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Sexual Attitudes and Perceptions of Gendered Sexual Roles from the Perspective of Urban South African Women

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SEXUAL ATTITUDES AND PERCEPTIONS OF GENDERED SEXUAL ROLES
FROM THE PERSPECTIVE OF URBAN SOUTH AFRICAN WOMEN

By

Duduzile Phindile Mashinini

Thesis

Submitted to
Northern Michigan University
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SIGNATURE APPROVAL FORM

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ABSTRACT

SEXUAL ATTITUDES AND PERCEPTIONS OF GENDERED SEXUAL ROLES FROM THE PERSPECTIVE OF URBAN SOUTH AFRICAN WOMEN

By

Dudzile Phindile Mashinini

This study explored the harbored and perceived sexual attitudes of South African women, and their experiences with gender roles in sexual relationships. The purpose of this research was to examine the role of gender with regard to female HIV/AIDS vulnerability in a population of South African women who are not in the high-risk groups. Through the viewpoint of educated professional adult females and female college students in South Africa, this study investigated the interpersonal functions of these two groups' own experiences and their perceptions of male attitudes on sex-related issues. This study assessed how these two cohorts construe their sexual interactions with regard to male dominance and vulnerability to HIV/AIDS. The study utilized a two-part questionnaire with Grounded Theory-based qualitative analysis and quantitative components. Quantitative analyses revealed similarities and differences between the two groups. For instance, in the Teachers' qualitative responses sexual relationships were often characterized by compromise to traditional cultural norms; in turn, quantitative analyses revealed that this group held more conservative views on sex-related topics than did the Student group. Insights into these women's sexual attitudes can provide a platform for nuanced understanding of gender sexual dynamics in South Africa, and perhaps help to mitigate the sexual dynamics that currently contribute to the spread of HIV/AIDS.

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2009

DEDICATION

This thesis is dedicated to my sister, Sibongile Mashinini, and to my loving family.

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The author wishes to thank her thesis director, Dr. Mary Pelton-Cooper, for her help and support throughout this process, thesis committee members, Dr. Sheila Burns and Dr. David Cooper, the University of Witswatersrand's Psychology Department, all of the dedicated teachers in the Johannesburg townships, and my husband Nicholas Bancroft, for all his support and for always believing in my abilities.

This thesis follows the format prescribed by the *APA Style Manual* and the Department of Psychology.

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INTRODUCTION

Social and Political Context

On March 21, 2006, South Africa's Deputy President Jacob Zuma faced allegations of raping a 31-year-old, HIV-positive woman. During cross examination, Zuma, who pled not guilty maintaining that the act was consensual, did admit to having unprotected sex with the woman. Zuma also acknowledged to the court that he knew the woman was HIV-positive, but added that he took a shower following intercourse in order to minimize the risk of contracting the disease (Pembry, 2009; Skeen, 2007). Zuma was acquitted for rape, but his actions and statements have managed to both endorse the traditional, masculine Zulu male persona and undermine female security in South Africa. Despite the rape allegation and sixteen counts of corruption charges, President Jacob Zuma has a large following, which enabled him to secure the South African Presidency in April of 2009. Based on his presidential victory, Zuma's influence over the nation is evident. Inevitably, his careless statements about HIV are bound to have some impact on the citizens' attitudes toward the disease. Furthermore, his attitude towards women perpetuates gender inequality, and disregards women's rights as outlined in South Africa's constitution.

Women's Rights Outlined by South Africa's Constitution

In 1992 the formation of South Africa's Women's Charter Group was devised to ensure that women's rights were included in South Africa's new constitution (Palmary, 2006). In the 1996 Constitution of the Republic of South Africa's Bill of Rights, Section 9 of Act 108 protects women from discrimination. Additionally, Section 12 guarantees

the right for all citizens to be free from violence, and most importantly the right to retain physical and psychological integrity, which includes the right of women to make their own decisions regarding reproductive health and function. Finally, Section 16 grants freedom of expression and denounces gender-based hatred (Palmary, 2006), which president Jacob Zuma had brazenly encouraged, leading his supporters in songs as they burned female underwear and images of the alleged accuser outside the courthouse during his rape trial (Skeen, 2007). Many fear that Zuma's presidency will invalidate the progressive strides that have been made in advancing the rights of South African women, advancements which include the South African government's National Gender Framework Policy which focuses on empowerment and gender equality. This policy also notes the vulnerability of women to HIV/AIDS and declares that the means by which to curtail female vulnerability to this disease is to address power imbalances in male and female interpersonal relationships (Gupta, 2002; Kornegay, 2000).

As noted by Seidman (1993), the prevailing attitude of South African women is that they, unlike women of other cultures, are making "gender specific demands" that will not be circumvented by amiable resource provisions or petitions for national congruity. Seidman (1993) has argued that the cultural difference exhibited by South African women is rooted in their involvement in the apartheid struggle, and just as importantly, in their place in the work force which has afforded them remarkable fiscal independence and thereby fostered within them the drive for gender equality. Seidman (1993) added that economically independent women are less willing to be subservient. Although these women evidently exhibit independence and strong will, statistics indicate that these South African women are nevertheless also extremely vulnerable to HIV.

HIV/AIDS Gender Disparities Statistics in South Africa

Within developing African nations, there exists a disproportionately high HIV contraction rate for women as compared to men (Quinn & Overbaugh, 2008). South African women hold a 17% prevalence rate, while South African men experience a rate of less than 5% (UNAIDS, 2008). The 2007 UNAIDS report estimated that 30-36 million people were living with HIV worldwide and that the region most thoroughly devastated by this disease is Sub-Saharan Africa (Glick & Sahn, 2008), which accounts for 67% of all people living with HIV worldwide (UNAIDS, 2008). Of this 67% a good number live in South Africa, which harbors an estimated 5.5 million HIV sufferers, and reports have estimated that there are 1,000 deaths due to HIV/AIDS daily in South Africa (UNAIDS, 2008), which makes South Africa the most highly affected nation in the world; moreover, the vast statistical discrepancies in HIV prevalence rates among women and men have proven difficult to ignore.

Gender Inequality

In Sub-Saharan Africa, heterosexual contact is the main mode for HIV transmission (UNAIDS, 2008). As evidenced by President Jacob Zuma's rape trial, the disrespect and violence perpetrated by men against women not only facilitates the transmission of HIV/AIDS across gender lines but also is endorsed by the political and socio-cultural milieu, thereby any challenging efforts made to empower South African women in the interest of protecting themselves against HIV/AIDS.

Gender inequality has only recently become a focus in the fight against HIV/AIDS, but it has been deemed by many investigative studies of HIV prevalence to

be among the chief factors responsible for the propagation of HIV in women (Ackermann & de Klerk, 2002; Quinn & Overbaugh, 2008). Quinn & Overbaugh (2008) have acknowledged women's precarious position amidst the "African cultural fabric," which puts women at a notably more vulnerable position for HIV contraction. Among the vulnerabilities noted by Quinn & Overbaugh were gender disparities and sexual norms. In addition, Ackermann & de Klerk (2002) summarized data taken from studies carried out in the 1990s and concluded that high prevalence rates among South African women are fueled by social factors stemming from social gender inequality, such as the persistent violence perpetrated by men against women.

Violence against women continues to be an issue of concern. A recent study by Jewkes, Sikweyiya, Morrell, & Dunkle (2009) from South Africa's Medical Research Council reported that 1 in 4 South African men admitted to having raped a woman, while half of those who had admitted to rape also claimed to have raped more than one woman. Ackermann & de Klerk (2002) also argue that in South Africa males have control of sexuality, and that this control underscores female vulnerability to HIV as women lack control of their sexual partners' endeavors (including infidelity). HIV vulnerability is further compounded by South African women's difficulty negotiating condom use in sexual relationships. Moreover, Jewkes's et al. (2009) findings indicated that violent men are significantly more likely to have HIV than non-violent men.

These findings suggest that the rampant spread of HIV/AIDS among South Africa's female population can be stemmed if the subordinate position of women is acknowledged and addressed. For instance, a 2007 UNAIDS report referenced a study which found that women who had reported having an insufficient food supply were 70%

less likely to engage in safe sex (Kalichman, Simbayi, Kaufman, Chauncey, Jooste, & Mathiti, 2005; Weiser, Leiter, Bangsberg, Butler, Percy-de Korte, Hlanze et al., 2007). A 2009 focus group study of high-risk groups of male drug users, which included black and coloured males, were compared in order to determine each group's propensity toward inflicting violence against women (Sawyer-Kurian, Wechsberg & Luseno, 2009). Sawyer-Kurian et al. (2009) found that illicit drug use indeed played a role in the perpetration of violence against females. Although these studies have provided noteworthy information, they fail to contribute to the overall understanding of the core dynamics that give rise to these issues, and they do not clarify the mechanisms by which the iniquities of the sexual gender dynamic continue to prevail.

Vulnerability to HIV infection among women is also a result of anatomical susceptibility. Ackermann & de Klerk (2002) note that women's vulnerability is due to the enhanced exposure to pathogens along the vaginal mucosa during sexual intercourse. Initial detection of sexually-transmitted infections (STI) in the vagina is difficult, leading to increased risk of STI/HIV transmission from women to others (Ackermann & de Klerk, 2002).

How This Research Adds to Scientific Knowledge

Although there have been many studies investigating biological contributors to high HIV prevalence among South African women, and many studies that outline social contributions to HIV transmission regarding gender inequality, not enough of these studies focus strictly on gender dynamics in interpersonal relationships, their interconnections to HIV, and the underlying motives that drive sexual interactions.

Further, the existing literature has focused primarily on high-risk populations such as substance abusers, prostitutes, and women living in poverty (Sawyer-Kurian et al., 2009). Kalipeni, Oppong, & Zerai (2007) have noted the failure of many HIV/AIDS prevention programs in African nations and claim that one reason for the failure of these programs is due to their placing too much emphasis on risk groups, cultural practices, economic conditions, and the use of behavioral change models. The Kalipeni et al. (2007) arguments were based on presentations from the 30th annual colloquium held at the University of Illinois, where the consensus was that the role of gender in female vulnerability to HIV/AIDS in Africa had not been adequately addressed.

Purpose of the Current Research Study

This study explored sexual gender dynamics in relationships among a group of educated, employed women and a group of female college students. Thus, the factors of drug-seeking and financial dependence were not primary motivators for sexual relationships in this study's population. If these women are able to survive on their own they are not subordinate financially; therefore, the dominance and subordination dynamic will not be skewed by financial/material dependence. Education was another controlled variable in this study, as there is strong evidence suggesting a correlation between HIV incidence and insufficient education. This variable is interlinked with economic and social vulnerabilities (The World Bank, 2002), which places uneducated women in the high-risk group.

This study focused on what sexuality means to these two groups of women. The questions in the study examined how these women perceive, experience, and compromise

in their relationships with their sexual partners, in particular some of the questions focused on sex-related topics involving HIV/AIDS and condom use. Numerous studies indicate that gender power dynamics drive female vulnerability to HIV due to socially-constructed norms which are defined in many societies by female submissiveness in sexual interactions (Gupta, 2002).

Theoretical Orientation

This study applied Miller's (1987) theory of dominance and subordination, which claims that power is highly influential in relationships. Kalichman et al. (2005) also believed that understanding gender power dynamics within relationships are an essential route to understanding HIV risk for South Africans. Furthermore, Miller (1987) proposed that a woman's subordinate role is an "ascription," which means it is a predetermined rank defined at birth. Miller (1987) defined dominants as those who set cultural norms, defined subordinate roles, and encumber a subordinate's freedom of expression and action. Miller (1987) has noted the propensity for the dominant group to incorporate iniquities into a society's guiding principles, which then legitimizes them. This theory holds true for the persistent gender iniquities that plague South African culture. Black African males tend to legitimize infidelity by way of appealing to traditional cultural norms (Glick, Fiske, Mladinic, Saiz, Abrams & Masser, 2000; Varga, 1997). As per South African tradition, men's practice of polygamy was acceptable and oftentimes necessary in order to sustain the community's need for children who could work the land. This practice, however, is seen as a mere antiquity by South Africa's growing urban diaspora and the modern social milieu which is riddled by HIV/AIDS. Even though the

traditional grounds for condoning this practice are no longer legitimate, the idea that men still have the right to many partners still persists.

Miller's (1987) constructs of dominance and subordination are used in this research to evaluate how women view and adhere to sexual power dynamics in South Africa, as well as to clarify women's perceptions about how they think men think and behave according to these power dynamics. This theory of dominance and subordination suggested that subordinates learn to please the dominants, while at the same time they find ways to indirectly defy the dominants. However, the subordinates' outlook remains sullied by "untruths" which have been manufactured by the dominants, but which subordinates nevertheless have come to internalize about themselves. For a similar reason, Kalichmann et al. (2005) advocated for more intervention efforts focused at males as a means to reduce HIV female incidence in South Africa. In their research, they found both sexually-transmitted infections/HIV incidence and risk to be a product of male-dominated relationships.

Gender-based violence is considered by Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow (2004) to be one factor that influences HIV risk status. They assert that gender-based violence along with gender inequality are among the neglected components for assessing HIV risk factors empirically. Therefore, this study attempts to highlight these neglected aspects. The HIV risk assessment component of this study investigated women's own high-risk behaviors, including how they feel men contribute to and how they think men view HIV risk. Using Miller's (1987) theory, this study explores the possibility that average, educated, employed South African women might be at risk for

HIV infection as a result of their assuming subordinate roles, in which they have difficulty engaging in “self-initiated actions of self interest” (Miller, 1987, p. 10).

Hendrikson, Pettifor, Lee, Coates, & Rees (2007) found communication to be among the factors that influence the likelihood of condom use in relationships. Similarly, a study by Jewkes, Levin, & Penn-Kekanna (2003) reported HIV discussions to be closely associated with education. In the current study, the education variable was controlled since all the participants were either in college or had attained at least three years of post metric (high school) training. This study asked questions assessing how educated and empowered South African women believe they communicate on sexual issues, and their role in that communication.

Exploratory Observations Leading to Research Questions

The questions – how does gender inequality influence HIV vulnerability in South African women, and how and why do South African Women remain vulnerable to HIV– emerged from informal exploratory conversations conducted by the primary investigator, with older South African women in hair shops and taxis. The theme that emerged from the conversations pointed to an overall distrust for men, and skepticism about curbing the spread of HIV– due to not only male ignorance but also traditional cultural norms of male dominance and female subordination, norms to which the women felt obligated to abide. These women did not however participate in the research.

It was clear from the responses provided by these women that they possessed mixed feelings regarding communication about sex, indicating there was a need to protect participants’ privacy in the research methodology used to explore this issue. Furthermore,

based on the primary researcher's insights into South African culture, customs, and social structure, face-to-face interviews would not have been appropriate. Therefore, the use of a questionnaire was viewed as the best means by which to expose the underlying issues and attitudes regarding sex and HIV.

From the aforementioned conversations, the following research question took shape: how do gender inequalities influence HIV vulnerability among a sample of adult educated females? Then the study was extended to explore whether vulnerability to HIV/AIDS persisted in younger educated females as well. The final exploration evolved to include a comparison of each group's perceptions of male sexual attitudes as a means to explore how these educated, financially-independent women view and experience the sexual attitudes and values of the males in their relationships.

Introduction to Qualitative Research Methods

Qualitative explorations were the primary mode of investigation into the social relationship constructs of these South African women, but the research also utilized quantitative analyses to support some of the qualitative findings. According to Wilcott (2001), both quantitative and qualitative research modalities are based on observational data, and thus the two should not be perceived as opposing methodologies. Willig (2008) also noted that in some studies the application of both qualitative and quantitative methods is necessary.

Though quantitative approaches provide important informative analyses of the HIV/AIDS crisis among women, they also fail to provide first hand introspection into gender relations from the perspective of women. Qualitative analyses provide a means

for establishing a richer understanding of the social constructs which women use to decide how they will negotiate their relationships, and the underlying complex processes that contribute to the HIV vulnerability that these women face.

This research readily lent itself to the Grounded Theory method of analysis. The Grounded Theory method utilizes an inductive process to explore and understand a phenomenon. Whereas quantitative analysis begins with a theory and then attempts to either prove or disprove it by collecting data, qualitative analysis begins with data collection upon which a theory is then formulated. In effect the theory is an endpoint that results from exploring the phenomenon (Thomas, 2003). This is called an inductive process. An open-ended line of questioning (Willig, 2008), which in our study was how and why South African women remain vulnerable to HIV, guided our theory about “what is going on here,” and built upon Miller’s (1987) theory of Dominance and Subordination. Her theory has evolved in order to transcend cultural constraints and is now referred to as The Relational Cultural Model.

Methods

This research was approved by the Human Subjects Research Review Committee of Northern Michigan University, the permission letter is located in Appendix C. Permission was also granted from South African educational institutions, the names of which are not disclosed due to reasons related to confidentiality. These permission letters have been submitted as supplemental materials.

Questionnaire

A questionnaire format was used rather than face-to-face interviews, as it would not have been culturally appropriate in South Africa for the principal investigator to ask the Teachers (elders) questions about sex. Culturally, South African adults consider questions about sensitive issues such as sex by those outside the adult cohort disrespectful. As one student said on her questionnaire response, “Obviously, I wouldn’t talk to an elder person about [sex] out of respect.” The principal investigator was a daughter of a school teacher in one of the schools where data was collected, which further warranted the need for anonymity.

The questions were based on concepts derived from the initial informal conversations mentioned above, and these concepts guided the information gathering process as recommended by Charmaz (2006). Specific items on the questionnaire were generated initially by brainstorming about the range of information needed to address our research question (see Appendix A). The questions were then refined through multiple consultations that were informed by review of the literature, as suggested by Thomas, (2003).

Each questionnaire included an attached demographics sheet with questions on the participant's age, race, and relationship status (e.g. married or single). If participants indicated they were single, they were asked to indicate whether or not they were dating. The last demographic question included "yes" and "no" check boxes for participants to indicate whether or not they were sexually active. Of the Teachers, 28% indicated they were single and sexually active, and 14 of the Students indicated the same. Of the 6 black students, 83% stated they were single and sexually active.

The final questionnaire was comprised of two parts, both of which were written in English. The first part asked the women to answer questions regarding their own sexual attitudes. The second part asked women to report their perception of men's sexual attitudes, using questions that corresponded to those on the first portion of the questionnaire. For instance, one question on the female attitude portion read: "I am honest with my partner(s) about my sexual past." The corresponding question on the male attitude portion read: "Men talk honestly to their sex partners about their sexual pasts." The corresponding questions were designed to provide consistency in the themes that would be generated about women's harbored attitudes and how they perceived male attitudes. Discrepancies between the responses to corresponding questions provided insights into the contrasts between self-attitudes and how these women felt men saw sexual relationships.

Each item on the two-part questionnaire utilized a seven-point Likert scale with two anchor points ranging from "strongly agree" to "strongly disagree." Each question included additional written prompts to generate qualitative data, such as: "(Please explain

your answer.) How do you feel about this? How does it affect you?" The questionnaire can be found in Appendix A.

Participants

This study included a total of 60 female participants between the ages of 18 and 59 ($M=32.07$, $SD= 13.902$). Seven participants' data were omitted in the quantitative analysis due to incomplete data submissions; however, these participants' data were included in qualitative analysis since qualitative analyses do not require a comparison of the two-portioned questionnaire. The final set of participants included two groups: a group of educated professional adult female teachers in their 30s, 40s, and 50s, consisting of 32 participants ($M= 44.63$, $SD= 7.286$), and a group of female college students totaling 28 participants ($M= 19.52$, $SD= 3.673$).

Demographics

This study is comprised of 61.8% Black ($n = 32$), 27.3% White ($n = 15$), 9.1% Indian ($n = 5$), and 1.8% Mixed Race ($n = 1$) participants. The teacher group was composed of all Black females. The student group's racial mix is consistent with the demographics of South African Universities. All of the educated professional adult female teachers were current South African educators in either a primary or secondary school and had acquired a minimum of three years of education-focused training after attaining a high school diploma. The college female students were students in an institution of higher education in South Africa. The two populations were utilized out of convenience to control for language barriers and level of education.

Settings

The Teacher group sample included teachers from two schools, a primary school (n = 19) and a secondary school (n = 13). Both the primary and secondary schools were located in townships outside Johannesburg and in close proximity to each other and to the city. The college student group (n = 27) included freshmen psychology students from a university located in downtown Johannesburg. (The names of the schools have been withheld due to the sensitive nature of this study.) The questionnaires were completed by the Teachers in the staff meeting room. In the University, questionnaires were completed by the Students in a classroom.

Procedures

Preliminary Research Procedures

The Students were told that the study was an attempt to explore South African women's sex attitudes, their experiences in sexual relationships, and their perceptions of men's attitudes on similar sexual issues.

In both groups, participants were recruited via a brief presentation introducing the researcher and subject of study. At the beginning of the presentation to the Teacher group, participants were asked if they were comfortable with English. All participants indicated they were comfortable with English. Since South African college instruction is primarily in English, the Student group was not asked this question. However, both groups were encouraged to respond using their language of preference.

Prior to the conclusion of the presentation, participants were informed that their names would be placed in a drawing for a prize equal to a \$100 gift certificate to a department store as incentive for their participation. Following the presentation, participant interest was assessed and research dates and times were confirmed.

Research Procedures

Participants were first asked to read and sign an informed consent form. Next, participants were asked to provide their names, addresses, and e-mails on the slip of paper provided for the drawing, and to place a check mark in the box if they would like to be informed of the results of the study. Participants were directed to place the slip of paper in a box separate from their completed questionnaire which was marked "drawing

slips.” Before the distribution of the questionnaire, participants were informed that they could write responses to the qualitative portion of the questionnaire in their preferred language. All participants chose to write responses in English. Participants were also reminded that their participation was voluntary and that they were free to withdraw at any time. Participants were informed that withdrawal would not eliminate them from the prize drawing.

The anonymous two-part questionnaire was administered in a group setting, and an hour and a half time was allotted for its completion. Some participants chose to stay longer to complete the questionnaire, which was encouraged. Participants were asked to leave a vacant seat in between one another and to not discuss the questions. After completing both questionnaires, participants were instructed to drop their completed questionnaires in a sealed box marked “questionnaire deposit,” and their drawing slips in the sealed box labeled “drawing slips.”

The principal researcher was a 28-year-old black female South African citizen currently living and studying in the United States. The principal researcher was present in the room at each data collection so she could be available for participant questions. There were no questions asked by any participants regarding the questionnaire. To assist with questionnaire distribution, a white male research assistant was present at two of the locations, but he did not interact with any of the participants.

Results

Quantitative Data Analyses

Quantitative analyses were used to explore generational differences between the two cohorts and to lend support to qualitative inquiries. The questionnaire items were divided into three item subsets based on the intended content of the questions. The three subsets were (Subset items are outlined on questionnaire in Appendix A):

Subset 1 (14 items): “Dominance and Subordination”: assessed the harbored and perceived sex power dynamics, including sexual coercion and the like.

Subset 2 (12 items): “HIV/AIDS Risk Awareness”: assessed the harbored and perceived ability of women to negotiate safe sex, including condom use.

Subset 3 (10 items): “Communication”: assessed the harbored and perceived ability of women to freely communicate their needs.

All questions were scored on a scale of 1-7 for each category with high scores indicating traditional views and low scores indicating progressive views. In order to facilitate consistency with the traditional and progressive dimension, several questions were subjected to reverse scoring. For comparative analyses, the mean subset score was calculated for each respondent. Each individual’s score on the subset of items was the mean Likert rating for the item set.

Quantitative Results

The quantitative data were analyzed with SPSS using repeated measures analysis of variance. The primary dependent variable was the mean score on each subset of items.

In the analysis to follow, the respondent groups were teachers and students; the item category subsets were dominance/subordination, HIV/AIDS risk awareness, and communication; the questionnaire parts were female attitudes and perceived male attitudes. A mixed model three-way ANOVA was used to evaluate the differences between respondent groups (between subject), item subsets (within subject) and questionnaires (within subject). The source table for this analysis is provided in Appendix B.

There were three main effects: 1) Students ($M=3.25$) in general were more progressive in their attitudes about sex topics than were teachers ($M=3.81$), $F(1,51) = .10.804$, $p=.002$. 2) There was a difference in the progressiveness of attitudes for the three subsets of items; attitudes about AIDS ($M=3.39$) and communication ($M=3.42$) were more progressive than attitudes about dominance and subordination ($M=3.79$), $F(2,102) = 5.61$, $p=.005$. 3) The respondents perceived themselves ($M=2.89$) as more progressive than males ($M=4.18$), $F(1,51) = 93.51$, $p<.001$.

These effects were moderated by three interactions: two two-way interactions and one three-way interaction. The first two-way interaction was a respondent group by items subset interaction, which examined the differences between the Teachers' attitudes (self and male combined) toward sex and the Students' personal attitudes toward sex on each item subgroup. This interaction revealed that Teachers harbor more traditional attitudes than Students on the topics of HIV/AIDS risk awareness and communication. However, the group by items subset interaction revealed no difference in the two groups' personal attitudes toward Dominance/Subordination, $F(2,102)=5.61$, $p=.005$. Figure 1 shows these data.

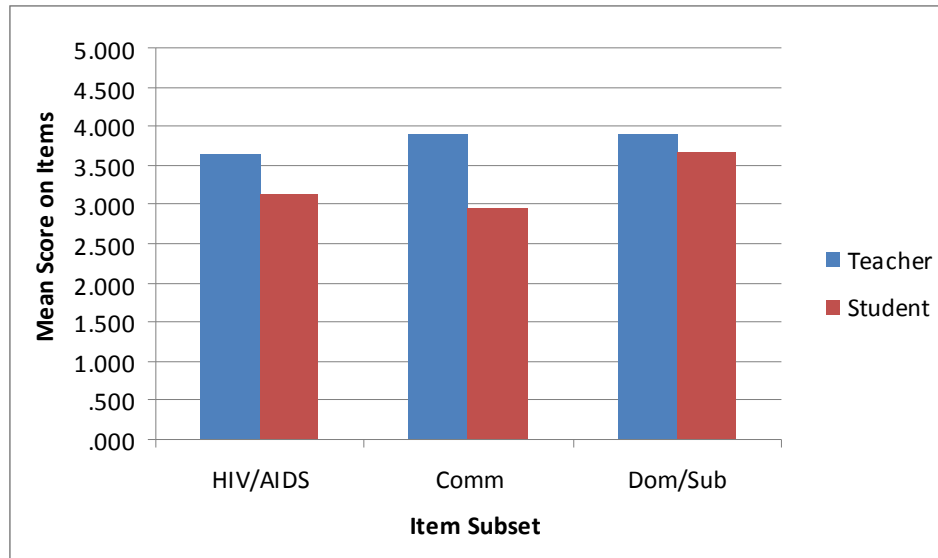


Figure 1. Mean scores of Teachers and Students on subsets of items.

This interaction shows that while the Teachers in general reported more traditional views than the Students on the dominance/subordination subset there is no difference between the two respondent groups.

The second significant two-way interaction, item subset by questionnaire part (whether responses were about self or males), $F(2,51) = 20.773$, $p < .001$, shows that while both the Teachers and the Students rated themselves as more progressive than males, the differences were greater on attitudes toward HIV/AIDS risk awareness and dominance/subordination than on attitudes toward communication. Figure 2 shows these data.

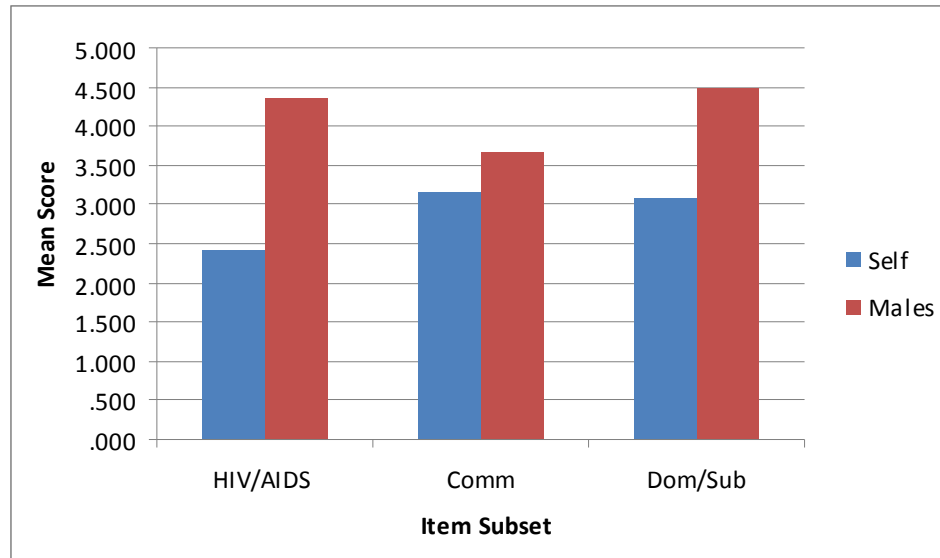


Figure 2. Shows the mean attitude scores for self and perceived male attitude for three item subsets.

Finally, there was a three-way interaction (see Figure 3) between respondent groups, item subsets, and questionnaire part, $F(2,102) = 4.201$, $p=.019$. This figure shows that for the Teachers, the differences between their self-reports and their perceptions of males are strong for all three subsets of items and greatest on HIV/AIDS issues. For the Students the differences are large for HIV/AIDS risk awareness and dominance/subordination items and almost non-existent on communication items.

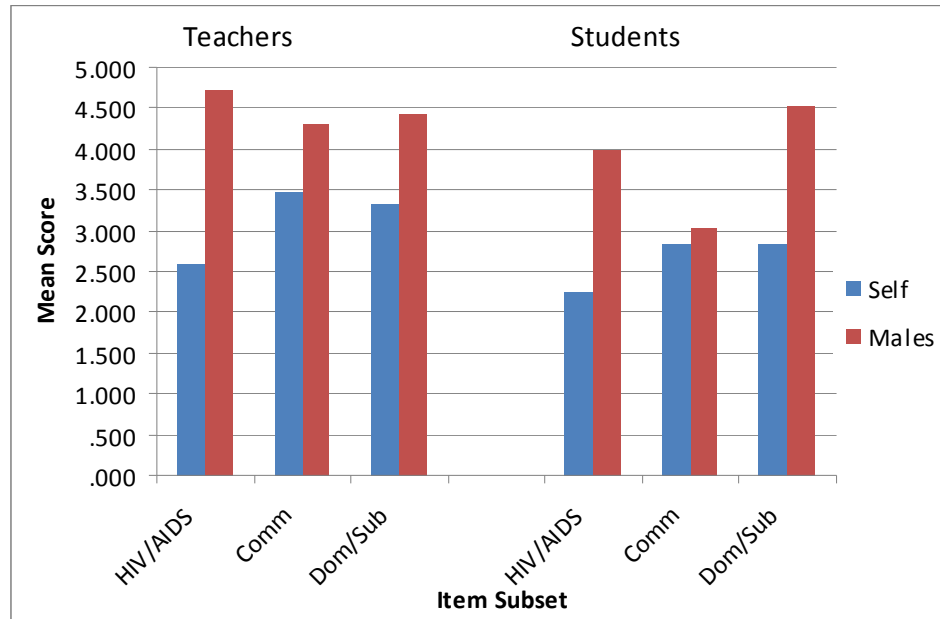


Figure 3. Shows the mean scores on item subsets for each respondent group (Teachers and Students) on each questionnaire (self and male).

Qualitative Data Analyses

Using Grounded Theory methodologies to examine social constructs in South Africa's cultural fabric, we were able to get a real sense of both the participants' experiences in a relationship context and the strategies that they adopt to negotiate these relationships. Grounded Theory concepts allowed examination into the psychological and social structural processes that were at work in each situation.

Coding

Initial data analysis utilized a line-by-line coding approach, which is regarded by Willig (2008) as a mode of analysis that provides the most descriptive categories and thereby ensures that theoretical concepts fully emerge from the data itself. Line-by-line

coding was conducted independently by two coders which prompted a “consistency check” (Thomas, 2003, p. 7) or dependability, otherwise known in quantitative approaches as reliability (Morrow, 2005; Thomas, 2003). The two coders compared each other’s codes after completing their own analyses.

In the line-by-line coding process, we studied categories, actions, and meaning from the raw data. The line-by-line coding was based on data content, and it involved assigning code categories to each line of data and using verbs to enable deeper meaning to be extracted from the data. We were asking, “what is happening here?” (Charmaz, 2008).

Example:

Question: “Sometimes I have sex when I don’t want to because my partner wants to have sex.”

Response: “I would never compromise my values & needs for someone demanding.”

Coder 1: “Is adamant about not engaging in unwanted sex.”

Coder 2: “Denies unwanted sex – Is asserting her right to her values and refuses to accept demands.”

Memo logs were kept throughout data analysis, noting the observed themes and the process of intersecting factors, such as myths, values, fears, and assumptions.

Through repeated questionnaire response readings, links between the data began to emerge that revealed some of the processes used by the participants to make decisions.

Once collaboration on themes reached consensus, the patterns in the links helped to

generate a theory about what was happening with our participants (Charmaz, 2006; Morrow, 2005; Thomas, 2003).

Direct quotes from the women's questionnaires were chosen to illustrate these categories and links (Charmaz, 2008). When the term "few" is used, it refers to at least three participants, "some" indicates a third to a half of the participants, "many" refers to more than half, and "most" to all but two or three. The data analysis revealed participants' actions and inner conflicts.

Qualitative Results

Sexual Violence

Teachers' perspective. Many of the Teachers stated they had never had sex forced on them, "not even on a single day." However, a few teachers reported experiencing some form of sexual violence, and two of the Teachers labeled the encounter as rape. One recalled, "the partner who insisted. It was an unpleasant encounter...I felt like it was as good as rape." The second woman said, "I have been in that situation...You cannot enjoy [sex] if you are forced. It is a rape in one word."

Teachers' perception of males. It appeared that none of the women could fathom males being the victims of rape. One stated, "They always have feeling for that." Another Teacher responding to the question "Men sometimes have sex against their will" blatantly stated: "No: They simply do not."

Engaging in Unwanted Sex

Teachers' perspective. Some Teachers indicated that they believe forced sex is wrong, yet many still reported engaging in unwanted sex. Some women accepted unwanted sex to reduce the risk of their partner's infidelity. "I hate the fact that I have to hold onto him by doing things I do not like." Other sample statements regarding unwanted sex were: "[Y]our mind is not there. You just wait for the person to finish." "I take this as a contractual obligation but it disturbs me."

A single, sexually-active woman in her forties responded to the question "I have sex when I don't want to" by saying, "Yes especially when I'm angry...he enjoys it...it feels bad." To the question: "I talk to my sexual partner about negative sexual experiences," the same woman circled: "Strongly disagree." She further indicated that although she feels able to talk about her sexual preferences, it does not always happen. Moreover, she revealed that sex has been forced on her when she has resisted. In spite of all this, she added, "...but I'm ok."

Engagement in Unprotected Sex

Teachers' perspective. Many of the Teachers disclosed having engaged in unprotected sex, and expressed regret and fear as a result. One woman wrote, "...it affect [sic] me badly because I was afraid that if I get HIV what should I do?" Another woman indicated psychological distress as a result of having had unprotected sex. She stated, "I feel bad about my self and it affect [sic] me mentally."

Women Place a High Value on Sex

Teachers' perspective. Most of the Teachers said that sexual pleasure was very important to them, and sex appears to be an important aspect of their lives. The older women often spoke of sex in a celebratory way, and stated that sex is for pleasure, fun, health, and enjoyment. Some sample comments from these women are: “[sex] is like medicine that can cure your soul.” “[My sexual needs in a relationship are] a thing to be treasured.” “Sex is about feeling; I enjoy it to the fullest.” Two of the Teachers stated they were having problems enjoying sex. One of these women attributed her lack of enjoyment to health problems. Both women verbalized feeling saddened about this absence of pleasure in their lives.

Teachers' perception of males. Many Teachers seemed to see men as always willing and ready for sex, and in some instances indicated that male promiscuity was a result of men needing to have sex. When responding to the question “Do Men enjoy sex?” one Teacher stated, “Sure they do, cause [sic] they wouldn't be cheating and having 3 different sexual partners on the side.” Other sample comments included: “They enjoy it even with a person they don't love.” “...[T]hey want to have sex anytime anywhere.”

Infidelity

Teachers' perspective. The topic of infidelity was very pervasive among the Teacher group, intertwining itself into many sexual topics. For instance, a few women feared that, when attempting to communicate their sexual preferences, they would be

accused of infidelity. One woman wrote, “Some [males]...question ‘where did you learn that?’ [To them] it means you are cheating.”

Additionally, many women believed their absolute refusal of sex would also result in their being accused of infidelity: “[To refuse sex] I have to use an excuse like ‘I’m not well’ because refusing plainly will indicate I’m involved somewhere else.” Another woman wrote, “I can refuse [to have sex]...but the following day he would not come back home, when you want the reason [why he did not return, the answer is that] he wanted to find a woman who would...satisfied [sic] his needs.”

Many women, including those who were married as well as those who were single, expressed distrust of men and were always vigilant of infidelity: “In times like these I think even in committed relationships we have to use condoms because our partners are not honest.” A few women divulged that they had experienced male infidelity: “This is a painful situation...I later found out that he was with another woman in the township.” One woman reported fear about disclosing negative past experiences to her partner: “Being married to a Zulu man that woman should not talk...”

Teachers’ perception of males. Some women believed that men’s refusal of sex was an indicator that he was engaging in extramarital affairs. As one woman wrote, “This is a painful situation because it shows that you are not the only partner. I once experienced this, when my man arrive[s] from a business trip he told me not to expect sex because he was tired...I later find [sic]...he was with another woman.”

HIV/AIDS Awareness

Teachers' perspective. Some of the women stated that they were able to talk to their partners about HIV/AIDS, but they assumed that the responsibility to initiate conversations on the topic was theirs: "It is the woman who will bring up the topic, then they [men] will follow." Another Teacher simply stated, "[HIV] it [is] there and is killing be carefull [sic]."

The Teachers verbalized a clear understanding about HIV/AIDS, and the risks associated with it: "Today's life is very short and you have to take care of yourself." One woman vehemently states, "I always talk about HIV/AIDS. I told him that I am, or he found me, HIV negative and I also found him HIV negative, so I want to stay HIV negative for ever. I told him if that he starts cheating on me he should let me know so that I can leave him with peace."

Students' perspective. Like the Teachers, the students were well aware of HIV/AIDS and how to protect themselves. All but three indicated they were open to talking about HIV/AIDS to their partners, "We talk openly about HIV and we even took a HIV test together."

Teachers' perception of males. Many of the Teachers believed that some of the men are reluctant to talk about HIV. In one case a woman responded with moderate agreement providing the rating for question 21 as a 4 on the Likert scale, and stated that she feels shy talking about HIV/AIDS. On the corresponding question about male attitudes, she moderately disagreed that they will talk to their partners. She said, "men think such talk is for women."

The responses indicated that the men in their lives are a mixed group with regard to cultural background. One woman said the “civilized men understand all about HIV.” Some said traditional African men continue to deny the biological realities of HIV. Other men are reported to have engaged in denial of HIV as a defense: “They avoid talking about it.” In yet another strong statement, one woman said that “men talk about AIDS as if it belongs to other people.” But that same woman stated that “to survive certain death, we need to protect ourselves.”

Students’ perception of males. Some believed that men also want to protect themselves from HIV/AIDS, and so were open to speaking on the topic, “Yes, no one wants to get it.” Although Students indicated openness on the part of men to talk about HIV/AIDS, such discussions were sometimes met with reluctance as some Students reported having to initiate these conversations.

Condom Use

Teachers’ perspective. All of the women wanted to protect themselves from HIV. Some statements made regarding condom use were: “People should use condoms even in relationships” and “It’s difficult to trust a person so a condom is a must.” Although most women believed in using condoms, some of them in reality report failing to do so.

Students’ perspective. Most of the Students claimed they always used protection: “No glove, no love.” A few indicated that even though they use condoms, they don’t like using them. However, 25% of the Students indicated they had engaged in unprotected sex, although two of them stated that they were in committed relationships and were using contraceptives and no condoms. Of the Students who reported having engaged in

unprotected sex, 28% of them were Black Students. One Student who disclosed having had unprotected sex is now taking her own precautionary measures: "...[I] carry my own condom...[m]y friend made me realize that those few seconds could end my life." Most of those who disclosed engaging in unprotected sex indicated feelings of regret and shame.

Teachers' perception of males. Most women agreed that men did not like using condoms. One woman said that men feel condom sex is "like eating a wrapped sweet." Some of the women claimed that men outright refuse to use condoms: "They believe in flesh to flesh." A few women believed that their partners were having extramarital affairs and not using condoms: "I know very well that [my husband] is not honest...and I don't think that he used a condom." Another woman wrote, "I believe I should use a condom since I don't trust my partner." Some women stated that men viewed condoms as being for those who are unmarried. One woman said, "[Men] like taking chances with their lives."

Students' perception of males. Similar to the Teachers, many Students believed men do not like to use condoms. For example, one said "...they somehow feel restricted to some extent." However, a few also stated that they believed men want to be cautious and use condoms, "[S]ome men are terrified of consequences of HIV/AIDS...my boyfriend believes in, no glove, no love."

Financial Independence

Teachers' perspective. Most of the Teachers indicated they were financially independent, and felt they could maintain financial independence if they had to be on their own. Many of the women made very strong statements showing the value they

placed on financial independence. One woman said: “Everything that I have are [sic] coming from my hand. This make [sic] me proud of myself.” Another woman stated, “It is advisable to all females to be financially independent.” A couple of the women did, however, state that they were receiving financial help from their husbands, but none of them were completely financially dependent on a man.

Comfort Level Communicating About Sex

Teachers’ perspective. Many of the women expressed feeling comfortable talking about sex, and some women saw talking about sex as a practical means to guard against HIV/AIDS: “It is wise to talk about sex as we are on the outlook of the safety on HIV&AIDS.” However, many women only reported feeling comfortable to communicate on sex topics when they utilized friendship networks: “I together with my friends discuss different topics concerning life including talks on sex.” However, conversations with sexual partners were not as open. To the question “Are women free to be vocal about their sexual preferences?” one woman wrote, “90% are not free.” Another woman believed couples should be able to talk openly to each other but do not because it “might be dangerous” due to the male discomfort with such talk and because his needs are the priority. However, a few women expressed being able to communicate with sexual partners: “I believe both of you have to be committed and can be able to feel each other.” Another added that “talking about sex with a partner is good and it helps you to enjoy each other.” Alternatively, one woman believed there were negative repercussions for vocalization: “Women are not free to be vocal because they are afraid that they can be labeled as whores.”

Students' perspective. Although a few of the students indicated they were abstinent, almost all of the students expressed comfort communicating on the subject of sex. However, and unlike the Teachers, this open communication extended into the sexual relationships of most of the Students. Most valued openness and honesty in these relationships and expressed no fear in communicating their desires to their partners. Statements on the matter included the following: "If you keep quiet, you won't be satisfied." "I tell my boyfriend how I feel, even when it is in terms of what styles to take and when I want to have sex, and he respects that."

Teachers' perception of males. A few of the Teachers disclosed talking freely to their partners, but others did not, contributing statements such as: "Men are conservative...they would make a woman feel 'dirty' for being open. It makes me feel helpless." In some instances, the Teachers feared the loss of a partner due to vocalization of needs: "I did that with my ex-husband; he regarded me as a sex worker because I was too vocal."

Students' perception of males. Many Students viewed men as sensitive to rejection and judgment by females and other males. One student stated, "I feel they are somehow scared of being rejected." Many students vocalized having partners who were understanding and respectful of their feelings and preferences: "Yes ...he respects my decision..." Many students spoke of having partners who encouraged conversations on sex issues: "The relationship I was in was not closed. We could talk about everything to [each other]."

Dominance and Subordination

Teachers' perspective. Most of the Teachers placed a high value on equality, but many reported experiencing a lack of equality and a sense of helplessness about ever attaining equality in their sexual relationships: "Men are chauvinistic. My partner is in control...he does not hear the truth, only what he wants to hear...I must do and say what he dictates...I am afraid of losing him." However, a few did express that they viewed men and women as equals in relationships.

Some statements made regarding male dominance were: "Men see [themselves] as [the] head." "Always they expect to be the only one who has a say in the house." "Men always want to play a dominant part in a relationship."

On the topic of male dominance during sexual intercourse, some Teachers believed they should not initiate sex because it is the job of the men to do so.

Students' perspective. Unlike the Teachers, many Students demonstrated resistance to traditional gender roles. In response to a question related to the male's dominant role during sex, one Student said "There is no gender in sex." To the same question, another student wrote, "Oh hell no. I believe in 50/50; we are equal." Most students verbalized a high value for gender equality, but they did not believe all men shared that value.

Teachers' perception of males. Some of the Teachers viewed themselves as equals, but they believed men did not hold the same ideals: "They expect us to be quiet." One woman added that it "has not sunk in to men that we are all equal." Yet another

woman said: “Gradually, [the idea of equality between men and women] is starting to register. They realize that now.”

Students’ perception of males. In line with the quantitative findings, qualitative results found that most of the Students viewed men as wanting to assume the dominant role. One student’s response to a question about men seeing themselves as head of the household, illustrates this belief: “...especially in African homes. From a young age, they are given preferential treatment and respect, or importance, and this continues throughout adulthood.” Making a similar argument, another Student claimed that men’s assumption of dominance is a result of rearing: “They’ve been brought up that way, especially in African cultures.” However, one student indicated that the culture of male dominance is changing: “Life is more civilized these days, it used to be the case and there are still some who do but it’s not a dominant thing anymore.” Although most students believed in equal sex roles, like the Teachers, many of the students also believed that men were driven to have sex. One student commented that “it’s what most of them are made for.”

Fear of Loss

Teachers’ perspective. Much like infidelity, the fear of loss was an issue that was evident throughout the data, arising in many dimensions. One woman talked about fearing honesty with her partner(s), as she felt honesty would result in relationship loss: “We hide the truth [and] it saves the relationship.”

Teachers’ perception of males. None of the Teachers spoke about men’s fear of loss, but some did, however, talk about men’s fear of inadequacy due to judgment by not

only women but also other men, as well as the pressure to maintain the dominant male persona.

Discussion

This paper looked at quantitative and qualitative data, responses to a questionnaire, related to South African women's views or attitudes and their perceptions of men's attitudes about three areas of behavior in sexual relationships: HIV risk behaviors, interpersonal communication, and dominance/subordination.

In quantitative and qualitative analyses, both the Student and Teacher group's personal attitudes differed from their perceptions of men's attitudes on dominance and subordination, and HIV/AIDS risk awareness. Specifically, in quantitative analyses the Teachers indicated greater discrepancies between their personal, harbored attitudes and their perception of male attitudes toward the topic of HIV/AIDS risk awareness than the Students indicated. In their qualitative statements some of the teachers reported that men deny the realities of the disease and cited men's unwillingness to use condoms. The quantitative results showed a considerable discrepancy between the Students' personal, harbored attitudes and their perception of male attitudes toward the topic of HIV/AIDS risk awareness. The qualitative results however, revealed that Students also believed that men were concerned about HIV/AIDS. Furthermore, both measures of analysis found that both the Students and the Teachers considered communication on the topic of HIV/AIDS to be essential; however, in their qualitative statements both groups indicated reluctance on the part of males to talk about this issue.

By and large the Students were more likely than the Teachers to actively resist their position in the traditional gender hierarchy which discourages women's autonomy and their contributions to discussions about sexual behavior. However, as indicated by

their qualitative responses and supported by quantitative analyses, the two groups of women collectively believed they held more progressive, egalitarian attitudes on the subject than did men. In fact, the most striking contrast that emerged between the Students' harbored attitudes and their perception of male attitudes when measured quantitatively was in the area of dominance and subordination. Qualitative analyses supported this discrepancy. However, it should be added that even though both groups saw men as endeavoring to assume the dominant role, the Students also reported being less subject to the control of men than did the Teachers. Moreover, qualitative statements made by some students indicated that they were more likely than the Teachers to take safe sex measures into their own hands.

Quantitative and qualitative analyses found that both the Teachers and the Students saw themselves as better communicators than men although the Teachers held more traditional attitudes on communication than did the Students. According to qualitative statements, some of the Teachers in this study indicated that they do not speak to their sexual partners regarding sexual issues because the men feel uncomfortable talking about such topics. Conversely, in their qualitative statements the Students reported having experienced greater openness in their communication with their partners. On the one hand, this openness has galvanized in the Students a view of themselves as man's equal, and engendered in them a willingness to defend their own values when in a relationship, including their values related to the subject of HIV/AIDS risk awareness. On the other hand, the Students did not seem to believe that men perceive them as equals and, as it was revealed above, they believe that men wish to play a dominant role in relationships.

Our study found that the behaviors that these women engaged in were affected by the complex socio-cultural norms to which they are subjected and expected to abide. One of the socio-cultural factors that emerged in this study's qualitative results was the high value placed on sexual relationships among those in the Teacher group. As in a (1997) study by Varga, who found that South African women place a high emphasis on sex as a means to determine a normal relationships, qualitative statements made by Teachers revealed that they often spoke of sex in a celebratory way. While this is not a problem in and of itself, the high value placed on sex by women is complicated by the compromises and conflicting values that are evident in their relationships with men. For example, most teachers indicated that they value sexual pleasure but that they did not view men as largely concerned with female sexual pleasure. One woman wrote, "I feel like my needs are unimportant to my partner."

Although both the Teachers and the Students in qualitative statements made throughout the questionnaire clearly expressed their values, it appeared that their behaviors were not always consistent with their values, especially in the case of the Teachers. A few Teachers reported engaging in unwanted sex as a means to hold on to their relationships, and some also gave this explanation as the reason for having engaged in unprotected sex.

Qualitative data revealed that one factor influencing both groups' behavior was their belief in and endorsement of a male's biological drive for sex, which is part of a broader societal perception that links esteem to a male's sexual prowess (MacPhail & Campbell, 2001; Sawyer-Kurian et al., 2009). Most of the Teachers and Students described males as persistently powerful and driven, as though uncontrollably, to engage

in sexual activity. In some instances, the Teachers indicated they believed that male promiscuity was a result of a male's biological drive for sex. For the Teachers, this belief led to a fear of male infidelity and relationship loss. This fear of infidelity and loss in turn creates a power imbalance within the relationship which helps explain how men come to dominate the relationship dynamic. This imbalance of power hinders the prospects for mutual empowerment and empathy, which Miller (1987) believed were the bases for establishing relationship equality. The dynamic is also influenced by cultural norms that advocate male dominance and female subordination, giving men the ultimate power to dictate "when, where, and how sex will take place" (Gupta, 2002 p. 2). Qualitative explorations revealed that amongst the Teachers an underlying fear of male power conflicted with the desire to be in a sexual relationship, which in some of them contributed to a sense of helplessness about achieving relationship equality. As was mentioned earlier, this belief in male dominance was supported by quantitative results that found no significant difference between the Students' and the Teachers' harbored perceptions of dominance and subordination, which means that both groups believe male dominance and female subordination exist within their cultural milieu.

Sexual relationship power imbalances also restrict female sexual autonomy while allowing sexual freedom for males, which effectively assigns priority to male sexual pleasures (Gupta, 2002). The consequences of such relationship power imbalances were indicated by some of our participants who risked their own safety and autonomy in order to provide male sexual pleasure.

If we hope to control Africa's HIV/AIDS epidemic, Glick & Sahn (2008) have noted that it is first essential to document where the prevention efforts are working and

how they are working, as well as where they are lacking and how they can be better tailored to specific cultures and subcultures. Given the current limited funding worldwide, understanding the successes and limitations of current prevention efforts has become even more important. While many studies have already explored the nature of unequal gender power dynamics, little as of yet has been done to examine how such dynamics affect one's vulnerability to HIV/AIDS (Gupta, 2002). Our study suggests that addressing gender power dynamics in sexual relationships is not only essential for promoting healthier relationships but also a good starting point for decreasing female vulnerability to HIV/AIDS.

There is a strong temptation to target the groups with the greatest need for changes in behavior and assume that educated groups are less vulnerable to HIV/AIDS. However, Glick & Sahn (2008) indicated that previously reported decreases in high-risk sexual behaviors may have been rendered inaccurate due to the nature of the survey questions. They argue that many married men and women remain at risk for infection. They are worried out that behavior change has not been extensive enough given the urgency of the HIV/AIDS epidemic.

As indicated in both quantitative and qualitative portions of this study, our participants have benefitted from educational HIV prevention programs. This was suggested by their understanding of the means by which HIV is transmitted and how they can use condoms to protect themselves. Moreover, the teachers are financially independent, and the students are soon to be financially independent, so they are not vulnerable to HIV/AIDS due to their need for the material support provided by relationships. Furthermore, the results of the current study highlighted the limitations of

public education as a solution because even well-educated women included in the study remain at risk in spite of their knowledge about HIV.

Africans are in a fight for survival, and HIV/AIDS is Africa's number one existential threat, particularly to South Africans. With 1,000 AIDS deaths occurring daily and an estimated five and a half million South Africans living with HIV, prevention programs and public policies that target gender inequality are necessary to protect women and thereby stem the tide of the epidemic. Undoubtedly, disrespect and violence toward women at the interpersonal level will continue to put them at risk for HIV/AIDS, and that is precisely why greater efforts must be made toward the qualitative study and analysis of complex interpersonal sexual dynamics within the relationships between South African men and women.

Based on the discrepancies between the Students' and the Teachers' attitudes, there is reason to believe that the younger generation of South African women is committed to a shift away from the paradigm of traditional gender dynamics. However, as noted by our Student participants, the traditional rearing of South African males continues to impede that progress; therefore, further research is needed to explore how parenting practices help to cultivate the privileged sexual attitudes in South African males.

Study Limitations

The study's scope is limited, as the attitudes and perceptions are drawn from a small convenience sample of women. Furthermore, this research does not explore the personal accounts of attitudes of males, and cannot be used to describe harbored male

attitudes. Therefore, this research cannot be generalized to represent overall attitudes and perceptions of all educated South African females or of South African males. However, generalizability is not a goal for qualitative research (Morrow, 2005; Willig, 2008).

Due to the university demographics, the student group was of a mixed racial make up, encompassing Black, Indian, and a large group of White students. Thus, the overall generational differences, indicated by both the qualitative and quantitative results, could possibly be due to differences in life experiences and ethnic diversity. In addition, the generational differences between Teachers and Black Students could be affected by either the interracial university environment and/or the normal developmental differences between the 18 to 20 year olds and the 30 to 55 year olds. In time the Students may demonstrate similar compromises in their values when subjected to similar pressures.

The questionnaire used in this research has not been scientifically validated, so the quantitative results must be considered speculative. In addition, the qualitative categories were invariably influenced by the questions. Finally, the study does not attempt to explore the broader social context that impacts the gender roles, and it does not explore the interactions between the older and younger generations that perpetuate the gender and sex roles we have explored.

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Appendix A

Questionnaire

Before starting the questionnaire, please answer the following:

YOUR AGE: _____ **RACE:** _____

Relationship Status: Married Single

If single, are you dating? YES NO

Are you sexually active? YES NO

The following questions ask about your own attitude about sex. Therefore, please answer these questions based on your own beliefs. Please include explanations for your answers after each question, as they will assist researchers' understanding of your answers.

1. I am comfortable talking about sex. *(Included in communication subset)*

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

2. I talk openly to friends about sex. *(Included in communication subset)*

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

3. I am honest with my partner(s) about my sexual past. *(Included in communication subset) (Include in HIV/AIDS Awareness subset)*

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

4. Women are free to be vocal about their sexual preferences to their partners.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

5. I can talk to my partner about what I want sexually without fear of losing my partner. (*Included in communication subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

6. I talk to my partner(s) about what I want sexually without fear of punishment. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

7. When I don't feel like having sex, I can refuse to have sex with my partner.
(Included in Dominance/Subordination subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

8. Sometimes I have sex when I don't want to because my partner wants to have sex.
(Included in Dominance/Subordination subset and reverse scored)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

9. I talk to my sexual partner(s) about negative experiences regarding sexual issues.
(Included in communication subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

10. If I were to break away from my partner I would be financially independent.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

11. I enjoy sex.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

12. My sexual pleasure is very important to me.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

13. I assert my sexual needs in a relationship.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

14. Sex is mainly for reproduction.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

15. I expect the male to assume the dominant role during sex. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

16. I adjust to my partner's sexual preferences.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

17. Women should endure sexual discomfort and should not complain. (*Included in Dominance/Subordination subset and reverse scored*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

18. I have been forced to have sex. (*Included in Dominance/Subordination subset and reverse scored*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

19. There has been a time when I should have used a condom and did not. (*Included in HIV/AIDS Awareness subset and reverse scored*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

20. People should use condoms even in committed relationships. (*Included in HIV/AIDS Awareness subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

21. I can talk to my partner about HIV/AIDS. (*Included in HIV/AIDS Awareness subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

22. Proposing the use of a condom prior to having sex with my partner shows that I care. (Included in HIV/AIDS Awareness subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

23. I will refuse to have sex with a casual partner if he refuses to use a condom. (Included in HIV/AIDS Awareness subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

24. Contracting HIV is a result of witchcraft

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

25. Men and women are equals in a relationship. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

The following questions ask about men's attitudes about sex. Therefore, please answer the following questions based on your understanding of men. Please explain your answers, also how this male attitude makes you feel? How does it affect you? Your explanations will greatly assist researchers' understanding of your answers.

1. Men are comfortable talking about sex. (*Included in communication subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

2. Men talk openly to friends about sex. (*Included in communication subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

3. Men talk honestly to their sex partners about their sexual pasts. (*Included in communication subset*) (*Included in HIV/AIDS Awareness subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

4. Men encourage women to be vocal about women's sexual needs.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

5. Men encourage their sexual partners to talk about what they want sexually without making them fearful that they will leave them. (*Included in communication subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

6. If a woman asks a man for a particular sexual interaction he might want to punish her. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

7. Men freely refuse to have sex with their partners. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

8. Men sometimes have sex against their will. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

9. Men encourage women to talk about negative experiences regarding sexual issues. (*Included in communication subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

10. Men see themselves as the head of the household.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

11. Men enjoy sex.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

12. Men believe women's sexual pleasure is very important.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

13. When in relationships, men assert their sexual needs.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

14. Men believe sex is mainly for reproduction.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

15. Men believe they should assume the dominant role during sex. (*Included in Dominance/Subordination subset and reverse scored*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

16. Men are willing to adjust to their partner's sexual preferences.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

17. Men are willing to endure discomfort caused by sexual interactions. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

18. Sometimes men are victims of unwanted sex. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

19. Men don't like using condoms. (Included in HIV/AIDS Awareness subset and reverse scored)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

20. Men believe people should use condoms even if they are in committed relationships. (Included in HIV/AIDS Awareness subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

21. Men usually talk to their partners about HIV/AIDS. (Included in HIV/AIDS Awareness subset)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

22. If a man proposes using a condom in a casual relationship, it means he cares about the women. (*Included in HIV/AIDS Awareness subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

23. A man will turn down sex when a woman refuses to use a condom. (*Included in HIV/AIDS Awareness subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

24. Men believe contracting HIV is a result of witchcraft.

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

25. Men treat women as equals in relationships. (*Included in Dominance/Subordination subset*)

1-----2-----3-----4-----5-----6-----7

Strongly Agree

Strongly Disagree

(Please explain your answer)How do you feel about this? How does it affect you?

Sexual Attitudes and Perceptions of Gendered Sexual Roles, from the Perspective of
Urban South African Women

Informed Consent

Principal Researcher:

Duduzile Phindile Mashinini

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You are being invited to participate in research about sexual attitudes and beliefs. Please read this form and ask any questions before agreeing to be in this study.

This is a Masters thesis on South African women's attitudes and perceptions about sexual issues.

In this study you will answer two questionnaires: one about your sexual attitudes, and the second about male attitudes. In both questionnaires you will be asked to please answer follow up questions. The study will take approximately 20-30 minutes, depending on how detailed you are with your explanations.

There are many benefits to this research: First, this research can be used to gain a better understanding of women's sexual attitudes. Secondly, information gathered can be used to help inform more effective HIV prevention programs. Lastly, the explanations provided may be used to develop future research.

Some people might feel uncomfortable, because of the sexual nature of the questions. However, the questions used in this research are similar to questions used in related research.

All information will be kept strictly anonymous. Your name will not be attached to the questionnaire instead a number will appear on each questionnaire for data entry purposes. To further guarantee that no one sees the questionnaires or your responses, a sealed box is provided for you to place the completed questionnaires, and a separate envelope is provided for the drawing slips to be described below.

When you participate in this research your name will be entered in a drawing to win a gift certificate to Woolworths. Write your name on the slip provided, and deposit it into the envelope marked “drawing slips.”

Participation in this study is voluntary. You may choose to not take part in this study, or, if you decide to take part, you may change your mind at anytime, and withdraw. If you decide not to participate and the questionnaire is withdrawn, please continue to deposit the incomplete questionnaire in the box provided. That way, the researcher will not know who has or has not participated. Participants that withdraw participation will not be penalized and will still be entered in the drawing.

Benefits to you: There may be no direct benefits to you. The benefits will be in general, a better understanding of sexual attitudes which may help researchers to understand women’s feelings and perceptions about sexual attitudes and to plan for aids HIV/AIDS education.

Risks to you: Since the questionnaire is about women’s sexual attitudes and women’s perceptions of men’s attitudes, some of the questions are somewhat personal. This may be slightly uncomfortable for the respondents. However, remember the answers are anonymous, cannot be traced back to any individual, and you may choose to omit any or all items without penalty. The sealed drop-box will assure that the researchers do not know to whom the questionnaires belong.

Reporting of results: All results will be reported in aggregate, group form. It will not be possible to tie a response to an individual.

Collected anonymous data are kept in a locked file and will not be available to anyone but the researcher.

You must be at least 18 years old to participate in this study. To volunteer in this study please sign on the line below. The signature below indicates that you agree to participate, and understand that you will receive a signed copy of this form. Your signature also indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered.

Thank you for your participation and your willingness to continue the fight against the spread of HIV/AIDS.

Signature of Participant

Date

Signature of Person Obtaining Consent

Date

This research is supervised by Mary Pelton-Cooper, Department of Psychology, Northern Michigan University, Marquette, MI.

Phone: (906)227-2906 or (906) 360-3544. E-mail: mpeltonc@nmu.edu

This research has been reviewed by Northern Michigan University's Human Subjects Committee. If you have questions, you may contact Dr. Cynthia Prosen, Dean of Graduate Studies, Research, and Continuing Education, at (906) 227-2300. E-mail: cprosen@nmu.edu.

Appendix B

Source Table for Three-Way Analysis of Variance

Source	SS	df	MS	F	p
Between					
Respondent Group	24.948	1	24.948	10.804	.002
Error	117.763	51	2.309		
Within					
Subset	10.345	2	5.172	5.611	.005
Subset by Group	7.344	2	3.672	3.983	.022
Error (Subset)	94.032	102	.922		
Questionnaire Part	132.173	1	132.173	93.513	.000
Part by Group	.447	1	.447	.316	.577
Error (Part)	72.084	51	1.413		
Subset by Part	27.300	2	13.650	20.773	.000
Subset by Part by Group	5.521	2	2.761	4.201	.018
Error (Subset by Part)	67.025	102	.657		

Appendix C



Continuing Education & Sponsored Programs
1401 Physician Mile Avenue
Marquette, MI 49835-3305

May 15, 2008

TO: Duduzile Phindile Machinini
Psychology

FROM: Cynthia A. Prosen, Ph.D.
Dean of Graduate Studies & Research

RE: Human Subjects Proposal #HS08-182
"Sexual Attitudes and Perceptions of Gendered Sexual Roles, from the Perspective of Urban South African Women"

The Human Subjects Research Review Committee has reviewed your proposal and has given it final approval. To maintain permission from the Federal government to use human subjects in research, certain reporting processes are required. As the principal investigator, you are required to:

- A. Include the statement "Approved by HSRRC: Project # (listed above) on all research materials you distribute, as well as on any correspondence concerning this project.
- B. Provide the Human Subjects Research Committee letters from the agency(ies) where the research will take place within 14 days of the receipt of this letter. Letters from agencies should be submitted if the research is being done in (a) a hospital, in which case you will need a letter from the hospital administrator; (b) a school district, in which case you will need a letter from the superintendent, as well as the principal of the school where the research will be done; or (c) a facility that has its own Institutional Review Board, in which case you will need a letter from the chair of that board. *5/28*
- C. Report to the Human Subjects Research Review Committee any deviations from the methods and procedures outlined in your original protocol. If you find that modifications of methods or procedures are necessary, please report these to the Human Subjects Research Review Committee before proceeding with data collection.
- D. Submit progress reports on your project every 12 months. You should report how many subjects have participated in the project and verify that you are following the methods and procedures outlined in your approved protocol.
- E. Report to the Human Subjects Research Review Committee that your project has been completed. You are required to provide a short progress report to the Human Subjects Research Review Committee in which you provide information about your subjects, procedures to ensure confidentiality/anonymity of subjects, and the final disposition of records obtained as part of the research (see Section II.C.7.c).
- F. Submit renewal of your project to the Human Subjects Research Review Committee if the project extends beyond three years from the date of approval.

It is your responsibility to seek renewal if you wish to continue with a three-year permit. At that time, you will complete (D) or (E), depending on the status of your project.

kjm

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E-mail: conteduc@umich.edu ■ Web site: www.nmum.edu/ce