutual self-disclosure, comfort, mutual affection, communication and excitement are discussed. Lastly, communication, empathy, mutual self-disclosure, mutual-interaction, trust, respect, mutual-affirmation and sexual pleasure (satisfaction) are the component of relationships suggested by Grade 12 female participants. In summarising these data, the most commonly mentioned elements in all focus groups are commitment, share of feelings, mutual self-disclosure, mutual affection and communication. These elements are considered basic components of intimacy (Moore and Rosenthal 1993: 94; Hyde and DeLamater 2000: 139). Thus, an intimate relationship, to a large extent, represents an ideal relationship for focus group participants.

Positive Self in Sexual Expression

A relationship, according to Giddens, means, "a close and continuing emotional ties to another," (1992: 58). Both male and female focus group participants in Grade 12 say that having girlfriends and boyfriends is important for them. A long-term relationship is valued by both male and female participants, whereas some male participants of group discussions mention 'six months' as the period that they need to learn about a partner's personality (Grade 12 Boys). It is also commonly expressed by Grade 12 participants of both genders that relationships without sexual intercourse are impossible.

For Grade 12 female participants of focus group discussions, sexual intercourse does not seem to be a special activity but is rather something natural and positive, which gives them pleasure. In discussions among these participants, it is mentioned that men as well as women have sexual desires, and that women also experience arousal of sexual desires when with boyfriends. However, female participants emphasize that a relationship is not only about sex and pleasure, and focuses more on the quality of a relationship. One female participant of one group discussion indicates both 'love and sex' in her image of a relationship:

I think relationship without sex is boring, because it's [sex is] not that you showing them [boyfriends] how much you love but it's one of the things that make up relationships (Grade 12, Girls).

Despite the fact that they express, "*Sex makes up relationships*," she does not denote that sexual intercourse is more important than love, or that these two elements do not necessarily go together for advancing relationships. Love is described as a fundamental element for a relationship, and sexual intercourse, on the other hand, is recognised as an element that is necessary for the development of a long-term love relationship. Another female participant also says:

If you really love somebody, and if you and your boyfriend have sex, it's actually a beautiful thing, and if you appreciate each other (Grade 12, Girls).

Sexual intercourse within the relationship that contains love and mutual-respect, for this participant, is described as positive event, "*a beautiful thing*." Although love is identified in her words as a necessary ingredient for a relationship with a partner, the existence of love is rejected in the discussion with participants of this group as

shown above. In other words, she wants to have something that she is sceptical exists. Such ambivalence about love perhaps denotes participants' uncertainty about the meaning of love, but at the same time, they have certain images of ideal love. Ideal love, as Martin points out, "is submission to and adoration of an idealized other whom one would like to be like and from whom one wants confirmation and recognition," (1996: 61).

Sexual expression for most people can be a positive source of personal enrichment and satisfaction as well as a source of positive sense of self. In Namibia, female sexuality, in particular, is usually associated only with negative images. This is, to a large extent, reality. However, such reality in terms of expressing sexuality seems to be changing among adolescents in the study area, although it is slight. One male participant of focus group discussions says that he is interested in how women feel sexually when having sexual intercourse, "*because they are not like men. Men thinks sorry for women don't see that things [orgasms]. I would like to find out how they feel sexually,*" (Grade 12, Boys). If this is not a mere interest but becomes the spirit of inquiry towards mutual sexual satisfaction between partners, it will help them improve their sexual life. In addition, from the following description by one female participant, some changes in female sexual subjectivity seem to be appearing:

Okay, maybe it's because we are young, but I think it's [love is] more about being comfortable with each other. If you sit two people together, they say they love each other, but they just comfortable with the way they are. They're just comfortable being together. It's not love. But I think if love does exist, I think you can love more than one person. I don't think love exists that there's one true person that you are supposed to be with, and God is gonna send him (Grade 12 Girls).

There are indeed many socio-cultural factors that affect relationships between partners such as socio-cultural norms, values, beliefs, roles and status. Hence, it is perhaps too optimistic of a view that sexual expression and sexuality among Namibian adolescents will become a positive source of the self so easily. In spite of this, it will be possible if both genders realise the significance of mutual affirmation, as one Grade 8 boy says, "*... if you are open minded, and then you listen to the girl and what she want, then she will also listen to you,*" (Grade 8, Boys).

CONCLUSION

There is certainly the impact of modernisation on adolescent sexuality in Namibia. Despite strong influence of the cultural values and norms concerning gender differences in sexuality, the idea of 'gender equality' brought through the process of modernisation plays a significant role in the transformation of adolescent sexuality in Katutura. On one hand, adolescents' sexual expressions seem to take a parallel of westernised form in that adolescents in this study hardly recognise sexual activity as a 'sin' or 'shame.' Rather, sexual intercourse for the majority of sample adolescents represents a positive event, a thing that should be enjoyed and is supposed to give them pleasure. On the other hand, however, modernity and gender equality also create new values that give adolescents a double bind between an idealistic and conservative relationship with a partner. Values associated with modernisation such as individualism, independence, equality and romance are not easily integrated into traditional values and gender roles, but all these values can coexist in society.

Consequently, many adolescents seem to be trying to reconcile ideal versus real according to individuals' needs and conditions, and one of the results of this practice appears to be the formation of multi-identity among adolescents in Katutra.

CHAPTER 7.

CONCLUSION

This thesis examines socio-cultural influences on adolescent sexuality, considering the primary premise of sexuality as a social phenomenon. This final chapter provides a summary and conclusion, including demonstration of the hypotheses presented in the first Chapter. Issues regarding adolescent sexuality that require further investigation are also stated.

IDEAL VERSUS REAL IN ADOLESCENT SEXUALITY

Adolescent sexuality is not easily analysed because it is a social phenomena, a complex nexus of social factors and forces entangled within each other. The process of self-construction associated with adolescent sexuality also makes sexuality difficult to measure. Despite these complexities in the study of adolescent sexuality, this thesis reveals how adolescent sexuality is constructed as well as how it influences adolescents' lives in Namibia. A major finding of the thesis is significant inconsistency between 'ideal self' and adolescents' actual sexual behaviour, of which cultural scenarios about adolescent sexuality at both interpersonal and intrapsychic levels are reflected.

First of all, data for this thesis supposed the hypotheses that adolescents are

socialised to follow adolescent sexual script, whereby: 1. social desirability criteria for adolescents' sexual activity within social factors such as parents and family, schools, religion, and the media are created; 2. adolescents' actual sexual activity does not necessarily fit in with social desirability criteria, because each person has his or her own internal world which is influenced by his or her own personality, life-history and experience. The major findings support these hypotheses: On one hand, many or most adolescents in the sample consider having sexual intercourse while they are in the period of adolescence as not appropriate. On the other, most adolescents experience sexual intercourse by the time they are in Grade 12. Active involvement in sexual experiences not only refers to the fact that adolescents have had sexual intercourse, but that adolescents pursue sexual experiences actively in terms of the number of sexual partners they have had, having sexual intercourse with non-steady partners or with older men for material purposes. In other words, inconsistencies between ideal and real self occur; the former reflects cultural scenarios about adolescent sexuality as well as interpersonal responses (interpersonal scripts) to the ideal cultural scenario provided by various social institutions; and the latter is a combination of the interpersonal and intrapsychic responses.

Secondly, the hypotheses that concerns gender differences in adolescent sexuality are also supported in this thesis as follows: Adolescent males and females are socialised to follow different sexual scripts, whereby: 3. differences in adolescents' sexual activity, attitudes and in the way of communicating with others of both sexes are standardised; 4. different expectations and appropriateness about gender roles for both sexes are determined: 5. gender-specific motives for both sexes are influenced

and even predetermined by social conditions; 6. some functions of the biological sex drive for both sexes, which are believed to be natural and inherent in both sexes, are misled by social ideology on sexuality. Gender specific differences in sexuality found in this thesis are based on cultural norms and regulation about male and female sexuality, each of which is differently scripted. Gender appropriate attitudes and communication skills, different expectations for and motivations of sexual activities, and even some biological functions such as sexual urges are socially prescribed. In addition, a growing tendency toward a consumer-oriented economy is one of the central factors that particularly affects female adolescents' sexual attitudes and practices. However, links between economic influence and female sexuality are not new but are derived from traditional values attached to the idea of sexuality and gender roles or the division of labour. Therefore, much gender related norms and ideology are internalised as well as continuously maintained by adolescents. Another element that influences sexual expressions by male and female adolescents is the ideas of true love and romance, which are based on trust and require mutual disclosure and discovery of the self, emerged from what Giddens calls "the reflexivity of modernity," (1990: 114-124).

Lastly, considering the relationship between adolescent sexuality and sexual health issues, the ambivalence of ideal and real in adolescent sexuality along with gender ideology on sexuality significantly affect adolescent sexual behaviour. In spite of a high perception of sexual health risks, adolescents in this study exhibit their active and often risky sexual behaviour. These data, therefore, indicate that knowledge *per se* does not necessarily change sexual behaviour.

FOR THE FUTURE STUDY

Some points are identified to improve the future study of adolescent sexuality. Not surprisingly, researchers' views on the topic are likely to be based on social standardisation with their own values, because researchers also lead a social existence. In this sense, researchers should try to remove as much bias as possible when conducting research. It is also important to note the necessity for the continuation of research on adolescent sexuality to update data. Changes in adolescent sexuality are obvious in societies such as Namibian, which is in transition from a young to matured country, transformation of social values and norms for various aspects including the notion of sexuality can occur. From a methodological point of view, qualitative research to collect adolescents' views is particularly valuable for a better understanding of the study theme, although quantitative research is equally useful in giving a collective view on the topic.

CONCLUSION

Although the findings in this thesis cannot be generalised to all Namibian adolescents, they enable us to rethink notions of sexuality. Sexuality is not only connected to biological urges or a universal meaning. Rather, sexuality is a set of social phenomena at a certain society in a certain period of time, because it is shaped by historical, economic and social forces, as well as given meanings in the context of changing social conditions and expectations.

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News Papers

The Namibian

9 November 1998,	'Gov. planning to criminalise gays'
5 March 1999,	'Condom alert...'
21 April 1999	'New call for anti-gay law'
23 September 1999	'Abstinence one way to curb AIDS'
12 November 1999	'Mister cool'
4 December 1999	'Young people choose life'
18 February 2000	'Talking out taboos in Okakarara'
14 March 2000	'Women press case on sex risks'
27 June 2000	'Nujoma's anti-gay blast a red herring'
28 June 2000	'Child rapist gets 14 years'
30 March 2001	'NC contemplates sex and morality'

APPENDIX I: RESEARCH TOOLS

1. Questionnaire
2. Focus Group Questions
3. Key Informant Questions

QUESTIONNAIRE

INTRODUCTION AND INSTRUCTION

- ◆ This questionnaire is about sexual-health behavior among learners at Secondary Schools.
- ◆ Do not write your name! No names will be reported.
- ◆ Your answer to the questions will not affect your grade in this class.
- ◆ Your answers will be kept strictly confidential. No one will know which one is yours.
- ◆ Please answer the questions based on what you really do and think.
- ◆ After you finish answering all the questions, please put the questionnaire into the envelope.

Thank you for your cooperation.

DIFINITION OF TERMS

SEX : also called having sex, sexual intercourse, making love, going all the way

SEXUAL INTERCOURSE : penis into vagina

HAVING SEX : also called sex, sexual intercourse, making love, going all the way

SEXUAL ISSUES : include the topics related to sexual intercourse, petting, kissing, reproductive health, sexual risk behavior, relationship with boyfriend/girlfriend, etc.

SEXUAL RELATIONSHIP : relationship which involves sexual intercourse

↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓ PLEASE START FROM HERE ↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓

A GENERAL INFORMATION

1. What is your age? (WRITE YOUR AGE IN THE BOX)

	years old
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2. What is your sex? (CIRCLE ONE NUMBER)

MALE	1	FEMALE	2
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3. What is your mother tongue? (WRITE ANSWER IN THE BOX)

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4. What grade are you in? (CIRCLE ONE NUMBER)

Grade 8	1
Grade 10	2
Grade 12	3

5. Which of the following best describes your religion? (CIRCLE ONE NUMBER)

Anglican	1	Baptist	7
Oruano	2	Methodist	8
Uniting Reformed	3	Apostolic	9
Traditional Religion	4	I go to different churches	10
Lutheran	5	None	11
Roman Catholic	6	Other ()	12

6. Which of the following best describes your household's family type? (CIRCLE ONE NUMBER)

Man with children (father and children but no mother)	1
Woman with children (mother and children but no father)	2
Man and woman with children (father, mother and children)	3
Man and woman with children and other relatives (father, mother, children and relatives)	4
Man with children and other relatives (father, children and relatives)	5
Woman with children and other relatives (mother, children and relatives)	6

7. How many hours a week in average do you listen to the radio, and how many hours a week in average do you watch television? (PLEASE WRITE NUMBER IN THE BOX) (IF YOU DO NOT WATCH TV or LISTEN TO RADIO, PLEASE WRITE ' 0 ' IN THE BOX)

	NUMBER HOURS
a. Average number of hours listen to Radio in a week	
b. Average number of hours watch TV in a week	

8. Which one of the following types of house best describes where you live? (CIRCLE ONE NUMBER)

Modern House (brick)	1
Corrugated Iron House	2
Traditional House or Hut	3
Makeshift Shack	4
Rent a Flat	5
Rent a Room in House	6
Rent a Modern House	7
Rent a Corrugated Iron House	8
Hostel	9
Other ()	10

SECTION 1: The next 3 questions ask about life-skills and life-science class in school.

9. Listed below are subjects related to sex education that you might have learned in life-skills class or life-science class. Please give your answer of 'Yes' for the following subjects you have been taught in school, or 'No' for the subjects you have not been taught in school. **(CIRCLE ONE NUMBER FOR EACH SUBJECT) (PLEASE DO NOT SKIP ANY SUBJECTS)**

SUBJECTS	YES	NO
a. Biological matters (physical structure)	1	2
b. HIV/AIDS	1	2
c. Sexually Transmitted Diseases (STDs)	1	2
d. How to use condoms	1	2
e. How to use contraceptives other than condoms	1	2
f. How women become pregnant	1	2
g. Ideal relationships between men and women	1	2
h. Other ()	1	2

10. Do you feel uncomfortable learning about sexual-health issues in school?
(CIRCLE ONE NUMBER)

YES	1	NO	2
-----	---	----	---

11. What information about sexual-health issues do you want to learn in school?

SECTION 2: The next 6 questions ask about what your parents think of sexual-health issues.

12. Please give your answers of 'Yes' or 'No' for the following questions.
(CIRCLE ONE NUMBER FOR EACH QUESTION) (PLEASE DO NOT SKIP ANY QUESTIONS)

QUESTION	YES	NO
a. Do your parents think that everyone should have children?	1	2
b. Do you think your parents have enough knowledge about sexual issues?	1	2
c. Have you asked your parents to give you their advice on sexual matters?	1	2
d. Have your parents told you how women become pregnant?	1	2
e. Do you think your parents are good examples of the correct sexual behavior?	1	2
f. Do you think your parents can give you better advice on sexual matters than others can?	1	2
g. Have you ever discuss sexual issues with your parents?	1	2
h. Have your parents told you that you should stay away from girls/boys until you get marry?	1	2

13. Please explain how you agree or disagree with your parents' attitudes and ideas about having sex?

14. What age is it appropriate for each of the following questions?
(CIRCLE ONE NUMBER FOR EACH QUESTION) (PLEASE DO NOT SKIP ANY QUESTIONS)

QUESTION	Under 14	15-16	17-18	19-20	20-21	Over 21
a. What age do YOU think it is OK to have a boyfriend or girlfriend?	1	2	3	4	5	6
b. What age do YOU think it is OK to have sexual intercourse?	1	2	3	4	5	6
c. What age would YOUR PARENTS think it is OK to have a boyfriend or girlfriend?	1	2	3	4	5	6
d. What age would YOUR PARENTS Think it is OK to have sexual Intercourse?	1	2	3	4	5	6

15. If you or your partner become pregnant BEFORE marriage, how do you think your parents would react? (CIRCLE ONLY ONE MOST LIKELY ANSWER)

1. They would make the girl get an abortion	1
2. They would take care of the baby for us	2
3. They would throw me out of house	3
4. They would make us get married	4
5. They would make the girl stop school	5
6. They would understand	6
7. They would love me anyhow	7
8. They would hit me	8
9. Other ()	9

16. Do you think your parents pay attention to your sexual behavior? (CIRCLE ONE NUMBER)

YES	1	NO	2
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17. Do you want your parents to give you their advice on sexual matters? (CIRCLE ONE NUMBER)

YES	1	NO	2
-----	---	----	---

18. Do you have a boyfriend/girlfriend? (CIRCLE ONE NUMBER)

YES	1	NO	2
-----	---	----	---

↓↓↓↓↓

<<< ONLY FOR PEOPLE WHO ANSWERED 'YES' >>>

↓↓↓↓↓

- Do your parents know that you have a boyfriend/girlfriend? (CIRCLE ONE NUMBER)

YES	1	NO	2
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SECTION 3: The next 4 questions ask about sexual relationship.

19. Please give your answer of 'TRUE' or 'FALSE' for each of the following statements.
(CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	TRUE	FALSE
a. Most people experience sexual intercourse when they are teens.	1	2
b. If a woman says 'No' to having sex, she really means 'Yes'.	1	2
c. Women can control their sexual urges but men can not.	1	2
d. Having sex before marriage makes your reputation go down.	1	2
e. Boys like competing with others to have sexual experiences.	1	2
f. It is OK for girls to have sexual intercourse before marriage.	1	2

20. How strongly do you agree or disagree with each of the following statements?
(CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	AGREE	NEUTRAL	DISAGREE
a. Even when my partner is not in the mood for having sexual intercourse, he/she should do so anyway.	1	2	3
b. I want my partner to always be with me.	1	2	3
c. I as well as my partner have the right to decide whether to have sexual intercourse.	1	2	3
d. When I want to end a relationship with my boyfriend/girlfriend, I can just ignore him/her.	1	2	3
e. Sometimes I need to force my partner to have sexual intercourse with me.	1	2	3
f. I am afraid that my partner may leave me if I do not accept his/her desire to have sexual intercourse.	1	2	3
g. If a man makes a woman pregnant, he is just as responsible as she is.	1	2	3
h. Having sexual intercourse makes my partner and me emotionally closer.	1	2	3

21. Are the following attributes important for a boyfriend/girlfriend?
(CIRCLE ONE NUMBER FOR EACH ATTRIBUTE) (PLEASE DO NOT SKIP ANY ATTRIBUTES)

ATTRIBUTE	IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
1. The person should be nice looking.	1	2	3
2. The person should be responsible.	1	2	3
3. The person should be strong.	1	2	3
4. The person should be honest.	1	2	3
5. The person should be supportive.	1	2	3
6. The person should be smart.	1	2	3
7. The person should be outgoing.	1	2	3
8. The person should be romantic.	1	2	3
9. The person should be shy.	1	2	3
10. The person should be sexy.	1	2	3

22. If you were to have a baby between you and your partner, would you marry to him/her?
(CIRCLE ONE NUMBER NOW), and then Please explain your answer in the box.

YES	1	NO	2

SECTION 4: The next 6 questions ask about sexual activity.

23. How strongly do you agree or disagree with the following statements about sexual activity?
(CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	AGREE	NEUTRAL	DISAGREE
a. It is OK for unmarried people to change their sexual partners often.	1	2	3
b. It is OK for a girl to date with older man if he supports her financially.	1	2	3
c. I want to have sexual intercourse because my friends do.	1	2	3
d. If a boy is having sexual intercourse with a girl, he should give her gifts.	1	2	3

<IF YOU HAVE NOT HAD SEX, PLEASE CHOOSE 'NO SEX' FOR THE FOLLOWING 4 QUESTIONS>

24. How would you describe the person you had sexual intercourse with FOR THE FIRST TIME?
(CIRCLE ONE NUMBER)

SOMEONE WHO YOU KNEW BUT WAS NOT DATING	1
BOYFRIEND/GIRLFRIEND	2
SPOUSE	3
STRANGER	4
OTHER ()	5
NO SEX	6

25. The first time you had sexual intercourse, did you feel you were pressured by your partner into unwanted sexual intercourse? (CIRCLE ONE NUMBER)

YES	1	NO	2	NO SEX	3
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26. During your life, with how many people have you had sexual intercourse? (PLEASE WRITE NUMBER IN THE FOLLOWING BOX. IF YOU DO NOT KNOW, PLEASE TRY TO GUESS.)

	NO SEX	3
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27. Have you ever been physically forced to have sexual intercourse when you did not want to?
(CIRCLE ONE NUMBER)

YES	1	NO	2	NO SEX	3
-----	---	----	---	--------	---

28. If you have not experienced sexual intercourse, do you feel as if you were isolated from peer group? (CIRCLE ONE NUMBER)

YES	1	NO	2	HAD SEX	3
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SECTION 5: The next 5 questions ask for information about sexual issues.

29. If you have a new boyfriend/girlfriend, whose approval do you want? How important are the following persons' approvals to you?
(CIRCLE ONE NUMBER FOR EACH PERSON) (PLEASE DO NOT SKIP ANY PERSONS)

PERSON	IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
FATHER	1	2	3
MOTHER	1	2	3
FRIENDS	1	2	3
SISTERS	1	2	3
BROTHERS	1	2	3
TEACHERS	1	2	3
AUNT	1	2	3
UNCLE	1	2	3
OTHER → specify ()	1	2	3

30. How strongly do you agree or disagree with the following statements?
(CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	AGREE	NEUTRAL	DISAGREE
a. People should have sex only within marriage.	1	2	3
b. Abortion should be acceptable.	1	2	3
c. The primary purpose of sexual intercourse is to have children.	1	2	3
d. People get married to have the right relationship for sexual intercourse.	1	2	3

31. In religion, people are often encouraged NOT to have sex before marriage. Please write how you agree or disagree with this religious teaching about not having sex before marriage.

32. Listed below are sources of information from which people get knowledge about sex. How important are the following sources of information for you. **(CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY SOURCES)**

SOURCES	DO NOT HAVE	IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
a. FATHER	9	1	2	3
b. MOTHER	9	1	2	3
c. GRAND FATHER	9	1	2	3
d. GRAND MOTHER	9	1	2	3
e. FRIENDS	9	1	2	3
f. PASTOR/MINISTER	9	1	2	3
g. TEACHERS	9	1	2	3
h. DOCTORS/NURSES	9	1	2	3
i. TV	9	1	2	3
j. RADIO	9	1	2	3
k. BOOKS/MAGAZINES	9	1	2	3
l. OTHER → specify ()	9	1	2	3

33. How interesting is the following information about sexual matters to you? **(CIRCLE ONE NUMBER FOR EACH INFORMATION) (PLEASE DO NOT SKIP ANY INFORMATION)**

INFORMATION	INTERESTING	SOMEWHAT INTERESTING	NOT INTERESTING
a. How to have sexual intercourse	1	2	3
b. Your friends' sexual activities.	1	2	3
c. How to be sexually attractive	1	2	3
d. STDs, HIV/AIDS	1	2	3
e. How to keep a relationship with a boyfriend/girlfriend.	1	2	3
f. Pregnancy	1	2	3
g. How your friends think about your sexual experiences	1	2	3
h. Your partner's sexual activity.	1	2	3
i. Contraceptive method	1	2	3
j. Other → write your answer ()	1	2	3

SECTION 6: The next 4 questions ask about risks

34. How many sexual partners does someone have to have to be infected with STDs including HIV/AIDS? (PLEASE WRITE THE APPROPRIATE NUMBER IN THE BOX).

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35. Can a woman who has sexual intercourse with condoms become pregnant? (CIRCLE ONE NUMBER)

YES	1	NO	2
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36. How often do you use condoms when you have sexual intercourse? (CIRCLE ONE NUMBER)

NEVER	1	SOMETIMES	2	ALWAYS	3	NO SEX	4
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37. How strongly do you agree or disagree with the following statements about condoms? (CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	AGREE	NEUTRAL	DISAGREE
a. People who are students should always use a condom.	1	2	3
b. If my partner asks me to use a condom, I would feel happy.	1	2	3
c. Women should not ask their partners to use a condom.	1	2	3
d. Men who use a condom are not 'Real men.'	1	2	3
e. It is embarrassing for me to discuss using a condom with my partner.	1	2	3
f. People do not like to use a condom because it gives them less pleasure.	1	2	3
g. Women who carry a condom are prostitutes.	1	2	3

38. Please give your answer of 'TRUE' or 'FALSE' for each of the following statements. (CIRCLE ONE NUMBER FOR EACH STATEMENT) (PLEASE DO NOT SKIP ANY STATEMENTS)

STATEMENT	TRUE	FALSE
a. The first time girls have sex, they do not become pregnant.	1	2
b. HIV can be transmitted by mosquitoes.	1	2
c. People can get infected with STDs even if they use condoms.	1	2
d. Right after monthly menstruation, girls can not get pregnant.	1	2

This is the end of the questionnaire. Thank you very much for your cooperation.

FOCUS GROUP DISCUSSIONS

GROUPINGS:

	Gender	Education Level
1	Males	Grade 8
2	Males	Grade 12
3	Females	Grade 8
4	Females	Grade 12

QUESTIONS:

PREMARITAL SEX (1,2)

CASUAL/SERIOUS SEXUAL RELATIONSHIPS (3)

TRADITIONAL/CULTURAL INFLUENCE (4)

INFLUENTIAL PEOPLE AND SOURCES (5,6,7,8,9)

RISK PREVENTION AND CONTRACEPTION (10,11)

OTHER (12)

DEFINITION OF TERMS:

SEX:

also called having sex, sexual intercourse, making love, and going all the way

SEXUAL INTERCOURSE:

penis into vagina

HAVING SEX:

also called sex, sexual intercourse, making love, and going all the way,

SEXUAL RELATION:

relation which involve sexual intercourse

CASUAL SEXUAL RELATIONSHIP:

sexual relationship to which you do not have emotional commitment

SERIOUS SEXUAL RELATIONSHIP:

sexual relationship to which you have emotional commitment, and which you want to keep longer

PRE-MARITAL SEX = HAVING SEX BEFORE MARRIAGE

PRE-MARITAL SEX

1

- 1.1 Do you think that it is important to have a boyfriend/girlfriend? Why is it important for you?
- 1.2 Is having a boyfriend/girlfriend different from having sexual relation? If it is, please explain what the difference between having a boyfriend/girlfriend and having sexual relation is.
- 1.3 Is it possible to have a boyfriend/girlfriend without having sex with him/her? If it is/is not possible, please explain why you think so.

TRADITIONAL/CULTURAL INFLUENCE

2

- 2.1 Based on your culture, is it alright for boys and girls to have sex before marriage? If it is/is not OK, what does your tradition/culture say about this matter?
- 2.2 In your culture, at what age is it alright for girls to start having sex? At what age for boys? Is there any difference in ages between boys and girls? If there is, what does your tradition/culture say about the difference?
- 2.3 At what age, do you think, it is alright for girls to start having sex? At what age for boys? Is there any difference in ages between boys and girls? If there is, please explain what the difference is, and why there is such a difference.

3

- 3.1 What is your personal opinion about having sex before marriage?
- 3.2 How is your opinion different from your same sex friends' opinions about having sex before marriage?
- 3.3 How is your opinion different from your opposite sex friends' opinions about having sex before marriage?

CASUAL/SERIOUS SEXUAL RELATIONSHIPS

4

- 4.1 How is a casual sexual relationship different from a serious sexual relationship? How do you behave differently?
- 4.2 Are you more faithful to your steady partner than to a casual sexual partner?
- 4.3 Do you want your steady sexual partner to always be faithful to you? Do you want your casual sexual partner to always be faithful to you?
- 4.4 If you are involved in a serious sexual relationship, what do you expect of it?

INFLUENTIAL PEOPLE AND SOURCES

5

- 5.1 From whom or what do you get the most important information about sex? Can you name some, and explain why the information from these sources are important? e.g. doctors, nurses, parents, pastors, teachers, magazines, etc.
- 5.2 Who do you want to help you when you seek advice on sexual matters?
- 5.3 To whom do you actually go when you have a problem regarding sexual matters? Please explain why you want to tell your problem to that person.

6 Religious Influence

- 6.1 If you have religious belief, please tell me what is the religion to you? Please explain how your daily life is or is not influenced by your religious belief.
- 6.2.1 What did you learn about sex from religion? e.g. How should you relate to others?; What should or should not do before marriage?; Is having children a kind of things you should do in your life?; What are the things that you do not understand or do not agree with in religious teaching?; etc.

7 Parents' Influence

- 7.1 Have you talked with your parents about having sex before marriage? What did your parents told you about having sex? What do you think of your parents' opinions about having sex before marriage? How does their opinions differ from your opinion? How do they want you to behave? Do your parents' attitudes influence your way of thinking about sex?
- 7.2 Is your parents' opinion and advice important to you?

8 Media Influence

- 8.1 What media do you use most often to get information about sexual issues? Can you give examples (TV programs, movies, magazines, etc.), and explain why or how you like the media?
- 8.2 What kind of information do you want to know about sex from the media? What kind of information about sex getting from the media are you interested in?
- 8.3 What opinions and ideas about sexual issues and love do you agree with? Could you explain why you agree with these opinions and ideas?

9 Peer Influence

- 9.1 What do you usually talk about boyfriend/girlfriend with your friends? / What do you usually talk about love with your friends? / What do you usually talk about sex with your friends? / What topics relating to sexual issues do you often talk about with your friends?
- 9.2 Have you heard your friends telling a lie that she or he has had sex? (in fact she or she has not)

- 9.3 If most of your friends have experienced sex but you have not, how do you feel about it? What would your friend say to you? Do you feel as if you are excluded from your group, or you do not care whether your friends have had sex?

RISK PREVENTION AND CONTRACEPTION

10

- 10.1 Have you ever discussed about contraceptives with your partner(s), friends and your parents? If you have, what did you discuss about contraception with them?
- 10.2 What do you think is the best way to avoid risks such as STDs, HIV transmission, and unwanted pregnancies? (If you/your partner become pregnant, do you think it is a problem?)

11

- 11 Is there any situation when you would want to use a condom? If there is, please explain in which situations you would want to use a condom?

OTHER

12

- 11 When you are dating a boyfriend/girlfriend, which one of you usually pay for a drink, meals, etc.?

For girls:

- a) If a man you are dating does not pay for your drink, how do you feel about him? Should men pay for their girlfriends' drink?
- b) If a man you are dating has never given you gift, how would you feel?

For boys:

- a) Should men pay for their girlfriends' drink?
- b) Do you think that girlfriends expect you to give them gifts?
- c) Some people say that if a man gives a gift to a girl, he has the right to have sex with her. What do you think about this?

KEY INFORMANT INTERVIEW for TEACHERS

I am conducting research about teenage sexuality. Teachers have been selected to be interviewed as key informants because the research focuses on teenage learners at Secondary Schools in Katutura. Before I start interviewing you, let me tell you the definitions of some key terms that are used in this interview:

- ◆ 'Teenagers' in this interview refers to boys and girls aged from 12 to 19.
- ◆ 'Sex' and 'having sex' refer to sexual intercourse.
- ◆ 'Sexual-health issues' refers to the topics related to sexual intercourse, petting, kissing, reproductive health, sexual risk behavior, etc.

1T.

- 1T.1 ①Could you tell me what sexual-health issues are taught in the life-skills class? ②What is the difference between life-skills class and life-science class?
- 1T.2 Please tell me how students react when they learn about sexual-health issues.
- 1T.3 Please tell me at what age do you think it is appropriate to learn about sexual-health issues.

2T.

- 2T.1 ①Have you ever talked to your students about STDs and HIV/AIDS? ②What have you told them about STDs and HIV/AIDS?
- 2T.2 ①Have you ever talked to your students about any sexual issues other than STDs and HIV/AIDS? ②What have you told them about sexual-health issues other than STDs and HIV/AIDS?

3T.

- 3T.1 Do you think that students should have the correct knowledge of their reproductive system?
- 3T.2 Do you think that students should also have the correct knowledge about sex?
- 3T.3 What should students be taught about their reproductive system and sex?

4T.

- 4T.1 Have you heard parents saying about teenagers' sexual behavior?
- 4T.2 What have you heard teenagers saying about their parents' opinion about sexual-health issues?
- 4T.3 ①Have you ever heard students talking to each other about sexual-health issues? ②What were they saying each other?
- 4T.4 What do you see is the most serious problems concerning sexual-health issues that teenagers face?
- 4T.5 Please tell me any misinformation regarding sexual-health issues that you have heard teenagers saying.

5T.

- 5T.1 How much influence do you think parents have on teenagers' sexual behavior?
- 5T.2 How much influence do you think peers have on teenagers' sexual behavior?
- 5T.3 Please explain how parents (or friends) have more influence on teenagers' sexual behavior than friends (or parents).
- 5T.4 What other influential factors on teenagers' sexual behavior do you come up with?

6T.

- 6T.1 If you had to estimate, please tell me what percentage of your students you think have had sexual intercourse?
- 6T.2 What causes you to find that certain students are sexually active?
- 6T.3 Please tell me what you think of teenagers' sexual behavior?
- 6T.4 What is your opinion about having sex before marriage for boys, and for girls?
- 6T.5 Please explain why you think or do not think there need to be a difference to have sex before marriage between boys and girls.

7T.

- 7T.1 At what age, do you think, is it appropriate for students to have access to condoms?
- 7T.2 Please explain why you think students should or should not have access to condoms.
- 7T.3 ①Do you think that students should have access to contraceptives other than condoms? ②Please explain why you think that students should have access to contraceptives other than condoms. / Please explain why think that students should not have access to contraceptives other than condoms.

8T.

- 8T.1. ①Have you had students in your class who became pregnant? ②About what percentage or how many of your students become pregnant in each year?
- 8T.2. ①Do you have students in your current class who have become pregnant? ② About what percentage or how many of your students have become pregnant?
- 8T.3 What happens with students who become pregnant?
- 8T.4 ①Why should girl students who become pregnant leave schools? ②Should girl students come back to the schools after giving birth? ③Please tell me why girl students who become pregnant should or should not back to the schools.
- 8T.5 Please explain your personal opinion about teenage pregnancy.

OTHER

Is there any other information about teenagers' sexual-health behavior that you would like to give me?

KEY INFORMANT INTERVIEW for PASTORS

I am conducting research about teenage sexuality in Katutura. Pastors/Ministers have been selected to be interviewed as key informants because many people living in Katutura are religious so that you might have important information regarding people's life in this area. Before I start interviewing you, let me tell you the definitions of some key terms that are used in this interview:

- ◆ 'Teenagers' refers to boys and girls aged from 12 to 19.
- ◆ 'Sex' and 'having sex' refer to sexual intercourse.
- ◆ 'Sexual-health issues' refers to the topics related to sexual intercourse, petting, kissing, reproductive health, sexual risk behavior, etc.

1P.

- 1P.1 ①Have you taught people in church about what is correct and incorrect sexual behavior for men and women? Please explain your personal opinion about teenage pregnancy. ②What have you told them about the topic?/If you were asked by people about what the correct sexual behavior is, what answer would you give them?
- 1P.2 ①Please also tell me if you have taught teenagers about sexual behavior? ②What have you taught them about the topic?/If you were asked by teenagers to teach them about sexual behavior, what answer would you give them?
- 1P.3 Please tell me any misinformation regarding sexual-health issues that you have heard people or teenagers saying.

2P.

- 2P.1 ①Bringing up teenagers, should parents teach them about sexual-health issues? ②Please give some examples of what parents should tell their teenagers. How should parents educate teenagers at home on this matter? At what age is it appropriate for teenagers be taught about sexual-health issues?

Please tell me why you do not think that parents need to teach sexual issues to teenagers. Is there any age when it is alright for parents to talk about sexual issues with their children?

3P.

- 3P.1 If parents find out their unmarried teenagers have a boyfriend/girlfriend, what should they do? Should parents give them any advice or warning?
- 3P.2 If parents find out their unmarried teenagers have had sexual intercourse, what should they do? Should parents give them any advice or warning?
- 3P.3 What do you think is the biggest problem parents have regarding their children?

4P

- 4P.1 Are condoms effective for people to avoid getting infected with HIV/AIDS? Please explain why you think condoms are or are not effective for people to protect themselves from HIV/AIDS.
- 4P.2 Are condoms effective for people to avoid getting infected with other sexually transmitted diseases? Please explain why you think condoms are or are not effective for people to protect themselves from sexually transmitted diseases.
- 4P.3 ①What have you heard people saying about condoms? ②What have you heard people saying about contraceptives?

5P.

- 5P. Please explain the church's position on contraceptive use.

6P.

- 6P. What have you told people about people's reproductive responsibilities?

7P.

- 7P Please explain the church's position on having sex before marriage.

8P.

- 8P.1 ①Is there a difference between what the church teaches people about having sex and contraception and what people really do? ②Please explain about the difference./Please explain how what the church teaches and what people really do are the same.
- 8P.2 Some people say that in Namibian culture, it is very important to have many children. What do you think about this?

9P.

- 9P.1 What, if anything, have you taught people about how a family should be?
- 9P.2 What have you taught about the relationship between husband and wife?
- 9P.3 Please explain how men and women should relate to each other in order to keep good relationships within marriage.

10P.

- 10P.1 ①Please tell me what the most serious problem of people's life in Katutura is. ②Please explain how it influences their lives?

KEY INFORMANT INTERVIEW for COMMUNITY ACTIVATORS

Health workers and counselors at Youth Health Drop-in Center in Multi Purpose Youth Resource Center in Katutura

I am conducting research about teenage sexuality. Health workers and counselors at the Youth Health Drop-in Center have been selected to be interviewed as key informants because the research focuses on teenage learners at Secondary Schools in Katutura. You are likely to have knowledge about sexual-health issues of teenagers. Before I start interviewing you, let me tell you the definitions of some key terms that are used in this interview:

- ◆ 'Teenagers' in this interview refers to boys and girls aged from 12 to 19.
- ◆ 'Sex' and 'having sex' refer to sexual intercourse.
- ◆ 'Sexual-health issues' refers to the topics related to sexual intercourse, petting, kissing, reproductive health, sexual risk behavior, etc.

1CA.

1CA.1 How many boys and how many girls do you counsel in an average week?

1CA.2 ①Do they come to see you alone or with someone? ②If so, do they come to see you with whom?

2CA.

2CA.1 What questions are you most frequently asked by teenagers?

2CA.2 How do you answer these questions?

2CA.3 What questions are you most often asked by boys?

2CA.4 What answer do you give for these questions?

2CA.5 What questions are you most often asked by girls?

2CA.6 What answer do you give for these questions?

2CA.7 What do you see is the most serious problems concerning sexual-health issues that teenagers face?

2CA.8 What do you think is teenagers' greatest concern regarding sexual-health issues?

3CA.

3CA.1 Based on your experience with teenagers in this area, do you think they have correct knowledge about their bodies and sexual-health issues?

3CA.2 Please tell me any misinformation regarding sexual-health issues that you have heard teenagers saying.

4CA.

- 4CA. ①Have you ever talked to teenagers about the consequences of having sex they might have experience? e.g. pregnancy, STDs, HIV/AIDS, etc. ②Please tell me what you said to them. /If you were to talk to teenagers about the consequences of having sex, what would you tell them? ③Please tell how teenagers responded to what you said?

5CA.

- 5CA.1 ①Have you ever had opportunities to discuss sexual-health issues with teenagers' parents? ②What did you discuss with them about this issue? /If you have opportunities to discuss sexual-health issues with teenagers' parents, what would you tell them?
- 5CA.2 What do you think is the biggest problem parents have regarding their children?
- 5CA.3 What is your evaluation of teenagers' parents' knowledge and attitudes about sexual-health issues?

6CA.

- 6CA.1 What have teenagers told you about their parents' opinions about sexual behavior?
- 6CA.2 What do they think of their parents' opinions?
- 6CA.3 Do you find that teenagers tend to listen to their parents' opinions and advice?
- 6CA.4 How much influence do you think parents have on teenagers relating to sex?

7CA.

- 7CA.1 What, if anything, have teenagers told you about their friends' opinions about sexual behavior?
- 7CA.2 What do they think of their friends' opinions?
- 7CA.3 Do you find that teenagers tend to listen to their friends' opinions and advice?
- 7CA.4 How much influence do you think friends have on teenagers relating to sex?

8CA.

- 8CA. ①Between parents or friends, which one do you think has more influence on teenagers' sexual behavior? ②Please explain how parents (or friends) have more influence on teenagers' sexual behavior than friends (or parents).

OTHER

Is there anything else that you would like to say about teenagers' sexual behavior?

Table 1. Distribution of the National Government

State	Number	Percentage
Alabama	1	1.0
Alaska	1	1.0
Arizona	1	1.0
Arkansas	1	1.0
California	1	1.0
Colorado	1	1.0
Connecticut	1	1.0
Delaware	1	1.0
Florida	1	1.0
Georgia	1	1.0
Hawaii	1	1.0
Idaho	1	1.0
Illinois	1	1.0
Indiana	1	1.0
Iowa	1	1.0
Kansas	1	1.0
Kentucky	1	1.0
Louisiana	1	1.0
Maine	1	1.0
Maryland	1	1.0
Massachusetts	1	1.0
Michigan	1	1.0
Minnesota	1	1.0
Mississippi	1	1.0
Missouri	1	1.0
Montana	1	1.0
Nebraska	1	1.0
Nevada	1	1.0
New Hampshire	1	1.0
New Jersey	1	1.0
New Mexico	1	1.0
New York	1	1.0
North Carolina	1	1.0
North Dakota	1	1.0
Ohio	1	1.0
Oklahoma	1	1.0
Oregon	1	1.0
Pennsylvania	1	1.0
Rhode Island	1	1.0
South Carolina	1	1.0
South Dakota	1	1.0
Tennessee	1	1.0
Texas	1	1.0
Utah	1	1.0
Vermont	1	1.0
Virginia	1	1.0
Washington	1	1.0
West Virginia	1	1.0
Wisconsin	1	1.0
Wyoming	1	1.0
Total	50	100.0

APPENDIX II: QUANTITATIVE DATA

Table 2. Distribution of the National Government

State	Number	Percentage
Alabama	1	1.0
Alaska	1	1.0
Arizona	1	1.0
Arkansas	1	1.0
California	1	1.0
Colorado	1	1.0
Connecticut	1	1.0
Delaware	1	1.0
Florida	1	1.0
Georgia	1	1.0
Hawaii	1	1.0
Idaho	1	1.0
Illinois	1	1.0
Indiana	1	1.0
Iowa	1	1.0
Kansas	1	1.0
Kentucky	1	1.0
Louisiana	1	1.0
Maine	1	1.0
Maryland	1	1.0
Massachusetts	1	1.0
Michigan	1	1.0
Minnesota	1	1.0
Mississippi	1	1.0
Missouri	1	1.0
Montana	1	1.0
Nebraska	1	1.0
Nevada	1	1.0
New Hampshire	1	1.0
New Jersey	1	1.0
New Mexico	1	1.0
New York	1	1.0
North Carolina	1	1.0
North Dakota	1	1.0
Ohio	1	1.0
Oklahoma	1	1.0
Oregon	1	1.0
Pennsylvania	1	1.0
Rhode Island	1	1.0
South Carolina	1	1.0
South Dakota	1	1.0
Tennessee	1	1.0
Texas	1	1.0
Utah	1	1.0
Vermont	1	1.0
Virginia	1	1.0
Washington	1	1.0
West Virginia	1	1.0
Wisconsin	1	1.0
Wyoming	1	1.0
Total	50	100.0

Table 3. Distribution of the National Government

State	Number	Percentage
Alabama	1	1.0
Alaska	1	1.0
Arizona	1	1.0
Arkansas	1	1.0
California	1	1.0
Colorado	1	1.0
Connecticut	1	1.0
Delaware	1	1.0
Florida	1	1.0
Georgia	1	1.0
Hawaii	1	1.0
Idaho	1	1.0
Illinois	1	1.0
Indiana	1	1.0
Iowa	1	1.0
Kansas	1	1.0
Kentucky	1	1.0
Louisiana	1	1.0
Maine	1	1.0
Maryland	1	1.0
Massachusetts	1	1.0
Michigan	1	1.0
Minnesota	1	1.0
Mississippi	1	1.0
Missouri	1	1.0
Montana	1	1.0
Nebraska	1	1.0
Nevada	1	1.0
New Hampshire	1	1.0
New Jersey	1	1.0
New Mexico	1	1.0
New York	1	1.0
North Carolina	1	1.0
North Dakota	1	1.0
Ohio	1	1.0
Oklahoma	1	1.0
Oregon	1	1.0
Pennsylvania	1	1.0
Rhode Island	1	1.0
South Carolina	1	1.0
South Dakota	1	1.0
Tennessee	1	1.0
Texas	1	1.0
Utah	1	1.0
Vermont	1	1.0
Virginia	1	1.0
Washington	1	1.0
West Virginia	1	1.0
Wisconsin	1	1.0
Wyoming	1	1.0
Total	50	100.0

Table 4. Distribution of the National Government

State	Number	Percentage
Alabama	1	1.0
Alaska	1	1.0
Arizona	1	1.0
Arkansas	1	1.0
California	1	1.0
Colorado	1	1.0
Connecticut	1	1.0
Delaware	1	1.0
Florida	1	1.0
Georgia	1	1.0
Hawaii	1	1.0
Idaho	1	1.0
Illinois	1	1.0
Indiana	1	1.0
Iowa	1	1.0
Kansas	1	1.0
Kentucky	1	1.0
Louisiana	1	1.0
Maine	1	1.0
Maryland	1	1.0
Massachusetts	1	1.0
Michigan	1	1.0
Minnesota	1	1.0
Mississippi	1	1.0
Missouri	1	1.0
Montana	1	1.0
Nebraska	1	1.0
Nevada	1	1.0
New Hampshire	1	1.0
New Jersey	1	1.0
New Mexico	1	1.0
New York	1	1.0
North Carolina	1	1.0
North Dakota	1	1.0
Ohio	1	1.0
Oklahoma	1	1.0
Oregon	1	1.0
Pennsylvania	1	1.0
Rhode Island	1	1.0
South Carolina	1	1.0
South Dakota	1	1.0
Tennessee	1	1.0
Texas	1	1.0
Utah	1	1.0
Vermont	1	1.0
Virginia	1	1.0
Washington	1	1.0
West Virginia	1	1.0
Wisconsin	1	1.0
Wyoming	1	1.0
Total	50	100.0

Table 1 Distribution of Questionnaire Respondents

Grade	Gender	Population	
Grade 8	Male	66	
Grade 8	Female	57	125
Grade 8	Unclear	2	
Grade 10	Male	53	
Grade 10	Female	62	115
Grade 12	Male	46	
Grade 12	Female	58	104
		Total	344

Table 2. Gender of Questionnaire Respondents

	Number	Percent
Male	165	48
Female	177	52
Total	342	100

Table 3. Grade of Questionnaire Respondents

	Number	Percent
Grade 8	125	36
Grade 10	115	33
Grade 12	104	30
Total	344	100

Table 4. Key Informants

Occupation	Number of Informants
Secondary school teacher	5
Pastor	3
HIV counsellor	1
Social worker	1
Nurse	1

Table 5 Grade and Gender of Focus Group Discussions Participants

Grade	Gender	Number
Grade 8	Male	6
Grade 8	Female	6
Grade 12	Male	4
Grade 12	Female	6

Table 6. Mother Tongue of Respondents

	Number	Percent
Damara>Nama	85	25
Oshiwambo	123	36
Herero	50	15
Kavango	1	0
Afrikaans	24	7
Caprivi	7	2
Namibian Mixed	8	2
Foreign	45	13
Total	342	100

Table 7. House Type of Respondents

	Number	Percent
Modern house (Brick)	264	79
Iron house	8	2
Traditional house or Hut	9	3
Makeshift Shack	1	0
Rent a flat	7	2
Rent a room in House	14	4
Rent a modern house	17	5
Hostel	10	3
Other	5	1
Total	335	100

Table 8. Household Type of Respondents

	Number	Percent
Man with children	18	5
Woman with children	68	21
Man and woman with children	143	43
Man and woman with children and other relatives	62	19
Man with children and other relatives	7	2
Woman with children and other relatives	31	9
Total	329	100

Table 9. Age of Respondents

	Number	Minimum	Maximum	Mean	Median	Mode
Age	343	12	27	16.9	17	16

Table 10. Respondents' View on Appropriate Age to have Boyfriend/Girlfriend and Sexual Intercourse

	Under 14		15-16		17-18		19-20		20-21		Over 21	
	N	%	N	%	N	%	N	%	N	%	N	%
Boy/Girlfriend (You)	19	6	89	27	116	35	52	16	33	10	25	7
Sex (You)	2	1	13	4	59	18	46	14	140	43	69	21
Boy/Girlfriend (Parents)	10	3	26	8	45	14	73	22	117	35	59	18
Sex (Parents)	4	1	3	1	18	5	31	9	222	67	51	16

Table 11. Respondents' View on Appropriate Age to have Boyfriend/Girlfriend and Sexual Intercourse, by Gender and Grade

	Gender				Grade					
	M	F	M	F	G 8	G10	G12	G8	G10	G12
	You		Parents		You			Parents		
<i>Age to have boyfriend/Girlfriend</i>										
Under 14	6.3	5.2	2.5	3.6	10.7	2.7	3.0	5.9	0.9	2.0
15-16	25.0	27.9	8.2	7.7	19.7	31.5	29.7	11.8	5.5	5.9
17-18	32.5	36.6	13.8	13.6	32.8	34.2	37.6	13.4	13.6	13.9
19-20	17.5	14.0	22.6	20.7	19.7	11.7	14.9	28.6	21.8	14.9
20-21	8.1	7.0	15.1	20.7	10.7	6.3	5.0	16.0	22.7	14.9
Over 21	10.6	9.3	37.7	33.7	6.6	13.5	9.9	24.4	35.5	48.5
	<i>P= .8788</i>		<i>P= .8119</i>		<i>P= .0268</i>			<i>P= .0061</i>		
<i>Age to have sexual intercourse</i>										
Under 14	1.3	1.9	-	0.6	0.8	-	1.0	2.5	-	1.0
15-16	5.7	1.3	2.4	0.6	3.4	5.5	3.0	0.8	0.9	1.0
17-18	22.0	6.4	13.7	4.7	23.5	17.3	12.0	7.6	4.6	3.9
19-20	12.6	10.8	15.5	8.2	12.6	14.5	15.0	16.0	6.5	4.9
20-21	18.9	15.3	22.6	15.3	21.8	17.3	24.0	21.0	15.7	8.8
Over 21	39.6	64.3	45.8	70.6	37.8	45.5	45.0	52.1	72.2	80.4
	<i>P= .0981</i>		<i>P= .6927</i>		<i>P= .5798</i>			<i>P= .0045</i>		

Table 12. Reaction to Parents' Attitudes toward Sexual Issues

	Number	Percent
Agree	252	60
Disagree	143	34
Did not say	25	6
Total	420	100

Table 13. Reasons why Agree or Disagree to Parents' Attitudes toward Sexual Issues

	Number	Percent
Agree	10	2
Disagree	6	1
(D) Parents should not control me/my life	19	5
(A) Parents are right	14	3
(D) Parents do not tell me about sex/sexual issues	46	11
(A) Parents tell me about sex/sexual issues	40	10
(A) Parents say not to have sex	80	19
(D) Parents say not to have sex	22	5
(?) Parents say not to have sex	10	2
(D) Parents do not understand me	11	3
(D) Parents think having boy/girlfriend means having sex	8	2
(A) Parents help me	27	6
(D) Parents do not have enough knowledge about sex	7	2
(A) Parents have knowledge and/or experience	25	6
(A) Parents tell me about risks	21	5
(A) Parents tell me about pregnancy	14	3
(D) Parents' behaviour is bad/wrong	5	1
(A) Parents care for me and my future	18	4
(D) Parents are conservative/old fashion	6	1
Other	31	7
Total	420	100

(A)=Agree, (D)=Disagree, (?)=Did not say

Table 14. Want to have Parents' Advice on Sexual Issues

	Number	Percent
Yes	275	80
No	67	20
Total	342	100

Table 15. Communication between Parents and Respondents

	Yes		No	
	Number	Percent	Number	Percent
Parents think everyone should have children	112	33	225	67
Parents have knowledge about sexual issues	227	68	107	32
Ever asked advice on sexual matters to parents	116	34	221	66
Parents told how women become pregnant	199	59	141	41
Parents are good examples	236	70	102	30
Parents can give me better advice on sexual issues	199	59	136	41
Ever discussed sexual issues with parents	145	44	188	56
Parents say to stay away from opposite sex	213	64	121	36

Table 16. Whether Respondents have a Boyfriend/Girlfriend

	Number	Percent
Yes	241	70
No	101	30
Total	342	100

Table 17. Whether Parents know about Respondent's Boyfriend/Girlfriend

	Number	Percent
Yes	142	61
No	90	39
Total	232	100

Table 18. Whether Parents pay Attention to your Sexual Behaviour

	Number	Percent
Yes	176	52
No	165	48
Total	341	100

Table 19. Level of Importance of approval for Boyfriend/Girlfriend

	Important		Somewhat Important		Not Important	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
	Father	153	51	64	21	85
Mother	231	75	35	11	42	14
Friend(s)	103	34	115	38	82	27
Sister(s)	172	57	74	25	55	18
Brother(s)	153	51	72	24	75	25
Teacher(s)	95	32	68	23	134	45
Aunt(s)	101	34	99	33	98	33
Uncle(s)	92	32	90	31	110	38
Other	66	34	39	20	87	45

Table 20. Important Source of Information about Sexual Issues

	Important		Somewhat Important		Not Important	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
	Father	155	58	55	21	55
Mother	230	79	38	13	22	8
Grand Father	114	47	71	29	60	24
Grand Mother	148	56	69	26	45	17
Friend(s)	107	36	113	38	75	25
Pastor(s)	107	39	74	27	93	34
Teacher(s)	166	57	69	24	55	19
Doctor or Nurse	248	84	26	9	20	7
TV	155	53	93	32	43	15
Radio	158	54	93	32	43	15
Books and Magazines	161	56	89	31	37	13
Other	55	36	34	23	62	41

Table 21. Subjects Taught in School (Life-science or Life-skills Class)

	Yes		No	
	Number	Percent	Number	Percent
Biological matters (physical structure)	159	53	143	47
HIV/AIDS	301	92	26	8
STDs	306	94	20	6
Use of condoms	281	87	42	13
Use of contraceptives	205	65	112	35
Pregnancy	286	88	39	12
Man and woman relationship	209	67	102	33
Other	78	53	70	47

Table 22. Subjects Taught in School, by Gender and Grade

	Gender		Grade		
	M	F	G 8	G10	G12
<i>Biological matters (physical structure)</i>					
Yes	54.5	51.0	27.6	55.7	76.0
No	45.5	49.0	72.4	44.3	24.0
<i>HIV/AIDS</i>					
Yes	88.9	94.8	83.5	98.2	95.0
No	11.1	5.2	16.5	1.8	5.0
<i>STDs</i>					
Yes	90.9	96.5	87.1	98.1	97.1
No	9.1	3.5	12.9	1.9	2.9
<i>Use of condoms</i>					
Yes	86.8	87.1	87.9	91.6	81.0
No	13.2	12.9	12.1	8.4	19.0
<i>Use of contraceptives</i>					
Yes	59.5	69.5	37.6	85.0	72.3
No	40.5	30.5	62.4	15.0	27.7
<i>Pregnancy</i>					
Yes	83.4	91.9	73.0	98.2	94.1
No	16.6	8.1	27.0	1.8	5.9
<i>Man and woman relationship</i>					
Yes	63.9	70.3	61.8	79.0	60.4

No	36.1	29.7	38.2	21.0	39.6
<i>Other</i>					
Yes	42.0	66.7	46.9	57.4	53.8
No	58.0	22.2	53.1	42.6	46.2

Table 23. Information Desired about Sexual Health Issues at Schools

	Number	Percent
Body function	21	4
HIV/AIDS	105	21
Condom	60	12
STDs	58	12
Pregnancy	42	8
Men and women relationship	48	10
Sex (How to do it, How do I feel? etc.)	31	6
Rape	3	1
Anything about sexual issues	26	5
Contraceptives	23	5
Sex and health	25	5
Abortion	2	0
Abstinence	12	2
Love emotion	2	0
Gay and lesbian people	2	0
Relationship with parents	3	1
How to care for self	11	2
Variations of sexual activity	4	1
Other	22	4
Total	500	100

Table 24. Level of Interest in Information about Sexual Matters, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>How to have sex</i>					
Interesting	68.7	48.5	52.3	62.0	60.2
Somewhat Interesting	15.6	21.5	14.4	16.7	25.8
Not Interesting	15.6	30.1	33.3	21.3	14.0
	<i>P</i> = .0010		<i>P</i> = .0099		
<i>Friends' sexual activities</i>					
Interesting	24.1	17.9	19.4	22.2	20.4
Somewhat Interesting	36.6	37.7	34.3	42.6	35.5
Not Interesting	39.3	44.4	46.3	35.2	44.1
	<i>P</i> = .3805		<i>P</i> = .5369		
<i>How to be sexually attractive</i>					
Interesting	42.7	32.3	34.0	44.3	33.3
Somewhat Interesting	27.3	31.0	35.0	24.5	28.0
Not Interesting	30.1	36.8	31.0	31.1	38.7
	<i>P</i> = .1735		<i>P</i> = .2674		
<i>STDs and AIDS</i>					
Interesting	60.1	66.0	52.9	62.0	76.9
Somewhat Interesting	9.8	9.4	16.3	7.4	4.4
Not Interesting	30.1	24.5	30.8	30.6	18.7
	<i>P</i> = .5285		<i>P</i> = .0031		
<i>How to keep relationship with a partner</i>					
Interesting	79.5	80.0	69.6	83.3	87.1
Somewhat Interesting	11.0	13.9	17.9	12.0	6.5
Not Interesting	9.6	6.1	12.5	4.6	6.5
	<i>P</i> = .4063		<i>P</i> = .0158		
<i>Pregnancy</i>					
Interesting	42.0	50.6	36.5	50.5	53.8
Somewhat Interesting	20.3	19.1	23.1	15.6	20.4
Not Interesting	37.8	30.2	40.4	33.9	25.8
	<i>P</i> = .2803		<i>P</i> = .0815		
<i>How friends think about my sexual experience</i>					
Interesting	31.7	23.1	28.6	32.4	18.7
Somewhat Interesting	31.7	31.3	28.6	33.3	33.0

Not Interesting	36.6	45.6	42.9	34.3	48.4
	$P = .1728$			$P = .1644$	
<i>Partner's sexual activity</i>					
Interesting	38.0	43.8	34.6	41.7	46.7
Somewhat Interesting	28.9	25.6	32.7	25.9	23.9
Not Interesting	33.1	30.6	32.7	32.4	29.3
	$P = .5954$			$P = .4721$	
<i>Contraceptive methods</i>					
Interesting	53.8	60.9	35.8	70.6	67.0
Somewhat Interesting	25.2	22.4	27.4	20.2	24.2
Not Interesting	21.0	16.8	36.8	9.2	8.8
	$P = .4454$			$P = .0000$	

Table 25. Feel Uncomfortable Learning Sexual Health Issues at Schools

	Number	Percent
Yes	76	23
No	252	77
Total	328	100

Table 26. Feel Uncomfortable Learning Sexual Issues at Schools, by Gender

	Male	Female
Yes	29.2	17.4
No	70.8	82.6
	$P = .0168$	

Table 27. Religious Affiliation of Respondents

	Number	Percent
Anglican	42	13
Oruano	7	2
United Reformed	2	1
Traditional Religion	6	2
Lutheran	103	33
Roman Catholic	40	13
Baptist	16	5
Methodist	9	3
Apostolic	12	4
I go to different church	22	7
None	28	9
Other	27	9
Total	314	100

Table 28. Attitudes toward Religious Idea of Sexual Intercourse and Marriage

	Agree		Neutral		Disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
People should have sex only within marriage	185	57	52	16	87	27
Abortion should be acceptable	91	29	90	28	137	43
The purpose of sex is to have children	60	19	73	23	185	58
Marriage partner is the right one to have sex	180	56	67	21	74	23

Table 29. Attitudes toward Religious Idea of Sexual Intercourse and Marriage, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>People should have sex only within marriage</i>					
Agree	55.1	58.4	63.2	49.1	58.8
Neutral	16.7	15.7	12.8	19.1	16.5
Disagree	28.2	25.9	23.9	31.8	24.7
	<i>P = .8342</i>			<i>P = .2867</i>	
<i>Abortion should be acceptable</i>					
Agree	23.4	34.0	18.4	36.1	32.3
Neutral	31.2	24.7	35.1	22.2	27.1
Disagree	45.5	41.4	46.5	41.7	40.6
	<i>P = .1023</i>			<i>P = .0325</i>	
<i>The purpose of sex is to have children</i>					
Agree	21.3	16.1	22.6	14.8	18.9
Neutral	20.6	25.5	28.7	18.5	21.1
Disagree	58.1	58.4	48.7	66.7	60.0
	<i>P = .3841</i>			<i>P = .1306</i>	
<i>Marriage partner is the right one to have sex</i>					
Agree	52.2	59.3	66.4	50.5	50.0
Neutral	21.0	21.0	14.7	25.7	22.9
Disagree	26.8	19.8	19.0	23.9	27.1
	<i>P = .3028</i>			<i>P = .0703</i>	

Table 30. Reaction to Religious Teaching on Prohibition of Premarital Sex

	Number	Percent
Agree	218	72
Disagree	80	26
Did not say	4	1
Total	302	100

Table 31. Reasons why Agree or Disagree to Religious Idea of Prohibiting Premarital Sex

	Number	Percent
Agree	25	8
Disagree	8	3
(A) Marriage is safe	28	9
(A) To avoid risks and diseases	21	7
(A) Sex before marriage is disadvantage	15	5
(A) To avoid unwanted pregnancy	32	11
(A) I believe in God	23	8
(A) Sex before marriage is sin	17	6
(D) Whether to have sex is our choice	22	7
(D) Having sex is normal and everyone is doing it	16	5
(D) Not all people is going to marry	8	3
(A) Sex before marriage is not necessary	21	7
(A) Some men want only sex	27	9
Other	39	13
Total	302	100

(A)=Agree, (D)=Disagree

Table 32. Level of Interest in Information about Sexual Matters

	Interesting		Somewhat Interesting		Not Interesting	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
How to have sex	181	58	58	19	73	23
Friends' sexual activities	64	21	116	38	129	42
How to be sexually attractive	112	37	87	29	100	33
STDs and AIDS	192	63	29	10	82	27
How to keep relationship with a partner	249	80	39	12	25	8
Pregnancy	143	47	60	20	103	34
How friends think about my sexual experience	82	27	96	32	126	41
Partner's sexual activity	124	41	84	28	96	32
Contraceptive methods	176	58	73	24	57	19
Other	48	34	33	23	60	43

Table 33. Attitudes toward Premarital Sexual Relationship

	Agree		Neutral		Disagree	
	N	%	N	%	N	%
Unmarried people can change partner often	68	20	66	20	203	60
OK for a girl to date older men if they support her	34	10	55	16	249	74
I want to have sex because my friends do	22	7	26	8	289	86
Boys should give gifts to their girlfriend	58	17	69	20	211	62

Table 34. Attitude toward Premarital Sexual Relationship, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>Unmarried people can change partner often</i>					
Agree	26.1	14.9	22.8	17.9	19.6
Neutral	17.4	21.3	19.5	16.1	23.5
Disagree	56.5	63.8	57.7	66.1	56.9
	$P = .0388$			$P = .5258$	
<i>OK for a girl to date older men if they support her financially</i>					
Agree	11.7	8.0	15.4	8.0	5.9
Neutral	17.9	14.9	14.6	17.7	16.7
Disagree	70.4	77.0	69.9	74.3	77.5
	$P = .3485$			$P = .1583$	
<i>I want to have sex because my friends do</i>					
Agree	10.5	2.9	14.8	2.7	1.0
Neutral	11.7	4.0	7.4	8.8	6.9
Disagree	77.8	93.1	77.9	88.5	92.2
	$P = .0003$			$P = .0002$	
<i>Boys should give gifts to their girlfriends</i>					
Agree	19.1	14.9	26.2	16.8	6.8
Neutral	19.8	20.7	26.2	19.5	14.6
Disagree	61.1	64.4	47.5	63.7	78.6
	$P = .5923$			$P = .0001$	

Table 35. Feel Isolation if have Not had Sex

	Number	Percent
Yes	19	19
No	82	70
Total	101	100

Table 36. Hours per Week Listening to Radio and Watching TV

	Number	Minimum	Maximum	Mean	Median	Mode
Radio	308	0	78	8.0	4	2
TV	309	0	80	11.5	7	5

Table 37. Frequency of Condom Use / Have had Sex

	Condom use			Have had sex	
	Number	Percent		Number	Percent
Never	15	5	Yes	180	59
Sometimes	42	14			
Always	123	40			
No Sex	127	41	No	127	41
Total	307	100	Total	307	100

Table 38. Frequency of Condom Use, by Gender and Grade

	Gender			Grade			
	Male	Female		G 8	G10	G12	
Never	6.4	3.7		5.3	2.0	7.5	
Sometimes	12.1	14.6		10.6	15.8	15.1	
Always	48.9	32.9		29.2	42.6	50.5	
No Sex	32.6	48.8	<i>P= .0111</i>	54.9	39.6	26.9	<i>P= .0026</i>

Table 39. First Sexual Partner

	Number	Percent
Someone who you know but was not dating	50	15
Boyfriend or Girlfriend	100	30
Spouse	3	1
Stranger	12	4
Other	6	2
No Sex	127	39
Unclear	31	9
Total	329	100

Table 40. First Sexual Partner, by Gender

	Male	Female	
Someone who you know but was not dating	23.9	7.6	
Boyfriend or Girlfriend	24.5	35.5	
Spouse	1.3	0.6	
Stranger	7.1	0.6	
Other	2.6	1.2	
No Sex	29.7	46.5	
Unclear	11.0	8.1	<i>P= .0000</i>

Table 41. The Number of Sexual Partner

	Number	Minimum	Maximum	Mean	Median	Mode
The number	184	1	50	5.9	3	1

Table 42. Beliefs and Norms about Sexual Matters

	True		False	
	Number	Percent	Number	Percent
Most teens experience sex	281	85	50	15
When women say 'No,' it really means 'Yes'	97	29	242	71
Women can control sexual urges but men cannot	221	65	118	35
Premarital sex affects reputation	189	56	151	44
Boys like competing with others to have sex	297	87	46	13
Premarital sex for girls is OK	121	35	221	65

Table 43. Attitudes toward Condom Use

	Agree		Neutral		Disagree	
	N	%	N	%	N	%
Students should always use condoms	271	86	21	7	24	8
Feel happy to be asked to use condoms by partner	277	88	18	6	20	6
Women should not ask partner to use condoms	36	12	17	6	254	83
Men who use condoms are not Real men	31	10	20	6	263	84
To discuss about condoms is embarrassing	78	25	39	13	194	62
Condoms give people less pleasure	72	23	51	16	189	61
Women carry condoms are prostitutes	58	18	22	7	234	75

Table 44. Attitudes toward Condom Use, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>Students should always use condoms</i>					
Agree	83.9	87.3	85.1	87.9	84.2
Neutral	5.4	7.9	7.0	6.5	6.3
Disagree	10.7	4.8	7.9	5.6	9.5
		<i>P= .1111</i>			<i>P= .8879</i>
<i>Feel happy to be asked to use condoms by partner</i>					
Agree	81.9	93.3	82.6	91.6	90.3
Neutral	8.1	3.7	6.1	4.7	6.5
Disagree	10.1	3.0	11.3	3.7	3.2

		$P = .0075$		$P = .0939$	
<i>Women should not ask partner to use condoms</i>					
Agree	18.1	6.2	16.5	9.4	8.7
Neutral	6.3	4.3	9.2	3.8	3.3
Disagree	75.7	89.4	74.3	86.8	88.0
		$P = .0035$		$P = .0651$	
<i>Men who use condoms are not 'Real Men'</i>					
Agree	12.8	7.3	14.2	10.3	4.3
Neutral	8.1	4.9	10.6	5.6	2.1
Disagree	79.1	87.8	75.2	84.1	93.6
		$P = .1128$		$P = .0105$	
<i>To discuss about condoms is embarrassing</i>					
Agree	29.5	20.2	36.6	22.9	13.8
Neutral	15.1	10.4	15.2	12.4	9.6
Disagree	55.5	69.3	48.2	64.8	76.6
		$P = .0424$		$P = .0008$	
<i>Condoms give people less pleasure</i>					
Agree	28.6	18.4	19.6	23.6	26.6
Neutral	19.0	14.1	17.0	17.0	14.9
Disagree	52.4	67.5	63.4	59.4	58.5
		$P = .0234$		$P = .8270$	
<i>Women carry condoms are prostitutes</i>					
Agree	23.6	12.8	28.9	18.7	5.4
Neutral	8.1	6.1	8.8	7.5	4.3
Disagree	68.2	81.1	62.3	73.8	90.3
		$P = .0266$		$P = .0002$	

Table 45. Women become Pregnant with Condoms

	Number	Percent
Yes	80	25
No	237	75
Total	317	100

Table 46. Myths about Sexual Health Matters

	True		False	
	Number	Percent	Number	Percent
Girls do not become pregnant for the first time	72	23	239	77
HIV can be transmitted by mosquitoes	45	15	265	85
People can be infected with STDs with condoms	109	35	202	65
Girls can not become pregnant after menstruation	126	41	180	59

Table 47. Myths about Sexual Health Matters, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>Girls do not become pregnant for the first time</i>					
True	25.5	21.3	36.8	21.1	8.6
False	74.5	78.7	63.2	78.8	91.4
		<i>P= .4643</i>			<i>P= .0000</i>
<i>HIV can be transmitted by mosquitoes</i>					
True	16.6	12.9	24.3	7.8	9.8
False	83.4	87.1	75.7	92.2	90.2
		<i>P= .4544</i>			<i>P= .0007</i>
<i>People can be infected with STDs with condoms</i>					
True	35.6	35.0	37.4	33.7	33.7
False	64.4	65.0	62.6	66.3	66.3
		<i>P= 1.0000</i>			<i>P= .8025</i>
<i>Girls can not become pregnant after menstruation</i>					
True	37.1	45.3	36.9	54.8	30.8
False	62.9	54.7	63.1	45.2	69.2
		<i>P= .1784</i>			<i>P= .0016</i>

Table 48. Respondents' Attitudes toward Sexual Relationship between Men and Women

	Agree		Neutral		Disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
My partner should have sex whenever I want	34	10	59	18	242	72
I want my partner to always be with me	183	54	93	27	66	19
Both sexes can decide whether to have sex	241	70	45	13	56	16
Just ignore partner to end the relationship	84	25	52	15	200	60
Sometimes I need to force partner to have sex	40	12	38	11	261	77
Partner may leave me if I refuse to have sex	59	17	65	19	214	63
Both sexes are responsible for pregnancy	248	73	50	15	40	12
Sex makes me and partner emotionally closer	130	38	85	25	125	37

Table 49. Reasons why Marry or Not Marry If You or Your Partner become Pregnant

	Number	Percent
(M) Both our baby	64	13
(M) Partner should take responsibility	56	12
(M) I should take my responsibility	36	8
(M) Both we should take responsibility	23	5
(M) Baby needs both father and mother	53	11
(M) I love him/her	53	11
(NM) I do not want to stick with one partner	9	2
(M) Baby should be born in marriage	9	2
(NM) Not ready yet / Too young	31	7
(NM) She or he may not be the right person	9	2
(NM) Financial problem	11	2
(NM) Do not want a pregnant woman	11	2
(M) Do not want my baby to have a step parent	21	4
(M) Marriage is safe	15	3
(M) To have a happy family that has both father and mother	19	4
Other	55	12
Total	474	100

(M)=Marry, (NM)=Not Marry

Table 50. Marry or Not Marry If You or Your Partner become Pregnant

	Number	Percent
Marry	235	74
Not Marry	83	26
Total	318	100

Table 51. Marry or Not Marry If You or Your Partner become Pregnant, by Gender

	Male	Female
Yes	69.5	77.8
No	30.5	22.2
	<i>P= .1218</i>	

Table 52. Expected Parents' Reaction If You or Your Partner become Pregnant

	Number	Percent
They would make the girl an abortion	11	4
They would take care of the baby for us	61	20
They would throw me out of house	53	18
They would make us get married	53	18
They would make the girl stop school	8	3
They would understand	58	19
They would love me anyhow	28	9
They would hit me	8	3
Other	18	6
Total	298	100

Table 53. The Number of Sexual Partner to get Infected with STDs and HIV

	Number	Minimum	Maximum	Mean	Median	Mode
The number	257	0	100	5.2	1	1

Table 54. Respondents' Attitudes toward Sexual Relationship between men and women, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>My partner should have sex whenever I want</i>					
Agree	12.4	8.1	15.8	8.9	4.9
Neutral	24.2	11.0	20.0	18.8	13.6
Disagree	63.4	80.8	64.2	72.3	81.6
		<i>P= .0013</i>			<i>P= .0319</i>
<i>I want my partner to always be with me</i>					
Agree	48.2	59.1	58.4	55.8	45.2
Neutral	29.3	25.0	24.0	21.1	37.5
Disagree	22.6	25.9	17.6	23.0	17.3
		<i>P= .1098</i>			<i>P= .0558</i>
<i>I as well as my partner can decide whether to have sex</i>					
Agree	67.7	72.7	58.4	72.8	82.5
Neutral	14.6	11.9	20.0	10.5	7.8
Disagree	17.7	15.3	21.6	16.7	9.7
		<i>P= .5891</i>			<i>P= .0019</i>
<i>Just ignore partner to end the relationship</i>					
Agree	25.9	23.8	23.8	29.7	21.4
Neutral	19.1	12.2	18.0	14.4	13.6
Disagree	54.9	64.0	58.2	55.9	65.0
		<i>P= .1455</i>			<i>P= .5152</i>
<i>Sometimes I need to force partner to have sex</i>					
Agree	17.1	6.9	17.7	11.6	4.9
Neutral	15.9	6.9	12.9	10.7	9.7
Disagree	67.1	86.1	69.4	77.7	85.4
		<i>P= .0002</i>			<i>P= .0346</i>
<i>Partner may leave me if I refuse to have sex</i>					
Agree	22.2	12.6	22.0	16.8	12.7
Neutral	22.8	16.1	18.7	22.1	16.7
Disagree	54.9	71.3	59.3	61.1	70.6
		<i>P= .0069</i>			<i>P= .3026</i>
<i>Both men and women are responsible for pregnancy</i>					
Agree	70.6	76.3	68.9	72.6	79.6

Neutral	14.7	14.5	13.9	16.8	13.6
Disagree	14.7	9.2	17.2	10.6	6.8
		$P = .2872$			$P = .1525$
<i>Sex makes me and partner emotionally closer</i>					
Agree	48.2	29.3	40.0	46.9	26.5
Neutral	23.8	25.9	24.8	21.2	29.4
Disagree	28.0	44.8	35.2	31.9	44.1
		$P = .0007$			$P = .0444$

Table 55. Ever being Forced to have Sex when did not want to

	Number	Percent
Yes	57	30
No	134	70
Total	191	100

Table 56. Ever being Forced to have Sex when did not want to, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
Yes	23.8	36.0	35.8	32.4	22.9
No	76.2	64.0	64.2	67.6	77.1
		$P = .0930$			$P = .2529$

Table 57. Felt pressure from Partner for the First Time

	Number	Percent
Yes	72	39
No	114	61
Total	186	100

Table 58. Felt pressure to have unwanted sex from Partner for the First Time, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
Yes	33.3	44.2	47.1	32.3	38.6
No	66.7	55.8	52.9	67.7	61.4
	<i>P= .1731</i>		<i>P= .2696</i>		

Table 59. Beliefs and Norms about Sexual Matters, by Gender and Grade

	Gender		Grade		
	Male	Female	G 8	G10	G12
<i>Most teens experience sex</i>					
True	79.9	89.4	77.6	82.3	96.1
False	20.1	10.6	22.4	17.7	3.9
	<i>P= .0242</i>		<i>P= .0005</i>		
<i>When women say 'NO' it really means 'YES'</i>					
True	39.0	19.1	39.0	26.8	18.3
False	61.0	80.9	61.0	73.2	81.7
	<i>P= .0001</i>		<i>P= .0023</i>		
<i>Women can control sexual urges but men cannot</i>					
True	53.7	75.7	59.7	65.5	71.6
False	46.3	24.3	40.3	34.5	28.4
	<i>P= .0000</i>		<i>P= .1743</i>		
<i>Premarital sex affects reputation</i>					
True	50.6	60.3	59.3	55.7	51.0
False	49.4	39.7	40.7	44.3	49.0
	<i>P= .0909</i>		<i>P= .4533</i>		
<i>Boys like competing with others to have sex</i>					
True	82.4	90.3	86.4	83.5	90.3
False	17.6	9.7	13.6	16.5	9.7
	<i>P= .0477</i>		<i>P= .3366</i>		
<i>Premarital sex for girls is OK</i>					
True	40.2	30.1	35.5	41.7	28.2
False	59.8	69.9	64.5	58.3	71.8
	<i>P= .0653</i>		<i>P= .1116</i>		

Table 61. Important Attributes for Boyfriend/Girlfriend

	Important		Somewhat Important		Not Important	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Nice looking	136	40	96	28	106	31
Responsible	301	89	21	6	15	4
Strong	113	34	104	31	119	35
Honest	292	87	29	9	15	4
Supportive	256	76	59	18	20	6
Smart	151	45	120	36	66	20
Outgoing	74	22	119	35	145	43
Romantic	183	55	83	25	65	20
Shy	36	11	55	17	240	73
Sexy	125	37	86	25	128	38

APPENDIX III: QUALITATIVE DATA

1. FOCUS GROUP DISCUSSIONS (Grade 12 Girls)
2. KEY INFORMANT INTERVIEWS (Teacher 1)

FOCUS GROUP DISCUSSIONS

Date: 13 / 10 / 2000

Time: 9:00

Participants

	Grade 8	Girls
	Grade 8	Boys
✓	Grade 12	Girls
	Grade 12	Boys

Participants' Name (Initial) and Age

1. N (20 years old)

2. M (17 years old)

3. S (20 years old)

4. D (18 years old)

5. D (18 years old)

6. F (18 years old)

Q: Do you think having boyfriends is important to you?

R: I'm not saying it's an important thing but having a boyfriend is somehow important, because it's the only way you learn through a boyfriend, having a boyfriend is the only way you learn how to take care of yourself.

R: It is a very important issue because you learn about life and you learn more things and you learn how grow up and how to take care of yourself.

R: I think it's important to have a boyfriend because you learn how to like somebody and how to care for somebody who is very close to you. If you don't have a boyfriend, it's gonna be hard to have a husband, because you never experience how to care of somebody close to you like a boyfriend or like that.

R: It's somehow important and somehow not important. It's not important because a lot of times girls have boyfriends but they still don't have boyfriends. They have a guy that there, but still don't have a boyfriend. Somebody they take care of that is just somebody they have for sex, so somehow it's important when you have the right person but somehow it's not important. I mean you can do things loving with having somebody there.

R: I think having a boyfriend is important as long as just to know how to take care of yourself. It does not only mean sex. Sometimes, you can tell the guy before that you don't wanna have any sexual things. It's also important because you always learn from your mistakes. Maybe make us meet a wrong people until we meet a right one, and we realise what is right and what is wrong after we have those boyfriends.

Q: What's the difference between having boyfriend and having sexual relationship?

R: I think having a boyfriend is when you talk to each other and you knows about wrongs and rights and then the happy times you have to be together and sad times... but having sex is different. Because it's the time that you are together and you start kissing and feeling of making love and trust calm that time. That's not the different between having a boyfriend and having sex. If you want to control, you can, but if you can't just have to do it.

R: Having a boyfriend, it's more acceptable because you learn how to be open to one another. You'll be able to talk about things like politics, education and all those necessary things, but having a sexual relationship, that is a very very difficult part. Because sometimes it's like you are too young, you don't know what the meaning of sexual relationships, so you do things you are not supposed to do.

R: I think there is a difference between having a boyfriend and having a partner in sex. Because you have a boyfriend you talk and you companions and you talk about everything but a sexual relationship, it's only about sex, pleasure and you both go home. But a boyfriend is supposed to be there for you, care for you, but sex partner, you only have sex, go home and do whatever you want. You can have another partner but only in sex with your friends.

R: I think nowadays, you can't have a boyfriend not having sex. I mean that's what they all want. I mean most of them want. I don't see having a boyfriend and having sex is wrong thing because when you have sex with somebody, and you love that person, it's not sex you interact each other, it's personal. I think most people have, I mean, when you talk about sexual relationship, it doesn't necessarily mean that you just have sex with your boyfriend but just have sex. That's just the way of certain people do. We are sexually active. I don't think it's a wrong thing. If you really love somebody and if you and your boyfriend have sex, it's actually a beautiful thing, and if you appreciate each other.

Q: Is it possible to have a boyfriend without having sex?

R: If it's a retired, 'yes.' [other participants laughed] Seriously, nowadays, you can't. That's all men want these days. If you don't get sex from me and I'm a boyfriend, and obviously, he's obviously gonna have sex with her as far as she's a girlfriend because that's what they want. Because unlike women, men can't stay without sex. It's just in their nature.

R: I think it is possible to have relationships without sex but nowadays, it's not possible. It's only people that they don't make it possible. What I mean is that anything is possible. It's only that we took sex, we took relationship, having a boyfriend. Having a boyfriend is all about sex. It's what we took it all about. But I think that's wrong. I think you can have a boyfriend without having sex as long as you can, I mean, you can talk about it. It depends how open you are. For example, like there is a couple like who are not open to one another, so sometimes the girl is shy to tell the guy 'No.' So she might think that, "If I say No to sex, he might not want me anymore." That's why they like kind of like they think that sex keeps the relationship working which is not true. I think anything is possible. You can have, as long as relationships like five years without having sex. It's possible but nowadays, people, I mean, relationship is not all about sex really.

R: I think before you coming to a relationship, you must be open to each other, and tell each other that you want to have sex or not because sometimes it's bad. You end up with more than five guys, and you have sex with all of them, which is a bad reputation for yourself. May be some day, you think of yourself, "Why did I do it?" "Why did I have sex with all the boyfriends that I had?" which is something wrong. So you must always tell the person that you are going out with before that you don't wanna have sex with them, if you don't really want. Relationships nowadays, people just think it's always sex because young people here in Namibia, when they meet they just wanna have sex. They don't like talk or stuff like that. Just for one day, everything when they meet just sex, sex, sex. What's that?

R: At the grade 8, 7, 6, you start dating, sex is not important. But when you grow like 17, 18, you're with the guy, opposite sex, you know, your hormones cannot. You can't control the hormones if you are with the guy and you kiss and he touches here and there and there... ["you are wet?" other participants said and laughed]. It's like chemistry, you can't stop it. But I think relationship without sex is boring because it's not that you showing them how much you love but it's one of the things that make up relationships. Sex makes up relationships.

Q: Do you think that both men and women cannot control sexual urges?

R: No! Women can control. Men, no. Like if I see a naked guy now there, I won't buy. But if guys see a naked girl, they will think twice to walk. He will first go to the girl and ask.

R: I think it's mostly men [who] cannot control their hormones. Like ex-boyfriend of mine told me when we were talking to each other, and asking he has been anybody and has been having. And he said, "What do you think? I'm not a woman. Men don't stay celibate." So, it's just an example that women can stay celibate but men can never stay celibate. I don't know men, their hormones if it just works over time. They are like dogs!

R: I think women can control their hormones but men, they cannot. For instance, like I've got a boyfriend and he asks me to sex with him, no like making out touching things, and you just by accident, [he] touches your spot. His penis gets hard, erect and by that time, I'm sure that if you don't give him what he wants from there that woman, he obviously goes to another lady, because you won't sleep. You won't be able to sleep without having sex.

R: I think also a way that the guy cannot control their hormones it's when they masturbate. Because 90%, they say men think about sex 260 times a day. I think about sex when I see that on TV but I don't think about it every time. If the guys see a girl walking there, it's sex. [...] So sex is a very big part of a guy's life.

R: It's true. What they are saying that, men, they cannot control themselves but also some women, they can also not control themselves. You find the women like guy and girls are floating. The guy says he doesn't wanna have sex, and the woman starts to ask 'sex' 'sex' and the guy says he doesn't want to. Basically they, maybe 20% of women that are also having a reputation she's just having sex and become...having a lot of sex every time when they meet with the guys. But surely, men are the one that are the most.

Q: In Namibian or your culture, having sex before marriage is okay for girls?

R: In most cultures that, I think most cultures including our cultures, it's not okay to have sex before marriage. But we just do it anyway. We know that it's not right but we do it.

R: It's okay for us. In our cultures like in distinguish world, nobody wants to wait for thirty years to get marry, and so we do it for fun. Sex is not laugh anymore, it's just for fun. We do it and it's okay and do it. There's no rule anymore. Nobody's gonna wait for marriage, and it's just fun.

R: I think those people in our culture long before, they had sex when they were 15. If you get period, they can get marry, then you can have children. So, I don't see why I can't have sex. Nobody's gonna marry me now because now that the law says you must be 18 to get married. I can not wait forever and who says I'm gonna get married. What if I don't get married, I'll die a virgin. So, I think it's funny.

Q **So having sex before marriage is acceptable for young people nowadays? Is there difference between in opinions about having sex before marriage of your same friends and opposite friends?**

R: I think men and women have different opinion about sex. I think most people have different opinions about sex. Me personally, if I could still be a virgin, I would wanna be a virgin. I mean I would wanna get married as a virgin but unfortunately I cannot. But I think that when we are young, our opinion change as we grow older. I mean, values and things change. I think people do have different opinions about sex. I might feel that sex before marriage is not a good thing, but she might feel that it is a good thing. But I personally, sex is fun and nice. I like it but I would wanna get married as a virgin. I would have wanted to. Now I can't.

R: I think it's okay. Most of us think it's good to have sex before marriage. You can't stop it because on TV, it's sex, everywhere you go it's just sex. I mean a normal human being, you want to experience something like that. At this age, we are always touching this [shoulder] and touching that [breasts], and once that you had touched there [vagina] it will be too late. You can't wait forever to... only 10% or may be 5% of people think it's good to have sex after marriage but [not] before marriage. I think 95% of us think it's OK.

Q: **Do you think most people experience sex when they are teens?**

R: Yes. At the rate, this country, pregnant at the age of 15. So obviously, maybe they started at the age of 14, then start having sex. At 12 or maybe the youngest, but 12 years, all the children already start having sex and then, you are 18, all the tricks in the book.

R: Like our location, there are two young children. One is about 12, boy and the girl is about nine or eight. They are having sex every night. It's so funny. It's in the river. I heard it and I went there to look at but they were doing and it was so funny. I wanted to beat them or I just wanted to do something.

R: She's saying that 12 years old and 9 years old kids having sex. Sometimes it's where we are coming from. For example like most of our parent is like, let me tell you about in our black society, parents are not open to their kids about sex. They don't come about and talk about sex. We do things behind their back. We see on TV what people are doing, so we go out and try out like, "I've seen on TV like this, let me try, may be we see how it's like." Parents somehow, I'm not saying our parents' fault but they don't talk with their kids about sex. That's why kids, they don't know mostly what's they are doing, that's why they do for playing. They do things behind their parents' back. The only thing that I can improve the way to get to know how to prevent sex is having a boyfriend. To be open to a boyfriend, to know how to say 'No' to the person, just to know how to have a good relationship without having sex. I think your parents should let you, if you have a boyfriend, tell your parents about the boyfriend... It's when you tell your parents about that you have a boyfriend, it's when you end up with having sex behind the back, and when you end up with having pregnant. So I think they should really be open to their kids about sex, about condoms, and about boyfriends. That's the only way to be.

Q: How do you agree or disagree with your parents' opinion about sex?

R: I disagree. Our parents don't want to know all those things. They think just because I watch safe sex, safe life on TV [and so parents think] I know what to do. It doesn't come like that. You are supposed to be told something. I mean, if I saw advertisement on television about AIDS, it doesn't mean I'm very very clever about it. I can make a mistake. They are ignorant. Most African parents, I don't know about other people but our parents are very ignorant, [they] just want you to have sex after your marriage. But still my mother, she had a child when she was 18 and she wasn't even married. So I don't know why I shouldn't have sex at this age, while she was having. Most of our parents fell pregnant while they were very young in those days 18, 17, 16, 15. They get babies and now they want to tell us. If they are clever, they'll tell us how to do it safe, so we can end up like them.

R: I think most teenagers don't agree with their parents, but I think...the reason why they are like that they just don't wanna us make the same mistake as they did. By doing that, so keeping stuff room that we should know about but I think they just don't wanna us to fall pregnant. They couldn't have education, so they want let for us. But they are not telling us that coming in directly that telling us, "No, you can't have sex because you're gonna get pregnant", and they're telling us things indirectly. They should just tell us directly. I'm assuming, that's why my parents don't want me to have sex while I'm young because they don't want me to do the same mistake. But they've never really told me that. Just they come and go up things indirectly. So I disagree with the way that they are doing things. And I also think that, because their parents, they didn't talk to them about it. They were also shy or...I don't know, so they also don't want to talk about it to us.

R: In one case, I agree with my parents. She says that the reason they don't do such thing is that they don't wanna do the same mistake like they did. I agree when they are telling us 'No' to have sex stuff. I agree. But they don't come out openly about sex. They don't really come out talking to us as their daughters, telling us, [...] they shouldn't say you don't have a boyfriend, "When you have a boyfriend, use a condom" or like when you go out, call your daughter and say, "Here my daughter, you are going out right now, here's a condom for you," because any boyfriend might not have a condom. In that case, I disagree with that they don't come out openly with such things to us. But somehow they are like, to some points I agree with them. Like 50%, I do agree with them because they don't wanna do the same mistake they did. In the future, so I think they are right, parents are right, but life itself is threatening us. Talking to us the different way.

Q: Do you think that your parents think they made a mistake in the past?

R: It's not that they made mistake in the past by giving birth to us. My mother is not gonna say, "I made a mistake. I got pregnant and I got you," because I'm her child. She loves me and everything. I think she's not emphasizing on the point that she made a mistake by getting me but she made a mistake by getting kids at her early age. I have a friend. She is married. She is about thirty something. She has kids now. I thought it's so amazing because she told me that, we were talking about sex issues and contraceptives, and she told me that she only got to know, her eldest child is 18, she only got to know what contraceptive was like after few years her

first child was born. Just think about it. I mean, we get to know about contraceptives and things these days, they even knew about it. So, most of them regret because in that day, if you don't wanna have kids, then you abstain from sex. There was no such thing as having sex somebody not getting pregnant, because there was no contraceptives, no condoms. So, I think that they just feel they made mistakes by getting pregnant so early because if they couldn't get pregnant so early, I mean, a lot of our African mothers, because they lived in [...]. It was they were oppressed and all that things going on. So, most of them aren't really educated. I mean, educated but they don't have like today we go to University and stuff. I think most of them feel that if they didn't have children at such young age, they could've been more educated, they could've done more things for themselves. But they didn't really do anything for themselves but they just got pregnant, became mothers, became wives, and that's it. I think deep down inside. They envy us and they also want to do what we are doing today.

- R: I think we shouldn't blame everything on our parents. What about their parents? Their parents didn't talk to them, so if my mother beats me a lot, I'm gonna think it's right because my mom used to do it to me. So, I'm gonna beat my child. Our parents maybe think it's right because their parents didn't even talk about sex to them. So, it's not something that they used to talking about sex to their children. They just keep quiet as their parents used to do it. If their parents used to talk about sex, they'd talk to us about sex and everything would be different. But nothing happen and our grandfather or grandmother are living mostly in the cultural way of life. They didn't talk about those things, they only talk about when you sitting around the fire, only the elder used to talk about sex, not children. Because our parents, they are not very open but they break the eggs. They start talking a little bit, you know, indirectly. I'm gonna do it a little bit more and my child is gonna do it much better than I do. I think we should take it step by step, just can't start talking about sex like that.
- R: I think today the issue is not just getting pregnant, it's also about AIDS. AIDS rate is getting high because our parent is not talking us about disease and so on. That's why we are getting AIDS and so on. Our parents must talk to us about sex and what consequences are there so that we can know how to be safe in the future.
- R: We will talk about that. Now we see, now we kind of like we are open now. We know the consequences now. For example, if I get a child right now, after like 10 years she'll obviously know about sex, she'll meet a guy outside somewhere. Before she gets matured, before she gets to be a teenager, I have to talk about sex to her. I have to let her know, I have to tell her about life outside there to open her eyes and ears and nose, you know, to smell that the roads out there, because we learned a lesson from our parents. They think they made a mistake. They think they made a mistake by getting us without being educated. Now, they are regretting. So, we now learning the lesson that our parents didn't tell us about sex and we are open now and we will be open to our kids, next generation coming. We will talk to them about sex because we are sure that AIDS rate increases, so I think it's better for us, we should talk about such things to our kids. Even if she's a 12 years old, you should because when she goes out, you don't know what she does, when you go back in your house, she goes out there. She meets a boy you don't know anything, and she doesn't know anything about sex. She thinks, "No, my mother didn't tell me anything, so do it!" So, I think we should talk about such things to our kids.

Q: Do you want your parents to give you an advice on sexual matters?

R: Yes, of course. I mean, what your parent say and does determine your future. But at this stage, I am at right now, I know everything already, so I would have want them to give me their opinion and advice earlier in life. But I already know everything about sex, so it's gonna be disappointed my mother comes to me now, she says, "Let's talk about sex. This is our babies are made." I'm gonna be looking at and thinking. But please tell me something I don't know. I would want her to give their advice to my younger sister and to my younger brother. I would have want them to give their advice but I already know everything right now, so I guess it won't be very much to me. Like it would've been when I was younger, when I didn't, when I was still an innocent flower.

R: I think it would be better if my mom told me about sex, but obviously, we learned how to work. If she had told me that if it is like the first time when I couldn't have done it. If she had told me...but I had to learn how to work. It was just like it just came and you couldn't stop it. But I think we should break the silent and tell our children how to do it right and that it hurts and stop like that. So maybe they will be scared to do it but we didn't know, we just went and you couldn't stop that it was just too much.

Q: If you have a problem with your body, whom do you want to help you?

R: Usually, when I have like a real problem like really backs me, I go to the doctor, but I first have to get courage. Because, "Do I have something wrong?" I always think it's gonna be something big. So I don't really like to go to the doctor but I prefer to tell my friends or mother when something is wrong because they would tell me if it's something serious or not serious.

R: When I have a problem like my body, sometimes I wouldn't be open to my mother depends how I'm close to my mom. Most of us, teenagers, ladies, girls, we firstly go to our friends. First I go to my friends. I can listen. I have a problem with what what. I won't be advised from home because I would be shy or kind of like embarrassed to go to the doctor. Because I'm asking myself, "What they will find out that I am what what," "What if I am like this?" So you'll be like really shy, so firstly I prefer to go to my friends. They give me advice. If I think that the advice is not working, it's when I go to my doctor. But sometimes you don't have courage to go to the doctor. So you have to force yourself whether you like it or not to go to your mother, but really going to parents is the last thing that you think of.

R: When it's something like, I mean, something personal like say for example, you have a discharge or something like that, and you think that it is sexually related, you're not gonna tell you mother. I mean, "Mom, I have a discharge and this and this." But if it's something [earth?] then you go to your parents. But I think it depends on what it is. Our home doctor, she's a woman, she's very nice, she always makes you feel ease, so I'm never shy to talk to her. She's not there to judge me. Sometimes, your friends can also judge you. For example, you get sexually transmitted disease from your boyfriend, I mean, you are shy to tell your friends that you've got a sexually transmitted disease because they're obviously gonna think you sleep around or your boyfriend sleeps around So, sometimes I feel more

ease with my doctor because she's friendly and she's always tells me, "It's okay. This and this happen to a lot of people and that and that." So, I would rather go and tell her because she doesn't know what I do. She won't ask me questions like "Who's your boyfriend?" "Does he sleep around?" or "Do you sleep around?" It's because that's her job, but sometimes your friends can also judge you and you can't tell your mother. She's gonna flop you out.

Q: What do you usually talk with your friends about your boyfriend?

R: Yeah, I talk to my friends about a lot of things, I mean, it's my really close friends, we talk about gossips a lot. We talk about boys but it's not something that we talk about all the time. I mean we talk about other stuff, but we talk about boys. I have a boyfriend. I'm gonna obviously got tell them about how the sex was. We talked to each other about stuff like that but I talk to my friend about really personal stuff like it wasn't right, you did this and you did that. We talk about boys, I mean, all girls talk about boys. But I think with your close friends, you talk about more personal issues that you want to talk within person, I mean, like we advice each other or stuff like that, and we talk about sex. I mean, my friend has been managed for a long time. But that's not the only thing that we talk about. We talk about other things, too, but other important things, too. We talk about school, we talk about life, but when we really, when we go out, we really sit down together. We talk about things like what do we gonna doing in 5 years, maybe gonna be, we talk about politics, we talk about movies, things like that.

Q: Then, what do you usually talk with your friends about love or romance?

R: Love, hmm. Romance, yes, but love, no. Mostly, most of the children don't believe in love. Okay we go "I love you," "I love you," but tomorrow, then another girl is like, "I don't love him anymore." We just talk about the card was sent to you, teddy bear, and he kissed where and stuff like that. Mostly, we talk about romance but love is like, we don't talk about it that much because most of us, we know or we don't know like that. I don't know what love is all about. So, like girl can be like 16 years old, she's already experienced 4 guys, and she used to love them all, so you don't know when you should say you love the person or just say you like the person. So, we mostly talk about romance.

R: I think nowadays, love doesn't exist. My friend usually says there's no thing as love, only good sex, last and infatuation. That's all it is. And when you have all those three things, you think that it's love, but it doesn't really exist. We don't really talk about, "I love that person", you just say, "I like him", "I like being with him". That doesn't exist anymore. It's like a myth. I read this thing on the Internet once. They explain 'Love' is a fiction. You get it from your parents, and you often mistake it when you get it some from opposite sex, when you grow older but it's not there.

R: Well, I cannot say I really believe in love. I believe that such things like love but I don't believe in love. I think nowadays, the reason why we don't find love is because we gain material, we go for the guys with, we don't go for the people who don't care for us and stuff like that. But most of the people say all the loving,

caring guys are gay, so I don't think I'm gonna date a gay guy. Most of the guys are straight nowadays. They are not in for love, only touch and go, and they are all married. So basically, we don't go for love, only go for material things.

R: I don't believe in love because there's nothing like love. Once I believed in love, my heart was broken, and since then I just thought there is no love and the last man who loved somebody went on mars. Love doesn't exist anymore. There's no such things as love. Maybe there is love like grand parents stay for 20 to 50 years and maybe there is love, or maybe they grow out of love.

R: I think there's old people [who] want to together. It's not love. He knows that he is not ever going to find another partner, so why waste it. So, I mean, my grand mother, husband died, and she has another man. I mean where was the love?

R: Okay, maybe it's because we're young, but I think it's more about being comfortable with each other. If you sit two people together, they say they love each other, but they just comfortable with the way they are. They're just comfortable being together. It's not love. But I think if love does exist, I think you can love more than one person. I don't think love exists that there's one true person that you are supposed to be with, and God is gonna send him.

R: I know a man I think he's an American or something. The man sent his photo and a woman also sent. They met each other and have been married for 20 years. That is true love. But you get it in a very small percentage. True love there is but for very few.

Q: Do you have any religious beliefs?

R: We do have religious beliefs. We've got different kinds of religion. We've got Christianity, we've got [...], we've got Islam. I'm a Christian. We believe in God and Islam people, they believe in Mohamed.

R: Christian believes in God, true Jesus. In our religion, Lutheran, we are not supposed to have sex if you are not married. You are supposed to be Baptist or stuff like that before you get marry, all those things.

R: I'm a Catholic, and I mean here in Africa, Catholic church is not such a big thing, but in Europe on the other hand, we have the pop and we have all that. Catholic church, they don't believe in sex before marriage. They don't believe in having children before, they don't believe in using contraceptives, they don't believe in homosexual thing, I mean, you hear everyday abroad, the Catholic church. I'm not gonna go to the other churches but I just think that they live in prehistoric time. I mean, in abroad, my dad is a Catholic and they follow the Catholic church. He's married, so he cannot divorce because the Catholic church also doesn't believe in getting divorced. But the Catholic church has so many issues before you get married. You are supposed to go to marriage classes, before you Baptist you're supposed to go to classes with your child. They just believe in too many things. It's just too old fashioned. I mean, look at the pop. He's a father of the Catholic people but I think the main thing for us today is we are in a specific church, but we don't believe in what they believe in. I mean, I like homosexual people I don't see

anything wrong with the homosexual people. So I don't agree with the Catholic church, I don't agree about getting you not supposed to get divorce, I don't believe all those things. I'm just in the church but I don't really believe in, I mean, look at the pop John Poll. He gets money from the Mafia and things like that, and he tells you about being what and doing what. But they don't have any right to judge you because everybody is human being. We just in the church, we don't believe in they believe anymore.

Q: Do you think churches should or should not tell people not to have sex before marriage?

R: Usually the pastors are, people that are in the church are older generation, and I've heard pastor says that many times but who's he to judge me. So, when you tell your child, "Don't touch that!" but they still touch it. I think they just have a different approach. They have a wrong approach to all those sex things. There's no such people there. People have sex, they will. The priest can't tell how many people who shouldn't have sex before marriage they will have sex. But what I'm saying is that because people they don't really do what their bible says. What I think is that what they should now, say, tell the people is that, when they have sex they should use contraceptives, condoms. Because people still have sex even the priest says, even bible says, "Don't have sex before marriage." The sex is there. They have sex.

R: I want to say something. I don't think it's impossible not to have sex... [...]... but it's also wrong not to have sex. Because God made every men, out of every men came out of women. So why that women, she's abstain from sex, and the men for in the world? They are trying to be like Jesus but they can't. We are all imperfect. We are not perfect people. So, I think it's possible not to have sex if you are a true Christian, and if you believe in their words. But for us, people who go once in a year to church, it's okay.

R: Sometimes after the sex, I pray to God, "Sorry, forgive me". Really, I do that because I know it's a sin. Sometimes you forget that it's a sin, but sometimes after sex, I pray to God and say, "God, please forgive me", because I know it's a sin. I know it's wrong.

R: Like us, teenagers, we are told not to have sex before marriage, but you're still having sex. That's why I'm saying that it's no use. The bible, they wrote that 'Don't have sex before marriage.' The priests are telling us in church "Don't have sex before marriage," but there's no use. How many people are going there to listen to them?

R: You guys say it's no use because they are people who don't believe in bible, don't believe what the pastor says. Why do you think the people, they repined. They become born again because they believe. People, they stop themselves doing things. [but they do sex before marriage. They did it! —other girls said]. That's why they repining now. People are changing.

R: What I'm saying is that they are saying, people shouldn't have sex before marriage but still people are not listening. People are having sex.

R: No, they do mistakes and still continuing not to do it until they are married. I'm not saying every one is changing. You are right. Of course, there are some that, it's not use to them. The pastor can preach and preach, they will do what they want. I'm not saying you are wrong but there is a small percentage of people who are willing to do what the pastor are telling them. They've done the mistake then they want to change. There are some still having they've done the mistake like X.

Q: Last question. When you are dating, you or your boyfriend, which one of you usually pay for drinks and dinner?

R: It's him if we go out, if I pay... God! That would be the end.

R: It's him because, you know why, he wants me. He would do anything for me. So, actually I'll go for a person who has money so that he'll take me out and pay for me. Sometimes I have money. I want my money. I'll keep it!

R: I think my friend X and XX they are partly right. I think both you can do it. If you have a nice relationship, then he can pay and other day you can pay. It doesn't matter, but you shouldn't let a man love of you. Especially us that are students, I mean, we are students, we don't have money. Like me and X and XX, I mean we are students, we don't have money. If they take you out, they should at least, you know, your boyfriend or guy [should pay].

Q: Are they older than you are?

R: [Yes older.] [Yes, 10 years difference!] [Ohoooo!] [Everyone concurred.]

R: Okay, like us, like Saturday, I saw X at a restaurant. I don't know whether the guy was 35, she was with a group, with big men, really, and she is 17. [And] the guy was paying but I'm sure she has money but she was, you know.

R: To me, it's not about money. I'm not saying that I'm gonna go and go pay for man. I mean if I really like that person, okay, I'm not gonna take somebody that is poor. That's just, it's like a society. You can't go take a bomb on the street. Obviously you have to take somebody that ups your standards. Every woman wants, she wants security in her life. Like the last guy I was dating, he was driving a Cadelac even though it was his father's. I used to cruise around.

R: I think you should go for someone you comfortable with, not necessarily rich, but someone that can afford your daily life. Not everyday taking you out not everyday doing what, what, what, buying you things. Just someone you think you are attracted to help you financially. [Yeah!] Is someone that you feel comfortable with.

R: Nobody wants to go out with the person who can't afford like a drink for you. [Yeah!] Obviously, you go for a guy who will be able to take out the check, write down and say, "No, here you go," so you wouldn't be embarrassed. Sometimes, we are talking about embarrassment, so you think like, no, it's like mostly we think too much about what people say. So, you wouldn't wanna like, Okay, I have the money,

you wouldn't wanna your friend to see you talking out money and paying for the meal while eating with the guy. You know, it's like you feel embarrassed, so you rather wait for the guy.

R: Actually, paying for a meal depends who initiated the date. If I ask him out, obviously then I'll have to pay, if he ask me, he pays.

R: I think it's just the way life is. Usually, the man is supposed to provide for the woman.

KEY INFORMANT INTERVIEWS

Date: 22 June, 2000

Time: 7:50

 Teacher

Teacher

 Community activator Pastor

1T.

Q: Could you tell me what topics are taught in the class?

A: We are talking about the whole spectrum. We have reproductions that I'm doing in Grade 11s and then I'm showing them many videos on HIV/AIDS, teenage pregnancy, contraceptives and there's some more. Actually, we are touching on all the things about sex, relationships between boy and girl, how to say 'No', things like this, everything.

Q: Please tell me how students react when they are taught about sexual issues.

A: They like it when we talk about it. These are topics that they really like. There are many classes they are very active in participating and asking questions and want to know more. When the questions are too intimate, they'll come to me afterwards and ask, "what about this and this," because the class is mixed unfortunately. I would prefer to have boys separate from girls, but now because it's mixed, some of the questions I don't want to ask in front of the boys and boys asking questions in front of the girls. So, they will come afterwards and ask me something about it. I would prefer not to teach them together but this is impossible, I'm already over worked. I'm teaching 1000 learners in seven days, the whole school is coming to my class. I'm not only teaching the life-skill, I'm doing the career guidance for the Grade 10, 11 and 12s, then I'm doing all the counselling that is supposed to be done here at school. Then each learner has a file, I'm taking care of each learner's file so it's a lot of things. I would like to do more but it's difficult.

Q: Please tell me at what age do you think it is appropriate to learn about sexual issues?

A: I think it's different from white to black kids. It seems to me all the teaching here that I have been the black kids are earlier ready and right to get the stage. So my feeling is that as early as Grade 7, Grade 8, they know these things. Because in my Grade 11 class, one of my Grade 11 classes, the boys told me that since they were small they play these games, mother and father, and they actually tell me that sex is involved there. So they find this out through playful way, this is what is going on. So, I will not say that it's the case for everyone but they told me that from way they can this is now up in the north, they know that the sex between the mother and father, they know these things, they play this out, they will be kids, they will be a mother and father, and all of them want to be the father because he has been having the sex. This is what they told. I think one can start very early of most basic things, the most basic things about relationships in primary school, but then they come to these other things. I am very open when I speak to the Grade 8 and especially Grade 11s. I don't hold back at all, speaking openly: it's a penis, vagina, this is this and this is what happens. I even show them pictures. This is where the penis is going in there, this is what happens when you go, this is what, and you can see they're embarrassed because no one has ever talked to those things to them. But then they start asking questions, "But we have heard this", "But we have heard this", and they could talk about these things.

2T.

Q: What have you ever talked to your students about STDs and HIV/AIDS?

A: I spent a lot. I taught through all the different kinds of STDs that you get. How you get it, you don't only get it by sex but you get it through oral sex also because girls are coming to me and say, 'My boyfriend wants me to give him oral sex', so then I put it on my agenda talking to them. Every time I talk about STDs, AIDS these things, I come of the oral sex and I tell them that it's also the way to get these things. So all the different things and how these things can make you infertile, how many of these STDs when you get it once you get it for life, how you can get it from dirty toilet pots also, using someone else's towels, that they must not share tooth brush because you can get those cold sauce that some kind of herpes also through the tooth brush, and that you must not share a cooling bottle, and these kind of things.

Q: Have you ever talked to your students about any sexual issues other than STDs and HIV/AIDS?

A: For each Grade, I have certain topics that I touched on, so some of the topics are too sensitive to do for Grade 8, so we will do most basic stuffs, then I move to the information getting more and more sensitive when I go up to Grade 11s. When we come to Grade 12s, I'm not doing actually any kind of distinct any more because they had it from Grade 8 up to Grade 11. But except for the teenage pregnancy, we talk about family planning, how it is important, family planning, what do that, how many kids one can have these days, one must be truthful in a situation, that you cannot expect you to be truthful when you are not truthful in that situation, so we almost talk about all this kind of things. We also talk about especially when I come to Grade 11, we talk about how twins are formed and everything about pregnancy. I'm showing them a video, how a child is born, even how that child is born the video on that, and what other reasons for men to be infertile. We are talking about menstruation for girls, what is the meaning when you are in pain, why do we have pain when you have menstruation period [...] We talking about if you cannot have kids, what you can do to have kids, so all these infertility clinics and things like you can go to, and around these things are happening in questions.

3T.

Q: What, if anything, have you heard that parents have said to students about sex?

A: Over since 1995 when I came to this school, each year I've experienced more and more, more kids say their parents are talking to them about it but that's only a few in the class. These are only few in the class that do this, most, 80% of the kids, they say I just want to say this. I teach kids in the class that sex before marriage is wrong. I totally tell them that. I tell them about the disadvantages of having sex before marriage. They found out that earlier girls having sex, the better the chances that she can be having cavic cancer, and that she can have discourages and that she can have STDs. So I really try to get them convince them that sex before marriage is out. That's why I don't like these things of distributing condoms.

Q: Are you going to distribute them?

A: I'm not going to distribute it. It's against. So what I do, maybe I'll take it to the principal office or I'll take it to the Multi Purpose Youth Centre because I think, for kids, it's like a cigarettes. [...] I don't like this. It's promoting free sex. You see what I do is I tell the kids if you know that you can not trust yourself that you will sleep around, then condom is not 100% safe, it's only 80% safe. I give this information to them. So you are taking a chance but then way they can go, they can go here, it's not from us. But I think it's wrong for school to distribute condoms. We are education institution.

Q: Have you heard parents saying about teenagers' sexual behaviour?

A: I've not yet spoken to their parents but most that I know is what the kids are telling me about their parents is that parents are not trusting them. When they go out, the parents, they believe they [kids] will just go and have sex now, but the feeling that I get from parents is that kids are having sex. They can say what they want, kids are having sex anyway.

Q: Have you ever heard students talking to each other about sexual issues?

A: No, because they don't have a lot of times sitting in my class just taking so that I can maybe sit there and hear what they are talking. But I know that they are talking about these things because they come to me, and say, "We have talked about this and we want to know this," things like this. They constantly talking about this, they're talking about this all of the times.

4T.

Q: How much influence do you think parents have on teenagers relating to sex?

A: Again, it's very difficult. It differ the whites to the blacks, and from their religion to religion. I cannot generalise in this area. What I used to tell my kids when they are in my class and they upset about their parents, say, "Our parents are doing it anywhere themselves, we have seen it from them," or, "They don't want to talk about these things, because they did it in their youth, now they expect we will do it in our youth." I tell them they, maybe, you must excuse these your parents, they did not have the education that you have, but once you are going to be parents, you will have the education and you can talk to your kids. That's why we cannot now say, you cannot go out here today anymore and say, "But my parents did not tell me." Because you had the teacher that she told you, this is right and this is wrong. But I think we are fighting a loss battle when we don't have role models, and teacher in the school, like me, I've seen them once in seven days for 30 minutes. So I really think that parents are supposed to be the role models [...]. I don't see a future for kids. I think the parent is the major influence in a child's life, but parents are coming and say or calling me to the telephone and say, "I'm having a problem with my kid," I say, "What? Is this kid not doing homework?" "No, no, now the kid is doing the homework but the kid doesn't listen to me at all". What can I do? I'm sitting here.

It's very difficult. Parents don't have authority it seems over the kids anymore.

Q: How much influence do you think peers have on teenagers relating to sex?

A: I'm just thinking about that. It's the biggest influence. If you are a part of group where everyone had sex and you don't want to feel out and you also want to find out, whether you would like it or not like it, just not to feel out. This is what I had experienced. I think peer pressure nowadays I don't in the past but nowadays, it's a major, it's almost 100%.

Q: Between parents or friends, which one do you think have more influence on teenagers' actual sexual activity?

A: I think it's the same for the thinking. I think it's the same. Because everything starts here in the brain, you think it what you think you like to do. So when peer are having an influence on the thinking of one and other, they will also go and do and actual follow.

Q: What, do you think, is the most influential factors on teenagers' sexual behaviour?

A: Because we are in a bad economic situation, parents don't give the kids pocket money or something like that. So many of young kids are having relationships with men who already had left school. How can they re-pay these men? These men are buying them a wonderful things, so how do they re-pay them is by having sex, this is some kinds, they do this. So I think the economical situation, that is having an influence, then for sure the TV has a lot of influence because there they see I know you today one night stands. Then what I have found out that many kids when they are sitting in my class and we are sitting in this kind of situation. Then they will say, "Ms., it's wrong", but at the moment they go out and they go to the club and boyfriends and they are influenced by music playing the background and specially alcohol, it's a major factor. It just breaks down in ambitious. Then they easily say, [...] now you will easily say 'Yes.' So I'm really telling them it's very easy to say maybe 'No' now but when doing the situation, try not to be in those situations, this is the one thing. Other thing is never use alcohol when you are still young because it will influence your decision making.

5T.

Q: If you had to estimate, please tell me what percentage of your students you think have had sexual intercourse?

A: This is difficult. I actually want to do a survey to see now for myself because it's [speculation?]. I think all the boys, almost, but I don't think even want to take a guess, it will be a guess not an estimate. I don't want to say because I get the feeling more and more that our kids that didn't have sex. In the past, it was to me everyone did, but nowadays they are kids that are telling that you get the feeling. They say, "No, I will wait" because of the AIDS, that kind. They say, "No, I will not,"

especially the Grade 8s and Grade 9s, I think they are learned around 10, they get more but I can not give you an estimation.

Q: What causes you to find that certain students are sexually active?

A: These things I already mentioned to you. They want experiment. They know that the TV, they see it through the TV. It is, the adolescent like to experiment, they want to find out things first by themselves. This is one way, that's why they do that. The other things like as I said, TV, the economical situation, the pleasure at home, things like this. Other things I found out that are also forcing many kids is that they are looking for a father figure. That's why they are going to older men to be a father figure there. They find they are looking for love and respect and trust and many done it, get it from boyfriend or girlfriend. We still in a period of our life here in Namibia, men have authority, and they try to show that by sexual behaviour, that's a very important thing. So boys will feel more men. The other thing that I found out [about] boys is that the misconception. 'If you don't use it, you lose it'. They are telling me, "If I don't have sex until I'm 24, then I will not know how to have sex," or, "I will be infertile," "I will not produce sperm anymore." They have these things. I'm happy that I can tell them that this is not true. That's the natural way of the body to produce these things, and then you have what they called 'way dreams.' We are talking about these things in the class.

Q: What other misinformation about their body or reproductive system have you heard?

A: I can actually tell you when they come to me. There are so many things that they were misinformed about, that they did not know this, things like this, but I cannot think out straight away now.

6T.

Q: Have you had students in your class who became pregnant?

A: At this school, yes, many. Each year, there are at least 4, 5, between 5, and there from Grade 8 up to Grade 12s, each year.

Q: What will happen to students who become pregnant?

A: The school management, the chairs find out they must leave school so that until the baby is born, and the next year they can come back. But there is a certain criteria like how old are they. If they are very old to come again, it's difficult to accept but most of the cases the kids can come back, then they have to repeat the Grade.

Q: Can they come back to the same school?

A: Yes, the same school. In the past, what was the case is that they [former school] want

[pregnant girls] to [transfer to] other schools. But our school has taken the decision that they must leave school immediately, and she, next year they can come back, come back to our school again. Because we felt that it was wrong to punish only girl, now the boy is also maybe somewhere and he can go on if he is school, why must she now forced stay at home. If she can show proof that there is someone looking after the kid at home, then she can come back when she is the right age still.

Q: Is that also a government policy?

A: We are still waiting for the government. They had the draft policy that we looked at and these things were proposed in there. There's not a clear-cut policy on this that I know about. [...] Each school is taking its own decision on how to handle its individual case.

Q: Please explain your personal opinion about teenage pregnancy.

A: What I do in the class, I show that video to how the decision like that influence on the rest of your life. Like in the past, we had extended families. There were always someone at the own group that look after the kid, nowadays it's not easy anymore. Everyone at home is working, there is no one looking after the kids. So I'm telling them, you cannot just say, "But I'll fall pregnant and my grandma or mother or whoever will look after the kid," and they found that out. They tell me it's difficult if they fall pregnant, who will look after the kids. So these kids are very open mind nowadays and know life will be very difficult for them. [...] They know that in the afternoon, soon you go home and you have to look after the kid and you cannot be a normal kid anymore, you are now something else. So my personal feeling is that it's something very bad if this happen to girls. They are in the first place, they are not ready to be a mother, and biologically, it's not nice to have kid you are in so young. So I'm telling these and I have a case study. I say, "You fall pregnant [and] the boy says 'I love you, I will marry you', or, 'It's not my kid.' Then they have what? Which one do you choose?" Then they must write the story about that. I say, "Let's assume it's you. What will happen? Who will look after your kid?" So they can just start thinking these things through.

Q: How do students react when you use the case study in the class?

A: They don't like to think about that. I had to get them to think about this. It is very difficult. I have to force them to write about this... [learners say] "We don't know. How can we write about something that didn't happen?" It's very difficult for them to use the imagination on these stories. No, they don't like that one... they hate it because they don't want to think. They find it very difficult to think.

7T.

Q: Do you think that students should have the correct knowledge of their reproductive system?

A: Yes. Teenagers, depends, again from culture to culture. I know that some people are very sensitive to those. I would prefer to talk to my kids at home, myself about these things, especially when they are young. Only when they are much old when they are up in secondary school, maybe teacher comes in and tell them, and it must also be someone who knows how to handle the topic with sensitivity.

Q: Do you think that students should also have the correct knowledge about sex?

A: Yes, because they think about these things 100 times a day. So if that is a right knowledge about that, then they know it's not wrong to think about it, but what you do about it, I say, "Don't feel guilty." Because you have now fall to think 20 times a day, how sex is and that girl would be nice to have sex or things like this. That's not wrong but the decision that you take on these things that you are thinking, these are the important issues, that we are different from animals. Animals just go and cannot take decision. We can take decisions, you cannot say, "But I must have it and go and have it".

8T.

Q: At what age is it appropriate for students to have access to condoms?

A: The kids in Grade 8 and Grade 9 up to Grade 10, I'm telling them these condoms are not fitting them. They are too small, condoms are too big. [but] it seems to me that they would like to have. Sometimes I think they just want to have these condoms to play that they are having sex, to infer to show off, to break or things like this. I think they are scared, in a way they scared to use these condoms to have sex.

Q: Do you think students should or should not have access to condoms?

A: I don't think condoms must be distributed because for me, say, "Here is a condom," if my child, I have three girls, I've seen my child after night and say, "Just in case if you are going to have sex, here are three condoms." What I must say, we giving this children mix, these mix [...], it's wrong to have sex, don't have sex, but if you are going to have sex here is a condom, and you might get them confused. So, I'm sending my kids and I say "Don't go you are not supposed to have sex, these are the problem if you have sex, don't go into these situations." That's why I don't think it's right to say, "Here are condoms, if you want to go and act." Then we're telling the kids it's right to have sex. So I think not an education in schools, these condoms must be distributed. They must be, maybe in toilets, public toilets or the Multi Purpose Youth Centre or the plaza, then they know they can go and have it there. But we say here 'No'. For me, it's wrong to have sex before marriage. That's it. I cannot change my view.

Q: Do you think that students should have access to contraception other than condoms?

A: I'm telling the Grade 11s. I'm telling them about in full, everything, but not for younger kids. I'm not telling them about it. If they come and ask me, I'm telling

them. I'm open for you to come and talk to me anytime on these things. But I don't want to force it on kids in the class. They don't do this, and nowadays, it's a sensitive thing today, so in Grade 11, when I come to Grade 11, I give them the whole story.

9T.

Q: If there is a difference in your opinion about having sex before marriage for boys and girls, please explain why there is the difference.

A: No, it's all the same. Because in the past, it was only girls that had to be afraid to fall pregnant but now for boys, it's the same STDs, the same AIDS and things like that. I just think it's more dangerous for girls to have sex, not that much for boys, I think. But when we come to the moral side, the ethics, then I think it's for both wrong to have sex.

Q: What do you think about injection?

A: I myself have not used it but for kids they say it's the best, cheapest for them. They don't have to remember. That's why they like to use that one. They find it's cheaper, safer one to use. Pills, you have to use it everyday, you have to remember to take it.

permitted to have a full sexual life as well as to give birth legitimately (Ibid).

However, these customs were discouraged under the Christian influence during the colonial regime and have only begun to be reinstated since independence.

■ Sexual diversity and society's power

There is an argument that nationalism and African values play a significant role in creating the category of 'self' and 'other,' which eventually leads to the rejection of sexual diversity and women's participation in maintaining 'tradition' interlinkages each other (Wieringa 2000: 7-9). In Namibia, such nationalism and African cultural values appear to attack homosexuals who are seen as an 'other.' Namely, the view on homosexual practices in Namibian society is tied to the idea of the 'perverse west' or a 'sexual other' which affects national integrity and morality (Wieringa 2000: 8; Dunton and Palmberg 1996: 29-31).

Criticisms of homosexuality and lesbianism have often appeared in public speaking to confirm prejudices on same sex practices. President Nujoma, for example, clearly declared that, "The Republic of Namibia does not allow homosexuality, lesbianism here. Police are ordered to arrest you, and deport you and imprison you too" (*The Namibian* 30 March 2001). Homosexuality in this speech was identified as a negative foreign influence from which the Namibian youth should be protected. Similar crusades against homosexuality are often found in public speeches in which homosexuality is described as "human wrongs," "sin against society and God," "Europeans," "foreign and corrupt ideology," "psychological and biological