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A Bird's Eye View on the Vulnerability of the Young Girl to HIV Infection – A Synergy of Research

Dirk van den Berg and Linda van Rooyen*

Faculty of Education, University of Pretoria, South Africa

ABSTRACT

This research was motivated by the fact that 49.3% of the South African youth between the ages of 15–24 is infected with HIV and that the infection rate among girls is 5 times higher than among boys. This fact implies that South Africa will have more than 17 times as many deaths among 15–34 year old women between the years 2010–2015 as men. HIV/AIDS amongst women in South Africa is not only an issue that impacts on the women's reproductive health and the health of her baby, but has become a social, economic and cultural issue which can severely batter the very foundations of our communities and government.

The above facts and the impact thereof have contributed to determine the proactive approach and focus of this research, namely, the vulnerability of the young girl to become HIV infected and the contextual factors that contribute to her vulnerability. The preliminary research has indicated that the research that was previously done on the topic, was done on an ad hoc basis without being consolidated or linked to other research findings which means that a clear, holistic picture of the status and vulnerability of the young girl to HIV infection, is seriously lacking.

To be able to get an overview of the status and vulnerability of the young girl in a time of HIV/AIDS in South Africa, the aim of this research was to construct a detailed but holistic picture from the different studies that were done on the topic. The latter could serve as a valuable point of departure for further studies, community programmes, education programmes, etc. To be able to provide such a total picture, the results of the different studies were studied, analyzed, integrated and synthesized. When viewed holistically, research results provide a different picture. This study makes it possible to view the current knowledge on the subject at a glance by means of a summarized diagrammatical presentation and a detailed text.

*To whom all correspondence should be addressed: Prof. Linda van Rooyen, University of Pretoria, Faculty of Education, Groenkloof Campus, Groenkloof, Pretoria, 0002. E-mai: Ivrooyen@hakuna.up.ac.za. Cell: +27 083 288 5148

INTRODUCTION

General statistics regarding HIV/AIDS are startling. By 2001 at least 4.7 million South Africans were reported to be HIV positive, 56% of them women. Young females are more vulnerable than young males (Coombe, 2000a, p. 11). When it is considered that 40% of the South African population is less than 15 years of age (Van Rooyen, 2001, p. 10), that 49.3% of the South African youth between the ages of 15–24 is infected with HIV and that the HIV infection rate among girls is 5 times higher than among boys (Van den Berg, 2004, p. 1), the projection that South Africa will have more than 17 times as many deaths among 15–34 year old women between the years 2010–2015 as men, is comprehensible (UNAIDS, 2002b, p. 46). It becomes even more clear that HIV/AIDS, as far as women are concerned, is not only a health issue, it is also a cultural and economic issue which can severely batter the very foundations of our communities and government. President Thabo Mbeki (State President of the Republic of South Africa) was right about proclaiming AIDS as a disease of poverty – mainly because at this level the stark discrepancy between the power and status of men and women puts women at such an extraordinary risk of becoming infected with HIV. Besides from dealing with the appalling economic and health situation in our country, we also have to deal with a culture that empowers its men so much more than its women when it comes to sex (Claire, 2004, p. 53).

FORMULATION OF THE PROBLEM AND AIM OF THE RESEARCH

In the light of the above facts the question regarding the actual position of the young South African girl in the HIV/AIDS epidemic, comes to the fore. *Is the young girl more vulnerable to become HIV infected and what are the contextual factors that contribute to her vulnerability?*

In an attempt to answer the above questions, a preliminary study was undertaken which revealed that, although much research in this regard has been done, it was done on an *ad hoc* basis without being consolidated and without giving a holistic picture of the status and vulnerability of the young girl to HIV infection. The investigation further revealed that the research done in this regard mostly focused on high risk behaviour, behaviour patterns and HIV infection amongst adolescents and

not particularly on the vulnerability of the young girl (in this regard also refer to the paragraph "clarification of concepts" below).

Studies that were done on the vulnerability of the young girl focused on aspects such as whether or not she is sexually active, the age at which she has had her first sexual experience, whether or not she has already been pregnant, raped or sexually abused, whether or not she exchanges sexual favours for money, food, drinks or other gifts and her consequent risk of becoming infected with HIV (Kaiser Family Foundation, 2001, p. 23; Le Roux, 1994, p. 268; Coombe, 2000a, p. 11; Mokhoka, 2000, p. 87; Nairne, 2000, p. 15; Swart-Kruger & Richter, 1997, p. 961; Flood, Hoosain & Primo, 1997, p. 18). These studies also aimed at determining the physiological and psychological health of the young girl without pertinently relating it to her vulnerability to become HIV infected.

To be able to get an overview of the status and vulnerability of the young girl in the HIV/AIDS epidemic in South Africa, the aim was to construct a detailed but holistic picture from the different studies that were done on the topic. The latter could serve as a point of departure for further studies. To be able to provide such a total picture, the results of the different studies were studied, analyzed, integrated and synthesized. When viewed holistically, research results could provide a different picture.

METHOD OF INVESTIGATION

Due to the nature of the research problem, a literature study had to be conducted. There are two basic aspects attached to a literature study – firstly, the actual scrutiny and selection of the relevant available literature and secondly, the determination of the reliability of the literature selected. The study was, therefore, divided into two phases: the pilot phase and the in-depth study.

Pilot phase

The pilot phase had the following fourfold goal:

- To enable the researchers to determine the scope and magnitude of the problem and the research that was done in the field;

- to familiarize the researchers with the existing knowledge available in the primary sources and, should it be necessary to supplement the research with more background information, to familiarize the researcher with the available secondary sources;
- to enable the researchers to become acquainted with concepts currently used in this particular field of study;
- to enable the researchers to properly interpret and evaluate the data which will be revealed in the research.

During the pilot phase electronic and printed sources were utilized to identify the relevant available material. A variety of relevant key words were used for this purpose.

It was furthermore necessary to determine the exact meaning of the relevant concepts and the connotations that are attached to the words. It was particularly important to determine the meaning of the concept "vulnerable" and to distinguish between the concepts "vulnerable" and "risk behaviour". For the purpose of clarity, it was further important to reflect on concepts such as "health", "positive health" and "lack of good health" as the opposite or contraposition of being infected or ill (in this regard refer to the paragraph *Clarification of concepts* below).

Clarification of possible complicating factors

Before conducting the in-depth study, it was necessary to first attend to factors that could possibly complicate the study. These factors were narrowed down to the clarification of concepts, objectivity and the establishment of the authenticity and applicability of data (in this regard refer to *Selection of data* below).

Clarification of concepts

For the purpose of this study

- the meaning of the concept "vulnerable" originated from the Latin word "vulnerāre", which means "to wound; wounding; susceptible to being wounded; injurious"; (Emery and Brewster, 1948, p. 2164); "to be more likely or susceptible"; "to [be] wounded"; "to succumb to persuasion or temptation"; "to [be] injured, either physically or emotionally" (The Reader's Digest Universal Dictionary, 1988, p. 1648); "to [be] weak, innocent, or in a difficult position" (The Collins Cobuild English Dictionary, 1998, p. 1874);

- there has to be distinguished between “risk behaviour” and being “vulnerable” to HIV infection. In risk behaviour studies, the concept “risk behaviour” is defined as “an action a person [consciously but not deliberately] *chooses* that threatens his or her health and can cause disease, injury, and premature death” (researchers’ own insert in brackets and italic) (Meeks and Heit, 2001, p. 729), whereas the concept “vulnerable”, will have the connotation of *innocence* and *ignorance*, meaning the young girl does not necessarily *know* (“being ignorant” [The Collins Cobuild English Dictionary, 1998, p. 1874]), that she is “more susceptible to” (The Reader’s Digest Universal Dictionary, 1988, p. 1648), in this case, HIV infection. “Innocence” and “ignorance”, in this context, will refer to “being unacquainted, guileless, ingenuous, naïve” – thus not knowing that one is in potentially greater danger than e.g., the opposite sex;
- the concept “health” will refer to a soundness of body and mind rather than just an absence of disease; the total health of the young girl, i.e. her physical, mental and/or psychological health;
- “positive health” will be used interchangeably with the concept “functional health” (Holford, 1998, p. 4) and will refer to the general state of health of the young girl which will include feelings of well-being (inner life of the girl), the absence of ill-health (disease signs and symptoms) and a healthy lifestyle (sufficient exercise, a balanced diet and sound living conditions (Holford, 1998, p. 4);
- “lack of good health” will refer to feelings of stress and unhappiness, the presence of signs and symptoms of disease, an unhealthy life-style which reflects insufficient exercise, malnutrition, poor living conditions and health risk behaviour (with regards to cultural views on illness, refer to *Cultural beliefs and misconceptions on disease and misfortune* below).

Objectivity

After the researchers have attended to the problem, the variables and the experimental design, the important issue of objectivity had to be considered. Scientific research, especially on such a sensitive and confidential issue as to become HIV infected, requires meritorious self-control. To render this research as scientific, objectivity was regarded as of greater a scope than the researcher being dispassionate or unbiased in the collection and interpretation of the facts, or the researcher not tailoring his or her view to fit preconceived notions or preferences. Research integrity demands of a researcher to overcome personal and prejudicial

attitudes, personal preconceptions and value judgements, and not to rely on traditional or "received systems of thought".

Care had to be taken to not only pursue the seemingly strong ideas or apparent discoveries and to set aside the obscure or involved ones, but to consider each idea, fact or discovery, according to the significance it has had in answering the primary question that was on the table.

Selection of data

The data that was selected provided a holistic and consolidate picture of the status and vulnerability of the young girl to HIV infection. Information on, inter alia, gender inequalities, the physiological status of the young girl, the socio-economical situation of the young girl.

To render this study as scientific, the data which the researchers have identified, gleaned and carefully studied, the "raw material", were subjected to two critical processes: firstly, the process of elimination and secondly, the process of internal and external criticism.

During the process of *elimination* the researchers attempted to retain material that was directly relevant to the problem under investigation and which could be of real value in providing a clear picture of the vulnerability of the young girl to become HIV infected. The material that was considered was continuously measured and evaluated against the criteria above that constitute and describe the main concept, namely the *vulnerability* of the young girl.

External criticism as a scientific act was applied to establish the authenticity and applicability of gathered research results, i.e. to determine the why, where, how and by whom the research was done, thus, to establish if the source was what it claimed to be. It was also necessary to differentiate between original texts and revised editions.

The process of *internal criticism* refers to the analysis and interpretation of the propositions made in the selected documents in an attempt to minimize illogical and biased assumptions and deductions.

IN-DEPTH STUDY

During the scrutiny and analysis of the literature, an excerpt was made of only the most relevant research results that

could indicate possible trends in society and as a result impact negatively on the vulnerability of the young girl to become HIV infected. A factual profile presents the main facts under the following headings: Cultural beliefs and misconceptions regarding disease and misfortune; Other misconceptions, harmful views and stereotypes; Youth sexuality; Critical status of the youth regarding HIV infection; Sexually Transmitted Infection's; Gender inequality (Culture and gender, Sexuality and gender, Economy and gender); Physiological status of the young girl (Anatomy, Genital trauma [Female genital mutilation, Dry sexual intercourse]) Violence against Women; Poverty.

Cultural belief* and misconceptions regarding disease and misfortune

Misconceptions about HIV/AIDS amongst South Africans are often linked to cultural beliefs and convictions – a fact that can impact heavily on the HIV infection rate, especially of the young girl (if viewed in the context of her vulnerability to become infected).

- Illness is not viewed as a random event, but rather a product of destiny, e.g., disharmony between an individual and nature, an individual and others or an individual and the supernatural, e.g., the ancestors (if traditions and social norms are not obeyed or taboos are violated), God, the spirits, witches and sorcerers (Topouzis, 2000, p. 6).
- According to Leclerc-Madlala (1999, p. 370) disease and misfortune are only ascribed to one of the following three causes:
 - The individual has been bewitched which caused the disease or misfortune to come upon him or her.
 - The ancestral spirits have been disobeyed and aggravated and can purportedly punish individuals or families to fall ill, withdraw their protection and allow witches to cast spells and make individuals more susceptible to tragedy.
 - Some evil spirits could have been haunting the individual and as a result brought the disease or misfortune upon him or her.
 - Disease that was initiated by ancestors is seldom serious or fatal and can be overcome by offering and sacrifices to restore the positive relationship between the individual and his or her ancestor (Mphahlele, 1992, p. 29).

- Growing up in the above belief system will not embrace such notion as the Human Immunodeficiency Virus (HIV) (Meekers, 2000, p. 22).
- By blaming HIV/AIDS on the causes discussed above, qualifies and explains the reluctance of individuals to take personal responsibility for their actions and change their behaviour or to engage in preventative and safer behaviour.
- The victims may take revenge upon the person who they believe bewitched them (Kuhn, Steinberg and Mathews, 1994, p. 161), a belief which can result in many witch hunts and deaths.
- The myth that sex with a virgin cures HIV/AIDS can be regarded as "standard received wisdom" that children receive during their enculturation (Leclerc-Madlala, 1999, p. 370). Both girls and boys are raped for this purpose (Corward, 2000, p. 56). The myth tells that a "dirty/wet woman" infected the man and that her opposite, i.e. a "clean/dry girl" can take the infection away. The girl, so is believed, can not be infected because her vagina is dry and the HI-virus can not attach itself to it. Of 9000 people interviewed, 13% believed virgin cleansing could prevent AIDS (Anderson in Claire, 2004, p. 54).
- Younger girls between 6 or 8 years of age are targeted for sex to be "cleansed from HIV" (Stadler & Motsepe, 1999, p. 56) because "everybody over twelve years old in a township might already have contracted the virus" (Ntho, 2005, p. 2).

Other misconceptions, harmful views and stereotypes

- Misconceptions, stereotypes and prejudice further contribute to render the youth more vulnerable, even more so when the message originated from and is disseminated by educators or persons of authority (Fishbaugh & Gum, 1994, p. 27).
- The view that only injecting drug users are highly susceptible to HIV infection, are found to still exist (Ntho, 2005, p. 2).
- HIV positive individuals often hold the view that they can "just go out" and spread the virus to as much other partners as possible "so that they can all die together" (Ntho, 2005, p. 2).
- Foreign mine workers working in South Africa, have incorrectly been labeled as the "HIV-carriers" and not the South African men (Meekers, 2000, p. 21).

- White people are under the impression that HIV/AIDS is a black peoples' disease and black people think it is "the disease of the white man" (Meekers, 2000, p. 21).
- During Apartheid in South Africa, HIV/AIDS had been blamed on terrorists who entered the country from other African States. This idea contributed to the fact that little was done to teach about HIV/AIDS (Spain, 1999, p. 4).
- At that time, HIV/AIDS programmes were mostly based on Western principles, without incorporating, interpreting or understanding the diverse cultural and belief systems of the indigenous people into such programmes (Le Roux, 2001, p. 95).

Youth sexuality (in this regard also refer to "Violence against women" below)

- 33% of girls between the ages of 12–17 years have already had sexual intercourse of which 4% have already been pregnant (Kaiser Family Foundation, 2001, p. 23).
- Of the sexually active girls, 16% acknowledged the fact that they exchange sex for money, food, drinks or other gifts (Kaiser Family Foundation, 2001, p. 23).
- Girls as young as 8 years are sexually active (Coombe, 2000a, p. 11).
- Girls do not visit health clinics but use prescribed and traditional (muti) medicine as well as disinfectants and other household cleaners as contraception (Nairne, 2000, p. 15).
- Gangs regard the girls in their area as their property and available for sexual intercourse (Le Roux, 1994, p. 269).
- When girls practice survival sex, their clients prefer and pay more for penetrative sex without a condom (Sondheimer, 1992, p. 76) and even much more for the very young girls and virgins (Coombe, 2000a, p. 11).
- 25% of sexually active girls admitted that they had been forced to have sexual intercourse (Le Roux, 1994, p. 268).
- Girls are afraid to insist that men use condoms for a variety of reasons (Sondheimer, 1992, p. 75) (in this regard also refer to *Violence against Women* below).
- Young, black, married women faces the dilemma of being married to a man that is not monogamous while she cannot insist on condoms (Population Council, 2004).
- Young girls often fall prey to male teachers who are sexually abusive (Dreyer, 2004: interview). In a study 25% of male

teachers admitted they had been *physically* abusive, while 12% reported that they had been *sexually* abusive (University of the Western Cape's School of Public Health, 2003).

Young men more often (Van den Berg, 2004, p. 14)

- engage in sexual violence,
- reveal harmful attitudes and threatening behaviour towards their sexual partners,
- have more sexual partners than girls, the average young man has four partners per week, compared to the girl who has one sex partner per week (Van Rooyen, 2001)¹,
- have inadequate knowledge with regard to HIV/AIDS,
- believe in myths,
- practise drug injection (than girls of the same age),
- believe in multiple partners, although they regard it as important to have a woman who is perceived to be virtuous (in this regard also refer to the study done by the Population Council).

Critical status of the youth regarding HIV infection

- The peak age of infection appears to be between 15 and 24, with a female-to-male ratio of two to one in this age group (UNAIDS, 2002, p. 46).
- Only 50% of the South African youth have a chance to reach the age of 40 years (UNAIDS, 2002, p. 47).
- Only 18% of the secondary schools in South Africa follow a sexuality education programme, while 60% of the schools surveyed, acknowledge that learners have a great risk to become HIV infected.
- Most community-driven HIV programmes focus on girls while young men are usually excluded (Van Rooyen, 2001).
- Where fidelity has been addressed, the HIV/AIDS infection rate has dropped enormously, e.g. the active advocating of fidelity to one partner by the Ugandan government resulted in the AIDS rate in urban women between 1519 fell by 50 per cent. Casual sex fell by 60 per cent (Epstein in Claire, 2004, p. 54).

¹From the research results the following deduction can be made: although the young girls seem to be more vulnerable to HIV infection, it seems as if it is a male driven disease. In some cultures women are expected and even forced to be sexually faithful while her husband is permitted or even encouraged to also have sex with other women (UNAIDS, 2000:12).

The following facts can possibly be ascribed to the fact that older men more often have sex with teenage girls (the “Sugar-daddy Syndrome”) (the older sexual partner is associated with increased risk of HIV infection, and considering the fact that the immature vaginal mucous membranes of young girls make it easier for the HI-virus to pass through, further increases her risk (Claire, 2004, p. 54):

- Females are more vulnerable to become HIV infected than males – 2.6 million females were infected in 2001 to 2.1 million males (Coombe, 2000a, p. 11).
- The HIV infection rate among girls is 5 times higher than among boys (Van Rooyen, 2001).
- HIV infection amongst girls 15–19 years of age rose from 12.7% to 21% in 1999 (UNAIDS, 2002, p. 46).
- By the year 2015, two thirds of girls that are 15 years of age in 2003 would have died (Beeld, 2003b, p. 2).

Sexually Transmitted Infections

- The interrelationship between HIV/AIDS and STIs has been well documented internationally. STIs can cause open sores or lesions on the penis or vagina, which greatly increases the risk of HIV transmission.
- It is a widely accepted fact that one of the reasons for AIDS spreading so rapidly in Africa, is because of the high rate of STIs (Flood, Hoosain and Primo, 1997, p. 45).
- During a World Health Organization (WHO) expert committee meeting in 1989, it was concurred that it is biologically plausible for all STI pathogens that cause genital ulcers or inflammation to be a factor in increased infectiousness or susceptibility to HIV (WHO, 1989, pp. 272–275).
- Moore & Zimbizi (1996, p. 420) and UNAIDS (2001, p. 12) state that women and girls
 - have a natural (anatomical) vulnerability to STIs,
 - have a receptive role during sexual intercourse because she usually receives a part of her partner’s body (his penis, tongue or fingers) into some part of her body like the vagina, mouth or anus,
 - in rural areas do not always have access to private health care, regular gynaecological examinations where STIs can be identified and treated or antenatal clinics where tests can be done, with the result that women are undercounted in

- sexually transmitted infection data (McNamara, 1991, p. 3),
- are ashamed to ask for help or to go a clinic, to expose themselves in any way because of the sexual double standards of society, which imply that promiscuous behaviour is fine for men, but shocking in women,
- find it difficult to be assertive about refusing sex or insisting on safer sex because of the low social status of women in some cultures (as mentioned above),
- by asserting themselves, may encounter anger and even violence, thus increasing their risk to infection.

Gender inequality

The concept “gender inequality” refers to the difference or unevenness or “the lack of equality, as of opportunity, social status, distribution of wealth, or the like” between the two genders, i.e. male and female (Collins Cobuild English Dictionary, 1998, p. 861) that renders the girl (woman) as “unequal to the male” and contributes to her vulnerability to become HIV infected.

For the purposes of this study, the meaning of the concept “gender role” is determined by culture and society, “we learn it in our families and communities and it will vary by culture, by community, by family, and by relationship, with each generation and over time” (UNAIDS, 1998, p. 2).

Culture and gender (also refer to “Violence against women’ below)

- Women fall victim to men’s abuse because of women’s traditional role and status in society that perceives women as the weaker sex and in some cases relegate women to the same status as children (Chinkanda, 1992, p. 229). This is the case in many South African cultures where men are viewed as having all the power and being in control – a degree of cultural oppression that has to be overcome. “There has rarely been a disease so rooted in inequality between the sexes as HIV/AIDS” (Lewis in Claire, 2004, p. 54).
- Boys are seen as potential leaders and protectors of their families and communities while girls are valued only as potential mothers (one of the reasons why girls are not given equal access to education) (Meintjies and Marks, 1996, p. 36).
- Society is intolerant and hostile towards girls and women who choose independence from marriage and family life. Such girls

have less status in society and are viewed as “unnatural” and “unfeminine”. Girls who leave school early and rush into early marriages or sexual relationships obtain instant social status (Meintjies and Marks, 1996, p. 35).

- In the South African society, masculinity, or what it means to be a man, is sometimes associated with “having easy access to women”, while the need to emphasize male control often lead to women being forced to have sexual intercourse (rape). Approval of both partners is not considered necessary. Culture are used to justify this behaviour (Meintjies and Marks, 1996, p. 36).
- In some African cultures, men has the right to abduct women who should not submit to this.
- Meintjies and Marks (1996, p. 37) found the most vulnerable women to be young girls, mentally disabled females who are subjected to sexual harassment and forced sex by male relatives, teachers, boyfriends and fellow activists (if applicable).
- In some cultures, young or virginal women have to marry older, more sexually experienced men – a cultural factor that may increase her vulnerability to become HIV infected (UNAIDS, 2001:27) (also refer to *Critical Status of the Youth to HIV Infection* above)
- Mothers educate their boys to be dominant, and reinforce such traditional behaviour in boys and encourage them to imitate older boys and men who are rough and even violent “manly” (UNAIDS, 2000, p. 5).

Sexuality and gender

- The life goal for girls are to produce children, but the goal of producing children is “directly incompatible with safer sex practices” (UNAIDS, 2001, p. 23).
- Girls find it difficult to gain information and correct knowledge with regard to reproductive health and HIV/AIDS prevention – however, where access thereto is probable and available, young women do not have the power to demand condom use by their partners (Rivers and Aggleton, 1999, p. 15).
- Male and female sexual behaviour are viewed differently (Meintjies and Marks 1996, p. 35): men are viewed as sexually virile, vigorous and more active and are expected to initiate sex, while females are viewed as passive, receptive and less sexually active than men. Women are not expected to initiate sexual encounters or to enjoy sex or have pleasure. Men traditionally have the power to determine the type and time

of sex – a fact that disempowers the female to negotiate safer sex practices. They risk the dangers associated with conformity (UNAIDS, 2001, p. 24).

- Pregnancy outside of marriage is condemned and indicates sexual activity. At the same time, it is believed that only fertile women deserve marriage, so some girls feel pressured to prove their womanhood by becoming pregnant at an early age and consequently sacrifice their reproductive health and increase their vulnerability to HIV infection (UNAIDS, 2001: 23).
- In some cultures, virginity until marriage is highly valued and is confirmed by being examined by older females just before marriage. This can force young girls to engage in risky sexual practices, such as anal sex, as a means of protecting their virginity, and consequently this increases their vulnerability (Beeld, 2003a, 5).
- Gender inequality impacts negatively on the vulnerability of the young girl. The stereotypical characteristics of men as discussed above, motivates them to embark and insist on even more risky sex practices such as gang rape (Van den Berg, 2004, p. 81). This, together with the many unfavourable cultural prescriptions to women to be submissive and sexually subordinate, “obedient” and “willing”, render women in general and young girls in particular more vulnerable to become HIV infected.

Economy and gender

Research on economy and gender has been undertaken from a variety of angles, but there seems to be a definite relation between economic inequality and the social status of women in many cultures. Men usually have greater economic and social power and often are economically independent which also puts them “in control” and renders the female more vulnerable to social as well as sexual subordination and therefore also to HIV infection (Van den Berg, 2004, p. 81) (in this regard also refer to the paragraph on poverty).

Physiological status of the young girl

Van den Berg (2004, p. 83) points out that the mere reality of female physiology may render the girl more vulnerable to HIV infection. In addition to the biological vulnerability of girls, are the complex and unhealthy societal expectations and circumstances

(discussed above) that disempower the girls to have less control over their lives and bodies than their male counterparts have. In his research (Van den Berg, 2004, p. 83), he investigated the unique characteristics and functions of the female body that may contribute to the vulnerability of the girl to HIV infection.

Women's sexual anatomy

Much research has been done on women's sexual anatomy. The following facts illustrate how her sexual anatomy contributes to her vulnerability to infection:

- Women, and particularly girls, are more prone to infection than men, possibly at all ages, but definitely in their teens, early twenties and after menopause, due to a biological, immunological and/or virological susceptibility in women, which changes with age and make them more vulnerable to infections (Reid and Bailey, 1992, p. 1).
- Compared with that of males, the female reproductive tract in younger girls is not fully developed and the skin is more likely to rip or tear during sexual intercourse, thus increasing the risk of HIV infection (Van den Berg, 2004, p. 83).
- The mucus membrane in the female genital tract has, inter alia, an immune function, that is, to activate the immune responses of the cells in the vaginal and cervical surfaces. The proper functioning and presence of an intact mucous membrane may then make the young girl less vulnerable to HIV infection. If it is less proficient it will have a less protective role and there will be less of a barrier to viral penetration. It will also provide less assistance in minimizing irritation and tearing of the genital membranes and so facilitate viral entry. Mucous production is low during the menstrual cycle and will thus provide less natural protection (Reid and Bailey, 1992, p. 4).
- Any erosion of the cervix would increase the likelihood of virus entry. Evidence shows that more young sexually active women contract the human papilloma virus and herpes simplex infections which cause cellular changes and lead to cervical ectopy and cervical cancer, the latter being higher in young women who began sexual activity before the age of 17 (Reid and Bailey, 1992, p. 4).
- The epithelia mucosa in the vagina, which serves as the female's natural protection against infection, is, even if it is intact, not sufficient to protect her against HIV infection (McNamara, 1991, p. 2).

- All the organs in the body that have a mucous membrane (mucosa), can be infected with a venereal disease for example the mouth, eyes, anus and genitals.

Genital trauma

STIs are a major but not the only source of damage to the female genital tract. Other sources of infection or trauma that could damage the mucous (epithelial) barrier can include female genital mutilation, childbearing, insertion of objects into the vagina and trauma during sexual intercourse. The following factual profile only summarizes some of the most relevant information.

Female genital mutilation

- Female genital mutilation (FGM), incorrectly also referred to as circumcision (to imply “no damage is done”, involves either partial or total removal of the clitoris (clitoridectomy), and is performed on 6000 African women per day (SABC, September, 2002, 07:00 Morning Live).
- The gravest form of FGM is referred to as infibulation, also called “pharaonic” circumcision, when the clitoris, labia minora and parts of the labia majora are removed and the two sides of the vulva are stitched, leaving a small opening for urination and menstruation. Consequences of infibulation increase the girl’s susceptibility to HIV infection (McNamara, 1991, p. 4).
- FGM is a ceremony that is performed by ignorant people and laymen with the result that seven out of every 100 girls bleed to death (Fine and Alter, 1996, p. 273).
- Many girls contract infections during FGM, solely due to the fact that the same instruments are used for the total group (Fine and Alter, 1996, p. 273).
- Some girls as young as seven are “circumcised”, which leave many of them infertile (if they live after the operation) (Fine and Alter, 1996, p. 273).
- Long-term consequences of infibulation are chronic urinary tract infections, incomplete healing and excessive scar tissue that can cause vaginal obstruction. During childbirth, the infibulated section has to be opened for passage of the infant, which can leave the female severely traumatized (Gordon, 1991, p. 3).

Dry sexual intercourse

The myth that sexual intercourse is better and purer when the vagina is dry, is both inaccurate and potentially dangerous. This myth is perpetuated by the cultural belief that a wet vagina indicates that a woman is promiscuous (Fine and Alter, 1996, p. 272).

- Traditional practices to dry and tighten the vaginal passage, e.g. the use of herbs, traditional preparations, methylated spirits or vinegar, iced water, ice cubes, zambuk cream, snuff, alum powder and the insertion of foreign objects, can cause inflammation, abrasions and infections, and so increase susceptibility to STI and HIV infection. When a dry vagina is penetrated, it can cause tearing (which can be extremely painful) and bleeding that consequently provide a direct passageway for HIV to enter the bloodstream (McNamara, 1992, p. 4).
- With the aim to tighten the vagina some women use stones, a practice that was found to irritate the vaginal mucosa, have an erosive effect, and thus facilitates entry of HIV. Women in some cultures insert objects into the vagina, e.g. as medication, for contraception, to induce abortion or to increase the male partner's pleasure during sexual intercourse (McNamara, 1991, p. 4).
- Non consensual, hurried or frequent sexual intercourse can also inhibit mucous production and the relaxation of the vaginal muscles, both of which would increase the likelihood of genital trauma (Reid and Bailey, 1992, p. 4).

Violence against women

"Violence" can be described as "physical force exerted for the purpose of violating, damaging, or abusing; an act or instance of violent action or behaviour; the abusive or unjust exercise of power; an outrage; a wrong; abuse or injury to meaning, content, or intent" (Reader's Digest Universal Dictionary, 1988, p. 1675). "Sexual violence" includes exploitation, rape, sexual abuse in its widest sense, sexual harassment and intimidation, trafficking in women and forced prostitution" (United Nations, 1994, p. 104), as well as pornography, female genital mutilation, humiliation, assault, molestation, sexual bartering, insertion of objects into genital openings and any harmful traditional practices such as

early marriage (WHO, 1998, p. 36). For the purpose of this research "sexual violence" will refer to all physical and emotional use of violence against young girls that results in sexual exploitation and may increase the vulnerability of young women to HIV infection.

- Research has shown that one in every four men claimed to have had sex without the girl's consent. 50% of the 30,000 people involved in this study (male and female) believed forcing sex on someone was not rape, but just "rough sex" (Johannesburg Metropolitan Council, 2003).
- In a study involving 3000 men (Population Council, 2003) it was reported that men have a right to multiple partners, and women deserve what comes to them. The *Cape Argus* reports of a bus conductor who said: "Women who wear miniskirts want to be raped, and we'll give them what they want" (Claire, 2004, p. 54).
- Pretorius (1988, p. 211) states that a member of a culture of poverty may be predisposed to aggressive, violent and destructive behaviour because of a low self-concept and frustration that are frequently experienced, "typical of a section of society that has to cope with poverty" (Pitock, (1992, p. 32) and "the sense of disempowerment that emerges from experiencing unemployment or poverty" (UNAIDS, 2000, p. 9).
- Violence against women and children may also be ascribed to the gender stereotype of male sexual aggression (UNAIDS, 2001, p. 24). Once again the male has the aim to be "in control", to display his male superiority and prove his embodiment of dominance, physical strength, virility, and risk-taking, which can also translate into situations of sexual coercion and rape and incest.
- Male aggression contributes to the reluctance of the young girl to raise the issue of a condom because of the threat of violent retaliation.
- Violent and coerced sex can also increase a women's biological vulnerability to HIV infection because of damage done to the membranes of the genital area.
- 30% of young women's first sexual intercourse is forced (UNAIDS, 1998, p. 16).
- 71% of young women reported having sex against their will (UNAIDS, 1998, p. 16) .
- 11% reported being raped (UNAIDS, 1998, p. 16).

- Violence can also take a non-sexual form, e.g. threatening, which also prohibits the girl's opportunity to negotiate safer sex practices.
- Research has indicated that sexual violence results in a low self esteem, less self respect and consequent feelings of worthlessness, a willingness to participate in and experiment with sexual intercourse (even expose herself to sexual violence) in order to feel accepted and worthy (Van den Berg, 2004, p. 112).

Poverty

The concept "poverty" is described as "the state or condition of being poor; lack of the means of providing material needs for comforts; the lack of something necessary or desirable; insufficiency; deficiency in amount; scantiness" Reader's Digest Universal Dictionary, 1988, p. 1210). "Poverty" also designates a social grouping with low socio-economic and cultural levels, and scant social and economic status (Pretorius, 1988, p. 202) and a situation in which levels of income are so low that even a minimum standard of nutrition, shelter and personal life necessities cannot be maintained (World Bank, 1975, p. 19). The term "unabling environment" describes the economic, cultural, social and political circumstances that contribute to HIV/AIDS risk (UNAIDS, 2001, p. 26). The poor account for the largest number of HIV infection (Cohen, 1998, p. 2; UNAIDS, 2002, p. 26). Vica versa will the higher incidence of HIV infection also worsen the conditions of the enabling environment and as such create a "vicious cycle". The following factual profile summarizes the most important information on the impact of poverty on the vulnerability of the young girl:

- Young people who are socially and economically disadvantaged are at highest risk to HIV/AIDS infection because of the precarious and impoverished living conditions that they are exposed to (Rivers and Aggleton, 1998, p. 2). Claire (2004, p. 54) reports on teenage girls in Elliot who are heading households and families that were orphaned by AIDS by offering sex in exchange for food to feed their siblings. She reports that pregnancy is viewed as a bonus because it qualifies them for the government childcare grant of R165 (U\$ 23) per month.

- Doda (in Claire, 2004, p. 54) at the Elliot Advice Office reports that a girl of 13 can be pregnant and at the age of 20 years she will have about four kids.
- The majority of new infections in Southern Africa are amongst poverty stricken young people between the ages of 15 and 24 (or less than 15) (Cohen, 1998, p. 8).
- A situation of poverty that increases the girl's social vulnerability has a disempowering effect with regard to her ability to remain HIV uninfected. It may predispose the girl to give way to sexual intercourse during which she is unable to negotiate safe sex and therefore be vulnerable with regard to HIV infection.
- Research done 40 kilometres from East London found girls who were trading sex for education and the chance of a way out of their grinding poverty. They were sleeping with taxi drivers in order to get regular lifts to a tertiary college they attended near East London. The deal the taxi drivers struck was sex with no condoms (Claire, 2004, p. 54).
- The potential of children in a culture of poverty is inhibited by an unsupportive milieu (Booyse, 1989, p. 147). They might not be able to adapt adequately to the wider society (Banks, 1990, p. 210).
- Young people may also face the increased risks of HIV infection by virtue of their social position, unequal life chances, rigid and stereotypical gender roles, and poor access to education and health services (Cohen, 1998, p. 2).
- The contribution of facts such as ill-health, chronic ailments, inadequate medical services, malnutrition, undernourished family members, inadequate or non-existing family planning, large families, high infant mortality, low level of education and scant occupational status illustrates the complex problems the poor has to deal with.
- Le Roux (1994, p. 34) found that a child reared in a culture of poverty is troubled by a lack of order in the milieu, a day-to-day or short term orientation toward time, a powerful peer-group influence, a restricted language code, primitive communication, low intellect, insecurity, poor orientation towards school, and clashes between the value orientations of the family and the school, but is also more vulnerable to temptations.
- A combination of the above circumstances can result in the young girl's negative academic self-concept, a relatively low level of motivation and drive, an accumulated scholastic

backlog, diffuse personality structure, an unmet need for expression, creativity that is alien to the school situation, social awkwardness, and discomfort in the school situation. This again can contribute to her failure in school, and frequently, her leaving school too early, rendering her with a poor and uncertain occupational future, more poverty, and the cycle continues.

- The young girl caught in the spiral of poverty might even be more vulnerable to HIV infection. Rivers and Aggleton (1999, p. 5) point out that this girl may be particularly vulnerable to sexual exploitation through the need to trade or sell sex in order to survive. More than half of 141 street children recently interviewed in South Africa, reported having exchanged sex for money, food, goods or protection (Swart-Kruger and Richter, 1997, p. 959).
- Claire (2004, p. 54) reports of girls as young as 12, many of whom have full blown AIDS, living with migrant labourers working on the farms along the Orange River, on the border between Namibia and South Africa.

CONCLUSION

This research presents a synergy of the most relevant research studies that have aimed to identify the different causative factors that contribute to the young girl's "living on the edge". Because of the "unhealthy" and negative circumstances and living conditions of many young girls in South Africa and the harshness of the cold reality of HIV/AIDS, the scenario for the future for most them are bleak.

This research could be used as a point of departure for further research or the development of strategies and programmes to empower the young girl with knowledge, skills and values to rise from her ignorance and join other, more privileged and empowered "butterflies". Much can be done to mitigate the impact of the situational, physical, social, environmental, cultural and gender influences, highlighted in this research article, that contribute to render the young girl more vulnerable and susceptible to HIV infection. This research has serious implications for parents, the schools, the church, general society, NGOs and the government of South Africa.

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FIGURE 1
 A summarized diagrammatical presentation of contextual factors that render girls vulnerable with regard to HIV/AIDS infection



