

**EXPLORING THE EXPERIENCE OF VIRGINITY TESTING BY FEMALE  
ADOLESCENTS IN THE UTHUNGULU DISTRICT OF KWAZULU-NATAL**

by

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submitted in accordance with the requirements

for the degree of

**MASTER OF PUBLIC HEALTH**

at the

**UNIVERSITY OF SOUTH AFRICA**

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FEBRUARY 2016

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### DECLARATION

I declare that **EXPLORING THE EXPERIENCE OF VIRGINITY TESTING BY FEMALE ADOLESCENTS IN THE UTHUNGULU DISTRICT OF KWAZULU-NATAL** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



.....  
**SIGNATURE**

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February 2016

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ADOLESCENTS IN THE UTHUNGULU DISTRICT OF KWAZULU-NATAL**

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**ABSTRACT**

The purpose of the study was to investigate the experience explore the experience of virginity testing of female adolescents in the uThungulu district of KwaZulu-Natal. A qualitative research was conducted to explore and describe the experiences of female adolescents on virginity testing. In-depth phenomenological interviews were conducted on 18 participants during data collection. Proponents of virginity testing believe that virginity testing is a traditional practice that can assist in reducing HIV infection and teenage pregnancy amongst the youth. On the other hand, opponents of virginity testing strongly believe that the practice of virginity testing interferes with human rights and Constitutional prescripts that protect the rights to equity, privacy, bodily integrity and sexual autonomy of young women. The study found that participants had only positive experiences of the practice of virginity testing and none expressed having any negative experiences. The findings also confirmed that virginity testing is being done irrespective of different opinions from different scholars and experts on the subject. Little knowledge about the Children's Act and the Commission for Rights of Cultural and Linguistic communities was observed.

**Keywords:**

Adolescent; AIDS; HIV and virginity testing.

## **ACKNOWLEDGEMENTS**

- Appreciation is extended to my supervisor, Dr TSB Mokoboto-Zwane, who gave her time in providing support, encouragement, guidance, and her expertise which made my research a challenging but enjoyable experience.
- I would also like to express my gratitude and appreciation to friends, Nokuthula Ngubane and Thembelihle Zuma, for their support, encouragement and assistance throughout the thesis.
- Thanks also to my family; especially my mother, for their endless support, encouragement and for believing in me.

## *Dedication*

*This thesis is dedicated to my mother Gugu Kunene who has supported me both financially and emotionally. Thank you; you have been the pillar of my strength.*

*To my family, thank you for your love and support and for always believing in me.*

## TABLE OF CONTENTS

CHAPTER 1 .....	1
ORIENTATION TO THE STUDY .....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND AND RATIONALE .....	2
1.3 PROBLEM STATEMENT .....	4
1.4 RESEARCH PURPOSE AND OBJECTIVES .....	6
1.4.1 Objectives .....	6
1.5 SIGNIFICANCE OF THE STUDY.....	6
1.6 DEFINITION OF KEY CONCEPTS .....	7
1.7 RESEARCH DESIGN.....	7
1.8 RESEARCH METHODOLOGY .....	8
1.8.1 Setting and population.....	8
1.8.2 Sampling method .....	9
1.8.3 Eligibility criteria .....	9
1.8.4 Sample size .....	9
1.9 DATA COLLECTION.....	9
1.10 DATA ANALYSIS.....	11
1.11 TRUSTWORTHINESS .....	12
1.11.1 Credibility .....	12
1.11.2 Dependability .....	13
1.11.3 Confirmability .....	13
1.11.4 Transferability .....	13
1.11.5 Authenticity .....	14
1.12 ETHICAL CONSIDERATIONS .....	14
1.12.1 The respect for human dignity .....	14
1.12.2 The principle of justice.....	15
1.12.3 The principle of beneficence.....	15
1.13 CONCLUSION .....	16
CHAPTER 2 .....	17
LITERATURE REVIEW .....	17
2.1 INTRODUCTION.....	17
2.2 VIRGINITY TESTING (VT).....	18
2.3 VIRGINITY TESTING: A GLOBAL OVERVIEW .....	19
2.3.1 Virginit y testing in India .....	19
2.3.2 Virginit y testing in Turkey .....	19
2.4 VIRGINITY TESTING: AN AFRICAN PERSPECTIVE.....	20

2.4.1	Virginity testing in Swaziland .....	20
2.4.2	Virginity testing in Zimbabwe .....	21
2.4.3	Virginity testing in Egypt .....	22
2.5	VIRGINITY TESTING IN SOUTH AFRICA .....	22
2.5.1	South Africa's Constitution .....	22
2.5.2	The Commission for Rights of Cultural and Linguistic Communities (CRL Commission) .....	23
2.5.3	Other legislative framework .....	23
2.5.4	Cultural issues of virginity testing .....	27
2.6	CONCLUSION .....	31
CHAPTER 3 .....		33
RESEARCH METHODOLOGY .....		33
3.1	INTRODUCTION .....	33
3.2	RESEARCH METHODOLOGY .....	33
3.3	RESEARCH PURPOSE AND OBJECTIVES .....	34
3.3.1	Purpose of the study .....	34
3.3.2	Objectives of the study .....	34
3.4	STUDY DESIGN .....	34
3.4.1	Qualitative research .....	35
3.5	STUDY SETTING .....	35
3.5.1	uThungulu District Municipality .....	35
3.6	RESEARCH METHODS .....	36
3.6.1	Study population .....	36
3.6.2	Eligibility criteria .....	36
3.6.3	Study sampling .....	36
3.6.4	Sampling methods .....	37
3.6.4.1	Purposive sampling .....	37
3.6.4.2	Snowball sampling .....	37
3.6.5	Sample size .....	38
3.6.6	Data collection .....	38
3.6.6.1	UMhlathuze local municipality .....	39
3.6.6.2	UMlalazi local municipality .....	39
3.6.6.3	Mfolozi local municipality .....	39
3.6.6.4	Mthonjaneni local municipality .....	39
3.6.6.5	Ntambanana local municipality .....	40
3.6.6.6	Nkandla local municipality .....	40
3.6.7	Data analysis .....	40
3.7	TRUSTWORTHINESS .....	40

3.7.1	Credibility .....	41
3.7.2	Dependability .....	41
3.7.3	Confirmability .....	41
3.7.4	Transferability .....	41
3.7.5	Authenticity .....	42
3.8	ETHICAL CONSIDERATIONS .....	42
3.9	CONCLUSION .....	42
CHAPTER 4 .....		43
ANALYSIS AND PRESENTATION OF THE RESEARCH FINDINGS .....		43
4.1	INTRODUCTION.....	43
4.2	FINDINGS.....	43
4.2.1	Profile of the participants.....	43
4.2.1.1	Age at which participants started to attend the school of virginity testing.....	44
4.2.1.2	Present level of education .....	45
4.2.1.3	Knowledge of HIV status .....	46
4.2.1.4	Presence of boyfriend .....	47
4.2.2	Categorisation and thematic analysis .....	47
4.3	CONCLUSION .....	58
CHAPTER 5.....		59
CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY .....		59
5.1	INTRODUCTION.....	59
5.2	SUMMARY AND INTERPRETATIONS OF THE RESEARCH FINDINGS.....	60
5.2.1	Profile of the participants.....	60
5.3	CONCLUSIONS.....	65
5.4	RECOMMENDATIONS .....	65
5.4.1	Recommendations for policy makers.....	65
5.4.2	Recommendations for clinicians.....	66
5.4.3	Recommendations for researchers.....	66
5.5	SIGNIFICANCE OF THE STUDY.....	67
5.6	LIMITATIONS OF THE STUDY.....	67
5.7	CONCLUDING REMARKS.....	68
LIST OF REFERENCES .....		69
ANNEXURES.....		74
ANNEXURE 1: EHTICAL CLEARANCE FROM THE DEPT OF HEALTH STUDIES, UNISA ..		75
ANNEXURE 2: ADULT CONSENT FORM .....		76
ANNEXURE 3: INFORMATION SHEET .....		77
ANNEXURE 4: INTERVIEW TRANSCRIPT .....		79

**LIST OF FIGURES**

Figure 1.1:	uThungulu District In relation to other districts in KwaZulu-Natal .....	8
Figure 4.1:	Age at which virginity testing started.....	44
Figure 4.2:	Level of education .....	45
Figure 4.3:	Knowledge of HIV status .....	46
Figure 4.4:	Presence of boyfriend .....	47

**LIST OF ABBREVIATIONS**

AIDS	Acquired immune deficiency syndrome
CRL	Cultural, Religious and Linguistic
HIV	Human immunodeficiency virus
ICCPR	International Covenant on Civil and Political Rights
JHHESA	Johns Hopkins Health and Education in South Africa
NSP	National Strategic Plan
OSS	<i>Operation Sukuma Sakhe</i>
PICT	Provider Initiated Counselling and Testing
RAPCAN	Resources Aimed at the Prevention of Child Abuse and Neglect
SAHRC	South African Human Rights Commission
SCAF	Supreme Council of the Armed Forces
STI	Sexual Transmitted Infections
TB	Tuberculosis
UNESCO	United Nations Educational Scientific and Cultural Organization
VCT	Voluntary Counselling and Testing
VT	Virginity testing

# CHAPTER 1

## ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

Virginity testing is the practice of examining a girl or young woman to determine whether or not she has been sexually active. Most testers look primarily for the presence or absence of the hymen (Rumsey 2012:12). In South Africa, virginity testing is steeped in tradition to fight the scourge of Human immunodeficiency virus/Acquired immune deficiency syndrome (HIV/AIDS) among the Zulu tribe in particular. Virginity testing as an HIV/AIDS education and prevention program contracts with the nationally supported and internationally funded Love Life program which acknowledges sexual activity among youth and tries to build their individual commitment to increasing their life opportunities (Leak 2012:17).

It has been stated that globally an estimated 34 million people were living with HIV in 2011, including an estimated 410 000 children under 15 years of age. There was an estimated 370 000 new infections in 2012 (NDoH 2012:4). According to the National Antenatal HIV survey, South Africa is the worst affected country with an estimated 6.1 million people living with HIV in 2012. This is the largest number of people living with HIV in one country in the world. In the past 23 years, the highest HIV prevalence (37.4%) among the 15-49 years old has been recorded in KwaZulu-Natal in 2012. uThungulu District alone had an HIV prevalence of 38.5% in 2012, from 33.4% in 2011, which is undoubtedly a remarkable increase (NDoH 2012:24).

Zulu tribes in the province of KwaZulu-Natal have used this frightening statistics to justify the reappearance of the indigenous practice of *ukuhlolwa kwezintombi* ('virginity testing'). Hundreds of unmarried women and girls as young as 6 years of age are subjected to invasive inspection of their genital area in order to determine if they still have their hymen or not, and if not, it is assumed that they had sex. This practice of virginity testing among the Zulus is praised as a return to the African cultural roots (Rumsey 2012:1).

The study sought to explore the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal. UThungulu District Municipality is located in the north-eastern region of KwaZulu-Natal province. It shares borders with UMkhanyakude District in the north, ILembe District in the south, Zululand District on the north-east and UMzinyathi District in the west. The total district population for the year 2014/15 was 947 925, with 53.75% of the population being females and 46.25% males. The District has 6 local municipalities which are uMhlathuze, Ntambanana, Mfolozi, Nkandla, Mthonjaneni and uMlalazi (DHP 2015/16).

## **1.2 BACKGROUND AND RATIONALE**

The South African youth aged 15-24 is experiencing the highest HIV prevalence in the world (UNAIDS 2014:2). The development of HIV prevention programmes is a top public health and policy priority. In spite of recent calls to increase attention to the high levels of HIV transmission to young women, there is little scientific consensus that exists as to how best HIV infection can be prevented among youth. In countries where HIV prevalence has declined at population level, sexual behaviour change among young people has been cited as a contributing factor (Harrison, Newell, Imrie & Hoddinott 2010:1).

The practice is also supported and endorsed by the king of the Zulu people. On the 11<sup>th</sup> September 2011, an estimated 20 000 Zulu virgins gathered at King Goodwill Zwelithini's royal palace for the annual reed dance (Hugo 2012:1). The King told the assembled crowd that the practice of virginity testing is "at the core of our pride" (Vincent 2006:18).

Municipality HIV and AIDS programme coordinator reported that UThungulu District has more than 2000 girls undergoing virginity testing. Each month in all 6 local municipalities, camps for virginity testing are conducted. On arrival at the camp, either Friday or Saturday night, elderly women; called the virgin testers, educate maidens on different topics related to female sexuality. This education is conducted in the form of a dialogue and peer education (elderly maidens teaching others). In the early hours of the next morning, virginity testing is conducted.

Members of the South African Human Rights and Commission on Gender Equality have condemned the practice of virginity testing. They argued against the practice on the basis of the constitutional laws that protect the right to equality, privacy, bodily integrity and sexual autonomy (Hugo 2012:2). Enhle Nthingila of the Children's Rights Centre in Durban, suggests that the rise of virginity testers in KwaZulu-Natal has brought with it a rise in cases of sexual abuse. She refers to actual cases where abusers gained access to girls by claiming to conduct a virginity test (Hugo 2012:2). According to Hugo (2012:2), some of the arguments based on the research conducted by Leclerc-Madlala, are that public declaration of virgin status exposes virgins to be the targets of rape, especially gang rape and that it creates jealousy among those women that are no longer virgins to the extent that they encourage their male relatives and friends to rape these girls.

Apart from the male and female condoms there is still no other method that has been scientifically proven to prevent HIV transmission or reduce the risk of HIV transmission in women. The fact is that the government still needs to strengthen the prevention intervention, especially by empowering more young women on HIV prevention strategies, since more data shows that HIV prevalence is higher in South African women than in men (Shisana, Rehle, Sumbayi, Zuma, Jooste, Zungu, Labadarios & Onoya 2014:1). Communities need to revive those traditional practices that can assist in reducing HIV infection especially amongst our youth. In South Africa, medical male circumcision has been revived and recognised by the Department of Health as another strategy that may reduce the risk of HIV infection among males. The researcher's question is: What other strategies that can be implemented to reduce the risk of HIV infection among female adolescents?

There are also arguments that the practice of virginity testing also reduces teenage pregnancy. According to the World Health Organization (2012:1), about 16 million adolescent girls give birth every year. It is estimated that about 3 million girls aged 15-19 undergo unsafe abortions every year. According to Khoza (2013:2), the Zulus believe that virginity testing is helping to curb teenage pregnancy as it encourages abstinence.

The researcher's question is: "How is virginity testing experienced by those who have attended the school of virginity testing? Hence the need to explore the experience of

virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal, before this practice can be encouraged and supported or rejected. The study of the experience of virginity testing of female adolescents will contribute to the existing body of knowledge about virginity testing practise.

### **1.3 PROBLEM STATEMENT**

At uThungulu district HIV prevalence is increasing from 33.4% in 2011 to 38.5% in 2012 according to the antenatal survey report (NDoH 2012:24). Literature has shown that in countries where HIV prevalence has declined at population level, sexual behaviour change among young people has been cited as a contributing factor (Harrison et al 2010:1).

According to Hugo (2012:1), one of the strongest arguments supporting virginity testing today is that its practice at least attempts to do something to address the spread of HIV and AIDS.

Taylor, Dlamini, Sathiparsad, Jinabhai and De Vries (2007:28), indicated that virginity testing has been revived by communities in order to prevent girls from becoming sexually active. The test is carried out by the older women in their community. One of the findings from the study that was conducted at UGu District, KwaZulu-Natal on the perception and attitudes of secondary school students on virginity testing was that girls in their twenties engage into sexual activity as a means of securing their relationships with their boyfriends. Of the girls, 70.5% indicated that they support the practice of virginity testing and would chose to participate.

The need to explore the experience of virginity testing by female adolescents in the uThungulu district of KwaZulu-Natal emerged as a question by the researcher: "Can virginity testing be used as another community strategy to prevent new HIV infections as it promotes abstinence? Learning more about experiences of females that undergo virginity, will contribute to the existing body of knowledge about virginity testing.

The Children's Act (Act No. 38 of 2005) clearly states that virginity testing of children under the age of 16 is prohibited. It's been more than 10 years since the Children's Act came into effect, but the debate about virginity testing is not abating.

Opponents of virginity testing point out that the test may create new health risks whereby young people engage in sexual conduct that is riskier than intercourse, like anal sex to avoid detection of their sexual activity. In areas where there is rising social pressure to undergo virginity testing, some doctors report a rise of anal sex among women and hypothesise that it is related to the current rise in HIV infection rates in young women in the same area (George 2007:12).

The researcher believes that if virginity testing can be promoted and/or recognised by government through the Department of Health, it can be used as one of the preventative strategies to reduce HIV infection, especially amongst adolescents and reduce the increasing number of teenage pregnancies as it promotes abstinence. Department of Health is reported to be actively involved in assuring that proper health precautions are taken during genital inspection by providing rubber gloves for testers and facilitating workshops to educate testers about female reproductive anatomy, but is not officially advocating for virginity testing as it is doing with male circumcision (Swaartbooi-Xabadiya 2010:23).

After all that has been said about virginity testing, especially the critiques as expressed by authors in the field, the fact remains that virginity testing is still being conducted.

King Goodwill Zwelithini, the king of the Zulu nation, has been actively promoting virginity testing as a means to fight HIV-AIDS by holding the annual uMkhosi Womhlanga celebration at Enyokeni, Nongoma (Zulu royal palace) every year. Ntandokazi Gebashe, 23 years, a third year social science student at the University of KwaZulu-Natal has been attending the reed dance since she was 12 years old, and agrees with the Zulu king that virginity testing actually promotes the fight against HIV-AIDS and reduces the risk of teenage pregnancy (Mhlana 2011:1).

The Commission on Gender Equality has initiated a series of interventions in an effort to challenge, curtail and ultimately stop the practice of virginity testing by conducting workshops to draw the attention of stakeholders on how the practice disregards certain clauses in the South African Bill of Rights. They had one conference in June 2000 held jointly with the Human Rights Commission in Richards Bay, Northern KwaZulu-Natal (Vincent 2006:18).

Based from the above discussions, the study seeks to explore the experience of virginity testing of female adolescents of uThungulu district, KwaZulu-Natal to ascertain if results will make any difference to the existing laws? If the test poses harm or danger to these young girls as highlighted by the South African Human Rights and Commission on Gender Equality and other authors, perhaps we need to strengthen the existing laws as a means of protecting these young females.

#### **1.4 RESEARCH PURPOSE AND OBJECTIVES**

The purpose of this study is to investigate the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal.

##### **1.4.1 Objectives**

The objectives were to

- explore the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal
- describe the experience of virginity testing by female adolescents in the uThungulu District of KwaZulu-Natal
- make recommendations to policy makers, i.e. Department of Social Development regarding the existing policy on virginity testing or recommend for the protection of young girls from the cultural practice if the practised culture is negative and harmful to their wellbeing

#### **1.5 SIGNIFICANCE OF THE STUDY**

Information obtained will contribute to the body of knowledge on the existing literature about virginity testing. Findings of the study could be used by the Department of Social Development to review the existing policy on virginity testing. Department of Health could also support virginity testing as one of the documented strategies of HIV prevention provided that certain specified guidelines are followed.

The study could shed some light about how the participants themselves, experience virginity testing (lived experience). Such experience could lead to the strengthening of virginity testing if positive.

## 1.6 DEFINITION OF KEY CONCEPTS

**Keywords:** Adolescent, AIDS, HIV and Virginity testing.

### Conceptual definitions

- Adolescent is defined from the *Oxford English Dictionary* (2013:16), as the process of developing from a child into an adult person. For the purpose of this study adolescent will be referring to girls between the ages of 13–19 years.
- AIDS – Acquired Immune Deficiency Syndrome
- HIV – Human Immunodeficiency Virus
- Virginity testing is the practise of examining a girl or young woman to determine whether or not she has been sexually active and most testers look primarily for the presence or absence of the hymen (Rumsey 2012:12).

## 1.7 RESEARCH DESIGN

The researcher used a qualitative research method. Polit and Beck (2010:565) define qualitative research as “the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design”.

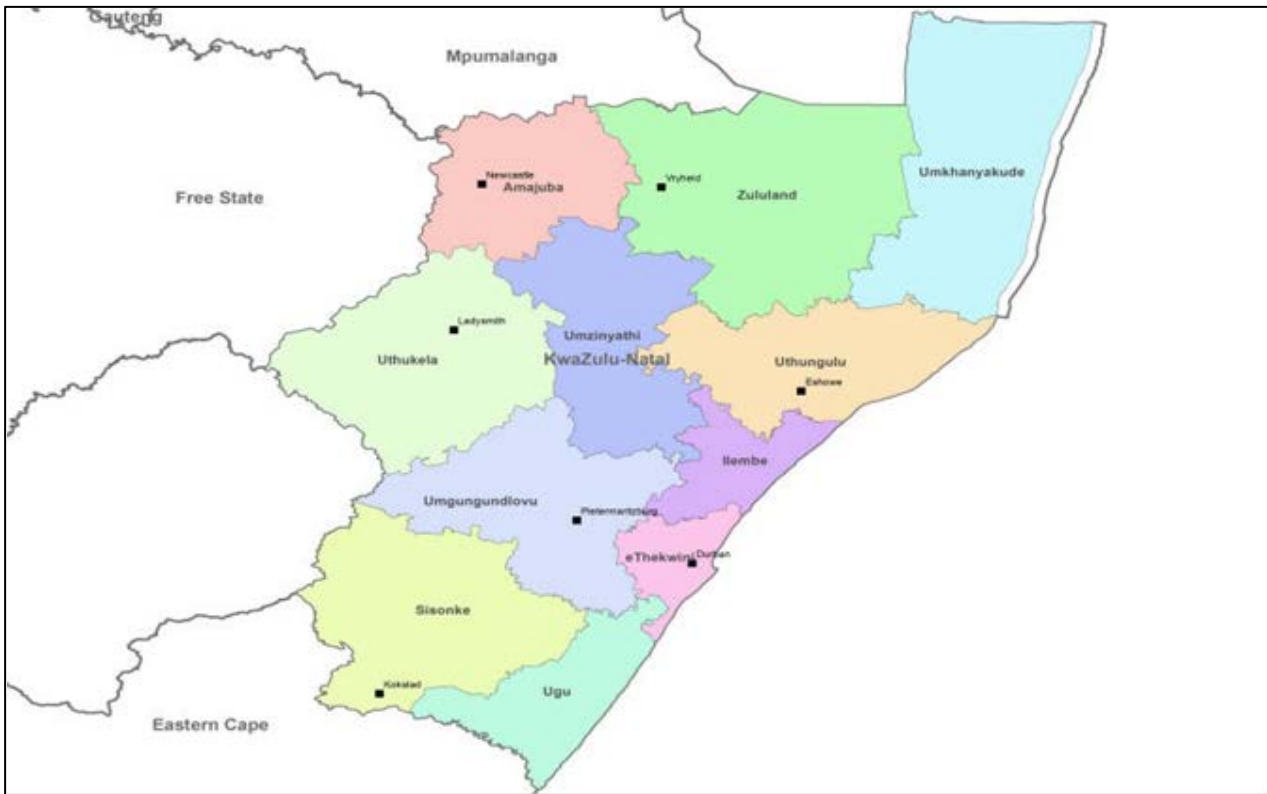
According to Greenhalgh (2008:2), qualitative researchers seek the deeper truth. They aim to study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them, and they use a “holistic perspective” which preserves the complexities of human behaviour”.

Qualitative research is flexible. The researcher used open-ended questions which gave participants an opportunity to respond in their own words and give the researcher more opportunity to probe and get more information on the researched topic. Qualitative research is especially effective in obtaining culturally specific information about the

values, opinions, behaviours and social context of a particular population. Moule and Goodman (2009:206) identify three different types of qualitative approaches, namely: phenomenology, ethnography and grounded theory. For the purpose of this study, the researcher used the Phenomenological Approach which would allow the researcher to be able to get the required information on the experience of female adolescents on virginity testing. The method will also enable the participants to be able to discuss their experiences on virginity testing.

**1.8 RESEARCH METHODOLOGY**

**1.8.1 Setting and population**



**Figure 1.1: uThungulu District in relation to other districts in KwaZulu-Natal**  
(uThungulu District Health Plan 2015/2016)

UThungulu district has a population of people, with six local municipalities, which are uMhlathuze, Ntambanana, Mfolozi, Nkandla, Mthonjaneni and uMlalazi.

### **1.8.2 Sampling method**

The researcher used the purposive sampling method which allowed her to select participants according to the relevant criteria. The researcher also used snowballing method, whereby participants referred her to other female adolescents who then participated to the study.

### **1.8.3 Eligibility criteria**

Eligibility is defined as the criteria designating the specific attributes of the target population, by which people are selected for inclusion in a study (Polit & Beck 2012:726).

#### **Inclusion criteria**

- Reside in the uThungulu District
- Be willing to participate in the study
- Does not have a history of mental illness
- Be a female that once participated , or still participating in virginity testing
- Be between 13–19 years of age

### **1.8.4 Sample size**

The interviews were conducted in all six local municipalities. The researcher collected as much information as possible and continued to collect more information up to a point where no new themes emerged. By that time the researcher had already interviewed 18 participants.

## **1.9 DATA COLLECTION**

The researcher used in-depth phenomenological interviews as a means of data collection. In-depth phenomenological interviews are face-to-face interviews that were conducted by the researcher in order to collect data from individuals with regard to the lived-experience.

The following principles by Polit and Beck (2012:541), were used to conduct interviews:

- **Preparing interview guide**

The researcher decided on the Grand Tour question which was: “Can you please tell me how you have experienced virginity testing?” Grand Tour question is defined by Polit and Beck (2010:556) as the broad question asked in an unstructured interview to gain a general overview of a phenomenon, on the basis of which more focused questions are subsequently asked.

- **Location of the interview**

The researcher conducted interviews for Ntambanana, Umlalazi and Nkandla at the war rooms, which provided an environment that was conducive in terms of avoiding distractions and providing privacy.

War room is the public physical structure, used for *Operation Sukuma Sakhe* (OSS). OSS is one of the strategies used by communities to fight poverty. Community members including local authorities, meet with different departments and non-governmental organisation within the ward, to discuss challenges that contribute to poverty. This programme was launched in April 2011 by former KwaZulu-Natal Premier, Dr Zweli Mkhize.

For Mfolozi and Mthonjaneni, the researcher conducted the interviews in the separate room at the municipality hall. These separate rooms were very private and provided privacy.

At Umhlathuze municipality, the researcher used the separate room at Induna’s house which also provided privacy.

- **Conducting interviews**

When the researcher arrived at the interview site, she explained the study to everybody in the room including the testers. Information sheets were given after the study was explained. Confidentiality was emphasised. This was applicable to those municipalities

where participants were selected during the virginity testing camps. Where the researcher used snowballing method to identify participant, testers were not present; the researcher explained the study to the participant alone.

Informed consent was signed with each and every interview that was conducted, and the researcher interviewed all participants with respect.

The researcher made notes in the field notes book and recorded the conversation using the tape recorder. Field notes are handwritten notes to document a wide range of information in the field note book including, casual and structured observation, verbatim quotes, paraphrases of participants responses, interview backup documentation, research question and questions and conclusions discussed during the session (Mack, Woodsong, MacQueen, Guest & Namey 2005:43).

Tools used during the study are the researcher herself as she paraphrased her questions during the in-depth interviews, wrote field notes, as well as used a voice recorder. Since the language that was used during the interview was Zulu, the researcher transcribed the collected information to English. The date, starting and ending times, place of the interview were also documented.

## **1.10 DATA ANALYSIS**

Polit and Beck (2010:464) assert that the analysis of qualitative data is an active and interactive process. Qualitative researchers typically scrutinise their data carefully and deliberately, often reading the data over and over in a search for meaning and deeper understanding.

In this study, the researcher used phenomenological data analysis and adopted Moustakas (1994) as described by Creswell (2013:82) and Yuksel and Yildirim (2015:10-12). The following steps were followed:

- Epoche – In this step, the researcher sets aside all prejudgements and predispositions towards the phenomenon. The researcher will describe her personal experience with the phenomenon.

- Horizontalising – The researcher goes through the day by doing verbatim transcription and highlight significant statements, sentences or quotes that provide an understanding on how participants experienced the phenomenon.
- Reduction of experience to the invariant constituents by clustering meaning from significant statements into themes.
- Thematic clustering to create core themes – cluster core themes of the experience of the phenomenon.
- Comparison of multiple data sources to validate invariant constituents – themes derived from participants' experiences will be compared to other methods in the literature.
- Constructing of individual textural description – significant statements and themes are used to write a description of what the participants experienced.
- Construction of individual structural description – significant statement and themes are used to write a description of the context or setting that influenced how the participants experienced the phenomenon.
- Construction of composite structural description – incorporate the textural description into a structure explaining how they experienced the phenomenon under study.
- Synthesising the texture and structure into an expression – description of common meaning units, a composite textural and structural description is developed.

## **1.11 TRUSTWORTHINESS**

Trustworthiness is defined by Polit and Beck (2010:570) as the degrees of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, confirmability and authenticity.

### **1.11.1 Credibility**

Credibility refers to confidence in the truth of the data and interpretation there off. Sampling method which is purposive and snowballing as well as the sampling criteria that was used ensured a maximal contextual data collection. The researcher collected as much information as possible up to a point where she reached information saturation

point, where no new relevant information was received, and by so doing; she was securing credibility of her study. Another way in which the researcher demonstrated credibility was by going back to the participants to do data checks to clarify any misunderstandings after she had categorised data according to themes and subthemes.

### **1.11.2 Dependability**

Dependability refers to the stability (reliability) of data over time and conditions (Polit & Beck 2012:585). The collection of information or data using field notes book and voice recorder ensured collection of quality data from the source. The researcher analysed the data systematically according to the themes and subthemes. She kept primary sources (field notes book and tapes of voice recorders) in a safe and confidential manner. Any researcher who wishes to audit the data including the supervisor will have access to the information and this will ensure dependability.

### **1.11.3 Confirmability**

Confirmability refers to objectivity, that is; the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Polit & Beck 2012:585). During data analysis the researcher documented each and every step systematically in the field notes book, sifting the information in such a manner that if it is done by peer educator or another researcher same findings will be obtained. The objective of confirmability is to illustrate as clearly as possible the evidence and thought process that led to the conclusion.

### **1.11.4 Transferability**

Transferability, analogous to generalisability, refers to the extent to which qualitative findings can be transferred to (or have applicability in) other settings or groups (Polit & Beck 2012:585). The researcher will not be able to demonstrate transferability, but the users of the findings will have to determine whether the results or findings have meaning to others in the similar situation.

### **1.11.5 Authenticity**

Authenticity refers to the extent to which researchers fairly and faithfully show a range of different realities (Polit & Beck 2012:585). Authenticity emerges in a report when it conveys the feeling tone of participant's lives as they are lived. The presentation of findings is illustrated through the use of quotations from participants.

## **1.12 ETHICAL CONSIDERATIONS**

Permission to conduct the study was obtained from the Ethics Committee of UNISA (Annexure 1). Written informed consent was obtained from participants above 16 years. Informed consent was written in both Zulu and English (Annexure 2). Less than 16 years participants were not interviewed as their parents were not available to sign the informed consent form. An information sheet written in both English and Zulu was given to the participants and testers so that they can be able to read it at home in their own pace and use it as the source of reference for any clarifications (Annexure 3). Even though testers were not part of the study, but they were so interested to know about the study that is why the researcher also gave them the information sheet.

The researcher also adhered to the ethical principles for protecting the study participants. She maintained the three broad principles as they are articulated from the Belmont Report.

### **1.12.1 The respect for human dignity**

According to Polit and Beck (2012:154), respect for Human dignity includes the right to self-determination and the right to full disclosure.

Self-determination means that participants can decide whether to take part in a study, without risk of prejudicial treatment. It also means that participants have the right to ask questions, to refuse to give information and to withdraw from the study.

Full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities and likely risks and benefits.

The researcher maintained the two principles when she explained the study to the testers and the maidens. Maidens who volunteered to participate in the study signed the informed consent. The researcher also gave the testers and participants the study information sheet so that they can be able to read it at home in their own pace and use it as the source of reference for any clarifications. Informed consent and information sheets were written in both Zulu and English.

### **1.12.2 The principle of justice**

The principle of justice includes participant's right to fair treatment and their right to privacy (Polit & Beck 2012:155).

Right to fair treatment covers the issues of participant selection. The researcher must treat people who declined to participate in a non-prejudicial manner.

Most research with humans involves intrusions into personal lives. The researcher should ensure that his/her research is not more intrusive than it needs to be and that participant's privacy is maintained continuously.

The researcher demonstrated the principle of justice when she selected the participants according to the inclusion criteria, assured the participants that their identity will not be revealed and when interviews were conducted in the separate room where it was only the researcher and the participant.

### **1.12.3 The principle of beneficence**

Beneficence imposes a duty on researcher to minimise harm and maximise benefits. Human research should be intended to produce benefits for participants. The right to freedom, from harm and discomfort are covered in this principle (Polit & Beck 2012:152).

The researcher during the interview ensured that the questions that were asked, were asked in the very sensitive manner since some of them included issues of sexual behaviour and HIV. As part of the benefit, participants were happy to discuss their experience of virginity testing.

### **1.13 CONCLUSION**

The first chapter provides a brief overview and background of the study. It outlines the problem statement and looks at the purpose and objectives of the study. The inclusion criteria of participants have been discussed as well as the sampling method. Data collection method and analysis were also discussed as well as the means of ensuring trustworthiness.

Chapter 2 looks at the existing literature on virginity testing.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

In the previous chapter (chapter 1), the rationale behind the researcher's interest in "exploring the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal" was discussed. It became clear that the practice of virginity testing is being done irrespective of different opinions from different experts. Some authors who are against this practice, base their arguments on the violation of Human Rights and Children's Act, while proponents of virginity testing believe that it is a traditional practice that can assist in reducing HIV infection and teenage pregnancy especially amongst youth.

This chapter reviews the existing literature on virginity testing. As the name suggests, a literature review is a 're-view or 'further look' at what has been written on a particular subject. A literature review is therefore intended to convey to the reader the current state of knowledge on a given subject along with strengths and limitations of the underlying research (Joubert & Ehrlich 2007:66).

Literature review refers to those highly important sources that provide an in-depth knowledge or foundation on which to base new evidence needed to study a selected problem (Burns & Grove 2009:38).

According to Polit and Beck (2010:170), qualitative researchers have varying opinions about literature reviews, with some deliberately avoiding an in-depth literature search before entering the field. In phenomenological studies, phenomenologists often undertake a search for relevant materials at the outset of a study. They (phenomenologists) do a thorough review and by doing that they can determine how best to contribute to the existing evidence base body of research by identifying gaps.

Attention was given to virginity testing, the South African perspective where the study was being conducted, the global and the African perspectives of virginity testing.

## 2.2 VIRGINITY TESTING (VT)

Worldwide, there are approximately 880 million adolescent girls and young women aged 15-24 years. Despite making up 12% of the world's population, this population is often left without a voice on control of their own bodies. Globally, there are about 380 000 new HIV infections among adolescent girls and young women (10-24) every year, and 15% of women living with HIV are aged 15-24, of whom 80% live in Sub-Saharan Africa. In Sub-Saharan Africa, women acquire HIV five to seven years earlier than men (UNAIDS 2014:1). South Africans have taken steps to make their own contribution towards reversing the HIV epidemic by practising virginity testing.

According to Rumsey (2012:12), virginity testing is defined as the practice of examining a girl or young woman to determine whether or not she has been sexually active. Most testers (*abahloli*) look primarily for the presence or absence of the hymen, but claim that there are other indications of virginity that exist.

The Western educational constructs of letter grades used to mark tests in schools (A, B, and C), have been incorporated into some virginity testing practices. To achieve an "A", a girl has to meet a combination of criteria and most important are features of the genitalia. The colour of the labia should be a very light pink, the size of the vaginal opening should be very small, the vagina should be very dry and tight, the white dot or white lace veil should be clearly evident and intact. In addition, a girl's eyes should reflect virginity in that 'they look innocent'. Her breasts and abdomen should be firm and taut and muscles behind her knees should be tight and straight. A 'B' grade virgin is said to be someone who may have had intercourse once or twice, or alternatively 'may have been abused'. A 'C' grade is essentially a failure. A girl who has been abused repeatedly is likely to get a 'C' grade. Most virginity testers say that it is useless to do anything further for these girls as 'it is too late' and 'nothing will change them' (Grinker, Stephen, Lubkemann & Steiner 2010:415).

Other countries, like South Africa, do practice virginity testing, but it is important to realise that how the custom is practiced in one country does not equal how it is practised in another. It is important to also realise that virginity testing may not be rooted

in the same histories and societal values, so a one-size-fit all solution for eliminating the harm that is said to cause will not be effective (Rumsey 2012:12).

## **2.3 VIRGINITY TESTING: A GLOBAL OVERVIEW**

According to Dlamini et al (2007:28), virginity testing is the traditional Zulu custom. In chapter 1 (page 5), it has been discussed about the role that is played by the King Goodwill to promote the practise. The researcher also reviewed the data from other countries on the researched topic and found evidence of virginity testing in India, Turkey, Swaziland, Zimbabwe and Egypt.

### **2.3.1 Virginity testing in India**

In India, virginity and pregnancy tests were carried out on hundreds of brides at a mass marriage ceremony. Madhya Pradesh government organises the ceremony where women from the poor families are subjected to virginity testing before they get married. The government provides the brides with household items to the value of R9 000.00 (£100) but before they can be given the household items, they are forced to undergo virginity testing. The female doctor does the vaginal examination and those women who passed the test were given a special badge which allowed them to participate in the ceremony (Ali 2009:1). Women who were found to be pregnant were banned from the ceremony (Osborne 2013:1).

### **2.3.2 Virginity testing in Turkey**

Turkey is amongst the countries with the lowest HIV prevalence of 0.10% in 2011 (UNAIDS 2014).

In Turkey midwives and nursing students were required to be virgins, and to ensure compliance, virginity testing was done. Women who were also applying for certain government jobs; girls applying to attend specialised schools such as nursing school and women who were arrested for political activism were also subjected to virginity testing. Virginity testing involves the physical examination of a woman's hymen for tears to determine whether the woman is still "a girl", the term Turkish doctors use to refer to a virgin. Underlying the practice of virginity testing are cultural norms, which dictate that

women who are not virgins may not be considered eligible for marriage and could bring dishonour to their families. In February 2002, Turkey issued a decree banning forced virginity testing in an attempt to improve its human rights record in a bid for European Union Membership. Prior to the banning of virginity testing women were not aware that they were entitled to refuse a virginity test. Doctors who were performing virginity testing reported that they were unaware that a women's consent was required. The Human Rights group and International community welcomed news of banning virginity testing but it remains to be seen whether the practice of virginity testing will in fact cease. Turkey's human rights record has been cited consistently as grounds for denying Turkey admission into the European Union. Repealing the virginity testing law is a step in the right direction but more needs to be done to eradicate the practice. The government must initiate a nationwide campaign to inform women that the practice has been banned and that they have the right to refuse to comply with virginity testing (Lasco 2002:3).

## **2.4 VIRGINITY TESTING: AN AFRICAN PERSPECTIVE**

### **2.4.1 Virginity testing in Swaziland**

Swaziland in 2011, was ranked the top country on HIV prevalence, on population ages 15-49 years by the UNAIDS and the WHO's report on the Global AIDS epidemic.

Swaziland is a country with population of 1.1 million in the South of Africa. *Umhlanga Reed dance*, a traditional dance of Swaziland (*Umbuso we Swati*), where thousands of virgins from all parts of Swaziland perform the dance. All girls are required to undergo a virginity test before they are allowed to participate in the royal dance. It is believed that reed dance encourages young women to keep their virginity until reaching maturity for marriage. The whole event lasts for three days. The dance is performed at the stadium and King Mswati III can choose one of the girls dancing to become his wife. Large audience, including royalty also attends this event. During the last day of the reed dance, the girls are encouraged to remain virgins and attend classes on HIV/AIDS and how to conduct themselves. The girls also received gifts from the royal house, including shoes, food hampers and toiletries to take home (Ndabeni 2015:11).

According to Vincent (2006:23), *Umhlanga* in Swaziland is about celebrating the beauty and virtue of young women, the “flower of the nation”. For the girls, *Umhlanga* appeared to be fun; like summer camp, away from home, parents and chores. They feel special, valued and part of the life of the nation. It is great to see all girls stride with a proud step, regardless of flab or size, and that Vincent calls it empowering.

#### **2.4.2 Virginitly testing in Zimbabwe**

Men are eager to marry virgins in the eastern border town, more than 180 kilometers from the capital Harare, and they must produce documented proof of their HIV- negative status as part of chief Makoni’s controversial AIDS campaign. Makoni argues that it is unfair to allow a marriage between a person living with a virus and “a virgin who has tested negative” (Karombo 2004:1). His plan which includes voluntary virginitly testing of girls, seek to combat the spread of HIV. “So far 3 500 girls have been tested, on their own insistence, and some have been awarded certificates”. Makoni says, “That’s why we’re demanding proof of a man’s HIV status if he wants to marry any of these angels”. Not everybody in Zimbabwe agrees with Makoni’s strategy. Netsai Mushongo of the Harare-based Women Coalition of Zimbabwe, a non-governmental organisation, said virginitly testing leaves the man free to roam, without enforcing any similar checks and balances on him, while it strips girls of their dignity. Mushongo, urged Makoni to drop the practice. Some of his (Mushongo) arguments were based on the issues of “stigmatisation”. He was concerned about those girls who have “failed” the test and also expressed his fear about those men who tested negative before getting married and then cheat afterwards. Lessily Cherry, a medical doctor in Harare, said virginitly tests are not “fool proof”. A girl’s hymen can break, due to the nature of its elasticity or the nature of sport (Karombo 2004:1).

According to Chibaya (2013:1), in Zimbabwe some churches make it compulsory to test girls ‘virginitly’. One girl said most girls were being sexually abused in churches. Another girl said those who are not virgins were targeted by church elders. Those girls who are discovered to have lost their virginitly are targeted by men who then argue that they had nothing to lose because they had already lost their dignity through losing their virginitly. A consultant on sexual reproductive health, Caroline Maposhere said the compulsory virginitly testing among the apostolic girls violated their rights.

### **2.4.3 Virginitv testing in Egypt**

Virginitv checks in Egypt are performed on detained females. Violations against women in Egypt are underreported. Rape and sexual assault cases are not reported to authorities. Some other women reported that they were separated into two groups, virgins and non-virgins. The virgins were coerced to sign papers in military detention, allowing the military to conduct the virginitv tests. They were forced to strip naked and then searched by female guard in a room with open doors and windows, through which male soldiers were watching them and taking photographs using their cell phones. A male army doctor proceeded to inspect their vagina for the presence of a hymen. His hands were in there for 5 minutes The Supreme Council of the Armed Forces (SCAF) justified themselves for performing virginitv testing by saying it was conducted to protect the male soldiers from allegations of rape against women who were not virgins (Adel 2011:5).

## **2.5 VIRGINITY TESTING IN SOUTH AFRICA**

To understand virginitv testing in South Africa, it is important to understand the context under which it is being practiced. This context entails South Africa's Constitution, Legislative Framework and Prescripts, as well as cultural issues around virginitv testing. These are explicated below:

### **2.5.1 South Africa's Constitution**

The South African Constitution is the result of remarkably detailed and inclusive negotiations that were carried out with an acute awareness of the injustices of the country's non-democratic past. It is the highest law of the land and no other law or government action can supersede it. This constitution was approved by the Constitutional Court on the 4<sup>th</sup> December 1996, and took effect on the 4<sup>th</sup> February 1997. It is widely regarded as the most progressive constitution in the world, with a Bill of Rights second to none. Chapter 2 of the Constitution of the Republic of South Africa talks about the Bill of Rights. The Bill of Rights sets out the fundamental rights of all South Africans and also states when the Rights may be limited (The Constitution of the Republic of South Africa 1996).

## **2.5.2 The Commission for Rights of Cultural and Linguistic Communities (CRL Commission)**

According to the Constitution of South Africa (1996), chapter 9, the Commission for the Rights of Cultural, Religious and Linguistic Communities (CRL Commission) was created. The Commission is empowered by its legislation of 2002, to educate, lobby, advise and report on any issues concerning the rights of cultural, religious and linguistic communities and assist in the development of strategies that facilitate the full and active participation of Cultural, Religious and Linguistic communities in nation building in South Africa. The CRL Commission has had numerous public dialogues regarding the ruling party's recent document on policy proposals to outlaw certain cultural practices, and virginity testing was amongst those cultural practices that were discussed. With some challenges, including the financial challenges, the Commission has been unable to fulfil its legally mandated obligations in which virginity testing is amongst them.

## **2.5.3 Other legislative framework**

The researcher focused on the Children's Bill of Rights for the purpose of this research.

The Government Gazette (2006), chapter 2 of the Children's Act (Act No. 38 of 2005), under Social, Cultural and Religious practices talks about virginity testing. Section 12 states the following:

- (1) Virginity testing of children under the age of 16 is prohibited.
- (2) Virginity testing of children older than 16 may only be performed:
  - (a) If the child has given consent to the testing in the prescribed manner
  - (b) After proper counselling
  - (c) In the manner prescribed
- (3) The results of a virginity test may not be disclosed without the consent of the child.
- (4) The body of a child who has undergone virginity testing may not be marked.

Vincent (2006:19) expressed his opinion with this law stating that, virginity testing, unlike traditional male circumcision, has been implicated with no recorded deaths, and which takes place with the approval and willing involvement of these young female

participants and their families or guardians, has been regarded as so troubling to the new democratic order that the response has been heavy-handed one of banning.

Ngcobo (2005:1) views the new Children's Bill of Rights as an undisputed victory for the liberals. Undisputed because, the draft law was never taken for feedback to the communities which it primarily concerns. The so-called traditionalists were never asked for comments, let alone asked to review the bill. The bill effectively criminalises anyone who conducts virginity testing, as well as the parent of the child who allows it to happen. As a result, the bill effectively criminalises an ancient cultural practice, which encourages our girls to remain sexually inactive and helps to prevent the spread of HIV infection within our communities. He also compared virginity testing to other cultural practices, which according to him; invoke the liberal wrath, like male circumcision and female genital mutilation, which have not been earmarked like virginity testing. He then concluded by saying, it is hard to read the Children's Right Bill, as it stands, as anything other than selective and opportunistic. It is easy to interpret it as a move against Zulu Culture.

The Department of Social Development (2010) from the Children's Act, 2005, stipulates the manner to be followed when one is conducting virginity testing:

- 1 A person who conducts a test must ensure that:
  - 1.1 Each child is tested individually and in private.
  - 1.2 The test is conducted in a hygienic manner, which at all times includes:
    - The use of separate pair of sterile surgical gloves for each test in the case of a virginity test involving the inspection of any bodily orifice of a child being tested.
    - Disposal of such surgical gloves after each virginity test in accordance with medical standards for the disposal of surgical gloves.
    - Sterilisation of any instrument used in the performance of any virginity test in accordance with the medical standards for the sterilisation of instrument.

- Avoidance of direct blood contact or contact with any bodily fluid between the child undergoing the virginity test and the person performing the virginity test.
- 1.3 The least invasive means of testing for virginity is used with due regard to the child's right to bodily integrity.
- 2 A virginity test may be performed on a girl child only by a female person and on a boy child only by a male person.
- 3 No virginity test may be performed on a child unless:
- The consent and the required proof of age have been submitted to the person conducting the test.
  - The child has been given proper counselling by a parent, guardian or caregiver and a social service professional.
- 3.1 The age of the child consenting to a virginity test must be established by having regard to an identity document or birth certificate of the child, an affidavit furnished by the child's parent or care-giver confirming the age of the child.

Any person who contravenes any provision of this regulation is guilty of an offence and is liable for conviction of a fine or for imprisonment for a period not exceeding two years, or to both such fines and such imprisonment (Department of social Development 2010:13-14).

In KwaZulu-Natal, the iconic images of the virginity testing festival have become all too familiar: throngs of young women assemble in a park, stadium or school ground and queue up for the test. When it is the girl's turn in line, she is instructed by an elder woman to remove her underpants, lie down face up on a mat and spread her legs. After just a few moments, if she passes the test, white clay is placed on her forehead and she is presented with a certificate indicating that she is still a virgin (Leak 2012:2).

The Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) believes that a number of rights are violated by the practice of virginity testing:

- **The right to equality [Section 9]**

RAPCAN believes that the practice of virginity testing violates this right. Advocate Tseliso Thipanyane quotes a newspaper report which claims that there is a virginity test for boys. He mentioned that the test for boys is entirely non-invasive, unlike the one meant for girls. For the unmarried man, an active sex life is confirmation of his masculinity, for the woman, it reduces her bride-price (Bower 2005:1).

- **The right to dignity [Section 10]**

Virginity testing involves an investigation of whether or not the hymen is intact. However the presence or absence of the hymen does not necessarily relate to whether or not one has engaged in penetrative sex. The hymen can and does break because of tampon use, or physical activity; some women are born without one. Thus, the presence or absence of the hymen is not a fool-proof indicator of 'virginity'. To be identified as a non-virgin, is to be exposed to stigmatisation and ridicule, both during the ceremony and afterwards. Both the public invasion of privacy necessitated by the virginity test, and the public humiliation which is often the consequence of its 'findings' constitute a violation of the right to dignity (Bower 2005:1).

- **The right to bodily integrity [Section 12]**

Those who support the practise of virginity testing claim that those who are inspected have consented to it. The expectations that girls must willingly allow virginity testing and if they do not, they have something to hide which can be evidence that they are sexually active, then it is clear that this is not really informed and willing consent. Under these circumstances, the right to security in and control over your body is violated (Bower 2005:1).

- **The right to privacy [Section 14]**

Both the testing of virginity and the communication of the results of the test are very public events. Considering the significant negative consequences of being identified as a non-virgin, such public disclosure can place the girl at considerable physical and

emotional risk. The public exposure violates the right to privacy, with frequently devastating consequences (Bower 2005:2).

- **The right to protection [Section 28 (1) (d)]**

Children identified as non-virgins are exposed to physical and emotional danger, as had already been stated. Children identified as virgins are also at risk of rape. Some of the arguments based on the research conducted by Leclerc-Madlala (Hugo 2012:1) are that public declaration of virgin status expose virgins to be the targets of rape especially gang rape and that it creates jealousy among those women that are no longer virgins to the extent that they encourage their male relatives and friends to rape these girls.

Children and young girls who are at risk of not passing virginity test have been known to take steps which endanger their health to convince the testers that they are virgins. These measures include the insertion of meat and other foreign object into the vagina (Bower 2005:2).

It is RAPCAN's position that virginity testing violates a number of rights, and places girls at risk of physical, emotional, and sexual abuse and these risks outweigh the right of individuals and communities to participate in the practice of culture. RAPCAN thus supports the ban of virginity testing for children under the age of 18 years (Bower 2005:2).

One of the recommendations made by the South African Human Rights Commission (SAHRC) (2013:15-16), was that virginity testing should be brought within the constitutional parameters, since those who practise virginity testing are taking proactive steps to address the sexuality of our young people in this country.

#### **2.5.4 Cultural issues of virginity testing**

Mubangizi (2012:34) defines culture as the integrated pattern of human knowledge, beliefs and behaviour that depends upon man's capacity for learning and transmitting knowledge to succeeding generations. According to this definition, culture includes the customary beliefs, social forms and material traits of a racial, religious, or social group.

One of the strategies outlined from the general interventions for adolescent and youth health includes the recognition of cultural and traditional practices. KwaZulu-Natal is home to the Zulu traditional monarchy which is headed by King Goodwill Zwelithini kaBhekuzulu. The King promotes virginity of girls until marriage (Province of KwaZulu-Natal 2012-2016:57-59).

Virginity testing events take place in a wide variety of settings that range from the privacy of the family home, the kraal of the village chief, school halls, community centers or large public sports stadiums. *Isivivane Samakhosikazi* started in 1997 with an aim to revive the dormant Zulu customs such as virginity testing. This was seen as a practical way to reclaim elements of culture that may help to solve modern day problems. *AmaGugu aseAfrika*, *Isiggi Sesintu* and the *All African Cultural* group are amongst the best known of the local post-apartheid cultural organisations that conduct virginity testing in KwaZulu-Natal province (Grinker et al 2010:414).

Ngobese (2015:11) reported that virginity testing is sacred and spiritual, and one of the cultural rituals of growing up. It promotes abstinence from sex which is very important in the context of HIV/AIDS and the high rate of teenage pregnancy. But when discussing HIV/AIDS statistics, the contributions of these virgins are ignored. There are thousands and thousands of virgins who participate at the *UMkhosi Womhlanga* festival. 'Your child is my child. Leave us alone in the upbringing of our children'.

According to Maleche and Day (2011:2), the relationship between culture and human rights is very complex. According to United Nations Educational Scientific and Cultural Organization (UNESCO), "culture must be understood broadly to mean the shared way of living of a group people, including their accumulated knowledge and understandings, skills and values, and which is perceived by them to be unique and meaningful". The right to cultural identity is also part of the right to self-determination set out in Article 1 of the International Covenant on Civil and Political Rights (ICCPR). People thus have a right under international law to their cultural practices which to them are unique and meaningful, and they have a right to determine how their culture is developed. However this right is limited because all states also have a duty to promote and protect all human rights and fundamental freedoms regardless of their political, economic or cultural system. Human rights are universal under international law having been agreed to by

'international consensus' by nearly every state in the international community, and they apply to all people in all places.

According to Mubangizi (2012:34), virginity testing is the cultural practice and tradition that clashes with certain human rights norms in South Africa (right to privacy, bodily and psychological integrity and dignity). It is generally rooted in a culture of discrimination against women, and as a violation of human rights it functions as an instrument for socialising women into prescribed gender roles in South African society.

Some proponents of virginity testing see the practice as 'a back-to-basics' remedy for some of the country's worst ills, including the growing AIDS epidemic". It is also viewed as a long over-due revival and appreciation of Zulu culture, helping in detecting child abuse, minimising teenage pregnancy and preserving and instilling a sense of good moral (SAHRC 2013:3-4). Having a virgin as a daughter is a source of tremendous maternal and parental pride in the African culture. The psychological implications cannot be overlooked either. Virginity is a strength and constant source of empowerment for the girls in youth culture, which mainly in rural areas, is still dominated by patriarchal stereotypes. Sexual abstinence, which it results in, is a confirmation of what HIV/Aids activists have been saying to us all along: prevention is better than cure (Ngcobo 2005:1).

Within the ambit of social and cultural practices, virginity testing was included in the Bill of Rights as a specific cultural practice to be prohibited and criminalised. It should be noted that the prohibition only extends to female persons below the age of 16. The passing of the Children Bill by the National Assembly has led to protests and condemnation by supporters of this practice. King Zwelithini is reported to have also condemned those opposing virginity testing and was quoted as saying, "he would rather be thrown in jail than allow the tradition he revived 21 years ago to be abolished". The King is also reported to have said that "culture builds a nation and the Zulu nation has earned respect through practicing this culture" (SAHRC 2013:4).

During the three-day Consultative Conference that took place in Richards Bay, Ms Andile Gumede, the tester from the organisation called *Isivivane Samasiko Nolwazi* reported that she saw much good in virginity testing cultural practice, "Virginity Testing is our Culture". Listing the benefits of the practice, she said it prevented teenage

pregnancy, the spread of sexually transmitted diseases, including HIV and AIDS and it eased the burden on pensioners, who always bore the brunt of raising unplanned children. Professor Charles Dlamini in his presentation defined culture using the narrow and broad definitions. A narrow definition of culture is that “a person can be regarded as cultured person when he/she has reached a high level of development”. The broad definition of culture “includes a number of practices, institutions and beliefs of a group of people which uniquely identify that particular group”. A group of people who subscribed to a particular culture viewed the practices of that culture as the right way of doing things. He also talked about the South African Constitution, when he appreciated the fact that Section 30 stipulates that everyone has the right to participate in the cultural life of their choice, however, no one exercising these Rights could do so in a manner inconsistent with any provision of the Bill of Rights. He pointed out that cultural practice will always be regulated within the ambit of the constitution (Commission on Gender Equality 2000).

Virginity testers position themselves as defenders of cultural rights and as active participants in the fight against HIV/AIDS by promoting abstinence while empowering young people to talk about sex with appropriate elders. Virginity testing reportedly raises the young women's self-esteem through teaching them to respect their bodies. In one of the festivals that took place in the Mbumbulu District with an audience of approximately 2000 young women seated on the ground, legs crossed, and many had their mark of virginity smeared across their foreheads. Some were waving banners that read, “The children must lead the fight against AIDS” and “Viva the spirit of Democracy”. Thembi Sibisi, one of the women who performed the test gave an educational talk and concluded her remarks with a reminder of the dangers of AIDS, the importance of youth to the African community and a final take home message of “Abstain, Abstain, Abstain” (Leak 2012:5).

Parliament is faced with a real conflict between recognising and giving effect to cultural practices, versus ensuring that the Children's Bill of Rights are not in conflict with the Constitution as the supreme law of the land. In section 30, the Constitution provides that, “everyone has a right to use a language and to participate in the cultural life of their choice, but no one exercising these rights may do so in a manner inconsistent with any provision of the Bill of Rights” (SAHRC 2013:5).

According to Maleche and Day (2011:20-21), the key intervention with respect to traditional cultural practices that affect the response to HIV both positively and negatively, which are in conflict with the international human rights framework, is to engage in a dialogue with the custodians of culture in each context regarding the cultural practice, and its significance both in the past and the present, in order to find resonance within the human rights framework. They believed that many of the traditional practices that have negative consequences in terms of HIV and AIDS are part of the rituals and ceremonies that can be readily adapted by community leaders if they are given necessary health information, because all cultures are constantly evolving and reactive to external influences. The process of engaging with leaders to discuss the issues related to HIV, involves dealing with issues such as violence against women, sexuality, sex work, drug use and men who have sex with men. They then highlighted that, culture is important in relation to human rights and HIV because culture is tied up with the formal legal system.

Cultural acceptance of human rights norms creates a social and political environment in which changes can be made in the law, and changes in the law can in turn also influence this environment by signalling government sanction of the international human rights framework which can contribute to a change in cultural norms. Cultural acceptance of formal laws is also crucial to effective implementation of human rights law because all sectors related to the field of justice including judges, lawyers, police authorities, and local administrations; need to buy into the system in order for it to work. Access to justice in terms of HIV involves implementation of human rights law within both formal and customary legal system, and the internalisation of human rights norms within the prevailing culture.

## **2.6 CONCLUSION**

This chapter has examined the existing literature on virginity testing, including the global and the African perspectives. It has covered some arguments for and against the violation of Children's Bill of Rights by the practice of virginity testing. The Children's Act of 2005 (Act no. 38 of 2005) and has been discussed, focusing on the prescribed manner of conducting virginity testing. The Commission for Rights of Cultural and Linguistic communities has also been conducting dialogues on virginity testing. Maleche

and Day (2011:21) recommend dialogue as the best intervention in respect to cultural practices which are in conflict with international human rights framework.

From the different literature, it is clear that different countries conduct virginity testing for different reasons. South Africans perform virginity testing as one of the strategies that will assist in reducing HIV infection among young women and reduce teenage pregnancy as it promotes abstinence. The practice is based on culture. As Rumsey (2012:12) has highlighted that virginity testing may not be rooted in the same histories and societal values. So, a one-size-fit all solution for eliminating the harm that it is said to cause will not be effective.

The next chapter will focus on the research method used in the study (research methodology).

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

In the previous chapter, the researcher has examined the existing literature on virginity testing, covered some arguments based on how the Children's Bill of Rights is violated by the practice of virginity testing as stated by different authors, discussed the intervention done by the Commission for Rights of Cultural and Linguistic communities, review the Children's Act of 2005 (Act No. 38 of 2005) and looked at the prescribed manner of conducting virginity testing. From the presented data in chapter 2, it is clear that different countries conduct virginity testing for different reasons. In KwaZulu-Natal, it was shown that virginity testers position themselves as defenders of Cultural Rights and believe that virginity testing can reduce HIV infection and teenage pregnancy among adolescents.

In this chapter, the research methodology of this study is unpacked. The chapter also presents the characteristics of participants and the study settings. The purpose and objectives of the study are outlined. A summary of the approach used to ensure trustworthiness of the study will also be discussed and the issues related to ethical considerations are also included in the discussion of this chapter.

#### **3.2 RESEARCH METHODOLOGY**

Polit and Beck (2012:733) define research methodology as the method that is used to obtain, organise, and/or analyse data. Thomas (2010:301) defines research method as a strategy of enquiry, which moves from the underlying assumption to research design and data collection. Thomas (2010:301) further clarified that although there are other distinctions in the research modes, the most common classification of research methods is into qualitative and quantitative.

### **3.3 RESEARCH PURPOSE AND OBJECTIVES**

#### **3.3.1 Purpose of the study**

The purpose of this study is to investigate the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal.

The purpose of this study is to explore and describe the experience of virginity testing by female adolescents in the uThungulu District of KwaZulu-Natal.

#### **3.3.2 Objectives of the study**

The three objectives of the study are to

- explore the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal
- describe the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal
- make recommendations to policy makers, i.e. Department of Social Development regarding the existing policy on virginity testing or recommend for the protection of young girls from the cultural practice if the practiced culture is negative and harmful to their wellbeing

### **3.4 STUDY DESIGN**

Study design refers to the structured approach followed by the researcher to answer a particular research question. Study design has also been called 'architecture' of the study, because the choice of the study design determines how we sample the population, collect measurements and analyse the data (Joubert & Ehrlich 2007:77). In this study, the researcher opted for a qualitative research design, using in-depth interviews.

### **3.4.1 Qualitative research**

Flick (2014:542) defines qualitative research as the research that is interested in analysing the subjective meaning or the social production of issues, events, or practices by collecting non-standardised data and analysing texts and images rather than numbers and statistics.

According to Polit and Beck (2010:259), qualitative researchers design as they do, make decision about how best to obtain data, whom to obtain data from, how to schedule data collection, and how long each data collection session should last. Qualitative studies use an emergent design; a design that emerges as researchers make on-going decisions reflecting on what has already been learned. The researcher identified four characteristics of qualitative research design which were applicable to her study, which are as follows:

- Is flexible, capable of adjusting to what is being learned during the course of data collection.
- Tends to be holistic, striving for an understanding of the whole.
- Requires researchers to become intensely involved, often remaining in the field for the lengthy periods of time.
- Requires ongoing analysis of the data to formulate subsequent strategies and to determine when field work is done.

## **3.5 STUDY SETTING**

### **3.5.1 uThungulu District Municipality**

UThungulu district is one of the eleven district municipalities in KwaZulu-Natal, situated in the north-east of the province. The district has a population size of 947 925. Richards Bay is the centre of operations for South Africa's aluminium industry. The district is home to six local municipalities which are as follows:

- Mfolozi
- uMhlathuze

- Ntambanana
- uMlalazi
- Mthonjaneni
- Nkandla

HIV prevention is one of the priority areas documented in the uThungulu District Municipality Integrated Development Plan (2007/08-2011/12:19), where it is emphasised that there is a need for more strategic and driven HIV/AIDS awareness programmes.

### **3.6 RESEARCH METHODS**

#### **3.6.1 Study population**

Population is described by Polit and Beck (2012:738) as the entire set of individuals sharing some common characteristics.

According to Joubert and Ehrlich (2007:94), when conducting a study, it is important to define clearly about the group which the researcher wants to gather information and draw conclusions. They further mentioned that the group should be clearly defined in respect of person, place, time and other factors relevant to the study. The population in the study included all females between 13-19 years of age who have participated in virginity testing and residing in uThungulu district.

#### **3.6.2 Eligibility criteria**

The researcher selected the participants according to the eligibility criteria discussed in chapter 1. All participants were girls residing at uThungulu district, have undergone virginity testing and were between 13 to 19 years of age.

#### **3.6.3 Study sampling**

Collins, Du Plooy, Grobbelaar, Puttergill, Terre Blanche, Van Eeden, Van Rensburg and Wigston (2007:149) define the sample as a part of a whole or a subset of measurements drawn from the population. Mack et al (2005:5) highlighted that even if it

were possible, it is not necessary to collect data from everyone in a community in order to get valid findings. In a qualitative research, only a sample (that is, a subset) of a population is selected and studied closely ensuring that good quality information is obtained (Joubert & Ehrlich 2007:95).

In this study the researcher selected the participants according to the inclusion criteria in all the 6 local municipalities of uThungulu district.

### **3.6.4 Sampling methods**

The researcher used purposive and snowballing sampling techniques which are both non-probability (random) sampling methods.

#### ***3.6.4.1 Purposive sampling***

Polit and Beck (2010:320) define purposive sampling as a strategy in which researchers deliberately choose the cases or type of cases that will best contribute to the information needs of the study. In this study the researcher contacted the HIV/AIDS coordinator from uThungulu municipality who gave the researcher the contact details of *abahloli* (testers) for all 6 local municipalities. Virginty testers then referred the researcher to the *amaqhikiza* (leaders of maidens) for all 6 local municipalities.

#### ***3.6.4.2 Snowball sampling***

Snowballing (or networking), is the selection of participants through referrals from earlier participants (Polit & Beck 2010:568). According to Mack et al (2005:5-6), snowballing is considered a type of a purposive sampling. Participants, with whom contact had already been made, used their social networks to refer the researcher to other people who participated in and/or contributed to the study.

According to Collins et al (2007:159), the term snowballing is taken from the analogy of a snowball. In the first stage of sampling, only a few respondents are identified as having the required characteristics; these respondents are interviewed by the researcher. These respondents are then used to identify other people who qualify for

inclusion in the sample. The next stage is interviewing the new persons, and so it carries on until the researcher reaches data saturation.

Snowballing method was used when *amaqhikiza* (girl's leaders) referred the researcher to other girls and when other girls recommended some girls who also attended the school of virginity testing. Mostly, when the researcher was looking for those girls that were no longer attending virginity testing schools, she used snowballing method.

At UMhlatuze, Mfolozi and Mthonjaneni participants were recruited during the monthly overnight camps. At Nkandla, Ntambanana and Umlalazi, participants were recruited through snowballing.

### **3.6.5 Sample size**

According to Mack et al (2005:5), with purposive sampling, the sample size may or may not be fixed prior to data collection, depends on the resources and time availability, as well as the study objectives. Purposive sample sizes are often determined on the basis of theoretical saturation (the point in data collection when new data no longer brings additional insights to the research question).

The researcher conducted in-depth interviews with 18 participants who came from all the 6 local municipalities (uMhlatuze, uMlalazi, Ntambanana, Mthonjaneni, Mfolozi and Nkandla). The researcher stopped at 18 participants after she realised that no new information was emerging from the interviews.

### **3.6.6 Data collection**

Polit and Beck (2010:339, 341), identified three types of data collection methods:

- Self-reports which are participant's responses to questions posed by the researcher, as an interview.
- Direct observation of people's behaviour, characteristics, and circumstances is an alternative to self-reports for certain research questions.
- Bio-physiologic measures to assess important clinical variables.

In this study the researcher used interviews when she was collecting data from 18 participants in 6 different local municipalities.

#### ***3.6.6.1 UMhlatuze local municipality***

In-depth interviews were conducted at the *Induna's* home during the monthly overnight camp (*Induna* is the tribal councillor or headman). The researcher contacted the tester who happened to be the wife of the *Induna*. Permission to conduct interviews was obtained from the *Induna* through the tester. Only girls above 16 years were interviewed, since the parents of the below 16 years were not available. A separate room was provided for the purpose of privacy and for avoidance of any destruction during the interviews and 3 maidens were interviewed.

#### ***3.6.6.2 Umlalazi local municipality***

In-depth interviews were conducted in the war room. The researcher contacted *Iqhikiza* who arranged 3 maidens to come to the war room for the interviews. Permission to use the war room was obtained from the local councillor who is the chairperson of the war room.

Three maidens above 16 years of age, all at tertiary level were interviewed. Maidens were interviewed separately in the separate room to ensure privacy.

#### ***3.6.6.3 Mfolozi local municipality***

In-depth interviews were conducted at the local municipality hall during the overnight camp (the next day in the morning). Permission to conduct the interviews was obtained from the HIV/AIDS municipal programme manager. A separate room was provided for privacy and for avoidance of any destruction and 3 maidens above 16 years were interviewed.

#### ***3.6.6.4 Mthonjaneni local municipality***

In-depth interviews were conducted at the local municipality hall. Municipality HIV/AIDS programme manager arranged the venue for the interviews. The tester who also

happens to be the wife of *Induna* arranged for the maidens to come to the hall. Interviews were conducted in the separate room and 3 maidens were interviewed.

#### **3.6.6.5 *Ntambanana local municipality***

In-depth Interviews were conducted in the war room. The researcher contacted *Iqhikiza* who then arranged 3 maidens to come to the war room for the interviews. Permission to use the war room was obtained from the local councilor.

#### **3.6.6.6 *Nkandla local municipality***

In-depth interviews were conducted in the war room but on different dates for all the 3 maidens. Permission to use the war room was obtained from the local councilor. All participants were above 16 years; as a result they gave their own consent.

Informed consent was signed by all participants after the researcher had given them information about the purpose of the study, selection criteria, confidentiality issues and the researcher's identity.

Data was collected between June and July 2014. The process of data collection involved a lot of travelling since the researcher conducted interviews in all the 6 local municipalities.

### **3.6.7 Data analysis**

The researcher adopted Moustakas (1994) phenomenological data analysis as discussed by Creswell (2013:179). The steps have been discussed in details in chapter 1 (pages 11-12).

## **3.7 TRUSTWORTHINESS**

In ensuring trustworthiness, the researcher conducted the interviews herself in all the six local municipalities and received the full attention of the participants as all of them were willing to participate.

Polit and Beck (2012:745) define trustworthiness as the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, confirmability, and authenticity.

### **3.7.1 Credibility**

When the researcher during recruitment, selected the participants according to the inclusion criteria, she was securing credibility. Purposive and snowballing methods were used to recruit participants. The researcher conducted the in-depth phenomenological interviews, and during those interviews, there was prolonged interaction, meaning that the researcher stayed and interviewed the participant until she was satisfied that she has collected the needed information. The participants gave the researcher accurate information that she was looking for.

### **3.7.2 Dependability**

The collection of information or data using field notes book and voice recorder ensured collection of quality data from the source. The researcher analysed the data systematically according to the themes and subthemes. She kept primary sources, (field notes book and tapes of voice recorders) in a safe and confidential manner. Any researcher who wishes to audit the data including the supervisor will have access to the information and this will ensure dependability.

### **3.7.3 Confirmability**

As it has been stated in chapter 1 that the main objective of confirmability is to illustrate as clearly as possible the evidence and thought processes that led to the conclusion. The researcher has kept all the records of field notes, analysed data and the copy of the research proposal. This will enable peers or members of the research committee to be able to evaluate the presented data.

### **3.7.4 Transferability**

Transferability refers to the potential for extrapolation, that is, the extent to which findings can be transferred to or has applicability in other settings or groups. The

investigator's responsibility is to provide sufficient descriptive data so that consumers can evaluate the applicability of the data to other context: "Thus the naturalist cannot specify the external validity of an inquiry, he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Polit & Beck 2012:585).

### **3.7.5 Authenticity**

As it has been indicated in chapter 1 that authenticity is the extent to which the researcher is able to convey the feeling tone of participants as they were expressed during the interviews. To achieve authenticity, the researcher presented the findings through the use of quotations from participants.

## **3.8 ETHICAL CONSIDERATIONS**

Permission to conduct the study was obtained from the Ethics Committee of UNISA (Annexure 1). Participants volunteered to participate in the study and all those that were above 16 years signed an informed consent. Informed consent was available in both Zulu and English (Annexure 2). The information sheet written in both English and Zulu was given to the participants and testers so that they can be able to read it at home in their own pace and use it as the source of reference for any clarifications (Annexure 3). Interviews were conducted in the private room to ensure privacy and participants were able to respond freely. The BELMONT report principles were followed, as discussed in chapter 1.

## **3.9 CONCLUSION**

This chapter gave an overview of the qualitative research method used, the purpose and objectives of the study. The study design and setting was also discussed. The researcher further outlined the research methods used, issues related to trustworthiness and ethical considerations were also included in this chapter. Lastly the significance of the study was highlighted.

The next chapter, chapter 4, will discuss in details the findings and/or results of the study.

## **CHAPTER 4**

### **ANALYSIS AND PRESENTATION OF THE RESEARCH FINDINGS**

#### **4.1 INTRODUCTION**

In chapter 3, the research methodology of the study was discussed. The aim, purpose and objectives were also outlined. The study design, setting, research methods, importance of trustworthiness and ethical considerations were covered, as well as the significance of the study.

This chapter presents the findings of the study on 'exploring the experience of virginity testing of female adolescents in the uThungulu district of KwaZulu-Natal'. The findings presented emerged from the in-depth interviews that were conducted with female adolescents. From the transcribed interviews, the researcher listed common ideas and then developed themes.

#### **4.2 FINDINGS**

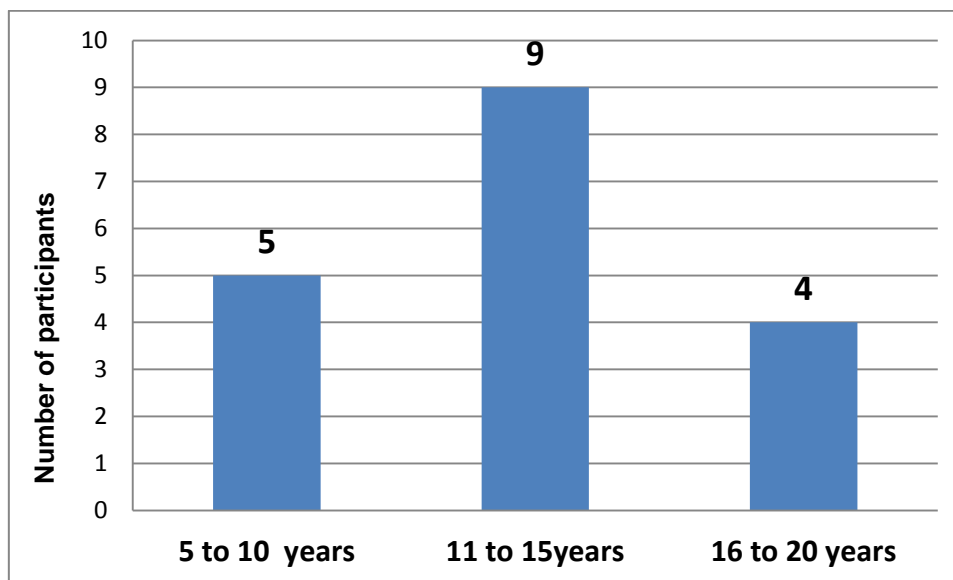
The findings of this study were presented in two sections. In the first section, the profile of the participants is presented, and in the second part, thematic analysis is carried out. The profile of participants is presented in the form of graphs using the following headings:

##### **4.2.1 Profile of the participants**

- Age at which participant started to attend the school of virginity testing
- Present level of education
- Knowledge of HIV status
- Presence of boyfriend

#### **4.2.1.1 Age at which participants started to attend the school of virginity testing**

Participants were also asked about the age at which they started to attend the school of virginity testing. The researcher asked this question in order to determine if testers follows the Children's Act, as it states that virginity testing of children under the age of 16 is prohibited.



**Figure 4.1: Age at which virginity testing started**

One participant verbalised that she started to attend the school of virginity testing at the age of 5 years. According to her she is the one who requested from her parents to undergo virginity.

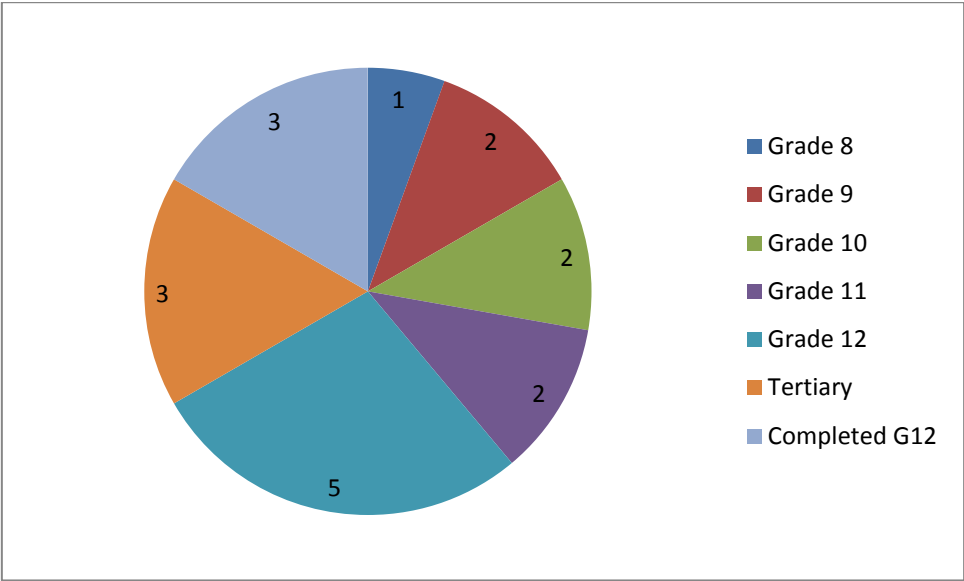
Rumsey (2012:1) highlighted that girls as young as 6 years of age are subjected to invasive inspections of their genitals in order to determine if they have had sex or not. Proponents of virginity testing strongly believe that the performance of virginity testing on young children can assist in identifying early cases of sexual assault.

According to Swartbooi-Xabadiya (2010:13), one of the arguments against the practice of virginity testing is that testing is alleged to be performed on girls between the ages of 7 and 8 years, and the test is supposedly voluntary but this is doubtful if girls from 7 years are tested. The child may not have a choice but may be under parental and societal pressure to undergo the test. The child at that age cannot possibly understand

what virginity testing is all about; therefore possibility of actual consent is greatly reduced under these circumstances.

From the interviews, participants that were no longer undergoing virginity testing stopped to participate because they were no longer virgins, not because of the bad experience. All 18 participants were positive about virginity testing.

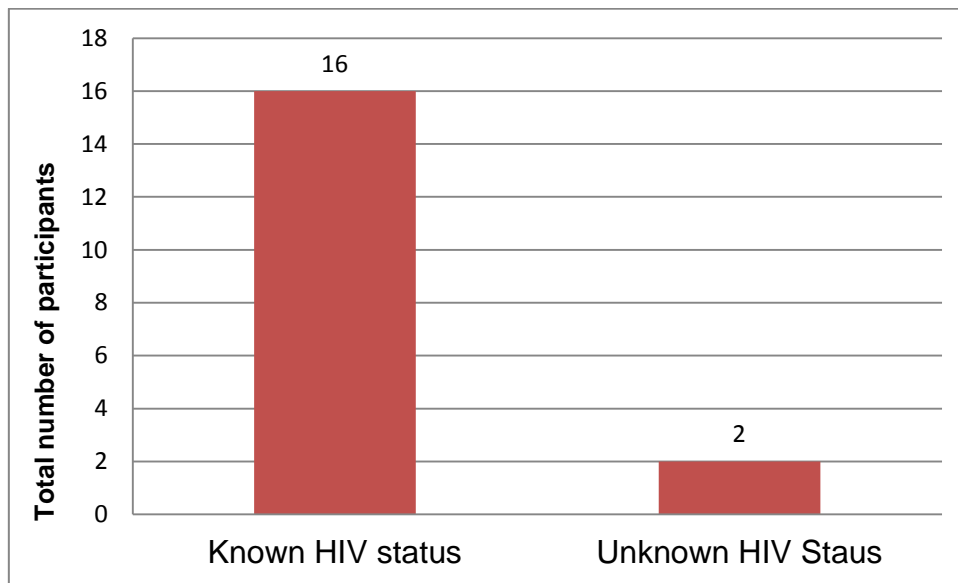
**4.2.1.2 Present level of education**



**Figure 4.2: Level of education**

From the girls that were interviewed the lowest grade was grade 8 and the highest was the tertiary level of education. Most of the participants indicated that virginity testing camps give them an opportunity to discuss with testers issues on sexual and reproductive health.

### 4.2.1.3 Knowledge of HIV status



**Figure 4.3: Knowledge of HIV status**

Most participants were aware of their HIV status and none of them reported a positive HIV status. Only few didn't know about their HIV status. Amongst those who knew their HIV status, some tested at the clinic, others at the hospital when they were sick (Provider Initiated Counselling and Testing – PICT), whilst some tested during the virginity testing camps and at *Emhlangeni* (Voluntary Counselling and Testing – VCT).

Proponents of virginity testing are confident that virginity testing provides a solution to HIV pandemic. According to Swartbooi-Xabadiya (2010:13), virginity testing is a prevention strategy that is used to prevent sexually transmitted HIV. It has helped as a form of social control to instill the value of premarital chastity and that its emphasis is on total abstinence from sexual intercourse by girls. The practice was revived to detect incest and abuse, and to re-instil and promote lost cultural values.

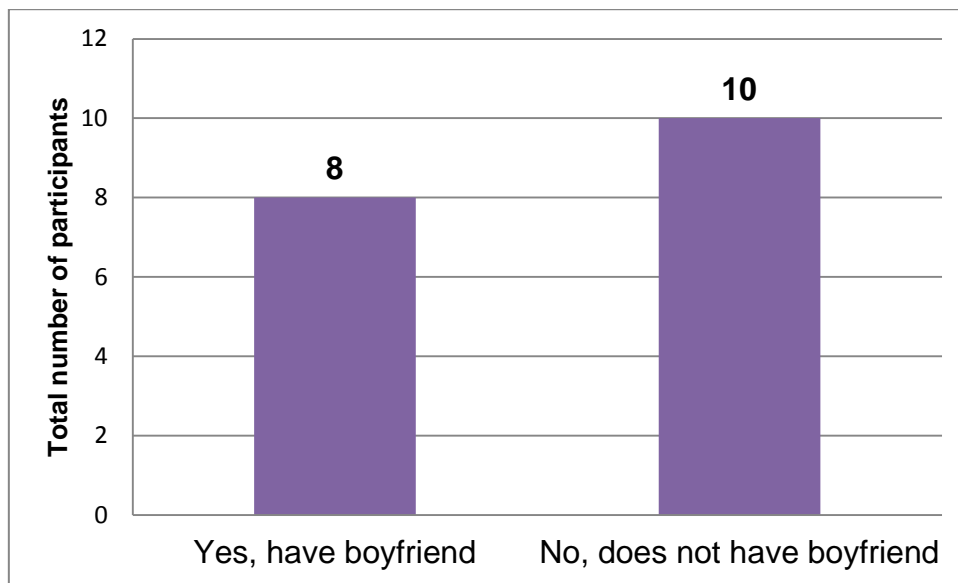
Most girls reported that during the virginity testing camps they are also taught about issues related to HIV. For them, knowing that they are HIV negative encouraged them to continue with virginity testing.

In chapter 2 (page 21), Chief Makoni from Zimbabwe refers to virgins as 'Angels'. The Chief believes that it is unfair to allow a marriage between a person living with a virus

and “a virgin who has tested negative”. Before marriage, a man has to provide proof of HIV negative results, if he wants to marry any of the angels (Karambo 2004:1).

According to Khoza (2013:3), there is an interesting aspect of virginity testing in KwaZulu-Natal Province, where men must take a test proving that they are not HIV positive before they can get married.

#### **4.2.1.4 Presence of boyfriend**



**Figure 4.4: Presence of boyfriend**

Figure 4.4 shows that most maidens didn't have boyfriends. Those with boyfriends were still confident to participate in virginity testing because they were not sexually active. For them to have a boyfriend does not mean that you must have sex with the boyfriend. According to Dlamini et al (2007:31), young girls in their twenties engage into sexual activities with their boyfriends because they don't want to lose them. For them sex secures the relationship. For those participants who responder “yes”, most of them reported that their boyfriends know that they undergo virginity testing and respect their decision not to engage in sexual activity before marriage.

#### **4.2.2 Categorisation and thematic analysis**

Findings were grouped into three main categories, namely:

- Positive experience
- Negative experience
- Uncertain (neutral) experience

The experiences could be categorised as either negative or uncertain. All 18 participants viewed their experience of virginity testing in a positive light, emphasising that it is the responsibility of every self-respecting young woman to undergo virginity testing on a monthly basis. In-depth phenomenological interviews with these participants on their experiences of virginity testing revealed the following 8 themes:

1. Reasons for undergoing virginity testing
2. Socio-economic status
3. Difference between virgin and non-virgin
4. Virginity testing as an HIV prevention strategy
5. Virginity testing as teenage pregnancy prevention strategy
6. Consequences of failing the virginity test
7. Age at which their virginity was lost
8. Knowledge about different views on virginity testing, the Commission for Rights of Cultural and Linguistic communities and the Children's Act

The identified themes are discussed hereunder:

### **Theme 1: Reasons for undergoing virginity testing**

One of the strongest arguments supporting virginity testing today, is that the practice at least attempts to do something to address the spread of HIV/AIDS, especially when, according to popular belief, the South African Government has failed to do so (Hugo 2012:2).

Participants had different reasons that made them attend the school of virginity testing, but the two most common ones were:

“My friends at school were undergoing virginity testing so I decided to join them; and it felt so good to be part of them.”

Nozipho, 16 years, said:

“My sister was 23 years old with 2 children. She became very sick with HIV, and one child was also HIV positive. They were very sick; my sister was unable to take care of herself and her sick child. Also hearing what my older brothers do for girls in order to sleep with them; that made me to decide that I want to remain a virgin.”

From the above statements, it is clear that most of the girls were not forced or coerced by their parents to undergo virginity testing, but they are the ones who decided to join the school of virginity testing.

Thobile 19 years said:

“I now have 10 certificates and for me that’s not enough, I want to have at least 15 certificates. I look at them on the wall at home with much pride and joy.”

Most of the participants reported that it is fulfilling for them to be told by testers that they are virgins. They receive their certificate with much pride and joy. When they talk about their certificates; you can even see the happiness on their faces.

As discussed in chapter 2 (page 32) different countries perform virginity testing for different reasons. In India, women from poor families had to undergo virginity testing in order for them to be able to qualify for the households items to the value of R9 000.00. In Turkey (chapter 2, page 19), midwives and nursing students were required to be virgins in order for them to be able to enrol at the nursing school. In both India and Turkey, virginity testing was not voluntary. Zimbabwe and Swaziland practice virginity testing as a means to combat the spread of HIV. Virginity testing is voluntary in both countries.

## **Theme 2: Socio-economic status**

Participants were also asked about their family background. The researcher noted that the background influenced the reasons for undergoing virginity testing. Most participants were from families headed by a female, either mother or grandmother and

were struggling, so as a means to avoid falling pregnant they decided to undergo virginity testing. Few participants were from households with both parents.

Thandi, 16 years old, said:

“I stay with my grandmother; I don’t know my father and my mother passed away when I was 3 years old. I am happy that I undergo virginity testing because our elders (testers) teach us a lot of things on how a girl should behave. I am also able to talk with other girls of my age about girl stuff during our camps.”

Ntombi 18 years said:

“... the situation at home was very bad; I was staying with my mother, as the first born, with my other 2 young sisters in one room that my mother was renting. She was working as a security guard in one of the companies at Richards Bay; she didn’t have enough money to support us. Looking at that situation, I could see that if I can have a baby, there is no space for him or her, I then decided to undergo virginity testing, as a way that will encourage me to remain a virgin till I am able to take care of myself and my baby.”

Poverty seems to influence girls to participate in virginity testing. They believe that as long as they are being examined every month they are forced not to engage in sex so that they won’t fall pregnant and disappoint their parents. A sense of loyalty, responsibility and identity were the common themes shared by participants who were from families headed by a single parent. They are willing to participate in what is viewed by their community as a good cultural practice for young women.

In Swaziland, 13 young women died on their way to the *Swati Reed Dance*. According to Ndabeni (2015:11), the majority of girls who were caught up in the crash were from poor households so they can’t even complain about the condition of transport government provided them. Another villager who didn’t want to be named said the chiefs also threatened to fine parents who did not allow their daughters to attend the event.

### **Theme 3: Difference between virgin and non-virgin**

The participants were able to tell the difference between a virgin and non-virgin. For all of them, the answer was based on the presence of hymen (*iso*).

“Being a virgin is when your hymen is still intact.”

A participant who is the leader of maidens, called *Iqhikiza*, said:

“If the girl has lost her virginity, the testers call me as her leader (*Iqhikiza*) to witness the absence of the hymen. It is easy to see that the hymen is no longer intact.”

During the interview, participants freely talked about their understanding of the virgin and the non-virgin. Most participants were not ashamed of explaining the whole procedure to the researcher.

According to Khoza (2013:2), virginity testing is done in different ways depending on the ethnic group. Primarily, the vagina is examined to see whether or not the girl's hymen is intact. The hymen is defined as “the thin membrane of skin that may stretch across part of the vagina opening”. An opening in the hymen allows the menstrual flow to pass out of the body. Most girls are born with a hymen, although some are born without it. However there are “many doctors who say that the hymen is not a good indicator of sexual virginity”, for several reasons: a girl may have been born without a hymen, the hymen can easily be ruptured during normal physical activities or sporting activities, and the hymen can be stretched open by the use of tampons.

From a biomedical perspective, virginity judgements are difficult to make. First the hymen is more like a wrinkle than a veil, which means that it does not automatically look like a covering. Second, the hymen heals rapidly, so that sexual intercourse does not necessarily affect it permanently. It has been observed that the majority of victims of sexual assault have no hymenal tears (Wickstrom 2010:534).

They also define a virgin based on the following body features:

- Breast should be firm and point upwards, not loose and pointing downwards.
- Thighs should be firm and strong.
- Behind the legs in the popliteal space, there should be no loose visible veins.
- At the back of the knees, there should be no depression, which is called *umfasankomo* (popliteal fossa).

#### **Theme 4: Virginitv testing as a prevention strategy for STI's, in particular HIV and AIDS**

When participants were asked about HIV and AIDS, and virginitv testing, most of them reported that, before a virgin gets married, she and her partner have to do an HIV test. Wickstrom (2010:546) states that, in combination with virginitv testing, some parents insist that men take blood test and prove that they are HIV negative before starting a sexual relationship with their daughters.

Most participants had knowledge of HIV infection transmission and prevention. They knew that there are other ways of getting HIV infection other than sexual transmission which are through blood products and mother-to-child transmission.

Mrs Nombulelo Madondo who runs a virginitv testing school in Inanda, Durban, KwaZulu-Natal next to Mtshebheni, said her school was opened because of the HIV pandemic. The aim was to protect the young maidens from having sex while they are young. The maidens are proud of being tested every month and they even said that virginitv testing brings dignity to them and they are respected in the community (Chiliza & Mkhamisa 2013:1).

“Undergoing virginitv testing, protects us from a lot of diseases, including HIV and AIDS, because, when suddenly you are not going for the monthly camp, everybody will know that it's because you are no longer a virgin, so if you undergo virginitv testing, you need to make sure that you don't do things that other girls are doing, like having a sexual relationship.”

According to Wickstrom (2010:536), virginity testing is more of a preventive than a diagnostic event, an effort to celebrate, defend, and promote virginity, and thus, in the long run, to prevent young girls from contracting HIV.

In many communities, each virgin is seen as another small victory in South Africa's battle with a virus that has by some estimates infected approximately 5.5 million of the country's 47 million people. As a result of this HIV pandemic, virginity testing enjoys the distinction of being among the most popular public health initiatives in South Africa and is unique in that it promotes a return to traditional culture as a public health prevention measure (George 2007:1).

### **Theme 5: Virginity testing as teenage pregnancy prevention strategy**

Most of the girls expressed that by undergoing virginity testing, they will delay the sexual relationships. Thus, they are not at risk of becoming pregnant. They verbalised that once they become sexually active, testers will be able to recognise that they are no longer virgins.

The Zulu tribe believes that by continuing to perform virginity tests, it is helping them to curb teenage pregnancy because it encourages abstinence (Khoza 2013:2).

According to Hugo (2012:2) Leclerc-Madlala states that, testers believe that by encouraging girls to treasure and guard their virginity, they will curb unwanted pregnancies and HIV infection rates. Leclerc-Madlala suggests that some girls appreciate the social support and solidarity that develops amongst girls who participate in the testing. With this added emotional support they are more likely to remain sexually inactive and withstand boys who pressure them to engage in sex.

One participant confirmed this when she said:

"I am the only girl at home without a child. My sister became pregnant when she was 16 years old. One of my friends became pregnant when we were doing grade 10. I will not have a child before I get married, I am proud of being a virgin and I will continue to undergo virginity testing." (Nonhle, 19 years)

From the above extract, it is clear that female adolescents use virginity testing as their strategy to delay sexual relationship. The researcher also noted that education programmes promoting responsible sexual behaviour for girls are still not effective.

### **Theme 6: Consequences of failing the virginity test**

Participants were asked the question about those who fail the test. As it has been stated earlier that virginity depends mostly on the intactness of the hymen (the 'iso') and other features, girls who are found with a hymen that is not intact, are being referred to as non-virgins.

According to the participants, 3 testers examine one girl. The girl would lie on her back, folding her knees. One tester on the right side would hold the right knee, the other tester on the left side, would hold the left knee and the last tester at the front would look for the presence of the intact hymen. There is no insertion of the finger or use of water. Once the tester who is at the front doesn't see the intact hymen, she would then confirm with the two testers. The *Iqhikiza* would be called so she can also witness the absence of the intact hymen. If the mother of the girl is present, she would be called and be given the results. This is not done publicly where the testing is taking place but privately. The girl would have to tell her mother the name of the boy who broke her virginity. If the mother is not present, the elders who are accompanying the girls would be given the results. The incidence would be reported to the family of the boy. The boy would have to cleanse the maidens, using a goat. He would also need to give them a cow which forms part of paying damages to the mother of the girl. The girl is then told not to come again for virginity testing.

One participant confirmed this practice when she said:

“The girls who are found to be no longer virgins are called to stand forward and elders counsel them on how to behave as a female adolescent, but they are no longer allowed to come to the camps.” (Nobuhle 19 years)

Nothando (18) explained:

“I knew that I was no longer a virgin, and then I stopped to attend the camps because I knew that the testers will catch me and the boy who broke my virginity will have to pay a cow and a goat.”

From the above extracts, it is clear that the maidens know what will happen to them if they fail the test. Those who have lost their virginity, they don't even try to attend the virginity testing camps. During the discussions; none of the girls expressed a sense of regret about participating in virginity testing; instead those who are no longer participating; regret their behaviour of engaging into sex.

Zethu 19 years:

“I miss attending the camps, mostly talking with other girls, wearing my Zulu attire and singing the Zulu songs during our dance. If I did not engage into sexual activity, I would have still been attending virginity testing school”.

None of the participants reported to have observed any form of victimisation from the maidens who have failed the virginity testing.

The above extracts also indicate that privacy is not maintained during the examination, as 4 people end up doing the examination. Confidentiality is also not observed. The results of the girl who failed the test are given to her mother, if her mother is not available; they are given to the elder accompanying the maidens and lastly, shared with the family of the boy. The Children's Act (chapter 2, page 24-25), clearly states that results of virginity testing should not be disclosed without the girl's consent (Department of Social Development 2010:12).

### **Theme 7: Prospective age at which virginity will be lost**

Participants were asked the question about the age whereby they will no longer feel comfortable to undergo virginity testing. The researcher was trying to ascertain if there is a specific age where one will no longer qualify to undertake a virginity test. The response was, “as long as you are still a virgin, not married, one can continue to attend

virginity testing school". Most participants verbalised that they intend to maintain their virginity until they get married. Some were saying, they don't even think about losing their virginity at the moment. They stated the following:

"I will have a sexual relationship when I am working; having my own money to take care of myself, for now I am concentrating on my studies." (Busi, 17 years)

"I will have sexual relationship when I am older than this, able to take care of myself and making constructive decisions in order for me to be safe from many diseases." (Lulu, 16 years)

"Not to be a virgin, it's something I don't think about." (Gugu, 17 years)

"I have a boyfriend, but he knows that we won't have any sexual relationship until he pays lobola at home." (Nokuthula 19 years)

From the above extracts, it is clear that participants know what they want. They want to be educated so that they can work. Working means earning a salary (money). As indicated earlier in this chapter that poverty was a contributory factor for participants to undergo virginity testing, with money they are then prepared to have sexual relationship and have children. There was no specific age mentioned.

### **Theme 8: Knowledge about different views on virginity testing, the Commission for Rights of Cultural and Linguistic communities and the Children's Act**

Participants had their stories to tell when asked about the views of other people about virginity testing. What other people say about virginity testing can influence the way maidens view virginity testing. The following were the myths they know:

"People say we pay R100 to the testers so that they will say we are still virgins."  
(Nobuhle, 19 years)

But according to the participant this is impossible since not only one tester examines the girl but three different testers, and then they were asking which one you can pay. Some said, in some areas they are not being examined by the local testers, but testers from

other areas who don't know them and their mothers examine them, so there is no way that they can lie and say you are no longer a virgin or a non-virgin when that not is true.

"They say we insert R1 inside our vagina so that it looks like iso (hymen) which is something that is not true. The testers ask us to cough and that R1 will come out. It is not easy to insert something." (Nobuhle, 18 years)

There have been allegations of corruption among some testers. It has been reported that some girls who have been pronounced virgins, gave birth a few months after indicating that they were pregnant at the time of the test (George 2007:14).

Hugo (2012:2) states that the measures girls take to avoid 'failing' the test are extreme. Leclerc-Madlala explains that girls try to create the appearance of intact hymen by pushing toothpaste or piece of white lace dipped in tomato sauce into their vagina. Girls have also reportedly inserted pieces of freshly cut meat into their vaginas, in order to make their vaginas appear virginal tight.

Participants were also asked about the Children's Act; if they know what it says about virginity testing. Few of them knew about procedures that need to be adhered to when doing virginity testing in order to prevent cross infection and not to destroy the hymen. Some knew that they are not forced to undergo virginity testing. None of them knew about section 12(4) which states that virginity testing is prohibited to the children under the age of 16 years.

"I know that testers need not to touch the hymen because it can be destroyed and that they must use gloves for each person when touching our private parts."

"I know that I am not forced to undergo virginity testing but because I like it that is why I am doing it. I am proud of being a virgin." (Zinhle, 17 years)

From the above extracts the researcher identified a sense of determination from the participants ...

"No matter what people say about our culture will continue to do it because that's who we are and our parents are very proud of us." (Iqhikiza, Zodwa 19 years).

### 4.3 CONCLUSION

This chapter presented the key findings of the study undertaken in the uThungulu district of KwaZulu-Natal when exploring the experience of female adolescents on virginity testing. The participants expressed their views on the different themes identified. These themes contributed to the positive attitude that was expressed by the participants during the interviews. It was noted that all participants didn't know about the Commission for Rights of Cultural and Linguistic communities and the Children's Act, but they were happy to voluntarily undergo virginity testing. They believed that by undergoing virginity testing, they are safe from diseases that are sexually transmitted including HIV and AIDS. They also expressed that undergoing virginity testing, prevents them from engaging in sexual activities which might result in unwanted pregnancies. All participants believed that virginity testing was entrenched into their Zulu culture of being an '*Intombi*', and pride in being a virgin till one gets married. All participants shared their positive experience of virginity testing.

In the next chapter, chapter 5, conclusions, recommendations and limitations of the study will be discussed.

## CHAPTER 5

### CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

#### 5.1 INTRODUCTION

In chapter 4, the key findings of the study undertaken in the uThungulu district of KwaZulu-Natal when exploring the experience of female adolescents on virginity testing were discussed. The findings were grouped into three categories which were positive experience, negative experience and uncertain experience. None of the 18 participants verbalised a negative or uncertain experience about virginity testing. They were all positive about participating in virginity testing. There were also different themes identified during the interviews, namely: Reasons for undergoing virginity testing, Family background, Difference between virgin and non-virgin, Virginity testing as an HIV prevention strategy, Virginity testing as teenage pregnancy prevention strategy, Consequences of failing the virginity test, Age at which their virginity is lost and Knowledge about different views on virginity testing and the Children's Act. All of the 18 participants did not know about the Children's Act Section 12(4), but they were happy to undergo voluntary virginity testing. They believed that by undergoing virginity testing, they are safe from diseases that are sexually transmitted including HIV and AIDS. They also expressed that undergoing virginity testing, prevents them from engaging in sexual activities which might result in unwanted pregnancies. All of them believed that virginity testing was entrenched into their Zulu culture of being an "*Intombi*," and pride in being a virgin till one gets married.

The discussions in this chapter will be presented in four sub-sections. In the first sub-section, a summary of the research design and methods will be presented. A brief discussion on the summary and interpretations of the research findings regarding the experience of virginity testing by female adolescents in the uThungulu district of KwaZulu-Natal, will be next to follow, including the participants' profile. In the third and fourth sections, limitations and recommendations of the study will be discussed, respectively.

## 5.2 SUMMARY AND INTERPRETATIONS OF THE RESEARCH FINDINGS

The objectives of this study, as set out in chapter 1 (page 6) were to

- explore the experience of virginity testing of female adolescents in the uThungulu District of KwaZulu-Natal
- describe the experience of virginity testing by female adolescents in the uThungulu District of KwaZulu-Natal
- make recommendations to policy makers, i.e. Department of Social Development regarding the existing policy on virginity testing or recommend for the protection of young girls from the cultural practice if the practiced culture is negative and harmful to their wellbeing

In line with the research objectives listed above, a summary of the interpretations of the findings and conclusions drawn from the study are presented below.

### 5.2.1 Profile of the participants

In chapter 4, the profile of the participants was presented in graphs using the following headings:

- **Age at which participants started to attend the school of virginity testing**

From the graph data, most participants started to undergo virginity testing when they were under the age of 16 years old. According to the Children's Act (Act No. 38 of 2005), section 12(4), virginity testing of children under the age of 16 is prohibited. South Africa is a country that is well known to have good policies, but is the country actually implementing those policies in the expected manner? This is the question the researcher kept on asking herself. According to the Department of Social Development Policy (2010:13-14), any person who contravenes any provision of this regulation is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding two years, or to both such fines and such imprisonment.

Testers insist that the practice of virginity testing is based on culture. Maidens are happy to undergo virginity testing even before they reach the age of 16.

- **Present level of education**

Most of the participants that were interviewed were at secondary school, and some at tertiary level. Most of them started to undergo virginity testing when they were at primary school. Level of education did not affect the way maidens feel about virginity testing. All of them were happy to participate and based their participation on culture.

- **Knowledge of HIV status**

Most of participants who knew their HIV status reported to be HIV negative. They stated different reasons for testing. Some of the reasons were not related to virginity testing. The reason for those who have not done an HIV test was that, they know that they are virgins; they automatically know that they are HIV negative, which may not always be true considering other ways of HIV infection. According to Johns Hopkins Health and Education in South Africa (JHHESA) (2013:22), HIV virus can enter the body through sexual contact with a person who has HIV, through transfusions with infected blood, by injection with a needle that has infected blood in or on it, and from a pregnant woman to her child, either in the womb, through child-birth, or through breastfeeding.

- **Presence of boyfriend**

Some of the participants reported to have boyfriends. Most of those who have boyfriends; stated that their partners know that they attend the school of virginity testing and they are supportive of them. The researcher thought that once the maidens have boyfriends they will no longer attend the school of virginity testing, but instead they report to *amaqhikiza* about their relationships and *amaqhikiza* give them advises. During the in-depth phenomenological interview, eight themes were revealed and the researcher concluded the following:

- **Reasons for undergoing virginity testing**

Most participants reported that they were influenced by other girls at schools to participate in virginity testing. Some reported to have been influenced by other siblings and some reported issues related to poverty. Few participants reported to have been influenced by the Nazareth church (Shembe). Wickstrom (2010:539) stated that in some Nazareth churches, traditional rituals for virgin girls have been revived.

Parents didn't play an active role in influencing their daughters to undergo virginity testing but they seem to play a supportive role.

- **Socio-economic status**

Family background influenced girls to undergo virginity testing. Most of the participants reported to be living with one parent. Looking at the poor living conditions at home, made them prefer not to be sexually active. The only way that will assist them to maintain their virginity is to attend the monthly virginity testing camps. Older siblings who were maidens influenced the younger siblings to also become maidens.

- **Difference between virgin and non-virgin**

All participants agreed that apart from body features, the main physical characteristic that is used to prove whether the girl is a virgin or not, is the presence of the intact hymen (*iso*). According to Behrens (2014:178), there is no kind of test or inspections that can reliably achieve this aim. As it has been indicated early in chapter 1 that some women are born without a hymen and that a hymen can be ruptured in ways other than engaging in coitus. Furthermore, it can take a number of acts of coitus for an individual's hymen to rupture. It is thus possible that a woman who has not experienced coitus might not have a visibly discernible intact hymen and that a woman who has engaged in coitus may still have what could appear to be an intact hymen. Some women could pass the test, even though they have had coitus, and some could fail, even when they are in fact, virgins.

- **Virginity testing as an HIV prevention strategy**

During the camps, maidens are given health education by their testers. Some of the testers are community care givers. HIV counselling and testing is promoted. The Department of Health has a little role to play during the maidens' camps since none of the participants mentioned them coming for HIV counselling and testing in the maidens' camp. The researcher sees this as missed opportunity on the side of the department since they can use the camps as a platform of giving health education to maidens on sexual and reproductive health issues and also perform HIV counselling and testing. In the camps for medical male circumcision, all boys do HIV counselling and testing before being circumcised.

- **Virginity testing as a teenage pregnancy prevention strategy**

Participants were asked about the benefits of doing a virginity test. All of them believed that by abstaining, they are not at risk of becoming pregnant.

According to Behrens (2010:179), many of those who support the practice of virginity testing claim that the practice is justified because it can reduce the incidence of both HIV infection and teenage pregnancy. He further acknowledges the fact that the number of teenage pregnancies and new HIV infections among the youth in South Africa are matters of serious concern. But what is not certain is whether virginity testing is the best intervention to address these pressing concerns. The author based his argument on one study of schoolgirls in a rural district of KwaZulu-Natal which found that virginity testing was not perceived by those studied as a 'protective factor' in the prevention of coitus at all. In other words, the participants in the study thought that virginity has little impact on whether or not girls are sexually active.

During the interviews, all participants believed that as long as they attend the monthly camps, they will abstain because testers will be able to see that they are no longer virgins.

- **Consequences of failing the virginity test**

The boy who is responsible for breaking the hymen of the girl, pays '*inhlawulo*', damages to the mother of the girl which is a cow. He then also cleanses other maidens with a goat. With snowballing, the researcher managed to have an interview with two girls who had undergone virginity testing but unfortunately for them they had sexual relationships and became pregnant. According to them, they did not even try to undergo virginity testing after they had sex because they knew that the testers would recognise that they had sex. They are still friends with maidens and are now educating them on the negative effects of having early sexual relationships.

According to George (2007:9), parents of girls who failed virginity exam demanded explanations from their daughters and have; in some instances, beaten them for information. In one case reported to child-line, relatives of a girl who failed her virginity test broke both her arms.

- **Prospective age at which virginity will be lost**

There was no specific age at which one is expected to lose her virginity, but the girl is expected to have a sexual relationship only with her husband. Some participants acknowledge the fact that not everybody gets married, but for them, education was more important. Most participants felt that they will not engage into sexual activity if they are still attending school, maybe after they have completed tertiary education they can then think about it. Most participants had plans for their lives.

- **Knowledge about different views on virginity testing and Children's Act**

All participants had no information or knowledge of the Children's Act or The Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities (CRL Rights Commission). They knew that, they are not forced to participate in virginity testing, testers should use separate gloves for each person to prevent cross infection and that no finger must be inserted in the vagina when checking for the presence of the hymen. The Children's Act is not followed by the testers, it's like it does not exist.

### **5.3 CONCLUSIONS**

After conducting 18 in-depth phenomenological interviews, the researcher managed to gain insight in the experience of virginity testing of female adolescents of uThungulu District. Most of them believed that virginity testing is the practice that helps them not to engage in sexual activities too early. According to them, during their camps it is not only about the virginity test but it is also about information they receive from their elders on how they should behave as young females and about discussing sexual issues which they are not comfortable to discuss with their parents. Some referred to the camps as the platform for them to meet with other peers and learn good things from them. All participants demonstrated a positive experience towards virginity testing.

The reviewed data shows that there is a high incidence of HIV infection among young females, as well as the reported increased number of teenage pregnancies. Delaying sexual debut can assist in curbing these two challenges. The researcher feels that public health initiatives which are aimed at reducing the new HIV infection and teenage pregnancy need to be supported but without breaking the law and without causing any harm to others.

Virginity testers only promote abstinence, whereas it is a well-known fact that high school students are sexually active. Both male and female adolescents need to be educated and well-equipped on condom use. According to Govender and Masango (2007:1), children above 12 years have a right to access HIV testing and contraceptives; including condoms.

### **5.4 RECOMMENDATIONS**

The recommendations discussed below have been grouped into three categories as follows:

#### **5.4.1 Recommendations for policy makers**

Policies need to be reviewed and harmonised. Virginity testing of children under the age of 16 years is prohibited by law. It is recommended that it be synced with regulations governing HIV testing and contraceptives. The age for legally conducting VT, be

reviewed and lowered to above 12 years. Even when one looks at the choice of Termination of Pregnancy Act, any pregnant woman of any age can request an abortion if she is still less than 13 weeks pregnant. This does not resonate with the 16 years cut-off for virginity testing.

Maidens do not know about the Children's Act. They have also never heard of the CRL Rights Commission. This may also be true for testers. The Departments of Education and Social Development need to design a strategy to make sure that high school students become aware of the Children's Act, the CRL Rights Commission and all issues around virginity testing.

The National House of Traditional Leaders and the King Goodwill Zwelithini verbalised that they were not consulted on the new law (Act No. 38 of 2005). And considering the fact that there are still some issues related to privacy, dignity and bodily integrity, new discussions can be opened to allow them an opportunity to express their views so that consensus with Traditional Leadership can be reached.

#### **5.4.2 Recommendations for clinicians**

Since young girls have verbalised that they feel comfortable to discuss sexual matters with testers, the researcher then recommends that, testers need to be trained and equipped with scientific health information.

Some authors highlighted that one glove is used to inspect all maidens; the researcher recommends that the Department of Health should educate them on the infection control policy, as well as provide them with tools of the trade, e.g. gloves.

Department of Health has developed guidelines on medical male circumcision; the researcher believes that it is also possible for the Department to develop guidelines on virginity testing of girls above 16 years.

#### **5.4.3 Recommendations for researchers**

Most literature that is available is 5 years old or older. The researcher strongly believes that virginity testing that was conducted then, is no longer the same as the one

conducted currently. There are some changes and therefore more research should be conducted on how virginity testing is currently being performed.

Due to financial and time constraints, the research was conducted only at district level. A research that will include the whole province of KwaZulu-Natal is recommended.

## **5.5 SIGNIFICANCE OF THE STUDY**

The researcher by conducting this study hopes to contribute to the health and/or nursing profession by providing evidence-based information on virginity testing which demonstrates the health risks and health benefits associated with the practice.

Proponents of virginity testing believe that the practice can be implemented as one of the strategies that may assist to reduce new HIV infections especially amongst female adolescents, as demonstrated in chapter 2. The 20 years South African vision, as stipulated in the National Strategic Plan (NSP) on HIV, STI and TB (2012-2016), is to have zero new HIV infection and to reduce the new HIV infections by at least 50%.

At present, voluntary medical male circumcision, included in the NSP, is a key component of the National Department of Health's strategy to prevent the spread of HIV. Opponents of virginity testing as indicated in chapter 2, argued that virginity testing reduces the risks of contracting HIV, but believe that the risks outweigh the benefits. The researcher hopes that future health policies and guidelines will address virginity testing.

## **5.6 LIMITATIONS OF THE STUDY**

Financial constraints and time factor restricted the researcher to conducting the study only at uThungulu District. While appreciating that findings from small samples characteristic of qualitative studies are not generalisable, it would have been better to get the views of other female adolescents from other Districts within the KwaZulu-Natal province.

In uThungulu District, areas are far apart, making it difficult to reach them all. Also because of time and the cost involved in traveling around, the researcher managed to conduct interviews in all the 6 local municipalities.

## **5.7 CONCLUDING REMARKS**

By conducting this study, the researcher wanted to uncover the good and the bad experience of female adolescents when they undergo virginity testing. The broad aim was to find out if virginity testing cannot be used as a prevention strategy to reduce the incidence of HIV infection and reduce teenage pregnancy among female adolescents.

What was discovered is that no negative experiences were reported, and female adolescents willingly allow the female elders to test them on a monthly basis. No harmful incidences were reported by the 18 female adolescent that participated in the study.

The researcher agrees that virginity testing alone cannot be used as an effective practice to reduce HIV infection and teenage pregnancy, but if the practice is combined with health education it can have a positive impact. The researcher strongly believes that if testers can be trained and empowered with scientific information on sexual and reproductive health that can have a positive effect.

## LIST OF REFERENCES

Adel, D. 2011. *Against all odds: Virginity testing victim await her verdict*. Cairo: Elizabeth D. HermanGlobalPost.

Ali, FM. 2009. *India brides had virginity test*.

From: <http://www.freepublic.com/focus/chat/2291545> (accessed 01/07/2014).

Behrens, KG. 2014. Virginity testing in South Africa: A cultural concession taken too far? *South African journal of philosophy* 33 (2):177-178.

Bower, C. 2005. *Virginity testing – in whose interest*. From: [www.rapcan.org.za](http://www.rapcan.org.za) (accessed 31/07/2013).

Burns, N & Grove, SK. 2009. *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. 6<sup>th</sup> edition. St Louis: Saunders Elsevier.

Chibaya, M. 2013. *Zimbabwe: Compulsory virginity tests Condemned*. From <http://allafrica.com> (accessed 09/19/2014).

Chiliza, P & Mkhamsa, S. 2013. *Virginity testing – Nombulelo Madondo*. From <http://enanda.co.za> (accessed 06/08/2014).

Collins, KJ, Du Plooy, GM, Grobbelaar, MM, Puttergill, CH, Terre Blanche, MJ, Van Eeden, R, Van Rensburg, GH & Wigston, DJ. 2007. *Research in the social sciences*. Pretoria: University of South Africa.

Commission on Gender Equality. 2000. *Consultative conference on virginity testing report*. 12-14 June.

From <http://www.preventgbvafrica.org/wp-content/uploads/2013/10/vt.pdf> (accessed 25/03/2014).

Creswell, JW. 2013. *Qualitative enquiry and research design. Choosing among five approaches*. 3<sup>rd</sup> edition. London: Sage.

Department of Social Development. 2010. *Children's Act 2005*. Pretoria: Department of Social Development.

Flick, U. 2014. *An introduction to qualitative research*. 5<sup>th</sup> edition. Los Angeles: SAGE.

George, E. 2007. *Like a virgin? Virginity testing as HIV/AIDS prevention: Human rights universalism and cultural relativism*. From: <http://revisited.lawjournal.org> (accessed 02/06/2014).

Govender, S & Masango, D. 2007. *Government explain new children's act*. From: <http://www.southafrica.info/service/rights/childact-030707.html> (accessed 22/07/2014).

Greenhalgh, T. 2008. *How to read a paper: The basic of evidence-based medicine*. 3<sup>rd</sup> edition. London: Blackwell.

Grinker, RR, Stephen, C, Lubkemann, CB & Steiner, M. 2010. *Perspectives on Africa: a reader in culture, history and presentation*. 2<sup>nd</sup> edition. Chichester: Willey-Blackwell.

Harrison, A, Newell, M, Imrie, J & Hoddinott, G. 2010. *HIV prevention for South African youth: which intervention work? A systemic review of current evidence*. From: <http://www.bmcpublichealth.biomedcentral.com> (accessed 22/07/2014).

Hugo, N. 2012. *Virginity testing and HIV/AIDS: Solution or human rights violation?* From: <http://www.consultancyafrica.com> (accessed 22/07/2013).

John Hopkins Health and Education South Africa. 2013. *Know yourself, you're your strengths. Sexual Reproductive Health Toolkit Draft 2*.

Joubert, G & Ehrlich, R. 2007. *Epidemiology: A research manual for South Africa*. 2<sup>nd</sup> edition. South Africa: Oxford.

Karambo, S. 2004. *Rights – Zimbabwe: Virginity testing strips of their dignity-groups*. From: <http://www.ipsnews.net> (accessed 19/09/2014).

Khoza, SP. 2013. *Perception of virginity testing in South Africa*. From: <http://www.Mars.cs.ukzn.ac.za> (accessed 19/09/2014).

Lasco, C. 2003. *Virginity testing in Turkey: A violation on of women's Human Rights*. From: <http://www.researchgate.net> (accessed 19/09/2014).

Leak, T. 2012. *Testing virginity: HIV/AIDS modernity and ethnicity in post-apartheid South Africa*. Santa Cruz: University of California.

Leclerc-Madlala, S. 2001. *Virginity testing: Managing sexuality in a maturing HIV/AIDS epidemic*. From: <http://www.ncbi.nlm.nih.gov> (accessed 19/09/2014).

Leclerc-Madlala, S. 2002. *Youth, HIV/AIDS and the importance of sexual culture and context*. From: <http://www.cssr.uct.ac.za> (accessed 25/03/2014).

Mack, N, Woodsong, C, MacQueen, KM, Guest, G & Namey, M. 2005. *Qualitative research method: A data collection field guide*. USA: USAID.

Maleche, A, & Day, E. 2011. *Traditional cultural practices and HIV: Reconciling culture and human rights*. Working paper for the third meeting of the Technical Advisory Group of the Global Commission on HIV and the Law, 7-9 July 2011. From <http://www.hivcommission.org> (accessed 19/09/2014).

Mhlana, N. 2011. *Virginity testing makes modern misses feel proud*. From: <http://www.thenewage.co.za> (accessed 19/09/2014).

Moule, P & Goodman, M. 2009. *Nursing research: An introduction*. London: SAGE.

Mubangizi, JC. 2012. A South African perspective on the clash between culture and human rights, with particular reference to gender-related cultural practices and traditions. *Journal of International Women's Studies* 13(3):33-48.  
From: <http://www.vc.bridgew.edu> (accessed 12/02/2016).

National Department of Health. 2012. *The 2012 National antenatal sentinel HIV and syphilis prevalence survey in South Africa*. Pretoria: National Department of Health.

National Strategic Plan (NSP) on HIV, STIs and TB. 2012-2016. From <http://www.hst.org> (accessed 25/03/2014).

Ndabeni, K. 2015. *Fear of loathing grips Swazi village in wake of reed dance crash*. Sunday Times, 06 September.

NDOH see National Department of Health.

Ngcobo L. 2005. *Virginity testing: An African solution to a pressing African problem*. From: <http://www.ifp.org.za> (ccessed 19/09/2014).

Osborne, H. 2013. India: *Hundreds of brides forced into virginity testing at mass wedding*. From: <http://www.m.ibtimes.co.uk> (accessed 01/07/2014).

*Oxford English Dictionary*. 2013. UK: Oxford University Press.

Polit, DF & Beck, CT. 2010. *Essential of nursing research: Appraising evidence for nursing practice*. 7<sup>th</sup> edition. Philadelphia: Walters Kluwer.

Polit, DF & Beck, CT. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. 9<sup>th</sup> edition. Philadelphia: Lippincott.

Province of KwaZulu-Natal. 2012-2016. Multi-sectoral provincial strategic plan for HIV and AIDS, STIs and TB 2012-2016.

Rumsey, C. 2012. *Culture, abstinence, and human rights: Zulu use of virginity testing in South Africa's battle against AIDS*. Canada: Ottawa.

Shisana, O, Rehle, T, Simbayi, LC, Zuma, K, Jooste, S, Zungu, N, Labadarios, E & Onoya D. 2014. *South African National HIV prevalence, incidence and behaviour survey, 2012*. From <http://www.hsrc.ac.za> (accessed 21/07/2014).

South African Human Rights Commission. (SAHRC). 2013. *Harmful social and cultural practices – virginity testing*. From <http://www.sahrc.org.za> (accessed 25/03/2014).

Swaartbooi-Xabadiya, ZC. 2010. Attitudes and perceptions of girls in ST John's collage about the practice of virginity testing. Unpublished dissertation. University of Limpopo.

Taylor, M, Dlamini, SB, Sathiparsad, R, Jinabhai, C & De Vries, H. 2007. Perception and attitude of secondary school children in KwaZulu-Natal towards virginity testing. *Health SA Gesondheid* 12(2):28.

The Constitution of the Republic of South Africa. 1996. From: <http://www.gov.za> (accessed 01/07/2014).

Thomas, PY. 2010. *Research methodology and design*.  
From: <http://www.url.unisa.ac.za> (accessed 11/09/2014).

UNAIDS. 2014. *The Gap report*. From: <http://www.unaids.org> (accessed 21/07/2014).

uThungulu District Health Plan. 2015/2016.

uThungulu District Municipality Integrated Development Plan. 2007/08 to 2011/12.

Vincent, L. 2006. Culture, health and sexuality. Virginity testing in South Africa, Re-auditioning the post colony: Department of political and international studies, Rhodes University: South Africa. From: [http:// www.researchgate.net](http://www.researchgate.net) (accessed 25/03/2014).

Wickstrom, A. 2010. Virginity testing as a local public health initiative: a "preventive ritual" more than a "diagnostic measure". *Journal of the Royal Anthropological Institute (NS)* 16:532-550. From: <https://www.liu.se> (accessed 25/03/2014).

World Health Organization. 2012. *WHO Global report on teenage pregnancy*. From: [www.who.int](http://www.who.int) (accessed 21/07/2014).

## **ANNEXURES**

**ANNEXURE 1: ETHICAL CLEARANCE FROM THE DEPT OF HEALTH STUDIES,  
UNISA**



**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**HS HDC/309/2014**

Date: 19 February 2014 Student No: 4576-183-3  
Project Title: Exploring the experience of virginity testing by female adolescents  
in the Uthungulu District of Kwa-Zulu, Natal.  
Researcher: Jabulile Favourite Mbulu  
Degree: Masters in Public Health Code: DIS4986  
Supervisor: Dr TSB Mokoboto-Zwane  
Qualification: PhD  
Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

**Prof L Roets  
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki  
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

**PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES**

**ANNEXURE 2: ADULT CONSENT FORM**

**Title of the research study: Exploring the experience of virginity testing by female adolescents in the uThungulu District KwaZulu-Natal**

Dear Participant

As the researcher has already informed you about a study that is being conducted in your area. The researcher wishes to invite you to participate in this study by participating in an in-depth individual interview. The aim of the qualitative study is to find out from female adolescents their experiences about virginity testing. The researcher wishes to be sure that you are clear that there are no anticipated risks from participating in this study, however should you become uncomfortable as a result of participating in this study; you can withdraw at any time. Please note that the researcher will contact you once to collect the information.

The information that is collected in this study will be kept confidential and only the study researcher will have access to the study information. Your name will not be required. The researcher will also ask to audio record all the discussions. An audio tape will be kept confidential and only available to the researcher.

If you would like more information or there is something you do not understand about this study please use contact details provided to you on the information sheet.

If you consent to participate in the individual in-depth interview and audio recording of the interview please sign here:

_____	-----	-----
Participant's name (print)	Participant's signature	Date
	<b>(Persons who cannot write may mark with X)</b>	
_____	-----	-----
Name of staff member who Administered consent (print)	Staff Member's signature	Date
_____	-----	-----
Witness' name (print) *	Witness' signature	Date

*\* Witness required only if the participant cannot write or if the participant asks for one.*

## **ANNEXURE 3: INFORMATION SHEET**

### **TITLE OF THE RESEARCH STUDY: EXPLORING THE EXPERIENCE OF VIRGINITY TESTING BY FEMALE ADOLESCENTS IN THE UTHUNGULU DISTRICT OF KWAZULU-NATAL**

There is a very important research study in your area that is currently being conducted. The researcher wishes to learn more about the experience of virginity testing by female adolescents. The researcher is concerned about the HIV prevalence and teenage pregnancy in the UThungulu district of KwaZulu-Natal. The aim of the study is to find out if virginity testing can be adopted and implemented as one of the preventive strategies for both HIV and teenage pregnancy

This piece of paper provides you with information about this qualitative study, why it is important, what it involves, how you and the local community may benefit and how you can participate and support the study.

#### **Who can take part?**

Any female adolescent aged between 13 to 19 years of age and has done virginity testing before will be asked to participate in the study.

#### **What does it mean to be involved in this study?**

If you agree for you/your child to participate in this study, she will be asked to take part in the interview. The process of participating in the study will be explained to the participants when they speak to the researcher. They will be asked to meet with the researcher at a convenient time and place and talk about different issues related to their experiences of virginity testing. The participant will be asked about things like HIV testing; issues around virginity testing. She will be asked to try as best as she can to talk about her own experiences.

**Is there any risk of being in the study?**

There are no specific risks involved to you/your child's health from participating in this study. The researcher believes that most adolescents will take up an opportunity to express their ideas and opinions.

**Is there any benefit by being in the study?**

There will be no direct benefits to your/your child's participation in the study.

**What if you do not want to take part?**

Taking part in this study is entirely voluntary. Should you/your child decide to withdraw from the study, you/your child can do so at any time. Participants will not be penalized or victimized in any way for doing so.

**Who will have access to this information?**

The information that is collected will be kept confidential. Only the study researcher will have access to the study information and results. The researcher will not reveal the name or identity of your child, except if we are required by law. We will also ask to audio-record all the discussions that we will have. An audio tape will be kept confidential.

**Who can you contact for more information on this study?**

Ms JF Mbulu

Tel 078 1474 810

## **ANNEXURE 4: INTERVIEW TRANSCRIPT**

Interviewer: Jabulile Mbulu

Interviewee: Female adolescent

Date: 06 June 2014

Starting time: 20H00

Ending time: 20H45

Place of the interview: Mpembeni area, Dube household

### **Grand tour question**

- **Ngicela ungixoxele ukuthi wazizwa unjani ngemuva kokuthi kade uhlolelwa ubuntombi?**

Zulu Translation

Ukuqalwa kwami ukuhlolwa ngangineminyaka ewu 15, manje sengina 19, kshuthi sengineminyaka awu 4 ngihlolwa, Futhi angicabangi ukuthi ngizoyeka uma nje ngingakagani. Ukuhlolwa ngikujabulela kabi, ngoba ngithola ukuba nezinye izintombi sixoxe ngokuba yintombazane, kakhulukazi laba abadala bayasiluleka. Omama abasihlodayo bona bayasifundisa ngokuziphatha kwentombazane ukuze singakhulelwa, kuba mnandi kakhulu, siyacula sisine, sivunule.

- **Yini eyakwenza ukuthi nawe ulangazelele ukuhlolwa?**

Endaweni yangakithi, ngangibona abanye abangangami bethi bayahlolwa. Babehamba bebahle bevunule babuye bephethe izitifiketi zokuthi bayizintombi. Babenza kahle nasesikoleni, behlonishwa nasemphakathini. Nami ngase ngicela kumama ukuthi ngiye kohlolwa. Ekhaya kithi kwakungekho muntu owayehlolwa, yimi nje kuphela kodwa ukhona umzala wami naye wayehlolwa.

Ngenkathi ngicela ekhaya bangibuza ukuthi ngizokwazi yini ukuzigcina ngiyintombi, ngoba uma sengihluleka kuzophoxeka wonke umuntu. Ngathi yebo base bethi uma ngizokwazi ukuzigcina kulungile ngingaya kohlolwa.

- **Uhlala nobani ekhaya?**

Siwu 8 ekhaya nabafana abawu 2, mina ngingowesithathu. Ubaba akasekho, washona ngisemncane kakhulu. Umama uyena osinakekelayo. Uma nje ngibona indlela esiphila ngayo ngyabona ukuthi kumele ngifunde ngisebenze ukuze ngikwazi ukusiza ekhaya

- **Njengamanje yini oyenzayo?**

Ngifunda umetric, ngaqala ukuhlolwa ngenza ugrade 8.

- **Ekupheleni uthe uma niyohlolwa yiyafundiswa, awunabe nje kancane ngezifundo enizitholayo uma nihlolwa**

Nje, sifundiswa ngokuziphatha kwentombi, ukuthi akumele senze ucansi uma singakashadi. Sibuye sifundiswe nge HIV ukuthi uma silala nabafana sizothola ne HIV.

- **Ngabe be nje wena wakhe wahlola ukuthi unayo noma awunayo IHIV?**

Yebo, mina ngahlolwa eclinic nginethumba.

- **Unayo yini iboyfriend?**

Yebo nginaye, uyafunda eUKZN?

- **Uyavuma nje ukuthi ningayi ocansini?**

Yebo, uyazi ukuthi ngiyahlolwa, akumele silale. Njalo nje ngenyanga uyangibuza ukuthi ngisaya nje kohlolwa. Uyazi ukuthi akumele silale kumele ngiqede isikole bese ekhaya bengenzela nomemulo naye avele ekhaya ngaphambi kokuba singahlangana.

- **Ngaphandle kwezifundo yini enye eyenza ukuthi ukujabulele ukuhlolwa?**

Izitifiketi zami, ngineziwu 4 manje, umama ujabula kabi, njengoba nje kuyimi ngedwa ohlolwayo ekhaya uyaziqhenya ngami. Abanye odadewethu sebenezingane kodwa mina cha angicabangi ukuba nayo. Nje kulonyaka ekhaya bangithengele imvunulo enhle engizoyifaka emhlangeni. Siba bahle kabi uma sonke sesivunule.

- **Unalo yini ulwazi ngemithetho yase South Africa ekhuluma ngokuhlolwa kwezintombi?**

Chabo anginalo

- **Kukhona mhlampe obufisa ukukukubuza?**

Chabo

Ngiyabonga kakhulu ngesikhathi sakho

END

## English Translation:

- **Can you please tell me how you have experienced virginity testing?**

I started to attend the school of virginity when I was 15 years old, now I am 19 years old, 4 years in all, but I don't think I will stop till I get married. To be tested makes me happy, because it is a platform for me to be with other girls especially the older girls give us advice, the testers teach us the way a woman should behave to avoid unwanted pregnancy and HIV infection. It is very nice, we sing, do Zulu dance and wear our traditional attire.

- **What made you decide to undergo virginity testing?**

In my area, other girls of my age were undergoing virginity testing. They looked pretty in their Zulu attire, and come back with their certificate proving that they are virgins. They were doing well at school and respected by the community. I then requested from my mother to undergo virginity testing. At home there was nobody that was attending the school of virginity testing; it was only me and my cousin.

When I requested at home to undergo virginity testing, my mother asked me if will I be able to remain a virgin because if I fail the test, everybody will know and that will bring shame to the family, then I reassured my mother that definitely I will. Then she allowed me.

- **With whom are you staying at home?**

We are 8 at home, with 2 boys, and I am the 3<sup>rd</sup> born. My father passed on when I was still young. My mother is taking care of me. The way we struggle, I realise that I need to complete my studies, find work so that I can be able to assist at home.

- **At present, what are you doing?**

I am doing matric now, I started to undergo virginity testing when I was doing grade 8.

- **You mentioned that during virginity testing, you are also educated by your testers, please elaborate about the education.**

Testers educate us about how a woman should behave, that we should not engage into sexual activities before marriage. They also teach us about HIV that if we engage into sex we can be infected with HIV.

- **Do you know your HIV status?**

Yes, I tested at the clinic when I had abscess.

- **Do you have a boyfriend?**

Yes, he is studying at UKZN.

- **Is your boyfriend happy with your decision of not engaging into sexual act?**

Yes, he knows that I undergo virginity testing and that we should not engage into sexual activity before marriage. Every month, he asks me if I still attend the school of virginity testing. He knows that I need to complete my tertiary education first and at home they need to umemulo (traditional 21<sup>st</sup> birthday ceremony), then they boy needs to pay lobola before we can have sexual contact.

- **Apart from education, what other things that makes you happy to undergo virginity testing?**

My 4 certificates, and my mother is very happy because I am the only one in my family who attends the school of virginity testing, and she is very proud. My other siblings have babies but as for me, I don't think about having a child. This year at home they bought me new traditional attire that I will wear at uMkhosi woMhlanga. We all look pretty in our Zulu attire.

- **Do you have knowledge about different views on virginity testing, the Commission for Rights of Cultural and Linguistic communities and the Children's Act?**

No

- **Do you have any questions?**

No

Thanks for participating in the study

END