

Virginity testing: Perceptions of adolescent girls in the Eastern Cape, South Africa

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ABSTRACT

This article contributes to the literature on virginity testing by expounding the perspective of girls regarding the practice of virginity testing. The study was conducted in Mthatha, Eastern Cape Province of South Africa to explore the perceptions and attitudes of girls about the practice of *Inkciyo* – virginity testing. Participants were aged 16 to 19 years from St John’s College. Data were collected through five focus group discussions with eight respondents per group. Audio data were transcribed and translated into English. Data were managed through QSR NVIVO 8. Our findings show that participants started participating in *Inkciyo* before the legal age of 16. Respondents cite various reasons for participating in *Inkciyo* including preserving their Xhosa culture, pride, and enjoying community support. Non-participation in the practice was attributed to non-performance of *Inkciyo* in their communities. We conclude that research is needed to investigate the acceptability of *Inkciyo* in other communities and to assess its impact on modifying sexual behaviour for positive sexual health outcomes, in particular reducing HIV incidence in these communities.

Keywords: community support; *Inkciyo*; inspection; pride; Xhosa tradition; virginity testing

Virginity testing is performed in many communities in Africa, Europe, and the Middle East (Amy, 2008; George, 2008; Kinoti, 2005; Ndlovu, 2005; Pelin, 1999;

Shalhoub-Kevorkian, 2005; Vincent, 2006; Watts, 1999). There are within and between community variations in the modus operandi, with some choosing to perform virginity testing in the privacy of their homes or in doctors' practices, and others joining publicly celebrated events (George, 2008; Leclerc-Madlala, 2001; Ndlovu, 2005; Taylor, Dlamini, Jinabhai, de Vries, & Kagoro, 2002; Watts, 1999). In South Africa, the age of consent for participation in virginity testing is 16 (Republic of South Africa, 2005). Virginity testing (called *Inkciyo* in IsiXhosa) was re-introduced as a traditional strategy for HIV prevention that promotes abstinence from sexual intercourse by encouraging girls to remain virgins until marriage (George, 2008). The prevalence of HIV infections among 15 to 24 year old women in Southern Africa is much higher than their male counterparts, as documented in various reports (Decosas, 2009; Department of Health, 2009; Rachel Jewkes, Nduna *et al.*, 2006; Shisana *et al.*, 2005; Shisana *et al.*, 2009; UNAIDS, 2009a; UNAIDS/WHO, 2009). Current HIV prevention interventions are largely based on life skills peer education models, are not accessible to all and have not shown high effectiveness in reducing HIV infections and pregnancies (Federal Ministry of Health Nigeria, 2009; Rachel Jewkes *et al.*, 2008; Karim *et al.*, 2009; Kools, 2008; Magnussen, Ehiri, Ejere, & Jolly, 2004; Soul City, 2008; Statistics South Africa, 2005; UNAIDS, 2009b). *Inkciyo* entered the human rights, gender equity and HIV prevention discourses in Southern Africa (Leclerc-Madlala, 2001; Ndlovu, 2005; Singer, 2000; Taylor *et al.*, 2002; Vincent, 2006; Win, 2004).

There are conflicting views about the relevance and the impact of *Inkciyo* in contemporary South Africa. Opponents of the practice view *Inkciyo* as a coercive invasion of girls' privacy that is aimed at controlling women's sexuality by preserving their genitals for male enjoyment (in matrimony). They argue that it unfairly distributes the responsibility for HIV prevention to young women, encourages 'virgin rape' and anal sex, and unfairly rejects girls who had been victims of rape (George & Finberg, 2001; Kinoti, 2005; Leclerc-Madlala, 2001; Ndlovu, 2005; Scorgie, 2002; Singer, 2000; van de Lanotte, Sarkin, & Haeck, 2001; Win, 2004).

Some demerit *Inkciyo* in a discourse that epitomises a stratified hierarchy of interventions wherein virginity testing occupies the lowest place on the basis of reasons such as that it has not lent itself to methodologies of scientific evaluation and does not offer protection against HIV infection within marriages (Kinoti, 2005). Despite this, evidence from South Africa reports an overwhelming support and participation in virginity testing by some girls, especially in the Kwa-Zulu Natal and the Eastern Cape provinces (George & Finberg, 2001; O.R. Tambo House, 2005/2006; Taylor *et al.*, 2002). There is a need to understand the perceptions that girls have about *Inkciyo* as this means that much of the current discourse is opinionated and follow popular but baseless views. We undertook this study in order to understand how girls perceive *Inkciyo*. This article contributes to literature on virginity testing so that practitioners, researchers and policy makers have access to

data from the perspective of girls. It is hoped that this will contribute to debates that engage in realistic, concrete, imaginative discussions and, most importantly, with the people who are most affected by *Inkciyo*, rather than someone who speaks for them.

METHOD

The study's objective was to explore perceptions and attitudes of girls regarding the practice of virginity testing. Narratives were crafted from a qualitative exploratory study. We chose inductive and descriptive analyses of the data to allow for the representation of the voices of participants.

Study site

St John's College, in Mthatha was chosen as a study site. Mthatha, falls under the jurisdiction of King Sabata Dalindyebo local municipality (KSD) under O. R. Tambo district municipality. O. R. Tambo is a predominantly rural district with a population of 1 740 664 persons, 306 463 households and an average family size of 5.2. Ninety three percent of the district is rural whilst an estimated 90% of the population is unemployed (O.R. Tambo House, 2005/2006). St John's College is a public boarding high school under the Eastern Cape Department of Education. The College enrolls students from the former Transkei and beyond: regions where *Inkciyo* is common. The site was therefore best suited for the researchers as they would have access to participants throughout the O R Tambo region.

Participants

In preparation for data collection, the interviewer (first author) attended two *Inkciyo* celebrations in the Kingdom of Western Tembuland in Qamata and the Kingdom of Tembuland in Bumbane. The purpose of attendance was to lay the ground and understand the phenomenon of *Inkciyo*. Here she conducted Key Informant Interviews (KII) with different stakeholders who included testers, community members, participating girls and traditional leaders. The information gathered from these stakeholders was used to identify the selection of the research site and the design of the interview guide. Participants were aged 16 to 19, mainly from grades 10 to 12 and were conveniently sampled irrespective of whether they participate in *Inkciyo* or not. Volunteers aged below sixteen were declined participation because the South African Children's Act No 38 of 2005 does not allow girls below this age to participate in *Inkciyo*.

Data collection

The University of Limpopo (Medunsa Campus) gave ethical approval for the study. Permission for data collection was obtained from the Department of Education and the school principal of St John's College. At recruitment, prospective participants were told that they were invited to participate in a study that sought to hear young women's opinions about virginity testing. All girls who assembled at the school meeting where the study was announced were invited and told that the female facilitator would hold girls-only group discussions about *Inkciyo*. The first author explained to the participants that confidentiality could not be guaranteed in focus group discussions (FGDs) because of the presence of other participants. However, participants were encouraged to keep the discussions within the group. Venues convenient for both auditory and visual privacy were arranged. All 40 participants gave verbal consent for participation and pseudo names were used. Participants were also informed of their right to opt out of the focus group discussions at any time. There was no reimbursement for participation.

The composition and facilitation of the FGDs followed recommendations for qualitative research (Breakwell, 1995; Millward, 2000; Speziale & Carpenter, 2007). Five FGDs were conducted with eight respondents in each group; the groups were small enough to allow everybody the chance to speak. The discussions lasted for about two to two-and-a-half hours. A semi-structured interview schedule was used to allow for maximal deliberations. The following were the guiding questions:

1. As a girl growing up, what were you told about virginity testing? By whom, what did they say, how old were you at the time? Were you told the reasons as to why virginity testing is conducted in your community?
2. What is your understanding of virginity testing now? What is your personal understanding of the reasons for the practice? What can you say about your decision to participate/not participate in the practice? What do you think of virginity testing as a practice? Why?
3. The practice of virginity testing involves publicly announcing virginity status of participants – what do you think about this? Why?
4. If you support virginity testing, what would you suggest to improve it? If you are against virginity testing, why do you think the practice should be stopped?

The group facilitator was a female Xhosa-speaker from the same background as the participants. We believed this would encourage maximum participation. Researchers have suggested similar backgrounds of the interviewer and respondents is important in strengthening the validity of the study, because in telling their stories, participants often take it for granted that the listener shares their assumptions about how the world works (Breakwell, 1995; O'Connor & Gibson, 2003; Price, 1987; Speziale &

Carpenter, 2007). Also, a group facilitator who is familiar with the socio-cultural aspects of the communities where investigation takes place strengthens validity of the interpretation of findings. To ensure consistency and control for interviewer effects, all the focus group discussions were conducted by the same interviewer and recorded using a tape recorder. The discussions were mainly in IsiXhosa but English was also spoken during the interviews.

Data handling and analysis

Each focus group interview was simultaneously transcribed and translated into English. During transcription the data were not edited or cleaned up for language and grammar as it is important in social constructionism to maintain the voices of the informants (O'Connor & Gibson, 2003; Speziale & Carpenter, 2007). This means that some of the quotes may not be grammatically correct, keeping the expressions of the informants as close as possible to the original. Expressions that were not explicit but understood by the interviewer are explained. The transcripts were read a number of times by both authors. We coded the responses and themes that emerged frequently across all FGDs which were noted as dominant. Less frequent themes were also coded. Data were managed through QSR NVIVO 8 for sorting out the structures signifying the established codes in as far as arguments for and against *Inkciyo*. The researchers used their local knowledge or what Linde calls 'common sense' (Linde, 1987) to interpret the findings. This is referred to as intuiting and rests in the researcher's ability to think creatively with contents of the transcripts (Speziale & Carpenter, 2007). The codes were combined to make broader themes. At this stage, the interpretation was aided with a further refined literature review. The arguments presented in this article are based on what was said by the participants and interpreted by the researchers. The authors of this article are human rights, women's rights, gender equity and HIV prevention activists. In undertaking this project we had to develop particular sensitivity, respect for participants' cultural beliefs and move away from an ethnocentric view of an appropriate response to the fight against HIV. This shift was necessary to help us gain access to the conceptual world in which the study subjects live so that we could converse with the data. The tension between the human rights, women's rights, HIV, clinical or evidence-based responses and indigenous perspectives was not an easy one to negotiate.

FINDINGS

Constructions and conceptual structure describing Inkciyo

Participants' perceptions of virginity testing seemed to have been influenced by Christian and traditional perspectives of the value of purity of a girl before marriage. Participants seemed to believe that 'good girls' represent 'good family values' and

the opposite is also true - that a family of a non-virgin may appear to have failed to maintain the standard. A quotation from Zizile (17) demonstrated this when she said “. . . *I don't know why a girl would go there if she knows she is not a virgin because it will embarrass her entire family . . .*” Participants seemed to follow a socio-cultural meaning of being a virgin. By stating that “. . . *there are those cases where some girls got raped at an early age . . .*” Zintle (16), suggested that these girls may not be, biologically speaking, virgins, but though the girl would not pass as a virgin but in terms of her behaviour she would be regarded as a virgin as she was an innocent victim of rape. Participants further suggested that *Inkciyo* was valuable in its ability to detect typical cases of early rape and incest. However, they did not say what interventions should be made available thereafter.

Pride

Participants view *Inkciyo* as an institution, rather than an event of looking at the girls' private parts. Its virtue was constructed in terms of 'pride' of remaining a virgin, as Alice said “. . . *I view it is an important practice, because when you are a virgin you are proud of yourself and that you are pure. You walk with confidence . . .*” (Alice, 17). Being pure in this context was in terms on an intact hymen in the vagina, but more importantly in relation to the fact that “. . . *boys do not know you in bed . . .*” (Alice, 17). Another participant echoed similar sentiments that “. . . *It [Inkciyo] provides me the platform of showing off my virginity . . . You know boys sometimes talk nonsense like saying “Uphelile” (you are finished) when they have slept with you. Me, I know that no one has ever slept with me . . .*” (Zizile, 17). To them, *Inkciyo* “. . . *ensures that the beauty that the Lord has given you is not in any way messed up by other people, especially men . . .*” (Nomasibulele, 16). When she talked about being 'messed up' Nomasibulele referred to having sex and losing virginity and consequently losing dignity. The discourse of values emerged in others' narratives as well, for example, when Nangamso said, “. . . *for me Inkciyo is one way of setting standards on how I live my life . . .*” (16). Zizile (17) supported this by saying “. . . *Inkciyo girls live up to the standard of not having sex before marriage...*” Participants communicated an understanding of the purposeful protective role of *Inkciyo* and that it carried additional material benefits as well. These notions were supported by the quotations below:

“. . . I like Inkciyo, it is a beautiful practice that keeps girls away from falling pregnant at an early age and in return you get certificates for good behaviour . . .” (Sive, 17)

“. . . my grandmother told me if I keep my virginity . . . she will buy me a car at 21. . .” (Salizwa, 17).

Inkciyo was viewed as a practice that “. . . *was resuscitated because of the scourge of HIV. . .*” (Phozisa, 17), with its motive extending beyond HIV prevention “. . . *to encourage girls to keep their virginity so that they do not embarrass their families when they get married, should the husband find out that the girl is not a virgin. . .*” (Ongeziwe, 16). Others linked it to family tradition and said, “. . . *It is a practice in my household that all girls should go through at 11 years. It has been the case with my elder sisters and cousins and therefore there is no question of not participating. . .*” (Zizile, 17). There were principles, apart from sexuality, by which an Inkciyo girl was expected to abide and these were most welcomed by participants. For example, that a “. . . *Inkciyo girl does her school work and does not go around to gossip. . .*” (Salizwa, 17).

Preserving Xhosa Tradition

Participants believed in and appreciated *Inkciyo* as an element of their Xhosa tradition and they held it in high regard “. . . *because it brings a sense of pride in being a Xhosa woman. . . taking part in the practice is like going back to your roots. . .*” (Masibulele, 16). “. . . *I really like Inkciyo because I feel that it connects me to my roots and brings a sense of pride in being a Xhosa woman. . .*” (Khanyisa 17). The ideal of “*going back to roots*” meant reviving old Xhosa traditional practices and was reiterated by others as well with a sense of belonging to community-shared practice and social identity attached to it because “. . . *Once your behaviour opposes the values instilled in you, you see yourself as an outcast. . .*” (Nangamso, 16).

Community support

Participants perceived *Inkciyo* as a community practice that encouraged them to work hard towards building their future as “good girls”. *Inkciyo* was seen to be fulfilling multiple mutually beneficial objectives that explained the ideology and justifications behind it. Chief amongst these were religious, cultural and health beliefs. Not only did these institutions support the sanctioning of pre-marital sex, but they also promoted and introduced some participants to *Inkciyo*. The following germane citations are evidence: “. . . *I heard about it at school. . .*” (Esona, 16) “. . . *I heard about it at church in 2007, at 14 years. . .*” (Salizwa, 17) “. . . *I first heard about it at the conference for Girls Friendly Society. . .*” (Khanyisa, 17). Regardless of where the participants had heard about *Inkciyo*, it generally transpired from the discussions that the families and communities from which they came supported *Inkciyo* for it served to promote girls’ chastity. Some participants felt that non participation could be (mis)interpreted to mean that one has lost one’s virginity. To be found to have lost one’s virginity was considered shameful and others recommended that non-virgins should freely opt out of *Inkciyo* without facing any repercussions, embarrassment and shame.

Girls' introduction to *Inkciyo*

Data showed commonality in having learnt about *Inkciyo* through elderly female relatives around puberty, early adolescence or at a period described as primary school age. Some participants said: “. . . *My mother told me about Inkciyo when I was about 11 years old. . .*” (Avuyonke, 16) “. . . *When I started menstruating at the age of 12, both mom and dad sat me down and told me that if I ever sleep with boys, I will fall pregnant. . .*” (Avumile, 17). “. . . *my grandmother told me it is good that girl get tested. . .*” (Nomasibulele, 16) whilst Ncumisa (17) said “. . . *I heard about Inkciyo from my aunt. . .*” and in another case “. . . *my mother told me that she would like to give (me) what is best for me. . .*” (Masibulele, 16). Being told about *Inkciyo* did not necessarily translate to immediate participation. Sexuality education received by participants from their mothers during puberty seemingly was conceptualised as part of *Inkciyo*. This corresponded with one of the objectives of *Inkciyo*, which is to introduce young women to measures of protection against sex immediately following menarche. Not only did family custodians of *Inkciyo* encourage participation in *Inkciyo* but some had the tests done privately for their daughters, as was the case with Yanga, (16) whose “. . . *(Grandmother) inspects me because she said there are lots of things happening like abortion. . .*”. Participants indicated that they were willing to be tested, saying “. . . *I can say that I decided to participate in Inkciyo, no one coerced me to Inkciyo. It is from my own personal will. . .*” (Sphokazi, 18). Not only did the participants accept their parents' decision, but also when it was time for them to make their own decision, they continued to affirm that “. . . *the fact that Inkciyo was introduced to me did not mean that it was forced through my throat. I participated at an early age and now I enjoy more than I did when I was young because I know what it means. . .*” (Pretty, 16).

Participants also understood that *Inkciyo* served public health imperatives through sanctioning premarital sex. Once more the goodness of *Inkciyo* was highlighted as Andisiwe (18) said, “. . . *I know it's a good practice that will keep me away from falling pregnant, and not have children before getting married. It also helps in the HIV and STI prevention...*” This was supported by Alice (17) who concurred that “. . . *Virginity testing helps people to look after themselves especially in the era of HIV/AIDS. . .*” As the discourse centred on sanctioning of premarital sex, men were constructed as antagonists who would ‘mess up’ or who should not ‘know’ one sexually. Apart from this, there was a silence about the role of men in *Inkciyo*.

Dissident voices on the seemingly unanimous support of *Inkciyo* were heard from some participants who offered that “. . . *I see virginity testing as a practice that incapacitates girls in looking after their own bodies. . .*” (Zingisa, 17). Zingisa did not participate in *Inkciyo* and seemed to believe that *Inkciyo* served an external locus of control on a matter that, as she believed, should be intrinsically motivated. She was not alone as (Ongeziwe, 16) who also did not participate said, “. . . *I think*

it is because my grandmother believed that every child can behave. . .” Another participant said, “. . . *I wanted to participate but my mother told me she cannot let me go and open my legs to strangers. . .*” (Asive, 18). In settings where *Inkciyo* enjoyed the support of family, girls were able to decide to participate or not, but where parents disapproved, girls could not. There was no evidence that when a girl was not interested in participating she was forced by her parents to do so.

Authenticity of Inkciyo results

Participants also shared distrust of the actual results, suggesting that they could be manipulated, changed, or some testers could bring in personal vendettas from the community and “. . . *deliberately give girls false results. . .*” (Alice, 17). From their observation, they felt that perhaps inspectors should be rotated in villages or that they should not inspect in their own villages, or all mothers should be trained and inspect their own daughters. Some participants expressed scepticism of the credibility of inspectors arguing that they were not (formally) educated; they were untrained, and unhygienic. One participant added that inspectors should “. . . *use hand gloves. . .*” (Pamella, 16) to prevent potential infections and another offered that, “. . . *a qualified doctor. . .*” (Vuyokazi, 18) should train the testers so that they were conversant about the medical facts related to women’s reproductive systems. The perception that testers should “. . . *go for formal education. . .*” (Sive, 17) prevailed. Regarding the concern that results could be inaccurate, Esona (16) suggested that “. . . *a testing machine be devised for accuracy. . .*” Participants also felt that inspectors should be women who have undergone HIV testing so that they are credible role models. Participants described that it was normative and encouraged in the sessions that testing findings were announced publicly; nevertheless participants felt that they would prefer it if only the parents of the concerned girl were told the findings, suggesting confidentiality of results. A further area of dissatisfaction was in relation to what happens to a girl who was found to have lost her virginity. As they described it “. . . *They [inspectors] mark you with red clay and everybody including your family would know that you have lost your virginity. . .*” (Nasiphi, 18).

“. . . *I read in one paper, they said girls are marked in red clay if they pass the test but if they fail in white clay. . .*” (Ncumisa, 17) although “. . . *they never showed it to us. . . They just told us about marking. . .*” (Nasiphi, 18). None of the participants had seen the red clay with which they would be marked if found to be a non-virgin.

Participants who were uncomfortable that results were announced publicly cited possible human error and a need to protect participant privacy “. . . *they are human and could make mistakes. . . it is like when the doctor publicizes your HIV results. I feel that it should really be between the inspector and the person inspected. . .*” (Ongeziwe, 16). Shying away from publicly announcing the findings was also seen as offering protection in case “. . . *She might not have even slept with a boy*

voluntarily – she could have been raped. . .” (Andisiwe, 18). However, others such as Zizile (17) maintained “. . . *it is correct to publicise. . .*” supported by (Khanya, 16) who said, “. . . *I think she is correct, sifuna ukugqamza sana (we want to show off). . .*”

Some participants raised concerns around *Inkciyo* from perceptions of superstitions, myths, and hearsay to dodgy practices. The women involved in the inspection of girls were referred to as ‘inspectors’. Belief in the evil power of witchcraft that rests with women is common in these communities and Pamela said she heard that “. . . *one girl was raped by a snake belonging to an inspector. . .*” (Pamella, 16) suggesting that the alleged inspector was not to be trusted.

DISCUSSION

A key finding of this study is that it was not the intact hymen that characterised virginity testing for participants, although this remained important throughout; participants framed *Inkciyo* as an institution and virginity inspection (*ukuhlolwa*) as a component of it. Once *ukuhlolwa* (inspection) is taken to represent the sum in its totality (*Inkciyo*), this misrepresents the custom and takes away the normalness of the practice by reducing its particularity. Participants based their motives for participating in the practice on considerations of pride and culture. This study in no way suggests that maintaining virginity is the only area from which these adolescents derived their self-esteem and pride; nonetheless, it appeared as an important area. Participants considered the social meaning when defining a virgin and excluded girls whose virginity was not lost from voluntary sexual intercourse (e. g. incest and rape). The exclusion addresses concerns that the practice is unfair to victims of sexual violence and incest (Bersamin, Fisher, Walker, Hill, & Grube, 2007; Kinoti, 2005; Ndlovu, 2005; Win, 2004). According to participants, the ‘inspection’ did not imply judgment of a pass or fail, but it was an opportunity to examine damage on the girls’ genitals. Damage, in this context means having become a non-virgin. However, a grading and issuance of certificates (George & Finberg, 2001; Scorgie, 2002; Watts, 1999), which is evidence of modernisation and medicalisation of the practice, confuses and contradicts this. If indeed ‘failed participants’ are marked, this was not evident here, and according to Section 12(6) of the Children’s Act, the body of a girl who has undergone virginity testing may not be marked (Republic of South Africa, 2005). It is possible that the issuance of certificates may have replaced the practice of marking a virgin with white clay. These findings communicated a sense of territorialism among *Inkciyo* devotees to the extent that they welcomed and encouraged non-participation by girls who were not virgins. To them, *Inkciyo* was for the virgins who wanted to remain so and publicly proclaim this fact.

Contesting consent

Inkciyo, as an institution, condemns underage sex. Despite opposition to children under the age of 16 in being tested (Ndlovu, 2005; Parliament of the Republic of South Africa, 2006) some participants claimed to have started participating from as early as six years, an age younger than that recommended by the State. This legal age limit is ignored in communities represented by these participants and they seemed to be in agreement. The fact that young girls are having sex (between 13 and 16 years) (Buga, Amoko, & Ncayiyana, 1996; DiClemente *et al.*, 2002; Kelly & Ntlabati, 2002; Makiwane & Kwizera, 2008; Nduna & Swaartbooi-Xabadiya, 2011; Statistics South Africa, 2005) does not mean that they always give consent; therefore, under-age sexual activity is not presented here as evidence against the view that girls are pressured into joining *Inkciyo*. However, parallels can be drawn between early initiation to *Inkciyo* which may correspond with the fact that sexual initiation is younger than 16 (“Act No. 92 OF 1996: Choice On Termination Of Pregnancy Act”, 1996; Alcorn, 2010; Decosas, 2009). This implies that earlier interventions on sexuality are encouraged (Elam, 1975; Soul City, 2008; Teitelman, Ratcliffe, & Cederbaum, 2008). Here, and in another study in Mafakathini (KwaZulu-Natal Province), participants said they were told and encouraged by their mothers, grandmothers and aunts to join the virginity testing movement. Clearly, elderly females are devotees of *Inkciyo* and police a system that continues this gender practice affirming that parents who encourage *Inkciyo* acted in the best interest of their daughters, with girls themselves endorsing agreement with their parents’ earlier decision and right to cultural sovereignty. Our findings also show that some girls may be refused participation by their parents and may regret or agree with their parents’ view. Others may decide to opt out of a process, which is endorsed by a public code and may be viewed as a conspiracy. However, it is not the aim of this article to determine whether the traditional aims of *Inkciyo* is more important than the commitment to informed consent and one’s right to refuse.

Exposure to risky sexual behaviour

It has been argued that virginity testing encourages anal sexual intercourse and virgin rape, puts virgins at risk of being married to older men, and restricts women’s access to sexuality information (Karim, 2005; Kinoti, 2005; Leclerc-Madlala, 2001; Ndlovu, 2005; Win, 2004). All of these notions did not seem to be a consideration for participants. We know from previous research that youth who pledge their virginity are no more likely to have riskier sexual behaviours or engage in anal sex than non-pledgers (Rector & Johnson, 2005). The truth is that older male partners carry a higher risk for HIV and so effective HIV prevention should also focus on reducing the age gap between partners in youths’ heterosexual relationships (Rachel Jewkes,

Dunkle, *et al.*, 2006). Perhaps there could be strengthened advocacy for pre-marital HIV testing for couples to ensure that a male prospective husband's status is known to the bride. Further evidence suggests no association between men's rape perpetration, HIV positive status and choosing virgins as targets (Jewkes, Sikweyiya, Morrell, & Dunkle, 2009).

Human-women rights undermined

This study shows that the meaning associated with being inspected and known to be a virgin within a community mattered the most to participants as it brought them integrity and affirmed their social identity. 'Integrity' may be subjective and contextual and participants understood bodily integrity in terms of 'being known' by boys sexually (meaning when a boy has had sex with the girl) as denigrating and deflowering. In the context where a woman's 'sexual mileage' is considered to matter, the support for *Inkciyo* parallels the notion that a good woman is the one who is 'preserved' who has not become 'outdated' or 'overused' through lots of sex (Soul City, 2008). Participants seemed to believe this, as did the majority of young male and female study participants in a study conducted in KwaZulu-Natal who reported a sense of self (and parents') pride as an advantage of female virginity testing, with fewer than one in ten believing that virginity testing was obsolete and degrading (Taylor *et al.*, 2002). Therefore, delaying sexual debut through remaining and publicly proclaiming a virgin status was important in this context, contrary to the notions that virginity testing is an undignified practice that violates girls' integrity, deprecates, mocks, exploits, and invades right to privacy and promotes and substantiates male domination and the subordination of women (Kinoti, 2005; Ndlovu, 2005; van de Lanotte *et al.*, 2001; Win, 2004). These perceptions are based on individualistic notions of "bodily integrity", a stance that can be seen by some as attacking, undermining and negatively labeling African communal cultural practices. This serious and complex issue is beyond the scope of this paper. *Inkciyo* was not, in this study, associated with the price of *lobola* (bride price). This supports assertions previously made by inspectors (Singer, 2000; van de Lanotte *et al.*, 2001) as in the current Xhosa society *lobola* (the bride price) can be influenced by factors such as the girl's education, class and communal norms. However, this may change in response to the re-emergence of *Inkciyo*, especially because the value (not basically material) placed on the pureness of a young woman who marries as a virgin was meaningful for participants.

Effectiveness in preventing HIV and teenage pregnancies

Participants believed that *Inkciyo* 'prevented' them from contracting HIV, in line with findings that girls who underwent virginity testing were scared to have sex (Taylor

et al., 2002). The intersections between gender activism and HIV prevention are challenging as young women are disproportionately infected with HIV compared to their male counterparts (Shisana *et al.*, 2009) And the re-emergence of virginity testing became an example of a gendered local response to a gendered epidemic. However, these findings show no evidence that *Inkciyo* integrates comprehensive education on STI, sexuality, pregnancy and HIV apart from mothers dispensing this in their domestic sphere. Others may argue that parents who send their daughters to *Inkciyo* shift the responsibility of sex education to others. From the participants' perspective, this movement is an opportunity for further sex education. Alternate views denounce virginity testing for being untested, apparently failing to reduce HIV and the high levels of gender-based violence and potentially increasing young women's risk of infection by restricting their ability to ask for information on sexuality matters (Scorgie, 2002). On the other hand, even when available, young people in these settings do not always access information and clinical services, for they have concerns, inhibitions, fear of side-effects, fear of HIV testing and a mistrust of clinic nurses (Jaspan *et al.*, 2009; Nduna & Jewkes, 2011). Furthermore, we feel as authors that it is inappropriate to argue that virginity testing fails to prevent HIV among married women (Win, 2004). Infection in marriage is not what virginity testing is trying to tackle; other interventions are needed for that.

Inkciyo is not without its own challenges as there seemed to be a fair degree of allegations from participants of rivalry, jealousy, and corruption by testers. Similar concerns have been raised previously (George, 2008). All the same, participants raised opportunities for collaborative efforts with health officials. For example, through education of women (testers) on Sexual and Reproductive health and rights, extension of HIV voluntary counselling and testing to all testers, alignment of *Inkciyo* with other health programs and provision of necessary commodities for inspectors as spearheaded in KwaZulu-Natal (George, 2008; Watts, 1999). There are assertions made that to be a 'tester' requires indigenous rather than biological knowledge as testers should be conversant in the metaphorical language used in the folk description of the human body and bodily processes and ethno-medical beliefs of health and illness (George, 2008; Leclerc-Madlala, 2001). This seems to contradict the participants' recommendation that testers need to be formally educated on sexual and reproductive matters, a finding that needs further exploration.

LIMITATIONS

This study was conducted in an area of the rural Eastern Cape Province where *Inkciyo* is gaining popularity and therefore it is possible that elsewhere, more so in urbanised districts, the views of girls would differ. Participants self-selected into the study and therefore selection bias could not be eliminated as the study relied on

volunteers mainly recruited from boarding schools; this excluded day scholars who were mainly urban. Also, those who were not in favour of *Inkciyo* may have opted out thinking that they did not have anything to contribute. However, the strength of the study is that the learners come from various municipal areas in the O R Tambo district municipality. Therefore, it does not necessarily represent the perceptions of girls in a limited area in the district. No attempt is made to generalise the findings and arguments presented here to wider contexts, as the data were specific to the locality where it were collected. However, these could be applicable within communities in the O R Tambo region and other South African rural communities that pioneer virginity testing.

Some of the claims that participants made here about the benefits of *Inkciyo* may not be valid; however, the purpose of the study was to gain insight into their opinions, perceptions and experiences because these motivated their (dis)belief in *Inkciyo* and not the validity of the claims. There is a generational gap between the researcher and the participants in terms of age and therefore participants might have been inhibited to participate maximally. Careful consideration of these findings is warranted as social desirability may have intruded. This is common in studies of sexuality and sexual behaviour (Meston, Heiman, Trapnell, & Paulhus, 1998). For instance, it is possible that participants' positive views on the HIV prevention potential of *Inkciyo* may have been influenced by the fact that the researcher was introduced and identified as working for an HIV/AIDS organisation. Also considering that the study used focus group discussions, these girls would not have disclosed negative repercussions such as opting for anal sexual intercourse in protection of virginity as this would be embarrassing to say before their school mates.

CONCLUSION

This article offers a contribution to the virginity testing dialogue by presenting perceptions, and opinions of girls. Participants used their own experiences as part of a reality they were ostensibly describing. The perceptions of the participants typically varied from those that may be regarded as Western feminist ideals and from those based on science. What was important here was the participants' conviction that they should delay sexual debut. A question that arises is whether it is (un)fair to expect girls to hold a family name in esteem by protecting one's virginity, when at the same time this could help achieve public health imperatives of preventing HIV through delayed sexual initiation. The value, worth and protective role of *Inkciyo* is endorsed from a cultural perspective; however, there is a need to evaluate the extent to which this traditional practice carries benefits for HIV prevention in women.

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BIOGRAPHICAL NOTES



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