



Did young women in South African informal settlements display increased agency after participating in the Stepping Stones and Creating Futures intervention? A qualitative evaluation

Samantha Willan^{a,*}, Andrew Gibbs^{a,b}, Nwabisa Shai^a, Nolwazi Ntini^a, Inge Petersen^b, Rachel Jewkes^a

^a Gender and Health Research Unit, South African Medical Research Council, 1 Soutpansberg Road, Pretoria, South Africa

^b Centre for Rural Health, School of Nursing and Public Health, Mazisi Kunene Road, University of KwaZulu-Natal, Durban, 4041, South Africa

ARTICLE INFO

Keywords:

Distributed agency
Agency
Informal settlements
Intimate partner violence
South Africa
Stepping stones and creating futures
Gender norms
Femininities

ABSTRACT

This paper investigates the impact of the Stepping Stones Creating Futures (SSCF) intervention on young women in informal settlements in eThekweni, South Africa. Specifically, whether following participation in the intervention the young women experienced a reduction in intimate partner violence, strengthened agency and shifted gender relations. Where changes occurred, it examines how they occurred, and barriers and enablers to change. SSCF is a gender transformative and livelihoods strengthening intervention using participatory, reflective small groups. Qualitative research was undertaken with fifteen women participating in the SSCF randomised control trial between 2015 and 2018. The women were followed over 18 months, participating in in-depth interviews at baseline, 12- and 18-months post intervention. To supplement these, eight women were involved in Photovoice work at baseline and 18 months and seven were included in ongoing participant observation. Data were analysed inductively. Data revealed many women changed their behaviours following SSCF, including: having more power within relationships, improved communication and relationship skills, increased resistance to controlling partners, shifting relationship expectations, emergence of new femininities and improved livelihoods. Despite these important shifts many women did not report a reduction in IPV. Nonetheless we argue most of the women, following the intervention, became more agentic. Drawing on the notion of 'distributed agency' as developed by Campbell and Mannell (2016), we show that SSCF bolstered the women's distributed agency. Distributed agency recognizes small agentic acts that women take, acts which to them are significant, it further notes that agency is temporal, fluid, dynamic and context specific. Women do not 'either have agency or not', rather being agentic depends on time, context and the particular incident. These findings provide an important contribution to the limited application of distributed agency and femininities work in informal settlements and are critical for policy and intervention science to reduce IPV and support women's agency.

1. Introduction

Young women in South African informal settlements are exposed to exceedingly high levels of intimate partner violence (IPV) (Gibbs et al., 2018a, 2018b, 2018c). In baseline data from an intervention trial in eThekweni informal settlements, 65% of women reported past year physical and/or sexual IPV (A. Gibbs et al., 2018a, 2018b, 2018c), and these were strongly associated with poor mental health, harmful alcohol use (23.1%) and drug use in the past year (31.8%) (Gibbs et al., 2020). These findings are similar to studies in Gauteng informal settlements,

which found 48.4% of currently partnered men reported perpetrating IPV in the past year (Hatcher et al., 2019). These informal settlements are highly patriarchal with women also experiencing generalized violence, extreme poverty, unemployment and poor living conditions (Hunter, 2007; SERI, 2018) which increases women's IPV risk.

Harmful gendered norms are typical in most South African communities, where women enact multiple femininities within a highly patriarchal and historically unequal system which despite 25 years of democracy has still not been redressed completely. Patriarchy being the socially constructed social system that privileges men through male

* Corresponding author.

E-mail address: Samantha.willan@mrc.ac.za (S. Willan).

<https://doi.org/10.1016/j.socscimed.2020.113302>

Received in revised form 12 August 2020; Accepted 13 August 2020

Available online 27 August 2020

0277-9536/© 2020 The Author(s).

Published by Elsevier Ltd.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

sexual entitlement and dominance and control over women, which in turn drives gender inequalities and women's oppression. These femininities too are socially constructed within the patriarchal context, with women often embracing or accepting the constructed gender order and male power (Gasa, 2007; R. Jewkes and Morrell, 2012; Sephodi, 2017; Shai, 2018). While extensive work has been undertaken to understand men's masculinities (R. W. Connell, 1995; Cornwall et al., 2012; Sikweyiya et al., 2014), Schippers (2007) noted that much less attention has been given to research on femininities. Furthermore, while femininities in South Africa have been explored there has been very little research that specifically focus on femininities among young women in South African informal settlements. Femininities, like masculinities, shift over time, place and context, however, they are positioned and practiced within the gendered order of a specific time and place, almost always placing women in an inferior position to men (R. W. Connell, 1995). There are many forms of femininities from those acquiescent to patriarchy, which Connell calls 'emphasized femininities' through to radical resistance (R. W. Connell, 1987; Schippers, 2007). Femininities among South African women have also shifted over time, place and context, however despite a growing women's rights movement in South Africa, many continue to embrace emphasized femininities, although there is also a strong history of women disrupting subordinated femininities and embracing powerful, independent, feminist identities, however these remain minority positions (Sephodi, 2017).

Strengthening women's agency is a common approach to addressing gender inequalities and preventing IPV. However, agency as a concept is contested and often thought of as a radical exercise of power, whereas in challenging contexts 'distributed agency' fits more closely to the degree of agency women can achieve (Campbell and Mannell, 2016). This recognizes that in highly patriarchal, controlling settings, agency is often temporal, fluid, dynamic and context specific. Women do not 'either have agency or not', rather being agentic depends on time, context and the particular incident, a woman can have agency in one moment and yet not in another moment. Women's small acts of power may appear 'insignificant', when in fact they are deeply important for the women concerned (Campbell and Mannell, 2016; Madhok et al., 2013; Mahmood, 2001; Maxwell and Aggleton, 2010). To date 'distributed agency' has not been applied in the ever-growing informal settlements, and the authors believe using the lens of distributed agency can contribute to understanding how young women draw on an intervention in informal settings to strengthen their agency.

Over the last few decades interventions have been developed to work with women (and men) to shift gender identities, strengthen their agency and prevent IPV, however there are limited evaluations showing whether and how these interventions work. Originally developed in the 1990s, a commonly used intervention is Stepping Stones (SS) which has been implemented extensively globally (Welbourn, 1995). SS involves a series of participatory, reflective workshops to transform gender relations to reduce HIV. A South African adaptation of SS that also addresses IPV was implemented and evaluated in the rural Eastern Cape through a randomised control trial (RCT) (Jewkes R, Nduna M, & Jama, 2010a, 2010b; Jewkes R et al., 2008a, 2008b; R Jewkes et al., 2002). While the quantitative evaluation 24-months after baseline, showed a reduction in self-reported sexual and/or physical IPV and problem drinking in men, women showed no significant behaviour changes, nor HIV reduction (Rachel Jewkes et al., 2008a, 2008b). In contrast the qualitative data found self-reported shifts in attitudes and behaviours of women and men. Both women and men reported that SS supported important processes of self-reflection leading to a series of 'small acts' of improved communication and confidence, especially within relationships, critical reflective processes around individual identities, and some reductions in violence and conflict (Rachel Jewkes, Wood and Duvvury, 2010a, 2010b). The importance of the women's 'small acts' was seen in the quantitative data in the reduction of genital herpes found in both women and men (Rachel Jewkes et al., 2008a, 2008b).

However, the qualitative research showed that despite these 'small

acts' and changes these shifts did not challenge structural patriarchy, and the power held by the men. While some men were reportedly more caring and less violent, and some women became more assertive, men were reported to be simply embracing a 'more benign patriarchy' that was less violent and anti-social, but which did not challenge their position within the gender order. Similarly, while many women reported more self-reflection and empowerment, most did not challenge the 'dominant cultural expectations of femininity' within their communities (Rachel Jewkes et al., 2010a, 2010b).

The SS research in the Eastern Cape, and work by others (Shai, 2018; Wood et al., 1998) found that women in these studies commonly expressed 'highly acquiescent' femininities, similar to Connell's 'emphasized femininity'. Contrasting with this in the Eastern Cape was a second, less common, femininity of the 'modern-girl' focused largely on drinking, fun, parties and sex, with little control over their lives, despite often presenting themselves as being in control. Neither femininity directly challenged male power and position (R. Jewkes and Morrell, 2012; Shai, 2018). The Eastern Cape qualitative research showed that following SS a third femininity developed among some of the women, which the authors termed 'an emerging feminist consciousness'. While this femininity still did not challenge men's power and position within the gender order, the women negotiated greater respect and non-violence from their partners, although often hampered by a lack of economic power (R. Jewkes and Morrell, 2012).

To strengthen the impact of SS, Creating Futures (CF) (Misselhorn A, Jama Shai N, Mushinga M, Washington L, & Mbatha, 2012) was developed for use alongside SS, particularly for South African women in informal settlements, on the assumption that a critical gap was women's economic power. CF is a livelihoods' strengthening intervention that supports young people to access economic opportunities. It was hoped that by strengthening women's economic power they may find it easier to contest male power and privilege. The combined Stepping Stones and Creating Futures (SSCF) intervention was pilot-tested and showed promise (Rachel Jewkes et al., 2014). Thereafter between 2015 and 2018, an RCT was conducted to evaluate the impact of SSCF on women's experiences and men's perpetration of IPV, among young people in urban informal settlements. The quantitative evaluation showed that among men there was a significant reduction of 39% in physical IPV perpetration, a significant, 54% reduction in economic IPV perpetration, though the 32% reduction in sexual IPV perpetration was non-significant, a 28% reduction in non-partner rape perpetration, and a significant reduction in harmful alcohol use. Women's experience of IPV was not reduced (they were not the partners of men in the intervention), nor non-partner sexual violence. Women and men reported improvements in economic outcomes, women's past month earnings increased more than three times. Women and men in the intervention saved significantly more money in the past four weeks, compared to those in the control group (Gibbs et al., 2020).

However, as was seen in the Eastern Cape study, the SSCF qualitative data revealed a slightly different picture in terms of women's experiences of change, IPV and controlling relationships, which is the focus of this paper. This apparent variation between the qualitative and quantitative data is important, highlighting that while RCTs are critically important, they have limitations. Quantitative data can fail to adequately unpack context and processes that are key to understanding outcomes, nuanced change and can miss unintended changes (Kabeer, 2019; Shaffer, 2011). Qualitative research provides important information about processes and pathways to change, it also enables researchers to hear from participants directly about their experiences in their own words, and in this case to identify levels of change that were not captured in the quantitative RCT data. Therefore, the qualitative data does not so much contradict the quantitative data, rather it explains more of the 'how' and 'why' of findings and identifies nuances not seen in the quantitative results.

In order to deepen our understanding of the impact beyond the quantitative results of the SSCF intervention on women, this paper

investigates the qualitative results of fifteen women. It examines the women's intimate relationships, specifically if changes occurred and if such changes could be attributed to SSCF. The data showed many women changed their behaviours following the intervention, including: having more power within relationships, improved communication and relationship skills, increased resistance to controlling partners, shifting relationship expectations, emergence of new femininities and improved livelihoods. In the analysis we draw on the notion of women's agency, and show through our analysis how SSCF bolsters women's distributed agency rather than enabling them, for the most part, to make radical shifts in their lives.

2. Methods

2.1. Setting

Since the 1980s, South African informal settlements (slums), have grown despite government attempts to provide subsidised housing (Huchzermeyer and Karam, 2006), in 2016 nearly one in five households in metropolitan areas lived in informal dwellings (Selebale and Webster, 2017). The population tends to be young, unmarried, without secure work, with a rising number of female migrants (Hunter, 2007).

The study took place in two informal settlements in eThekweni. In both, education levels were low, poverty, unemployment and overcrowding were high, and there was limited or no formal housing or services. Despite similarities, differences were seen in relation to housing and access to services. Settlement one consisted of self-constructed small houses, using formal building materials, and residents had access to electricity and water via a single tap situated in the yard. The women who found employment, tended to have temporary, low-paid work as domestic workers or in shops. Settlement two was more isolated and had either dilapidated, small government-built brick houses or hand-made shacks, using various repurposed materials, such as canvas, plastic, wood and zinc. The community accessed water through communal taps and used metered electricity. Women tended to participate in casual, temporary work in neighboring factories, or as domestic workers.

2.2. The intervention

SSCF aims to reduce women's experiences and men's perpetration of IPV, through transforming gender relations, strengthening women's agency and improving livelihoods. It is a participatory, group-based structural and behavioural intervention that uses Freirean concepts of critical dialogue and reflection (Friere, 1970). SSCF consists of 21, 3-hour sessions, held twice-weekly and delivered to single sex groups of approximately 20 people. The first ten sessions of SSCF utilises the South African adaptation of SS, focused on developing stronger, more equitable intimate relationships through building communication and relationship skills and assertiveness (although focused on intimate relationships the skills are also discussed in relation to family and friendships), and facilitating reflection on gender roles, individual behaviours, love and sexual reproductive health. CF has eleven livelihoods sessions on enabling more access to economic opportunities; sessions cover identifying livelihood goals, coping with economic crises, saving and spending, getting and keeping jobs, managing work expectations and small income generating activities. The intervention was delivered by a local NGO, Project Empower, with extensive experience in the intervention approach and working with young people in this context. Facilitators were carefully selected from the local community and received 6 weeks of training, with ongoing support and de-briefing.

2.3. Participants

The participants comprised 15 young women aged 19–29 years when recruited. They were recruited using convenience sampling from the

SSCF RCT, where 680 women and 677 men were recruited into 34 clusters and followed over two years. The RCT is described in detail elsewhere (Gibbs et al., 2017). Eligibility criteria for the trial included: not being formally employed, aged between 18 and 30 years and not in school. Two intervention clusters were then purposively selected for qualitative work for feasibility of undertaking the research, ease of access and safety (Gibbs et al., 2017). All women in the two clusters were approached and fifteen consented to partake. The baseline demographic characteristics are contained in Table 1. The women lived in the challenging contexts described above, were not in formal employment and only three had completed secondary schooling. IPV was widespread, twelve of the fifteen women experienced emotional, physical, economic and/or sexual violence within their relationships, and controlling behaviour from male partners was common. Eight of the women were mothers at baseline and a further two had babies during the research period. One was married, and nearly all of the others were in intimate relationships. Most lived with family members, however their living arrangements were often fluid, with some women moving regularly between different family homes and partners.

Many of the women at baseline reported challenging childhoods, including sadness that they did not live with their mothers during childhood, difficulties arising from continually moving between different households, and incidents of physical, sexual and emotional abuse and neglect (Gibbs, Kristin Dunkle et al., 2018). A number of the family relationships continued to be strained in adulthood, and in some cases had broken down completely. However two women spoke about experiencing loving, supportive relationships with their mothers.

2.4. Data collection

Semi-structured, in-depth interviews (IDIs) were conducted with 15 women twice at baseline (May 2016–February 2017), 12 women at 12 months, and 13 at 18 months, a total of 54 interviews. IDIs were selected for their value in meaningfully including marginalized voices, ensuring privacy, and supporting an in-depth understanding of the women's perspectives and lives (DiCicco-Bloom & Crabtree, 2006). Additionally, following women over time provided opportunities to understand changes in their lives (Brooke-Sumner et al., 2017). The first baseline interview comprised open-ended questions about the participants' lives, focused on building trust. The second interview, usually conducted within two weeks, discussed experiences of violence, decision-making, family, childhoods, relationships, conception, pregnancy, contraceptive use, motherhood and abortion. Midline and endline interviews reflected on the same topics, focusing on changes, enablers or obstacles to change, and why changes occurred. All interviews took between 45 and 90 min.

Interviews were supplemented by Photovoice and participatory observations. Photovoice is a participatory technique involving participants taking photographs on a specific topic, followed by group discussions reflecting on their experiences, and supporting them to imagine different futures (Wang and Burris, 1997). All eight women in the intervention group in settlement one agreed to participate in Photovoice. Sessions were facilitated by the Research Assistant and the first author supported the workshops and observed discussions. At baseline, three 3-hour workshops were held, with two periods between workshops for taking photographs. At endline, two 4-hour workshops were held with one period for taking photographs. The workshops involved women selecting photographs, creating photo-posters and discussions. The discussions focused on power, reproductive decision-making, IPV and relationships. 28 photo-posters of the women's lives were developed. Discussions were conducted in isiZulu and then transcribed verbatim into English, transcripts and photo-posters formed a part of the data for analysis.

Resource constraints meant the team was unable to conduct Photovoice in both communities, and instead undertook participant observation with all seven women in settlement two. The female Research

Table 1
Participants demographic characteristics.

Name (age baseline)	Ever pregnant, (age)	Intimate relationship at baseline? (Length)	IPV - Lifetime experience?	Employed?	Education (last grade completed)	Living arrangement
Enhle (21)	Yes (18)	No	Physical IPV	No	Grade 11	Lived with extended family, child lives with sister
Olwethu (26)	Yes (20)	Yes (3years)	Physical, emotional IPV	Yes	Diploma: Office Administration	Lived with partner, not child
Ntombi (21)	Yes (16)	No	Physical, emotional IPV	Started small business	Grade 10	Lived with natal family
Nkanyezi (unknown)	Yes, (no data)	No	No	Unknown	Never attended school	Lived with baby, mother, siblings. Older children lived with paternal family
Thembeke (29)	Yes (18)	Yes (3years)	Emotional IPV	Yes	Grade 11	Lived with grandmother, siblings, occasionally partner
Thobile (22)	Never	Recently ended	Sexual, emotional IPV	No	Grade 11	Lived with natal family
Sebenzile (28)	Yes (24)	Yes (15 years)	Emotional IPV	Yes	Grade 8	Lived with partner, son
Sthelo (26)	Yes, miscarried (late teens)	Yes (5months)	Physical, emotional IPV	Yes	Grade 11	Lived with natal family
Noluvuyo (19)	Yes (17)	Yes (3–4 years)	Physical, emotional IPV	No	Grade 10	Lived with aunt, child
Thuleka (18)	Never	Yes (4 months)	Physical IPV	Unknown	Grade 11	Lived with mother, stepfather, sisters
Ndoni (25)	Yes (15)	Yes (5 years)	Physical, emotional IPV	No	Grade 7	Lived with her children, siblings, sometimes partner
Langa (22)	Yes, miscarried (teens). Pregnant during research	Yes (recent)	Physical IPV	No	Grade 12	Lived with siblings
Khanyisile (22)	Yes, miscarried (20)	Yes (Married 4 years)	No IPV. Physical and sexual non-partner violence	No	Grade 12	Lived with husband
Nomvelo (21)	Yes, miscarried (late teens) Pregnant during research	Yes (10 months)	No	No	Grade 11	Lived with father, three sisters
Zoleka (23)	Yes, miscarried (18)	Yes (5months)	Physical, emotional IPV	Yes	Grade 11	Lived with mother, siblings

Assistant, who was a similar age to the participants, spoke isiZulu, also came from eThekweni and had a good socio-political understanding of the context, spent approximately 80 hours in the community observing, and making notes about, the women's daily experiences, augmenting our understanding of the women's lives and community dynamics. All conversations were conducted in isiZulu, notes and reflections were written in English.

2.5. Data analysis

Inductive data analysis was used, allowing themes and sub-themes to gradually emerge through close reading of the transcripts (Braun and Clarke, 2006; Silverman, 2001). This enabled the researchers to identify the women's experiences, beliefs, and goals related to relationships, IPV, livelihoods, motherhood and agency; and changes in these over time. Data sources were analysed separately and then triangulated for each participant, then analysed to extract common themes across the participants. Inductive coding led to initial themes being created on experiences of the intervention, livelihoods, relationships and IPV. These were coded thematically across all cases and each case was analysed over time to study the changes. Secondary coding then generated sub-themes and intra-theme connections, forming the narrative for the paper. The sub-themes were selected for frequency and importance that the women placed on them.

The researchers ensured rigorous data collection and analysis through triangulation of data from IDI's, Photovoice photo-posters and discussions and participant observation, which allowed similarities and differences to emerge, also enabling researchers to identify any 'idealised images' that women may have presented. The team developed an extensive contextual understanding of the communities from spending over two years in the field and brought this to the analysis. The Research Assistant who collected all the data was integrally involved in the data analysis, bringing further in-depth contextual understandings to the process. Data collection bias was avoided through carefully designed interview guides that prompted participant reflection and avoided

leading responses. In the analysis, self-reflexivity was used to avoid and correct for social desirability, and ensure the integrity of the data and analysis, by following an inductive design and analysis to enable the women's voices and themes to emerge, avoiding a top-down approach, being mindful of the inevitable power imbalances within research, and by having reflective discussion among the authors. The final analysis reflects an explicitly feminist view that is sensitive to the researcher's positionalities and giving voice to the women's stories.

2.6. Ethics

The Biomedical Research Ethics Committee (BREC) at the University of KwaZulu-Natal, South Africa (BFC043/15) and the South African Medical Research Council Ethics Committee (EC006-2/2015) granted full ethical approval. Informed consent forms were signed by all participants for IDIs and Photovoice sessions. No identifying faces were used in the photographs. Privacy and confidentiality was ensured during all interviews and discussion groups, all names are pseudonyms.

3. Findings

Over the 18-month period many of the women reported shifts in their behaviours, intimate relationships and daily activities, and six of the fifteen women stood out as having particularly changed. The findings highlight the areas where women spoke of changes in their lives namely: negotiating more power in their relationships; improved relationship and communication skills; resistance to controlling partners; shifting relationship expectations; changing behaviours; the emergence of new identities and improved livelihoods.

3.1. Background description

All fifteen women were in intimate relationships during the research period, most had primary partners, with many also having occasional casual partners. Many of the relationships were volatile, with break-ups

and reconciliations common. As mentioned, twelve of the fifteen women reported experiencing emotional, physical, economic and/or sexual violence within their relationships, and much of the discussions focused on their male partners controlling behaviours.

Most of the women led isolated lives; throughout the research nearly all repeatedly mentioned being bored and lonely. Although not explicitly analysed, many of the women displayed behaviour suggestive of poor mental health, which was supported by the high rates of depression seen in the quantitative research (Gibbs et al., 2020). For many, their days consisted of mundane household and childcare chores, watching television and sleeping. During participatory observations at baseline, Sebzile told the researcher that she “stays indoors all day as she has no one to talk with, she spends most of her days with her [3 year old] son.” Similarly, over the 18-month period, Thobile regularly mentioned that she did not go out much, that her favorite past time was sleeping, and once she had completed all her chores she slept, only to wake in the afternoon to prepare supper. She mentioned that her only friends were her 800 Facebook friends, highlighting her isolation. While during the 18-month Photovoice session Noluvuyo, in explaining her photo-poster, said: “I enjoy watching television, that is how I spend most of my time and I feel less bored.”

Many of the women talked of debilitating loneliness and sadness, high levels of depression and previous trauma that appeared to limit their ability to change their lives. Furthermore, many of the women mentioned the impact of living in informal settlements with no employment or recreational facilities.

Some women said seeing friends and partners alleviated their loneliness and boredom, often alongside heavy drinking, drug use and partying. During her baseline interview Sthelo explained “I was drunk all the time, smoking weed [marijuana] and taking ecstasy.” Zoleka reflected on how common excessive drinking was when describing her baseline photo-poster which included a picture of alcohol “I think that picture represents most of our lives, we all get together at our homes, chill and drink.” Drug use was also seen during the Photovoice sessions. Some of the women used Ntsu, (a local, addictive, harmful, inexpensive snuff-like drug), before workshops and/or requested breaks during workshops to consume more. While offering an alternative to their mundane lives, they mentioned it as quite reckless, often resulting in fights with friends and/or partners. Additionally, the quantitative data

revealed high levels of alcohol and drug misuse shaped by violence and poor mental-health (Ndungu et al., 2020).

Adding to the women’s social isolation, their friendships were complex, often involving malicious gossip and unkindness, and they reported that these friendships were not emotionally supportive or based on trust. Langa mentioned this when asked at baseline what women in the community do “They sit around, do nothing and gossip, they are always up and down and gossiping about me ...” In contrast, a few found a source of strength in church attendance which featured prominently in their lives.

Image one is a photo-poster created at baseline which typifies much of the women’s lives. The woman who made this photo-poster described it as reflecting her life of poverty, endless domestic work, regular drinking with friends and her dream of one day having money and a car. (See. Fig. 1).

Several women spoke about enjoying the intervention as it gave them something meaningful to do with their time and people to talk to, however once it was over they were lonely and bored again. During her 18-month interview Enhle described this:

During the intervention we had a break from everyday life, you know 2 days a week you would go somewhere and do something. You were not always home. I wish there were some activities here in the community, I would participate. Say maybe there was some netball or any sport. It’s better to do something you know, not just sit at home all day, not talking and interacting with anyone. Or if you do interact with someone, it’s more about gossiping. Or you stay at home and sleep all day.

For many of the women the intervention created an opportunity to forge new friendships, and alleviate loneliness, in line with the SSCF aim of supporting ongoing positive relationships, networks and social capital. This is to be expected from a programme that encourages women to share meaningful stories in a supportive space and reflect with one another about challenges they face in their lives (individually and collectively). Many new friendships were observed to be ongoing in the 12- and 18-month interviews and observations.

3.2. Women negotiating power within relationships

Over the research period there was a shift in how women spoke about power within their relationships, and they reported taking more control

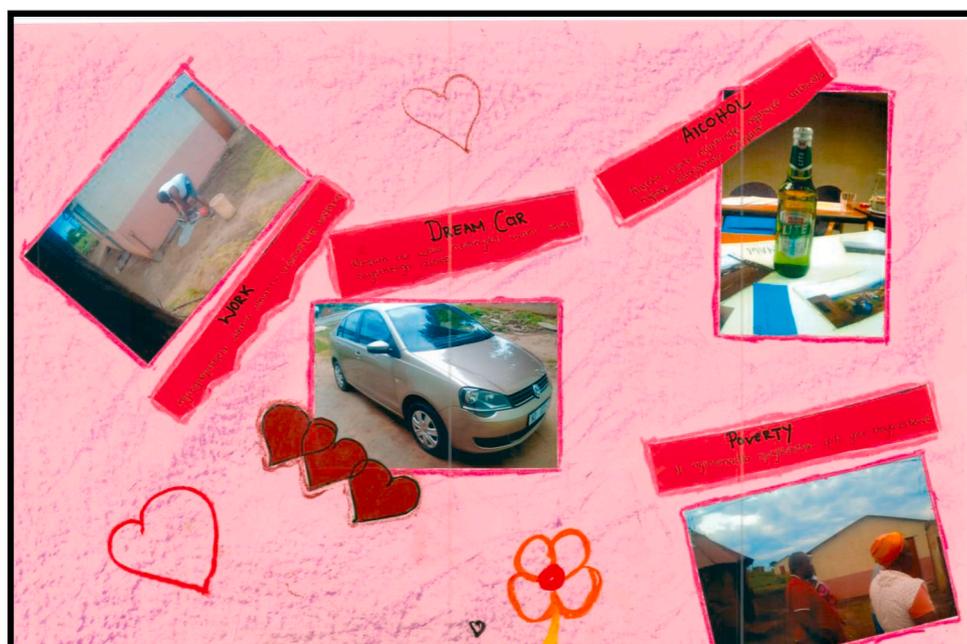


Image. 1. Photo-poster at baseline showing the woman’s life and dreams.

within the relationships. During the 18-month interviews many women explicitly talked about having more power to make decisions, including one woman leaving a violent relationship, while others mentioned making important decisions about their relationships and feeling better equipped to handle life's challenges. Many linked these changes to their new skills and attitudes resulting from the intervention.

During the 18-month Photovoice session Sthelo mentioned repeatedly that following the intervention she now sought equal power within her relationships. She would no longer accept a partner who wanted her to do all the household chores, and she expected her partner to be comfortable with her working.

Sthelo: "No, I can't live like that, not anymore [referring to her previous partner who believed women must do everything at home]. With this one [new partner] ... I will be both the man and woman in this relationship."

Interviewer: "what does that mean?"

Sthelo: "We will both go out to work. We will take turns doing house chores. This one is the type that listens to me"

Interviewer: "are you happy with that set up?"

Sthelo: "We have to talk about things and come to agreement together. No one must over-power the other."

Sebenzile who had been with the same partner for nearly 15 years had very little decision-making power within their relationship, they met in their rural home when she was 13, she underwent virginity testing, he paid lobola (bride wealth) and 6 years ago she joined him at the settlement. They have a son and live together. At baseline she reported that he never cooked, he sometimes forbade her from visiting family and friends, and he also forbade her from wearing trousers. Although much in their relationship did not shift following the intervention, during the 12-month interview she said the intervention supported her to think differently about her life, to change some of the roles she viewed as traditional within her relationship and gave her skills to handle life's challenges. In particular, she found a job, which made her feel less dependent on her partner.

"Like you know, since I am employed, I am more independent. Before I always worried about where I was going to get money. All I did was stay indoors, do my house chores and go back to sleep. But now I know that on Mondays I wake up (to go to work)."

Thembeke was the only woman who specifically mentioned leaving a violent relationship due to the intervention. Other women also left relationships during this period, however they did not specifically attribute it to the intervention. At baseline, Thembeke reported that her partner was very controlling and emotionally abusive, and he had recently moved her, without her prior knowledge, to a distant rural community when he discovered she was having an affair. She accepted this for a while, until she ended the relationship and returned to an ex-partner. Her 12-month interview showed that her views had shifted significantly from baseline, particularly her expectations of partners and how women should be treated. She said she would no longer tolerate being treated unequally: "I don't want someone who acts like it's the olden days. I want someone who will treat me according to the times we are in now, like I have rights too." She noted that the intervention had supported her to shift her expectations of relationships, and realise that she deserved to be happy and respected:

"... one of the things that helped me get out of that relationship was some of the things that I learnt from the intervention. We learned that you must live life for yourself and that your happiness matters more than the other persons' and you must not stay with someone who doesn't make you happy."

3.3. Improved communication and relationship skills

At 18-months many women reported how the intervention strengthened their communication and relationship skills, specifically dealing with stressful situations and expressing their emotions in non-conflictual ways, which led to more positive intimate relationships. Many mentioned that they were now more reflective about their own behaviours within their relationships, including behaviours that could trigger and/or contain conflict, and felt more able to navigate conflictual situations. When discussing her relationship during the 12-month interview, Olwethu said it had improved due to the new communication skills she had learnt during the intervention:

"Now I am able to talk to him [her partner] and tell him that this is wrong and this is right. You are not supposed to do things like this, this is how you are supposed to do things. I am able to give him advice now. Before when we had a difference in opinion I would get up and walk away ..."

Similarly, Thobile mentioned at 12-months that she found it easier to remain calm and be more tolerant: "I learnt [during the intervention] that a person can be assertive and have a calm conversation with someone, without it turning into a fight" Likewise, Sthelo said the intervention taught her to control her temper, previously she had been a very angry person "Oh my ... too much ... I was too impatient."

Some women also reported that due to new skills learnt and reflective discussions during the intervention, they were more strategic about when to communicate with their partners, especially avoiding challenging partners when either of them was drunk. For instance, Noluvuyo, who had been with the same violent partner for nearly nine years, reported at the 18-month Photovoice session, that she had stopped engaging with him if he was drunk or angry, which had reduced violence in the relationship.

"He [my partner] is very rude. Even to me, you would find that he comes home drunk finds me sitting by myself and he says something horrible. Or says something horrible about me to our daughter. Before I used to confront him and talk back. And we would get into physical fights. We would hit each other. Now I just keep quiet and just look at him."

Participant observation also noted a shift in Noluvuyo's behaviour, over the 18 months the way Noluvuyo talked about her partner and her expectations of her role within their relationship, changed significantly. Noluvuyo reflected, in discussion with the researcher, that she would no longer "serve him [her partner]" and that now when she was frustrated by his behaviour she left his clothes and dishes for him to wash; she no longer tolerated his unpleasant behaviour, and this was done without fighting and aggressive confrontation.

3.4. Resisting controlling partners and shifting relationship expectations

A number of women reported at 18-months that they were actively resisting their partner's controlling behaviours, a significant shift from the baseline narratives where there was very little concern about this. Specifically, Noluvuyo, Sthelo and Langa, stated that they were no longer prepared to be controlled by their partners.

Over the study period, Sthelo started to resist male control in her relationships. She broke up with her partner and refused his request to reconcile because of his violence; "I will not get back together with him ... my ex is abusive. He is quick to beat me." He had also been controlling, and she no longer wanted that. "He would make me change my [phone] number ... He wanted me to stay at home and cook and clean and do all the house chores No, I can't live like that, not anymore." Similarly, Noluvuyo no longer accepted being told how to behave, and what to wear. During the 18-month Photovoice session she reported that

her partner had told her she was not allowed to attend the session, however, she attended. Subsequently during the session, they argued about her attendance over WhatsApp and she shared the details with the group; it seemed she wanted to show others how powerful and independent she was. She also mentioned that he did not want her to wear make-up, but she wore it: "He doesn't like make-up, but I want to teach him to stop telling me what I should do with my life."

At 18-months, Langa talked in a new way about desiring independence, particularly rejecting the idea that if a man supports you or your children he can control you. She was disappointed that she was financially dependent on her partner and mother, and even while she was dependent on her partner financially she said she would not let him control her.

"I am not dependent on a man. I am not the type of girl who depends on her man. When he comes with the money, I will say take it back with you. My only problem right now is that I am not in a position to do that. But if I was working, I would give him back all of his money."

3.5. Shifting behaviours, new identities: less drinking and drug use, more church-going and school attendance

At 18-months several women expressed strong desires to reduce alcohol and drug use and partying, in order to gain greater control over their lives and have more positive futures including; a good job, finishing schooling and being an involved mother providing for her children. Many also mentioned finding new friends and social activities through for example increased church attendance. Several women linked this directly to their involvement in the intervention. However, many women emphasized that setting goals and intending to shift behaviours was a necessary first step, but for some sustaining these changes was difficult given their constrained circumstances. Nonetheless many proudly succeeded in making shifts.

Following the intervention many women shifted the way they talked about alcohol, drugs and partying, with a greater emphasis on their negative effects, and a number described trying to reduce these practices. Ntombi was the most successful in shifting these behaviours, by 18-months she had significantly reduced her drinking, and was in a new non-conflictual, happy relationship.

"I hope to continue on my journey forever [less drinking and conflict], I want to continue being like this for the rest of my life. And I want my relationship to continue and prosper ... He is a decent man, [he] is not always out and about at the taverns ... It's nice."

Sthelo also succeeded in making meaningful life changes, she was drinking much less, had a new part-time job and was attending church more regularly.

Interviewer: "Besides going to work, looking at your life, would you say there are things that you started doing recently, that you weren't doing before?"

"Uhm, there are some changes. For example I go to church now, I don't go out [partying] as much, I last went out, when was it ... last September, or was it October [it is now February]. That was the last time I went out to a party ..."

Interviewer: "So now that you don't drink, when and where do you hang out with your friends?"

"I have this new friend from church and she has suggested new ways of having fun, like going out in the day time to the movies, or to the beach or somewhere fun."

Sthelo highlighted key factors which supported these positive changes, including a new partner who didn't drink, and new friends at church who provided alternative social activities to drinking and

partying. She felt that the intervention had been significant in supporting these changes.

Ntombi, who succeeded in reducing her drinking, echoed these ideas during her 18-month interview, noting that she was able to shift her behaviours because she ended old friendships and returned to regular church attendance:

"I had been thinking and saying "*I would like to stop drinking*", but once you meet up with your friends, you forget all about your intentions and what you wanted to do. So the first thing I did was to stop hanging out with them ...

It's really hard when you are trying to change your life, because there are always people who are going to criticise. For example, when I wanted to stop drinking and I went back to church ... When people saw me going to church they would say things like '*look, she is going back to church, she is only pretending, you will see her drunk this weekend ...*' They were trying to pull me down and distract me from my journey. But I told myself that I won't listen to them."

Thobile was the only woman who successfully returned to secondary school. She had previously struggled to find a supportive environment where she could leave her partner and return to school. Yet by her 18-month interview she had ended her unhappy relationship and moved away to stay with extended family who supported her to return to school. She was very proud of these changes:

Interviewer: "There have been some big changes in your life ... what makes you happy in this new life?"

"Being able to wake up and go to school [grade 11], because I know that, that is the start to my journey. This is where I need to start on my journey to success."

Thobile also mentioned that the intervention supported her to change, referring to the session on setting goals, which helped her to realise she needed to return to school, and importantly that she was the one who had to make this happen "I think this intervention played a part in my decision to go back to school. Yes it did." Similarly, Khanyasile, in her 18-month interview said that the goal-setting sessions had strengthened her resolve to continue with her tertiary studies.

"I really liked it, I was still in school at the time ... I could see that I was going forward with my goals [of studying], it made me more ambitious."

In contrast, at least three women mentioned the challenges of shifting away from these well-established habits, even when they had good intentions. For some, the daily tedium and boredom of their lives, often meant they slipped back into old habits through a lack of alternative activities. Zoleka had a new partner who did not drink nor use drugs, and despite repeatedly saying she wanted to change her behaviours, she continued with heavy bouts of drinking, almost daily use of Ntsu and partying. She also mentioned that shifting behaviours was difficult when friends and partners continued the habits, noting during the 18-month Photovoice session that friends were a negative influence that inhibited change.

Zoleka: "I want to change my friends. I want new friends."

Interviewer: "Why do you want new friends?"

Zoleka: "My current friends are a mess ... they drink and party too much."

3.6. Improved livelihoods

The young women reported improved livelihoods including more paid work, increased savings and membership of savings clubs. Despite

very high unemployment rates, at the 12- and 18-month interviews six women reported that they had new jobs, two in the formal sector. They were very positive about their new work-seeking skills learnt during the intervention, especially writing CVs, and interview etiquette.

Olwethu secured a contract administrative position and reflected during her 12-month interview that the skills she learnt during the intervention assisted her to get the job, especially how to write a CV and how to behave in an interview.

"Like the writing of the CV and letter, I learnt how it's done and how to dress for an interview plus which points are important and what to expect from an interview."

Interviewer: "What were you taught in the intervention?"

"They said when you are going for an interview you must look presentable and don't wear very bright colors."

By the 18-month interview her contract had finished, but she had been accepted to study at UNISA (correspondence tertiary institution).

The intervention emphasized the importance of mentioning prior work experience in CVs, and Enhle said this supported her to secure a job in a shoe factory. Beforehand she never mentioned previous work in her CV "Yes, when I wrote a CV before I never included my work experiences [she now did that] which is why and how I got the job." Despite these great steps, the wider economy was very challenging and hindered progress, and by 18-months Enhle had been retrenched when the factory experienced challenges.

In addition, many women reported that the intervention helped them appreciate the importance of saving for the future and their goals. Olwethu reflected during her 18-month interview that the intervention had helped her to save whenever she had spare money:

"The intervention was really helpful and it will be helpful for many years to come. For example saving, it is really important to save, even though I wasn't able to save this month. But saving is very helpful I have proven that

I learned that you can save for yourself, and that reduces the need to go to other people for help. So whatever you get, no matter how little, break off a small piece and save it."

Zoleka also mentioned that she had now joined a stokvel (informal savings club) because of discussions in the intervention "I have recently started saving through stokvel groups. I began this year, I wasn't a member of a stokvel before." (18-month interview).

However, the lack of job opportunities and poverty meant that despite critical new job-seeking skills, they had limited opportunities to apply them, as Nolvuyoy noted in her 18-month interview "The main thing is that there are no jobs". Furthermore, Ndoni stressed that: "... you need money when you want to go out looking for work, you need money for transport." (18-month interview). Furthermore, childcare responsibilities were a barrier to seeking work, as well as actually working. Indeed, many of the women still relied on family, partners and social grants. At 18-months Nolvuyoy's only 'source of income' was her partner and the grant.

4. Discussion

This study showed that the SSCF intervention had a positive impact on many of the young women's lives, however the findings were complex and the best way to think about them is through the lens of distributed agency. Several of the women began to resist their partners controlling behaviours, developed techniques to avoid or diminish violent confrontations with partners, improved communication in their relationships (often aimed at reducing tension and violence and building respect), and had increased earnings and savings. Many reduced excessive drinking, drug use and partying, avoided friends who 'led

them astray', and returned to school or church. They began setting goals and dreaming about alternative identities. However, as distributed agency recognizes agency is fluid and this was seen with some of the women, some of whom expressed disappointment that they were later drawn back into excessive partying, drinking and drug use. While a few reported no meaningful changes in their lives, and, several of the women remained in violent relationships. Furthermore, despite increased earnings and savings, the challenging economic environment made securing work very difficult. Indeed, the SSCF intervention did not achieve all the intended outcomes, as discussed elsewhere (Gibbs et al., 2020). Nonetheless, the incremental shifts experienced by many of the women are potential steps towards achieving distributed agency and longer-term changes in their lives.

The data showed that many of the shifts in women's lives were attributable to the intervention. In addition the changes were also supported by key contextual and structural factors, including, being in an environment supportive of change (particularly from family, friends and partners); having alternative identities available to them (primarily as a scholar or church-goer) and reducing their economic dependence on violent partners. Nonetheless, women also experienced barriers to change. A key challenge was supporting women to imagine new identities and shift towards, and sustain, these; partly as there were limited 'alternative identities' available to the women, and those available were difficult to achieve. For example achieving success at secondary school in these conditions proved very difficult. Additionally, many experienced personal challenges of unsupportive friends and partners and high levels of alcohol and drug use to cope with boredom, trauma and depression. Individual barriers were exacerbated by severe structural constraints of extreme poverty and unemployment, daily demands of gendered domestic responsibilities, particularly childcare, and highly patriarchal communities. Although the changes observed in their relationships raise the possibility that they may experience less violence in their lives into the future. Furthermore, this finding highlights the long-term need for structural change alongside individual and group interventions.

This study had similar findings to the original SS trial in the Eastern Cape (Rachel Jewkes et al., 2008a, 2008b). In both studies there were no quantitative reductions in IPV for women, however the qualitative data revealed critical shifts and provided explanations and nuance around processes of change not seen in the quantitative results. The qualitative data showed improved relationship skills, shifting femininities with several women beginning to resist the acquiescent femininity and embrace the 'modern-girl' identity and an emerging feminist consciousness among some. However, these shifts were insufficient to protect most of the women from IPV exposure; highlighting the extreme difficulty of fundamental gender transformation in these contexts. Nonetheless, qualitative data in both studies revealed that following the intervention the women reported being more empowered with new skills and expectations of intimate relationships, expecting less violence and more respect. Even so, both studies found that despite these changes, men's fundamental power and structural patriarchy was not challenged (Gibbs et al., 2019; R. Jewkes and Morrell, 2012; Rachel Jewkes et al., 2010a, 2010b). Most women remained constrained and unable, and at times unwilling, to challenge this power. Concurring with literature which finds that even in communities where both women and men are marginalized and impoverished, patriarchy remains entrenched privileging men, male sexual entitlement and masculinity over women and femininities (Morrell et al., 2012).

The data showed important gendered differences in how women responded to SSCF and engaged with the economic sector. The women tended to apply for traditionally female work as domestic, office, shop or factory workers, and/or continued to rely on social grants and money from partners and family. This contrasted with how the men responded, many of whom attempted to start their own businesses, and endlessly 'hustle' for work, they seldom relied on money from family, partners nor grants (Gibbs et al., 2018a, 2018b, 2018c).

The changes displayed by the young women align with Campbell and Mannell's (2016) distributed agency framework, indicating that SSCF was successful in supporting many to increase their agency and shift identities, even if in small ways. Specifically, many of the women set goals and made changes which were significant and achievable for them given the severe constraints in which they lived, and reflecting the fluidity of distributed agency, some women gained and then lost agency in their relationships. For example some women became much more powerful and strategic in their relationships, and could diffuse tensions and avoid violence, yet were unable to leave a violent relationship. Additionally, while their emerging stronger femininity was agentic, and on the one hand broke with conservative social norms about women's behaviour, it did not challenge men's power and position within the gender order, nor did the intervention significantly shift women's economic position.

The study had several limitations, including that urban informal settlements in South Africa have particular constraints and conditions limiting the generalisability of the findings, however, the multiple data sources make the findings more valid. Furthermore, the case studies offer only a snapshot of the women's lives so we may have missed important details, however the longitudinal nature of the research partially addresses this. Moreover, some women may have presented idealised versions of themselves, and in order to manage any misrepresentation or social desirability, we triangulated all findings over the three time points and different data sources. Despite having rich case-studies over 18 months, we are mindful that change of this nature may need longer to become evident, and we were unable to study this. Nonetheless, we believe the findings raise pertinent questions for consideration by any intervention to develop women's agency and reduce IPV.

5. Conclusion

These findings highlight how the SSCF intervention increased distributed agency for a number of women who, following the intervention were better able to negotiate and communicate within their relationships, often de-escalating conflictual situations, they developed new goals and dreams alongside increased earnings and savings. However, the case-studies showed that violence continued in some relationships, and most of the women's actions were not challenging men's positionality and power. The women's experiences are best captured by the notion of distributed agency. Our findings further demonstrate the need for a more nuanced understanding of agency and how we can support young women to shift towards new gender identities and prevent IPV. Although, the quantitative research did not show measurable differences, the rich qualitative data showed, in ways not captured by quantitative measures, that SSCF was impactful for these women. This suggests that group-based, participatory interventions can support women's agency and assist them to shift their lives. These findings provide a critical contribution to the very limited application of the distributed agency approach and femininities work in informal settlements in South Africa, thereby providing new insights for strengthening women's agency, and for understanding the complicated balance between successfully improving agency, while sometimes appearing to see no change, particularly in these challenging settings. Furthermore, these findings can inform policy discussions and implementation science aimed at preventing IPV, especially for young women living in extreme poverty in informal settlements.

Author Contributions – SSCF impact

Samantha Willan, Conceptualization, Methodology, Formal analysis, Writing - original draft Andrew Gibbs, Conceptualization, Methodology, Writing- Reviewing and Editing Nwabisa Shai, Conceptualization, Writing- Reviewing and Editing Inge Petersen, Supervision, Writing- Reviewing and Editing Nolwazi Ntini, Conceptualization, Methodology,

Data Gathering, Formal analysis, Writing- Reviewing and Editing Rachel Jewkes, Conceptualization, Methodology, Supervision, Writing- Reviewing and Editing.

Declaration of competing interest

The authors have no competing interests.

Acknowledgements

The study was funded through the "What Works to Prevent Violence? A Global Programme to Prevent Violence against Women and Girls" by the UK Government's Department for International Development (DFID), and managed by the South African Medical Research Council (SAMRC).

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.socscimed.2020.113302>.

References

- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3, 77–101.
- Brooke-Sumner, C., Lund, C., Selohilwe, O., Petersen, I., 2017. Community-based psychosocial rehabilitation for schizophrenia service users in the north west province of South Africa: a formative study. *Soc. Work. Ment. Health* 15 (3), 249–283.
- Campbell, C., Mannell, J., 2016. Conceptualising the agency of highly marginalised women: intimate partner violence in extreme settings. *Global Publ. Health* 11 (1–2), 1–16.
- Connell, R.W., 1987. *Gender and Power: Society, the Person and Sexual Politics*. Cambridge, Polity.
- Connell, R.W., 1995. *Masculinities*, second ed. ed. University of California Press, California.
- Cornwall, A., Edström, J., Greig, A., Dolan, C., Izugbara, C., Khanna, A., Chopra, R., 2012. *Men and Development: Politicizing Masculinities*. Zed Books Ltd.
- DiCicco-Bloom, B., Crabtree, B.F., 2006. The qualitative research interview. *Med. Educ.* 40 (4), 314–321.
- Friere, P., 1970. *Pedagogy of the Oppressed*. Seabury Press, New York.
- Gasa, N., 2007. *Women in South African History: They Remove Boulders and Cross Rivers*. HSRC Press.
- Gibbs, A., Dunkle, K., Washington, L., Willan, S., Shai, N., Jewkes, R., 2018a. Childhood traumas as a risk factor for HIV-risk behaviours amongst young women and men living in urban informal settlements in South Africa: a cross-sectional study. *PLoS One* 13 (4).
- Gibbs, A., Jewkes, R., Sikweyiya, Y., 2018b. "I tried to resist and avoid bad friends" the role of social contexts in shaping the transformation of masculinities in a gender transformative and livelihood strengthening intervention in South Africa. *Men Masculinities* 21 (4), 501–520.
- Gibbs, A., Jewkes, R., Willan, S., Washington, L., 2018c. Associations between poverty, mental health and substance use, gender power, and intimate partner violence amongst young (18–30) women and men in urban informal settlements in South Africa: a cross-sectional study and structural equation model. *PLoS One* 13 (10), e0204956. <https://doi.org/10.1371/journal.pone.0204956>.
- Gibbs, A., Myrtrinen, H., Washington, L., Sikweyiya, Y., Jewkes, R., 2019. Constructing, reproducing and challenging masculinities in a participatory intervention in urban informal settlements in South Africa. *Cult. Health Sex.* 1–16.
- Gibbs, A., Washington, L., Abdelatif, N., Chirwa, E., Willan, S., 2020. Impact of the Stepping Stones and Creating Futures intervention on intimate partner violence and livelihoods in urban informal settlements in South Africa: cluster randomized control trial. *J. Adolesc. Health* 66 (3), 323–335.
- Gibbs, A., Washington, L., Willan, S., Ntini, N., Khumalo, T., Mbatha, N., Strauss, M., 2017. The Stepping Stones and Creating Futures intervention to prevent intimate partner violence and HIV-risk behaviours in Durban, South Africa: study protocol for a cluster randomized control trial, and baseline characteristics. *BMC Publ. Health* 17 (1), 336.
- Hatcher, A.M., Stöckl, H., McBride, R.-S., Khumalo, M., Christofides, N., 2019. Pathways from food insecurity to intimate partner violence perpetration among peri-urban men in South Africa. *Am. J. Prev. Med.* 56 (5), 765–772.
- Huchzermeyer, M., Karam, A., 2006. *Informal Settlements: A Perpetual Challenge?* Juta and Company Ltd.
- Hunter, M., 2007. The changing political economy of sex in South Africa: the significance of unemployment and inequalities to the scale of the AIDS pandemic. *Soc. Sci. Med.* 64 (3), 689–700.
- Jewkes, R., Nduna, M., Jama, N., 2010a. *Stepping Stones South African Adaptation: a Training Manual for Sexual and Reproductive Health Communication and Relationship Skills*, 3 ed. South African Medical Research Council, Pretoria.

- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., Duvvury, N., 2008a. Impact of Stepping Stones on incidence of HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *Br. Med. J.* 337, a506.
- Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., Skiweyiya, Y., 2014. Stepping Stones and Creating Futures intervention: shortened interrupted time series evaluation of a behavioural and structural health promotion and violence prevention intervention for young people in informal settlements in Durban, South Africa. *BMC Publ. Health* 14 (1), 1325.
- Jewkes, R., Morrell, R., 2012. Sexuality and the limits of agency among South African teenage women: theorising femininities and their connections to HIV risk practices. *Soc. Sci. Med.* 74 (11), 1729–1737. <https://doi.org/10.1016/j.socscimed.2011.05.020>.
- Jewkes, R., Nduna, M., Jama, P.N., 2002. Stepping Stones, South African Adaptation. Retrieved from Pretoria).
- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., Duvvury, N., 2008b. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ* 337, a506.
- Jewkes, R., Wood, K., Duvvury, N., 2010b. 'I woke up after I joined Stepping Stones': meanings of an HIV behavioural intervention in rural South African young people's lives. *Health Educ. Res.* 25 (6), 1074–1084.
- Kabeer, N., 2019. Randomized control trials and qualitative evaluations of a multifaceted programme for women in extreme poverty: empirical findings and methodological reflections. *J. Human Dev. Capab.* 20 (2), 197–217.
- Madhok, S., Phillips, A., Wilson, K., 2013. "Afterword." Gender, agency and coercion. In: Madhok, S., Phillips, A., Wilson, K. (Eds.), *Gender, Agency and Coercion*. Palgrave, MacMillan, England, pp. 84–101.
- Mahmood, S., 2001. Feminist theory, embodiment, and the docile agent: some reflections on the Egyptian Islamic revival. *Cult. Anthropol.* 16 (2), 202–236.
- Maxwell, C., Aggleton, P., 2010. Agency in action—young women and their sexual relationships in a private school. *Gend. Educ.* 22 (3), 327–343.
- Misselhorn, A., Jama Shai, N., Mushinga, M., Washington, L., Mbatha, N., 2012. Creating Futures. HEARD/Medical Research Council, Durban.
- Morrell, R., Jewkes, R., Lindegger, G., 2012. Hegemonic masculinity/masculinities in South Africa: culture, power, and gender politics. *Men Masculinities* 15 (1), 11–30.
- Ndungu, J., Washington, L., Willan, S., Ramsommar, L., Ngcobo-Sithole, M., Gibbs, A., 2020. Risk factors for alcohol and drug misuse amongst young women in informal settlements in Durban, South Africa. *Global Publ. Health* 1–15.
- Schippers, M., 2007. Recovering the feminine other: masculinity, femininity, and gender hegemony. *Theor. Soc.* 36, 85–102. <https://doi.org/10.1007/s11186-007-9022-4>.
- Selebale, H., Webster, D., 2017. Monitoring the Right of Access to Adequate Housing in South Africa (Retrieved from).
- Sephodi, M., 2017. *Miss Behave*. Blackbird Books, South Africa.
- SERI, S. E. R. I. o. S. A., 2018. Informal Settlements and Human Rights in South Africa: Submission to the United Nations Special Rapporteur on Adequate Housing (Retrieved from South Africa).
- Shaffer, P., 2011. Against excessive rhetoric in impact assessment: overstating the case for randomised controlled experiments. *J. Dev. Stud.* 47 (11), 1619–1635.
- Shai, P.N., 2018. *Constructions Of Femininity In the Context Of Sexual Relationships Among Women Living in the Rural Eastern Cape Province, South Africa*. (Doctor of Philosophy). University of the Witwatersrand, Pretoria.
- Sikweyiya, Y.M., Jewkes, R., Dunkle, K., 2014. Impact of HIV on and the constructions of masculinities among HIV-positive men in South Africa: implications for secondary prevention programs. *Glob. Health Action* 7 (1), 24631.
- Silverman, D., 2001. *Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction*, second ed. Sage Publications.
- Wang, C., Burris, M.A., 1997. Photovoice: concept, methodology, and use for participatory needs assessment. *Health Educ. Behav.* 24 (3), 369–387.
- Welbourn, A., 1995. *Stepping Stones. Strategies For Hope*, Oxford.
- Wood, K., Maforah, F., Jewkes, R., 1998. "He forced me to love him": putting violence on adolescent sexual health agendas. *Soc. Sci. Med.* 47 (2), 233–242.